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

757712

Permit Number 1174

COUNTY Preble Co TOWNSHIP Harrison SECTION/LOT No. 8778 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Michal Woodworth PROPERTY ADDRESS (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 8778 Upper Lewisburg Rd. NW Corner of Gordon RD

CONSTRUCTION DETAILS

CASING Borehole Diameter 5 5/8 in.

[1] Diameter 6 in. Length ____ ft. Wall Thickness ____ 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 Bonseal Volume used 100 gal

Method of installation Pouring

Depth: placed from Start ft. to Finish 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 Home

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

Date of Completion ____

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
Top Soil	0 ft	3
Clay	3	10
Clay Gravel	10	15
Gravel	15	20
Limestone Water	20	56 ft

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 33 gpm Duration of test 1 1/2 hrs.

Drawdown 0 ft.

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

Static Level (depth to water) 11 ft. Date: 5-6-93

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

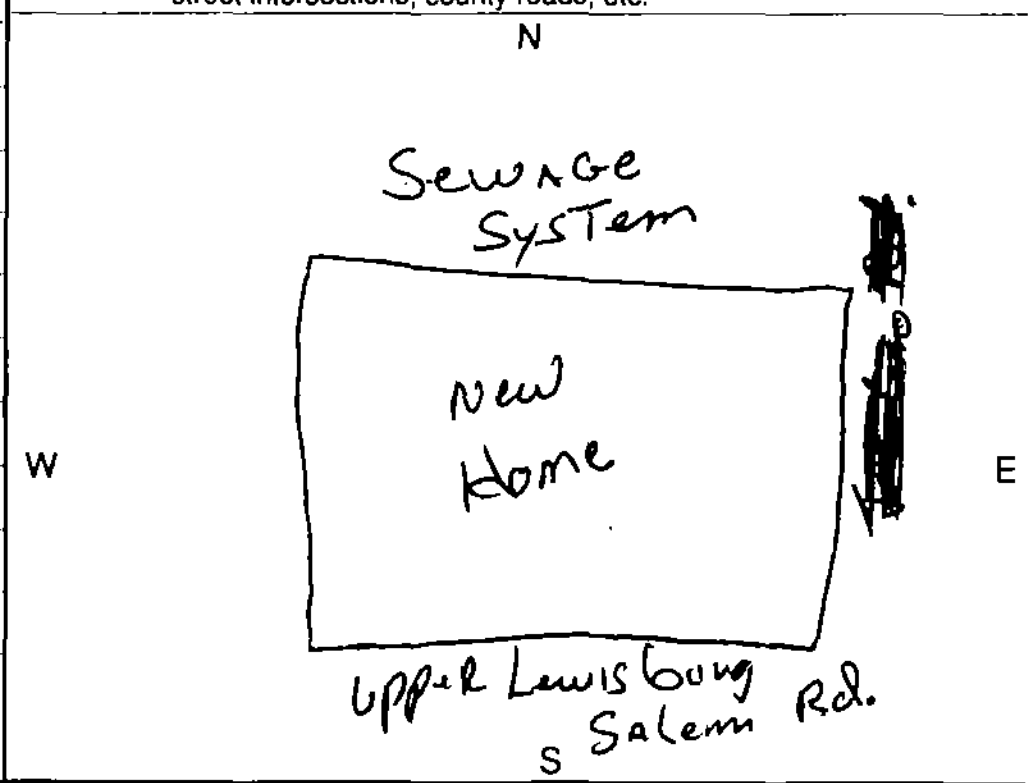
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



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

DNR 7802.90

Drilling Firm O'Brien Well Drilling Signed Monroe O'Brien & Todd Hughes

Address 4633 Sulphur Springs Date 6-3-93

City, State, Zip Brookville, Ohio 45309 ODH Registration Number ____

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

5784 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