WELL LOG AND DRILLING REPORT

718370

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number ______

COUNTY HAMILTON TOWNSHIP COLERAIN SECTION/~~LOT No.~~ 7 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) PAUL WAINSCOTT PROPERTY ADDRESS (ADDRESS OF WELL LOCATION) 11600 BANK RD

LOCATION OF PROPERTY SAME CINCINATI OH 45251

CONSTRUCTION DETAILS

CASING
Borehole Diameter ______ in.
1 Diameter 6" in. Length 31'4" ft. Wall Thickness 1/4" in.
2 Diameter ______ in. Length ______ ft. Wall Thickness ______ in.
Type: ☑ Steel ☐ Galv. ☐ PVC ☐ Other ______
Joints: ☐ Threaded ☑ Welded ☐ Solvent ☐ Other ______
Liner: Length ______ Type ______ Wall Thickness ______ in.

SCREEN
Type (wire wrapped, louvered, etc.) NONE Material ______
Length ______ ft. Diameter ______ in.
Set between ______ ft. and ______ ft. Slot ______

GROUT
Material BENTONITE Volume used 1 CU FT
Method of installation FROM TOP
Depth: placed from 0 ft. to 20 ft.

GRAVEL PACK (Filter Pack)
Material ______ Volume used ______
Method of installation ______
Depth: placed from ______ ft. to ______ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well ______
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ______
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
TOP SOIL	0	2
BROWN CLAY	2	16
SOFT BLUE CLAY	16	27
SHALE	27	55

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ______
Test rate 5 GPM gpm Duration of test 1 HR hrs.
Drawdown ALL THE WAY ft.
Measured from: ☐ top of casing ☑ ground level ☐ Other ______
Static Level (depth to water) 12'7" ft. Date 5/7/91
Quality (clear, cloudy, taste, odor) ______

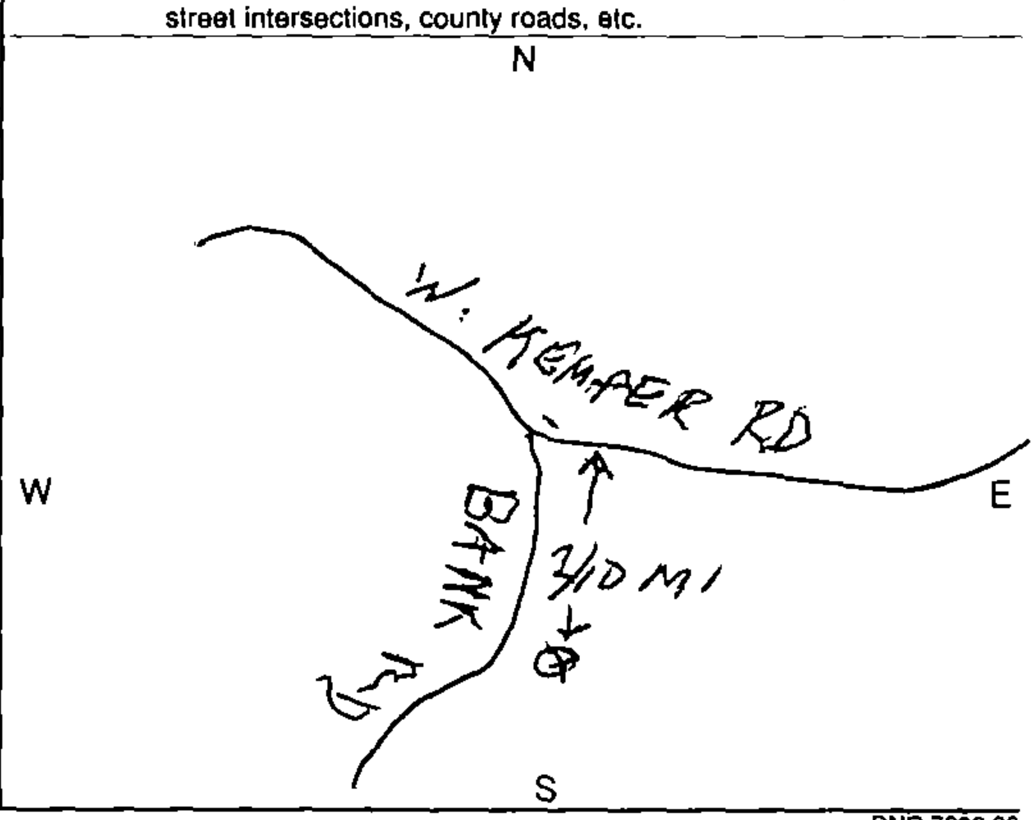
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

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

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

Drilling Firm W M CRANE
Address BOX 33
City, State, Zip SHANDON, OH 45063

Signed M Crane
Date 5/12/91
ODH Registration Number 145

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