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

755102

Permit Number 1076

COUNTY Licking TOWNSHIP Franklin SECTION/LOT (CIRCLE ONE) No. 9

OWNER/BUILDER (CIRCLE ONE OR BOTH) A.L. Zellner PROPERTY ADDRESS 6007 Pleasant Chapel Rd SE (ADDRESS OF WELL LOCATION #)

LOCATION OF PROPERTY 1/4 South of Intersection Dodds and Pleasant Chapel Rd's

CONSTRUCTION DETAILS

CASING
Borehole Diameter 7 7/8" in.
[1] Diameter 5 1/2 OD in. Length 95' ft. Wall Thickness ____ in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [1] Steel [2] Galv. [1] PVC [2] [1] [2] Other ____
Joints: [1] Threaded [2] Welded [1] Solvent [2] [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 Bent-o-seal Volume used 50LB
Method of installation around outside of casing as was driven
Depth: placed from 0 ft. to 95' 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 None at this time Family in future
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____
Date of Completion 8-15-92

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 shale	0	10
Blue Mud	10	38
Red Rock	38	42
Yellow Sandstone	42	60
Gray Shale	60	145
White Sand	145	275
Gray Shale	275	315
TD 315'		
Good vein of water in crevise at 40' would not clear up		
Water at 155' would make only 3 GPM		

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____
Test rate 25 gpm Duration of test 1/2 hrs.
Drawdown 150' ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 130 ft. Date: ____
Quality (clear, cloudy, taste, odor) Clear

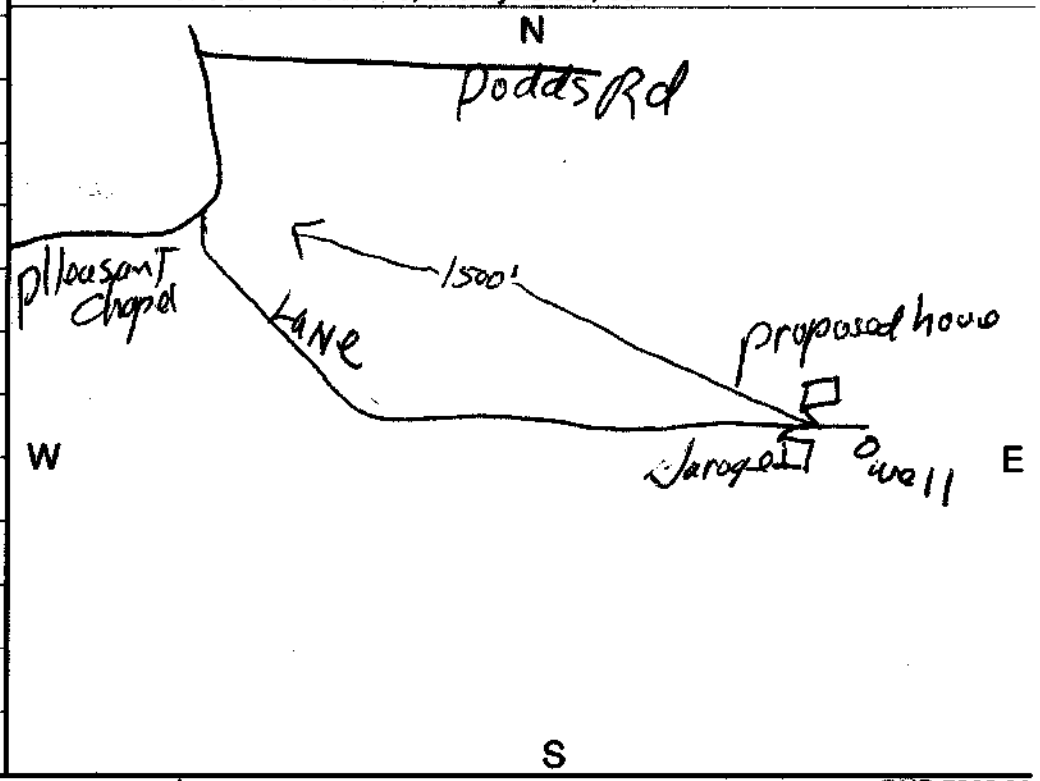
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump NONE at this Time 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.



DNR 7802.90

Drilling Firm Lothes Drilling INC
Address 4651 Montgomery Rd NE
City, State, Zip Newark, Ohio 43055

Signed John W. Lothes
Date 12-2-92
ODH Registration Number 1289

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