

WELL LOG AND DRILLING REPORT

768540

DNR 7802.92
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number 138-93

COUNTY WARREN TOWNSHIP Turtlecreek SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Mark Flannery PROPERTY ADDRESS 2700 Keever Rd. Leb. Oh.
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING
① Diameter 6 in. Length 124 ft. Wall Thickness .142 in. Material Natural Cuttings Volume used _____
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation Driving process
Type: ① Steel ② Galv. ③ PVC ④ Other _____
Joints: ① Threaded ② Welded ③ Solvent ④ Other _____
Liner: Length 40 Type PVC Wall Thickness Schedule 40 in. Depth: placed from _____ ft. to 33 ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____

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 11-28-93

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
Sand	0	10
Clay	11	40
Stoney soil	41	53
Dark Clay (thick)	54	100
Light clay	101	124
Limestone	125	152

WELL TEST

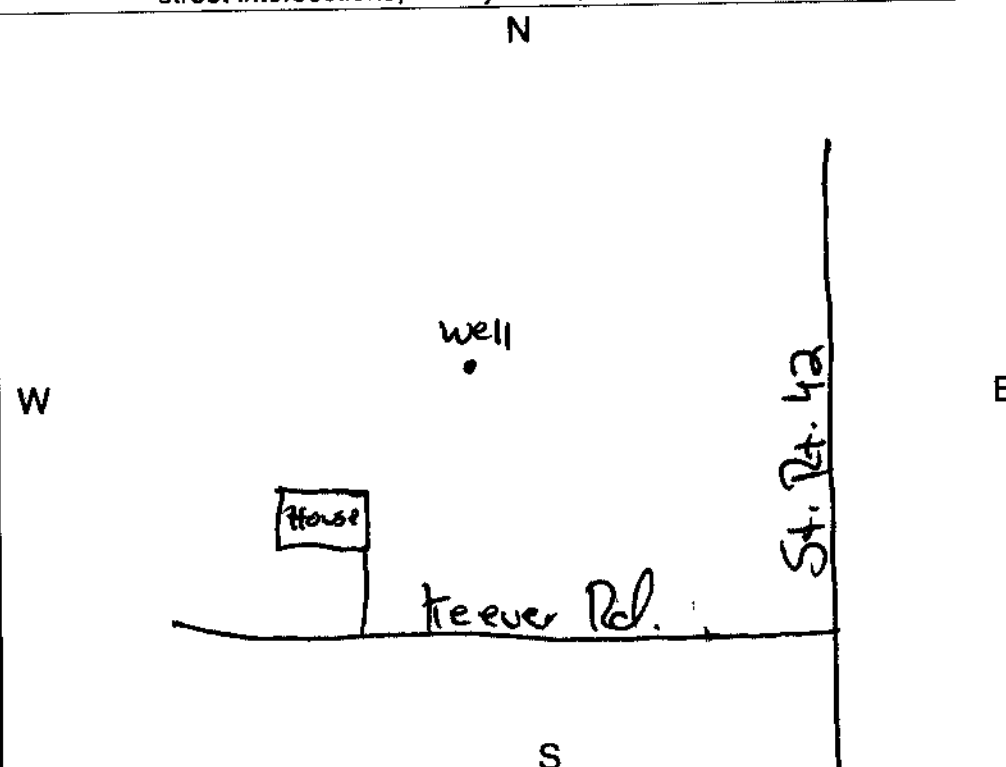
☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 10 gpm Duration of test 4 hrs.
Drawdown 135 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 119 ft. Date: 11-28-93
Quality (clear, cloudy, taste, odor) _____
*(Attach a copy of the pumping test record, per section 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.



*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 Bates Water Well Drilling
Address 219 Heather way
City, State, Zip Middletown, Oh. 45042

Signed [Signature]
Date 3-10-94
ODH Registration Number 124

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