

COUNTY Hocking TOWNSHIP Falls SECTION/LOT No. 14394 ST RT 93 S
(CIRCLE ONE)
OWNER/BUILDER Kerolyn S. Hutchison PROPERTY ADDRESS 14428 ST. RT. 93 S Logan Ohio 43138
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY 14428 ST. RT. 93 S Logan Ohio 43138

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.
[1] Diameter 5" in. Length 40 ft. Wall Thickness _____ in.
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in.
Type: [1] Steel [2] Galv. [1] PVC [2] Other _____
Joints: [1] Threaded [2] Welded [1] Solvent [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 _____
Method of installation Steel
Depth: placed from 40 ft. to Surface 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 ☐ 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 Shale	0	7
Sand gravel	7	23
gray sand gravel	23	40
Sand Rock	40	44
white sand	44	60

Water 52

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____
Test rate 10 gpm Duration of test 2 hrs.
Drawdown 10 ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 32 ft. Date: _____
Quality (clear, cloudy, taste, odor) Clear

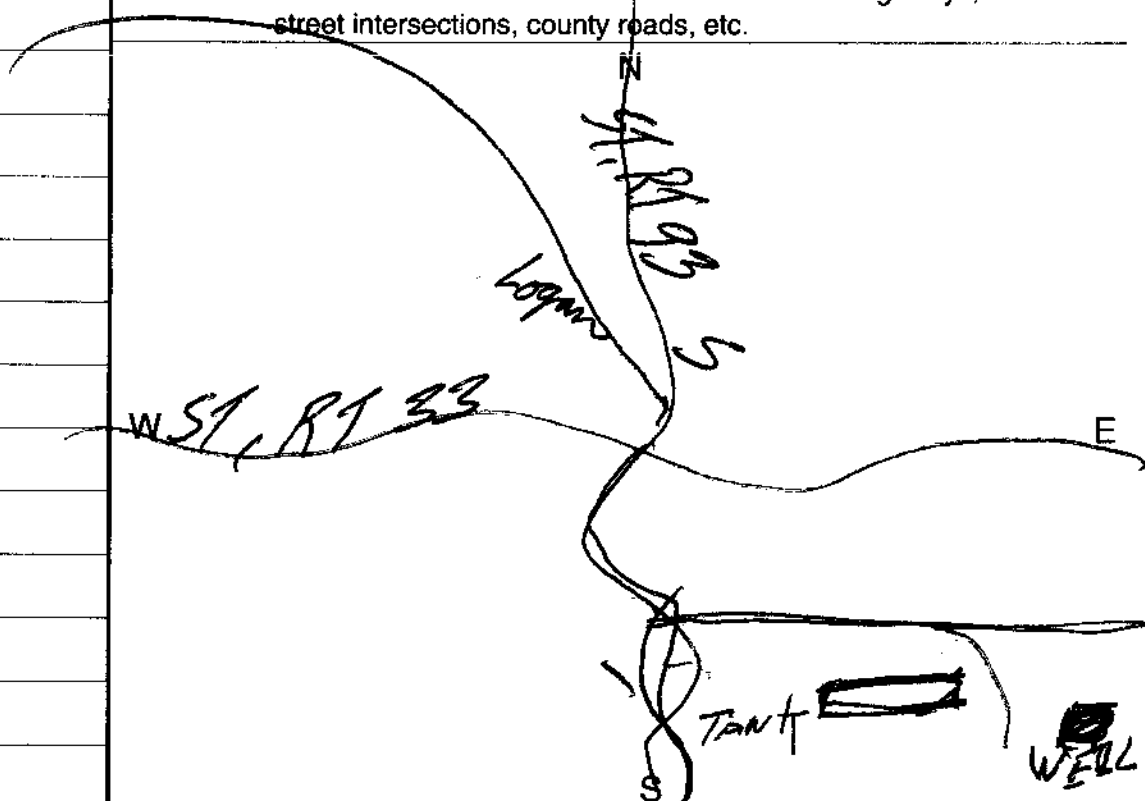
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump 2 H.P. Capacity 10 gpm
Pump set at 52 ft.
Pump installed by Ralph Micher

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

Drilling Firm Michael Waters Well Drilling Signed Ralph Micher
Address 906 ST. RT 664 N Date 5-27-1994
City, State, Zip Logan Ohio 43138 ODH Registration Number 1564

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