DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

776228

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

Permit Number 103/93

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

OWNER/BUILDER (CIRCLE ONE OR BOTH) James Hagy PROPERTY ADDRESS 6345 Co. Rd. 19 N.W. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 6345 Co. Rd. 19 N.W. Thornville, Ohio

CONSTRUCTION DETAILS

CASING
[1] Diameter 6" in. Length 85 ft. Wall Thickness .44 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [X] PVC [1] [2] Other ____
Joints: [1] Threaded [1] Welded [X] Solvent [1] [2] Other ____
Liner: Length ____ Type ____ Wall Thickness ____ in.

Borehole Diameter ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) Perfed Material PVC 5/8"
Length 40 ft. Diameter 6" in.
Set between 45 ft. and 85 ft. Slot 5/8 Holes

GROUT
Material Clay Volume used 100 lbs.
Method of installation Poured in
Depth: placed from 56 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 Household
☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 9/6-93

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
(S) Surface	0	4
(S) Clay	4	18
(S) ~~Lime~~ Gray Shale	18	22
(H) Lime	22	36
(S) Shale Gray	36	58
(H) Sand	58	85
(S) Shale	85	T

Water - 58'

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other
Test rate Can't Dry up gpm Duration of test ____ hrs.
Drawdown ____ ft.
Measured from: ☐ top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 48' ft. Date: 9/6-93
Quality (clear, cloudy, taste, odor) ____

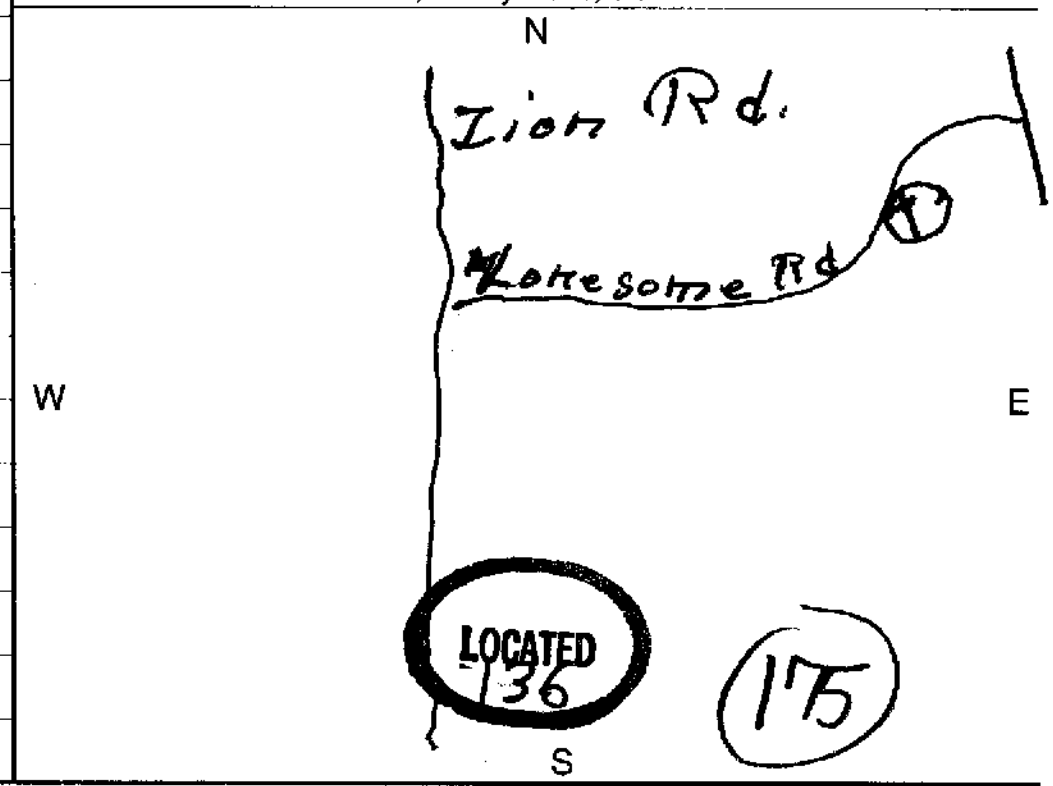
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

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 S.R. 93 S.E.
City, State, Zip New Lexington, Ohio 43764

Signed Francis Blosser
Date 9/6-93
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.

5061

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