

COUNTY Morgan TOWNSHIP Morgan SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Jeff Vorhies PROPERTY ADDRESS 4565 N. Dugan Rd.
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY McConnelsville OH 43756

CONSTRUCTION DETAILS

CASING Borehole Diameter 6 in.
① Diameter 5 in. Length 105 ft. Wall Thickness 0.258 in. Material Cement Volume used 80 lbs.
② Diameter N/A in. Length N/A ft. Wall Thickness N/A in. Method of installation poured
Type: ① Steel ① Galv. ② PVC ② Other _____
Joints: ① Threaded ① Welded ② Solvent ② Other _____
Liner: Length N/A Type _____ Wall Thickness _____ in.
SCREEN Type (wire wrapped, louvered, etc.) N/A Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____

GRAVEL PACK (Filter Pack)
Material pea gravel Volume used 1 1/2 tons
Method of installation shoveled
Depth: placed from 105 ft. to 5 ft.
Pitless Device ☒ Adapter ☐ Preassembled unit
Use of Well domestic
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 11-28-94

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 Mud	0'	5'
Sand Rock	5'	30'
gray shale	30'	48'
hard limestone	48'	61'
brown shale	61'	67'
gray shale	67'	76'
Red Clay	76'	83'
Hard limestone	83'	105'
Encountered water		50'

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 1 gpm Duration of test 2 hrs.
Drawdown 50 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 50 ft. Date: 11-27-94
Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump submersible Capacity 10 gpm
Pump set at 100 ft.
Pump installed by Paul A. Mayle

SKETCH SHOWING WELL LOCATION

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

N

W septic 150' House 40' Drive 130' Way E
sewer lines 140' Public Rd. 130'
Dugan Rd. TWP 206

S

*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 Paul A. Mayle
Address Rt. 1

Signed Paul A. Mayle
Date 11-28-94

City, State, Zip Stockport OH 43787

ODH Registration Number 1948

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