WELL LOG AND DRILLING REPORT

728250

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 999.92

COUNTY Morrow TOWNSHIP Lincoln SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) General Spaulding PROPERTY ADDRESS 2753 C.R. 161 (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING Borehole Diameter 5 in.

[1] Diameter 5 1/2 in. Length 26 ft. Wall Thickness ____ in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [X][2] Steel [1][2] Galv. [1][2] PVC [1][2] Other ____

Joints: [X][2] Threaded [1][2] Welded [1][2] Solvent [1][2] Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ 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	
0	3	Top
3	6	Yellow
6	18	Blue
18	22	Sand
22	26	Gravel

RECEIVED
OCT 10 1995

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

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ____

Test rate ____ gpm Duration of test ____ hrs.

Drawdown ____ ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) ____ ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

PUMP

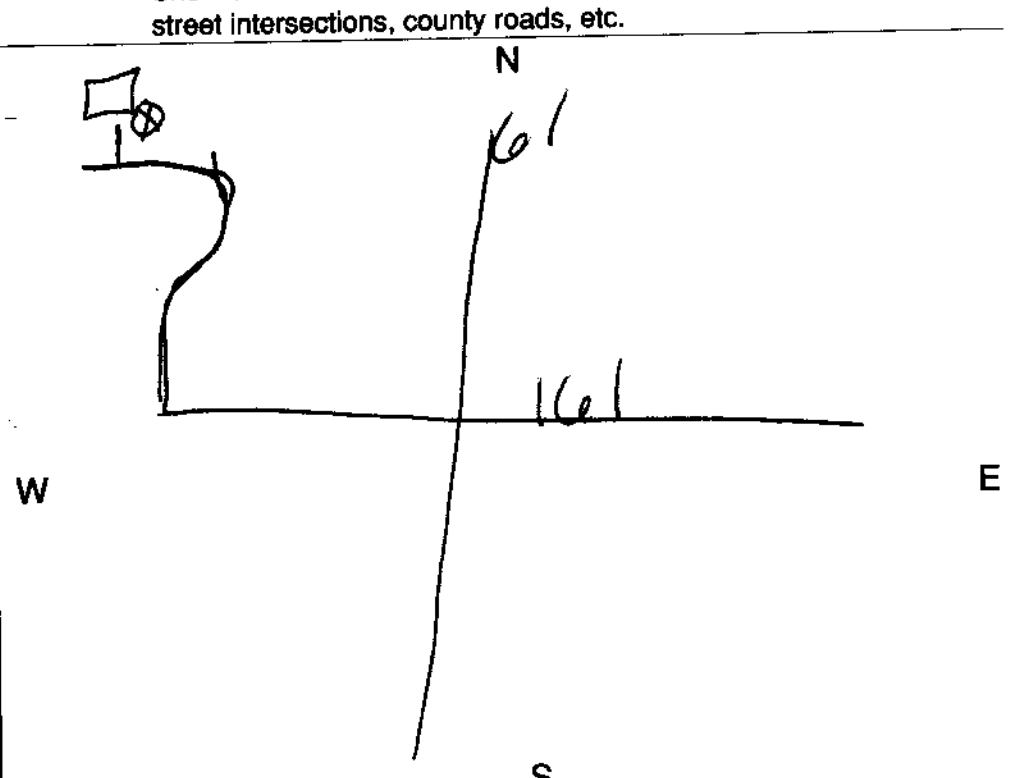
Type of pump ____ Capacity ____ gpm

Pump set at ____ 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.B. Hass & Sons

Address 86 St. Rt. 61

City, State, Zip Sunbury, Oh. 43074

Signed Gary Hass

Date 6-30

ODH Registration Number 639

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5264

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