

WELL LOG AND DRILLING REPORT

742984

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 10098

COUNTY Greene TOWNSHIP Cedarville SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Wesley Pyles PROPERTY ADDRESS 3648 Wolford Rd, Cedarville
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY 1 mile north of St. Rt. 35 on Wolford Rd Ohio

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.
① Diameter 6 in. Length 30 ft. Wall Thickness .142 in. Material _____ Volume used _____
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation _____
Type: ① Steel ☒ ② Galv. ☒ ③ PVC ☐ ④ Other _____
Joints: ① Threaded ☒ ② Welded ☒ ③ Solvent ☐ ④ Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN Pitless Device ☐ Adapter ☐ Preassembled unit
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. Use of Well home
Set between _____ ft. and _____ ft. Slot _____ ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 6/3/91

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
brown clay	0	20
gray clay	20	28
gravel	28	30

water 30'

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 15 gpm Duration of test 2 hrs.
Drawdown 0 ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 18 ft. Date: 6/3/91
Quality (clear, cloudy, taste, odor) clear
*(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.

N
well x 500' →
Wolford Rd
St. Rt. 35
W E

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

Drilling Firm Anchorwell Drilling
Address 600 Wilson Dr
City, State, Zip Xenia, OH 45385

Signed Eddie Behor
Date 11/7/91
ODH Registration Number 372

DNR 7802.90

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