

WELL LOG AND DRILLING REPORT

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

745841

Permit Number 906

COUNTY Licking TOWNSHIP Harrison SECTION/LOT No. _____
(CIRCLE ONE)

OWNER/BUILDER Dee Dris Const. PROPERTY ADDRESS 4585 Col. Rd. S.W. Granville Ohio
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY St. Rt 16 and Cherokee Trail

CONSTRUCTION DETAILS

CASING		Borehole Diameter _____ in.	GROUT	
1 Diameter <u>5 1/2</u> in.	Length <u>180</u> ft.	Wall Thickness <u>1/4</u> in.	Material _____	Volume used _____
2 Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation _____	
Type: 1 ☒ Steel	1 ☐ Galv.	1 ☐ PVC	Depth: placed from _____ ft. to _____ ft.	
2 ☐ Threaded	2 ☐ Welded	2 ☐ Solvent	GRAVEL PACK (Filter Pack)	
2 ☐ Other _____			Material _____	Volume used _____
Liner: Length _____ Type _____	Wall Thickness _____ in.	Depth: placed from _____ ft. to _____ ft.	Method of installation _____	
SCREEN		Pitless Device ☒ Adapter ☐ Preassembled unit		
Type (wire wrapped, louvered, etc.) _____	Material _____	Use of Well <u>Family Dwelling</u>		
Length _____ ft.	Diameter _____ in.	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other <u>drilled</u>		
Set between _____ ft. and _____ ft.	Slot _____	Date of Completion _____		

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.	From	To
top soil	0	03
sand and gravel	03	18
clay and gravel	18	168
sand and gravel	168	176
Permit # 90-179	176	
Log # 706533 water at	175	
Well drilled July 1990 T.D	176	
drilled well on down in May 1992		300
gray shale		120
got salt water at		285
plug back well to		170
with Firez Clay and Scl.		
set plug at		173
Preferated Pipe		10 ft.

WELL TEST

☒ Bailing	☐ Pumping*	☐ Other
Test rate <u>3</u> gpm	Duration of test <u>12</u> hrs.	
Drawdown <u>80</u> ft.		
Measured from: ☒ top of casing	☐ ground level	☐ Other
Static Level (depth to water) <u>70</u> ft.	Date: <u>5-30-92</u>	
Quality (clear, cloudy, taste, odor) <u>clear</u>		

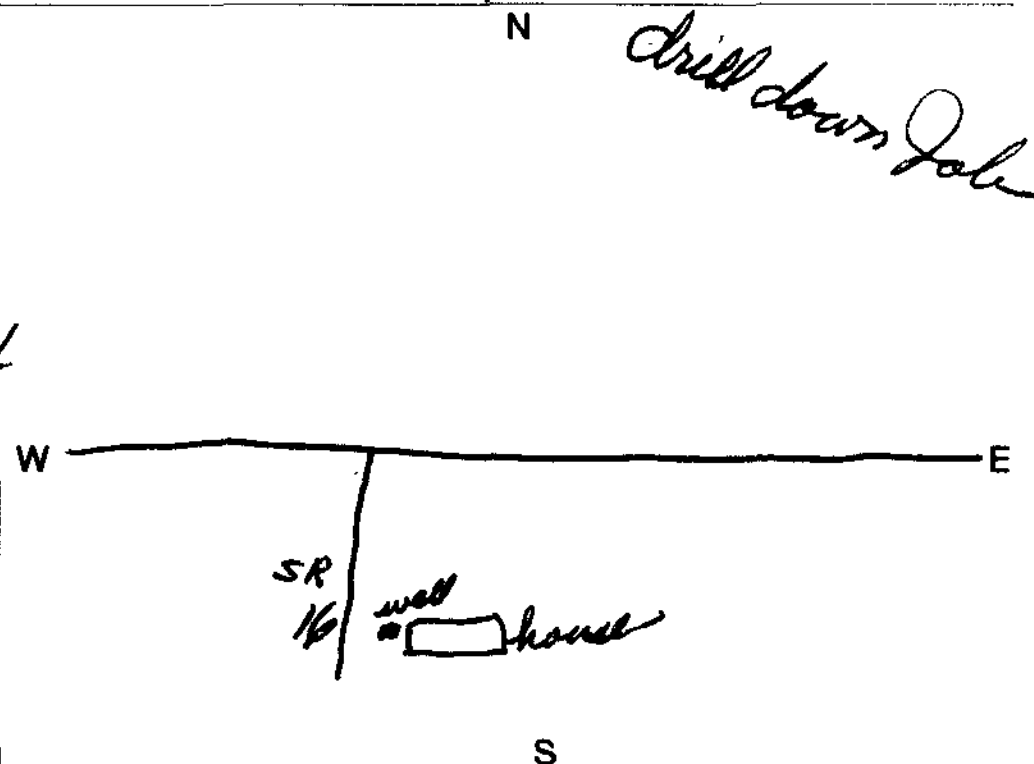
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump <u>3/4 in. 5 gal per min Sigma Flo</u>	Capacity _____ gpm
Pump set at <u>165</u>	ft.
Pump installed by <u>Lawrence Parks</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 <u>Parks Well Drilling</u>	Signed <u>Lawrence Parks</u>		
Address <u>16221 Brushy Fork S.E</u>	Date <u>5-30-92</u>		
City, State, Zip <u>Newark Ohio 43055</u>	ODH Registration Number <u>684</u>		

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