DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

776227

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

Permit Number 100193

COUNTY Perry TOWNSHIP Thorn SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) W. & Barbara Freeborn PROPERTY ADDRESS (ADDRESS OF WELL LOCATION A) Bona-Via Subdivision Lot 11

LOCATION OF PROPERTY 12170 Coster Pk. Rd. SR 204 Thornville, Ohio

CONSTRUCTION DETAILS

CASING Borehole Diameter 8" in.

[1] Diameter 6 in. Length 55 ft. Wall Thickness 1/4 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.) Pented Material PVC

Length 15 ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot 5/8" holes

GROUT

Material Fire Clay Volume used 100 lbs

Method of installation Poured in

Depth: placed from 40 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 House hold

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion 7/25-93.

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
Brown-Sur face	0	12
Gray Shale	12	50
Lime	50	?
Water at 50#		
Can't Dig up.		

*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 ____ hrs.

Drawdown Can't Dry up - 35' ft.

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

Static Level (depth to water) 35' ft. Date: 7/25-93

Quality (clear, cloudy, taste, odor) ____

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

PUMP

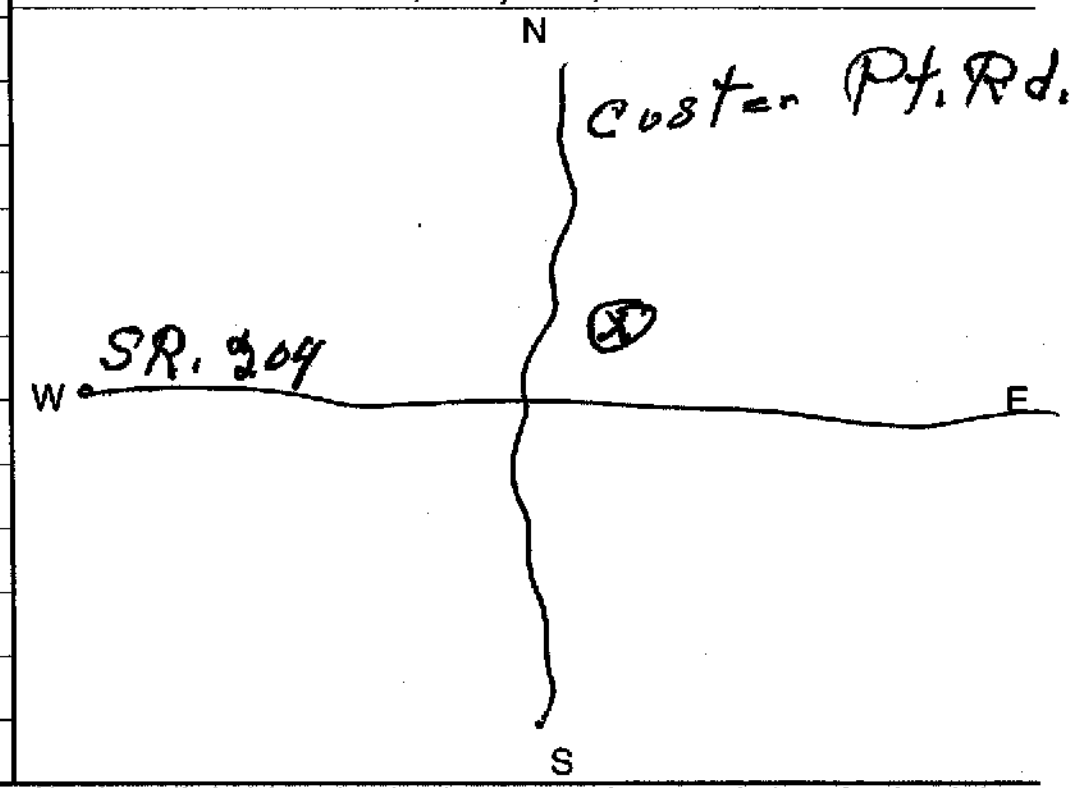
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump Installed by ____

SKETCH SHOWING WELL LOCATION

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



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

Drilling Firm Ranger Drilling Co.

Address 4891 SR 93 SE

City, State, Zip New Lexington, Oh 43764

Signed Francis Blosser

Date 7/25-93

ODH Registration Number 1321

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

Sole (