

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
Permit Number

776447

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

OWNER/BUILDER Earl and Opal Fluharty PROPERTY ADDRESS 39118 Gramed
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY # 574d 800 - Pl. physical rec'd to Graham Rd. 43773

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>8 1/2</u> in.		GROUT	
① Diameter <u>8"</u> in.	Length <u>28</u> ft.	Wall Thickness <u>1/2</u> in.	Material <u>Cement</u>	Volume used <u>300 lbs m. 2</u>	
② Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation <u>Power in</u>		
Type: ① Steel ② Galv. ③ ☒ PVC ④ Other _____			Depth: placed from <u>Top</u> ft. to <u>25'</u> ft.		
Joints: ① Threaded ② Welded ③ ☒ Solvent ④ Other _____			GRAVEL PACK (Filter Pack)		
Liner: Length <u>155</u> Type <u>PVC</u> Wall Thickness <u>3/8</u> in.			Material _____ Volume used _____		
SCREEN					
Type (wire wrapped, louvered, etc.) _____		Material _____			
Length _____ ft.	Diameter _____ in.				
Set between _____ ft. and _____ ft.	Slot _____				
		Pitless Device ☒ Adapter ☐ Preassembled unit			
		Use of Well <u>Home</u>			
		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____			
		Date of Completion <u>Sept-12-93</u>			

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
sandstone	0	15
grey shale	15	35
red shale	35	40
grey shale	40	93
gray sand	93'	95'
grey shale	95	123
coal	123	124
grey shale	124	160

Water at 93'
10 gph out -

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 10 bar gpm Duration of test 24 hrs.
Drawdown 150' ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 80' ft. Date: Sept 10 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.

N

W
woodward

f

*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 HA's water well Drilling

Signed Charles Hall

Address DT-1 Box 173 B-1

Date Sep 29 - 93

City, State, Zip Marietta, OHIO 45750

ODH Registration Number 1502

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