DNR 7802.92
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

763906

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

Permit Number 92-108

COUNTY Pickaway TOWNSHIP Circleville SECTION/LOT NO. (CIRCLE ONE) 880

OWNER/BUILDER (CIRCLE ONE OR BOTH) MARSHA DUMM PROPERTY ADDRESS 880 Hawthorne Dr. (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY Dead End of Hawthorne Dr. - North of St. Rt. 188

CONSTRUCTION DETAILS

CASING Borehole Diameter 5 in.

[1] Diameter 5 in. Length 79 ft. Wall Thickness .256 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. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ 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 3-2-93

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	3
Brown Clay	4	11
Gravel Sand	12	19
Sand + Clay	20	35
Fine Black Sand	36	60
Sand + Gravel	61	70
Gravel	71	79

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 20 gpm Duration of test 2 hrs.

Drawdown 55 ft.

Measured from: ☒ Top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 40 ft. Date: 3-2-93

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

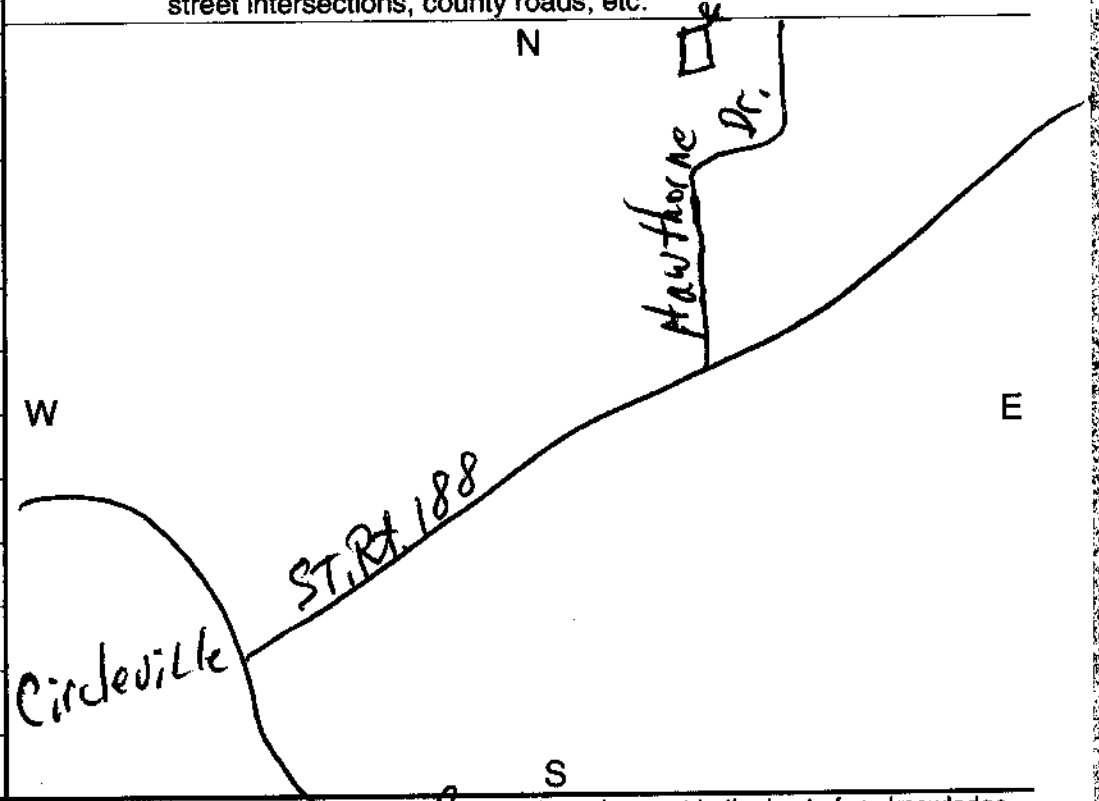
Type of pump N/A Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



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

Drilling Firm SPUNG'S WELL DRILLING

Address 9300 St. Rt. 22 E.

City, State, Zip Stoutsville, Ohio 43154

Signed Paul E Spung

Date 3-24-93

ODH Registration Number 1599

5549

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