WELL LOG AND DRILLING REPORT

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

748153
Permit Number 525-91

COUNTY Holmes TOWNSHIP Ripley SECTION/LOT No. 026719 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Joni J Raber PROPERTY ADDRESS 7780 C.R. 373 (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Approx 400' of west of 514 on south side of T.R. 501

CONSTRUCTION DETAILS

CASING Borehole Diameter 5 1/2 in.

[1] Diameter 5" in. Length 71 ft. Wall Thickness ____ in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

Joints: [X][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 ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ 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 House & Barn

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

Date of Completion 4-9-91

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 sandy soil	0	9
gray sandy shale	9	30
gray shale	30	71
water encountered 66' 71'		

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ____

Test rate ____ gpm Duration of test ____ hrs.

Drawdown ____ ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) ____ ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

PUMP

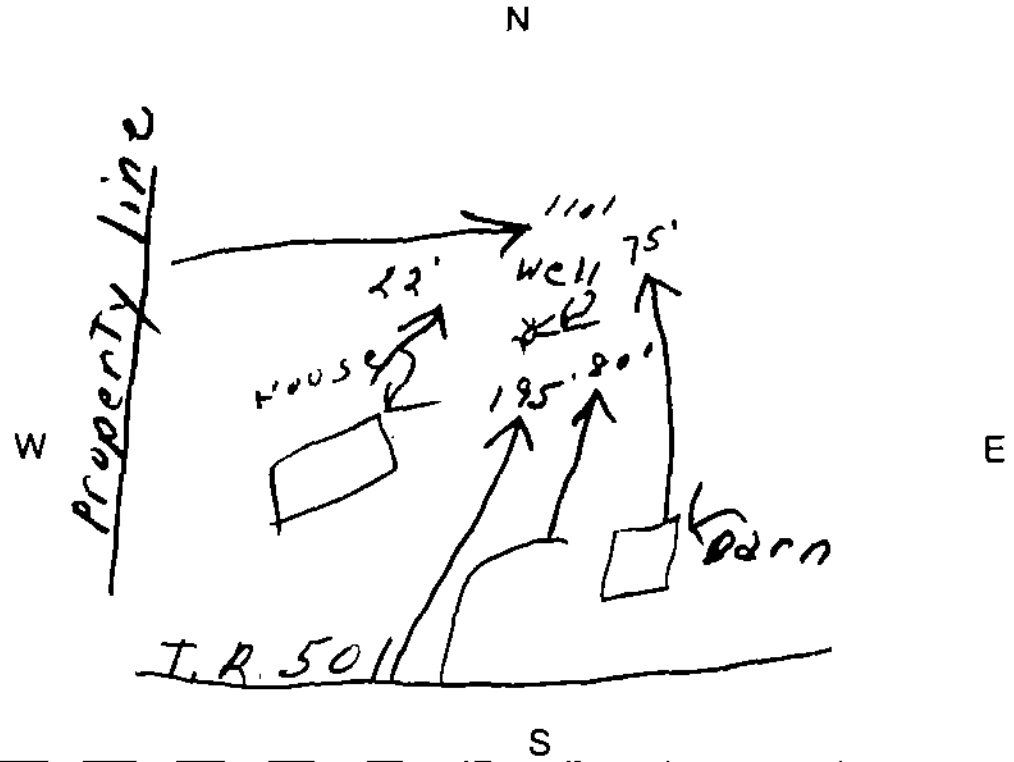
Type of pump ____ Capacity ____ gpm

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 E.D.A. Water well drilling

Address 10466 Saltcreek R.D

City, State, Zip Fred Ohio 44627

Signed Emma Weaver

Date 2-13-92

ODH Registration Number ____

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