

DNR 7802.92
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

763908

Permit Number 93-34

COUNTY Pickaway

TOWNSHIP Monroe

SECTION/LOT No. _____
(CIRCLE ONE)

OWNER/BUILDER Roy E. + Doris E. Barnett PROPERTY ADDRESS 20918 Five Points PK.
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 4 mi South of St. Rt. 56 + Five Points

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>5</u> in.	GROUT
1 Diameter <u>5 9/16</u> in.	Length <u>100</u> ft.	Wall Thickness <u>256</u> in.	Material _____ Volume used _____
2 Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation _____
Type: ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____		Depth: placed from _____ ft. to _____ ft.	GRAVEL PACK (Filter Pack)
Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____		Material _____ Volume used _____	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.) _____ Material _____		Use of Well <u>Home</u>	
Length _____ ft. Diameter _____ in.		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____	
Set between _____ ft. and _____ ft. Slot _____		Date of Completion <u>5-25-93</u>	

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 + Clay	0	8
Clay	9	23
Clay + Gravel	24	41
Sand + Gravel	42	60
Clay + Gravel	61	76
Sand + Gravel	77	90
Sand + Gravel Clay	91	100
Lime stone + Water	101	108

WELL TEST

☐ Bailing	☒ Pumping*	☐ Other _____
Test rate <u>10</u> gpm	Duration of test <u>6</u> hrs.	
Drawdown <u>60</u> ft.		
Measured from: ☒ top of casing ☐ ground level ☐ Other _____		
Static Level (depth to water) <u>40</u> ft.	Date: <u>5-25-93</u>	
Quality (clear, cloudy, taste, odor) <u>Clear - Iron</u>		

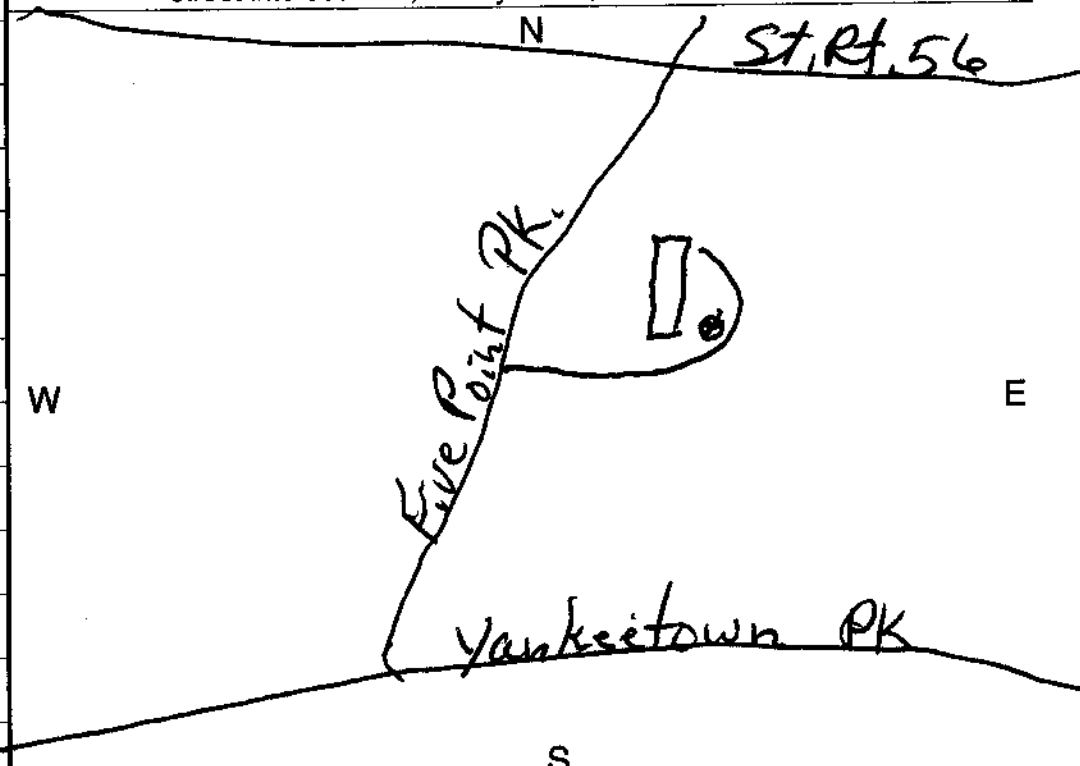
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump <u>Submersible</u>	Capacity <u>10</u> gpm
Pump set at <u>80</u> ft.	
Pump installed by <u>Paul E. Spung</u>	

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 **SPUNG'S WELL DRILLING**
Address 9800 St. Rt. 22 E.
Stoutsville, Ohio 43154
City, State, Zip _____

Signed Paul E. Spung
Date 5-30-93
ODH Registration Number 1599

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