WELL LOG AND DRILLING REPORT

739942

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 9427

COUNTY Logan TOWNSHIP Washington SECTION/(LOT) No. _____ (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Paul F. Everhart Sr. PROPERTY ADDRESS 3645 TR 215 Lewistown OH 43333 (ADDRESS OF WELL LOCATION IF A)

LOCATION OF PROPERTY 3645 TR215 Lewistown

CONSTRUCTION DETAILS

CASING Borehole Diameter 8 3/4 in.

[1] Diameter 6 in. Length 42 ft. Wall Thickness .142 in.

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

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

Joints: [1] [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.

Set between _____ ft. and _____ ft. Slot _____

GROUT Material Bentonite Volume used 100 LB

Method of installation Trim Pipe

Depth: placed from 40 ft. to Surface 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 _____

[1] Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion 3 23 94

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	0	20
sand	20	26
Clay Blue	26	38
Clay Brow Sand	38	42
Lime	42	135
WATER	132	135

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other Air

Test rate 20 gpm Duration of test 20 min hrs.

Drawdown 2 ft.

Measured from: [1] Top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 30 ft. Date: 3 23 94

Quality (clear, cloudy, taste, odor) _____

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

PUMP

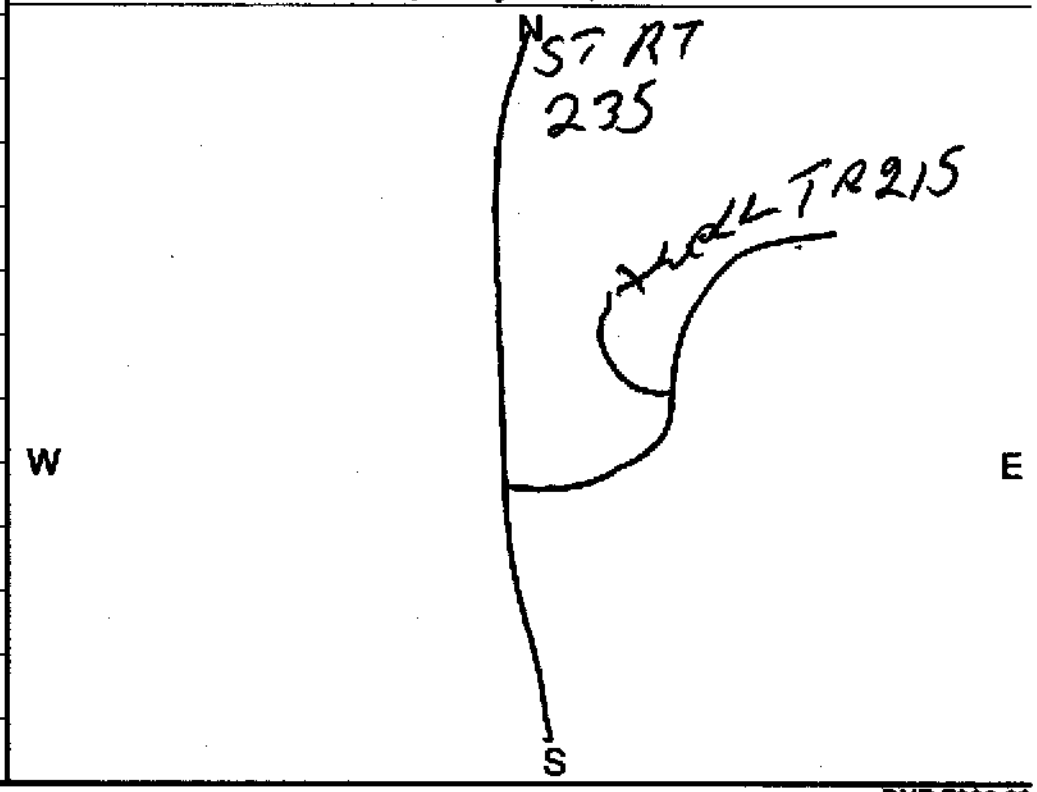
Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

SKETCH SHOWING WELL LOCATION

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



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

DNR 7802.90

Drilling Firm Tom Myers Signed Tom Myers

Address 13483 CoRd 301 Date 2 23 94

City, State, Zip Lakeview OH 43331 ODH Registration Number 206

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

5423 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