

WELL LOG AND DRILLING REPORT

761456

Ohio Department of Natural Resources, Division of Water

1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

MUSK. Permit Number 11/099

COUNTY THURSDAY TOWNSHIP Harrison SECTION/LOT No. _____

OWNER/BUILDER John m Able PROPERTY ADDRESS 206w AThen Rd
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY 200 W ATHEN RD ROSEVILLE O 43777

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>6 1/2</u> in.		GROUT	
1 Diameter <u>7</u> in.	Length <u>40</u> ft.	Wall Thickness <u>1/4</u> in.	Material <u>CLAY</u>	Volume used <u>150</u>	
2 Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation <u>PUMP</u>		
Type: 1 <u>Steel</u>	1 Galv.	1 PVC	1 _____	Depth: placed from <u>0</u> ft. to <u>40</u> ft.	
2 _____	2 _____	2 Other _____	2 _____	GRAVEL PACK (Filter Pack)	
Joints: 1 <u>Threaded</u>	1 Welded	1 Solvent	1 _____	Material _____	Volume used _____
2 _____	2 _____	2 Other _____	2 _____	Method of installation _____	
Liner: _____	Length _____	Type _____	Wall Thickness _____ in.	Depth: placed from _____ ft. to _____ ft.	
SCREEN			Pitless Device ☐ Adapter ☐ Preassembled unit		
Type (wire wrapped, louvered, etc.) _____			Use of Well _____		
Length _____ ft.			☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____		
Diameter _____ in.			Date of Completion _____		
Set between _____ ft. and _____ ft.					
Slot _____					

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

Soil color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
clay	0	4
clay & Shale	4	16
Sand Stone	16	45
gray Shale	45	73
Sand Stone	73	115
gray Shale	115	175

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate _____ 4 gpm Duration of test _____ 2 hrs.
Drawdown _____ 170 ft

Measured from: ☐ top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) _____ ft. Date: _____
 Quality (clear, cloudy, taste, odor) cloudy

*** (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.

M

W

Owell Drive WA-1

West Athen Rd

2 1/2 mile

Athen Rd

Roseville 93

E

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

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm **B&B WELL DRILLING**
Address **8750 RIDGLEY RD**
City, State, Zip **MT PERRY, OH 43760**

Signed Rick Bona
Date 9-27-92
ODH Registration Number 1052

LOCATED

35

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