

WELL LOG AND DRILLING REPORT

718368

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources, Division of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number

COUNTY HAMILTON TOWNSHIP CROSBY SECTION/L&P No. 14
(CIRCLE ONE)
OWNER/BUILDER OLIVER HALL PROPERTY ADDRESS 10649 CHIPSTONE DR
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY HARRISOT, OH 45030

CONSTRUCTION DETAILS

CASING Borehole Diameter 1 1/4 in.
① Diameter 6" in. Length 33 ft. Wall Thickness 1/4" in. Material _____ Volume used _____
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation _____
Type: ① Steel ② Galv. ③ PVC ④ Other _____
Joints: ① Threaded ② Welded ③ Solvent ④ Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN Pitless Device ☐ Adapter ☐ Preassembled unit
Type (wire wrapped, trowered, etc.) WW Material STEEL
Length 3 ft. Diameter 5 1/4" in. Use of Well ☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between 63 ft. and 66 ft. Slot 1.020" Date of Completion _____

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

From	To
	8
8	23
23	39
39	46
46	66

TOP SOIL
SAND & GRAVEL
BLUE CLAY
SAND & GRAVEL
SAND

WELL TEST

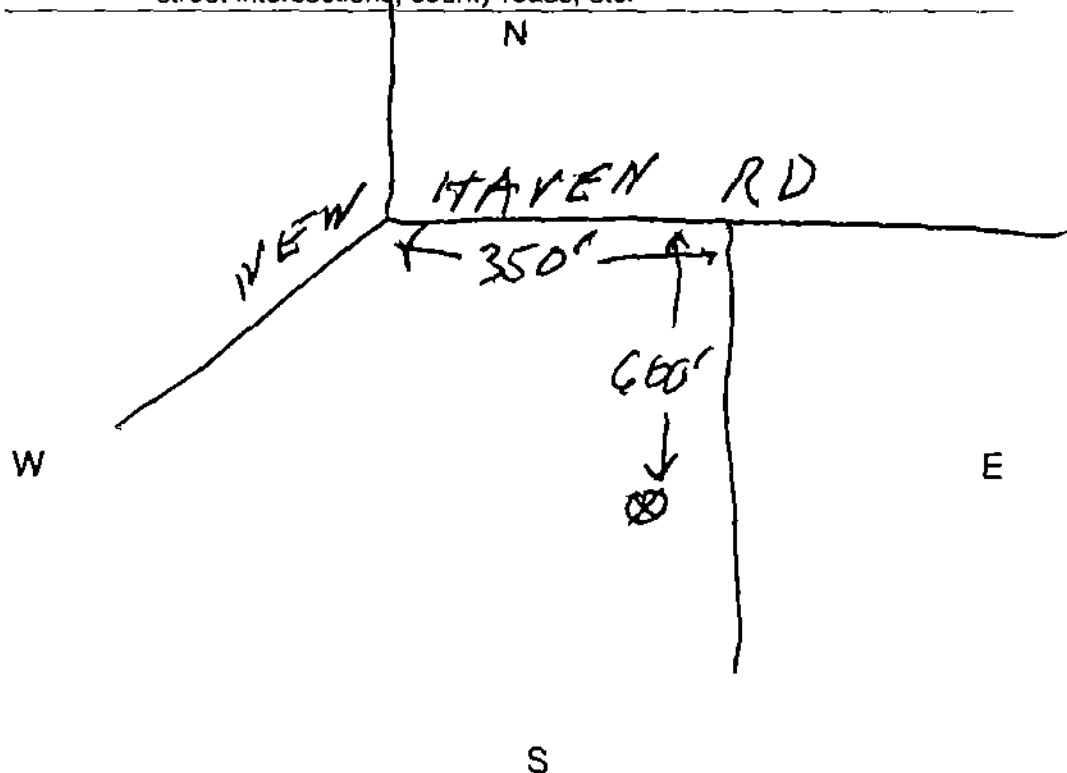
☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 20 gpm Duration of test 1 HR hrs.
Drawdown 2 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 32' ft. Date: _____
Quality (clear, cloudy, taste, odor) _____
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump NO PUMP Capacity _____ gpm
Pump set at _____ ft.
Pump installed by _____

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways,
street intersections, county roads, etc.



*If additional space is needed to complete well log, use next consecutively numbered form.

DNR 7802.90

Drilling Firm WM CRANE Signed WM Crane
Address BOX 33 Date 4/29/91
City, State, Zip SHANDON OH 45063 ODH Registration Number 165

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy