

# WELL LOG AND DRILLING REPORT

739930

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 93-136

COUNTY Logan

TOWNSHIP Stokes

SECTION/LOT No. 93/36  
(CIRCLE ONE)

OWNER/BUILDER BUTCH GRIFFITH  
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS 93136 Anderson Ave Lakeview  
(ADDRESS OF WELL LOCATION) OH 43331

LOCATION OF PROPERTY 93136 Anderson Ave Lakeview OH 43331

## CONSTRUCTION DETAILS

|                                                          |                          |                                                                                                                                                                                                              |                                                         |
|----------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| <b>CASING</b>                                            |                          | Borehole Diameter <u>8 1/4</u> in.                                                                                                                                                                           | <b>GROUT</b>                                            |
| 1 Diameter <u>6</u> in.                                  | Length <u>119</u> ft.    | Wall Thickness <u>1/2</u> in.                                                                                                                                                                                | Material <u>BEANSEAL</u> Volume used <u>150 LB</u>      |
| 2 Diameter _____ in.                                     | Length _____ ft.         | Wall Thickness _____ in.                                                                                                                                                                                     | Method of installation <u>Trim PIP</u>                  |
| Type: 1 Steel 1 Galv. 2 PVC                              | 1 1 2                    | 1 2 Other _____                                                                                                                                                                                              | Depth: placed from <u>115</u> ft. to <u>SURFACE</u> ft. |
| Joints: 1 Threaded 1 Welded 2 Solvent                    | 1 1 2                    | 1 2 Other _____                                                                                                                                                                                              | <b>GRAVEL PACK (Filter Pack)</b>                        |
| Liner: Length _____ Type _____                           | Wall Thickness _____ in. | Depth: placed from _____ ft. to _____ ft.                                                                                                                                                                    | Material _____ Volume used _____                        |
| <b>SCREEN</b>                                            |                          | Pitless Device <input checked="" type="checkbox"/> Adapter <input type="checkbox"/> Preassembled unit                                                                                                        |                                                         |
| Type (wire wrapped, louvered, etc.) _____ Material _____ |                          | Use of Well <u>DOMESTIC</u>                                                                                                                                                                                  |                                                         |
| Length _____ ft. Diameter _____ in.                      |                          | <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable <input type="checkbox"/> Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other _____ |                                                         |
| Set between _____ ft. and _____ ft. Slot _____           |                          | Date of Completion <u>7 17 93</u>                                                                                                                                                                            |                                                         |

## 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  |
|-------------|------|-----|
| CLAY YELLOW | 0    | 36  |
| GRAVEL      | 36   | 38  |
| CLAY BLUE   | 38   | 68  |
| CLAY CRACK  | 68   | 119 |
| Lime        | 119  | 150 |
| WATER       | 146  | 150 |

## WELL TEST

|                                                                                                                                             |                                              |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bailing                                                                                                            | <input checked="" type="checkbox"/> Pumping* | <input type="checkbox"/> Other _____ |
| Test rate <u>10</u> gpm                                                                                                                     | Duration of test <u>12</u> hrs.              |                                      |
| Drawdown <u>28</u> ft.                                                                                                                      |                                              |                                      |
| Measured from: <input checked="" type="checkbox"/> Top of casing <input type="checkbox"/> ground level <input type="checkbox"/> Other _____ |                                              |                                      |
| Static Level (depth to water) <u>18</u> ft.                                                                                                 | Date: _____                                  |                                      |
| Quality (clear cloudy, taste, odor) <u>clear</u>                                                                                            |                                              |                                      |

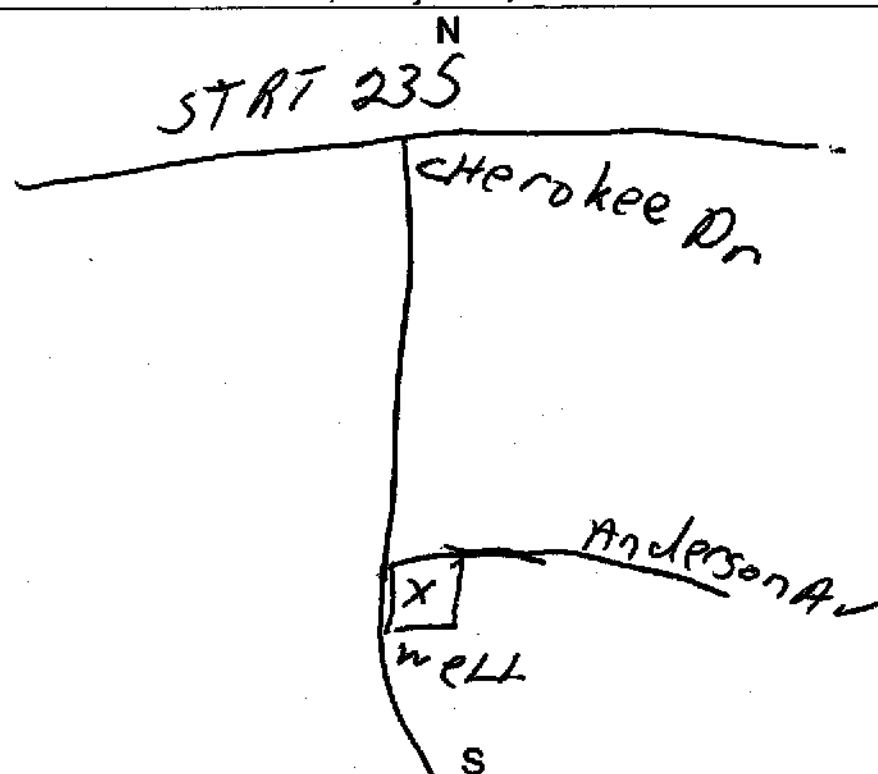
\*(Attach a copy of the pumping test record, per section 1521.05, ORC)

## PUMP

|                                    |                        |
|------------------------------------|------------------------|
| Type of pump <u>SUBMERSIBLE</u>    | Capacity <u>10</u> gpm |
| Pump set at <u>60</u> ft.          |                        |
| Pump installed by <u>TOM MYERS</u> |                        |

## 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 Tom Myers  
Address 13483  
City, State, Zip Lakeview OH 43331

Signed Tom Myers  
Date 7-19-93  
ODH Registration Number 286

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

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