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

764756

Permit Number 3077

COUNTY Mahoning TOWNSHIP Goshen SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Richard E. Galbreath PROPERTY ADDRESS 15546 South Range Rd (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY South west Corner of Rout 165 & 14A

## CONSTRUCTION DETAILS

**CASING** Borehole Diameter ____ in.

[1] Diameter 6 in. Length 80 ft. Wall Thickness .188 in.

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

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

Joints: [1] Threaded [2] (Welded) [1] [2] Solvent [1] [2] Other

Liner: Length X 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 ____

## 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 | |
|---|---|---|
| 0 | 12 | Yellow Clay |
| 12 | 23 | Gray Clay |
| 23 | 77 | Glacial Deposit |
| 77 | 140 | Dark Gray Sand Stone |
| | | T.D |
| 140 | | |

*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 1/2 hrs

Drawdown 42 ft

Measured from: ☐ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 30 ft. Date: 10-8-94

Quality (clear (cloudy) taste, odor) ____

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

## ~~PUMP~~

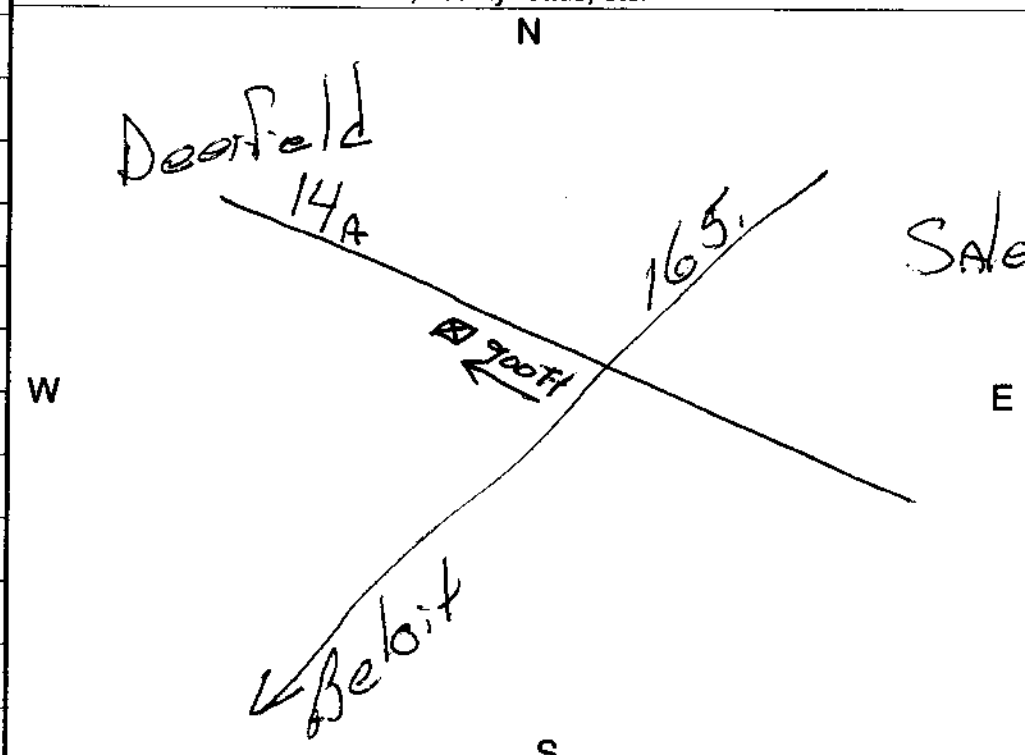
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

## SKETCH SHOWING WELL LOCATION

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




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

Drilling Firm R Scott Drilling Co

Address P.O. Box 2412

City, State, Zip Alliance 44601

Signed ____

Date 10-8-94

ODH Registration Number 2064

5512

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