

WELL LOG AND DRILLING REPORT

737633

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

863

COUNTY Washington

TOWNSHIP Dunham

SECTION/LOT No. 30
(CIRCLE ONE)

OWNER/BUILDER Rick Pettit
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS RT 1 Vincent Oh
(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1/4 mile off ST. RT 339 on Tup Rd 52

CONSTRUCTION DETAILS

CASING Borehole Diameter 8 in.

① Diameter 6 in. Length 82 ft. Wall Thickness 3/16 in. Material Cement Volume used 800 lb.

② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation poured

Type: ① Steel ① Galv. ☒ PVC ① _____

② _____ ② Other _____

Joints: ① Threaded ① Welded ☒ Solvent ① _____

② _____ ② Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.

SCREEN

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

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well Private water system

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion 9-5-92

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

Red Clay	0 ft.	18 ft.
Sandstone	18	31
Blue Shale	31	54
Red Shale	54	80

water at 45 ft.

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

Test rate 2 gpm Duration of test 8 hrs.

Drawdown 42 ft.

Measured from: ☐ top of casing ☒ ground level ☐ Other _____

Static Level (depth to water) 38 ft. Date: 9-5-92

Quality (clear, cloudy, taste, odor) Clear no taste or odor

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

PUMP

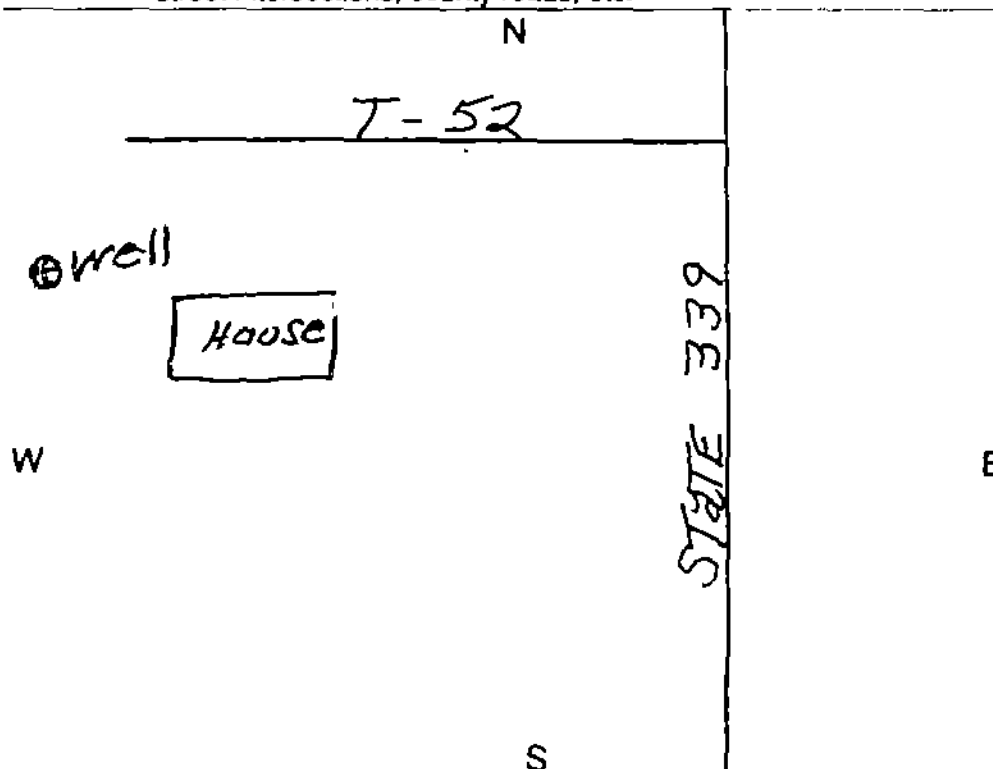
Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

SKETCH SHOWING WELL LOCATION

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



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

DNR 7802.90

Drilling Firm John Board water well Drilling Signed John Board

Address RT 2 Box 120 Date 9-5-92

City, State, Zip Little Hocking Ohio 45742 ODH Registration Number 586

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