DNR 7802.92
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

761919

Permit Number 191 - 93

COUNTY Hocking TOWNSHIP Falls SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Carl Bush PROPERTY ADDRESS 33164 morning Dr (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY 33164 morning Dr. Logan, Ohio 43138

CONSTRUCTION DETAILS

CASING Borehole Diameter ____ in.

[1] Diameter 5 in. Length 60 ft. Wall Thickness ____ in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

Joints: [1] Threaded [1] Welded [1] 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 Bentonite Volume used 50

Method of installation PVC glued

Depth: placed from 60 ft. to Surface ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [1] Adapter [ ] Preassembled unit

Use of Well ____

[1] 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
Brown Sandy Soil	0	4
gray Shale	4	59
sand Rock	59	71
gray Shale sand	71	109
sand	109	120
water 75-110		

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

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

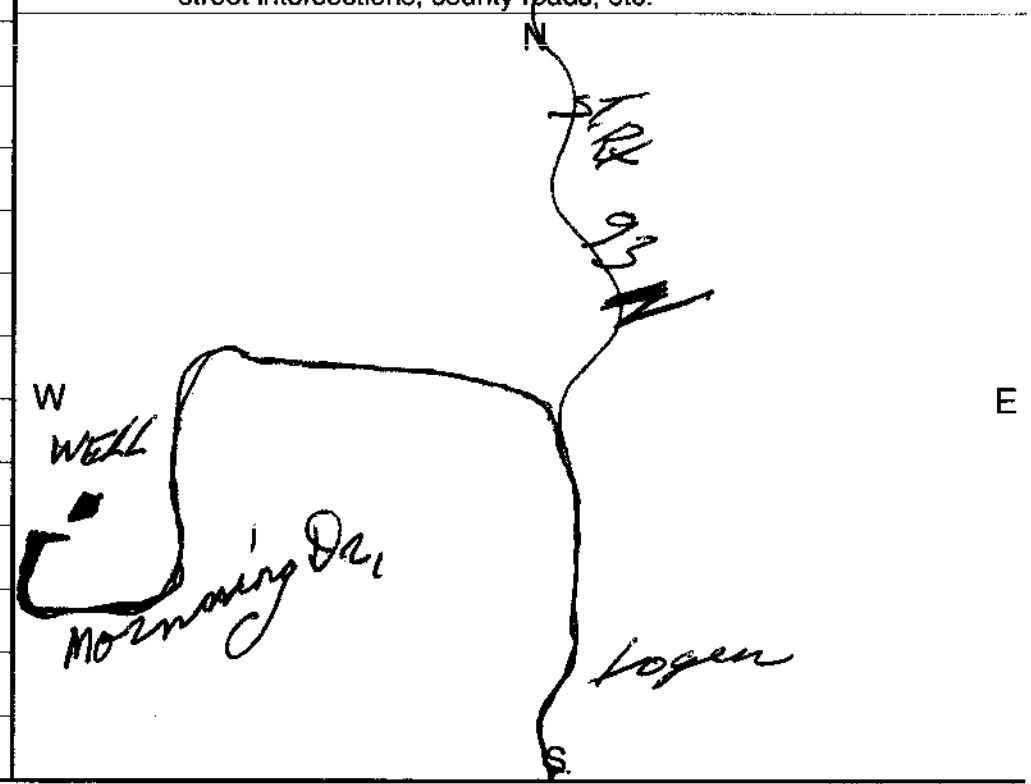
Type of pump ½ Capacity 10 gpm

Pump set at 110 ft.

Pump installed by Ralph Michel

SKETCH SHOWING WELL LOCATION

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



Drilling Firm Michel water Well Drilling

Address 906 ST RT 664 N

City, State, Zip Logan Ohio 43138

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

Signed Ralph Michel

Date 4-15-94

ODH Registration Number 564

5397

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