DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

785524

Permit Number 1626-95

COUNTY Morrow TOWNSHIP Washington SECTION/LOT No. _____ (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Wayne T Watson PROPERTY ADDRESS 4510 TWP RD 51 Mt. Gilead (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY 4510 Twp RD 51 MT. Gilead OH 43338

CONSTRUCTION DETAILS

CASING
[1] Diameter 6"OD in. Length 22 ft. Wall Thickness 5/16 in.
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in.
Type: [1] Steel [2] Galv. [1] PVC [1] [2] Other _____
Joints: [1] Threaded [2] Welded [1] Solvent [1] [2] Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in.

Borehole Diameter 6" in.

SCREEN
Type (wire wrapped, louvered, etc.) _____ Material PVC.
Length 10' ft. Diameter 5" in.
Set between 15 ft. and 25 ft. Slot .035

GROUT
Material Hole Plug Volume used 2 Bag
Method of installation Pulled Down With Casing
Depth: placed from 8 ft. to 21 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 9/15/95

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
Yellow Clay / Sand & Gravel	0	18
Blue Clay	18	19
Water Bearing Sand & Gravel	19	23
Grey Sandy Shale	23	50

WELL TEST

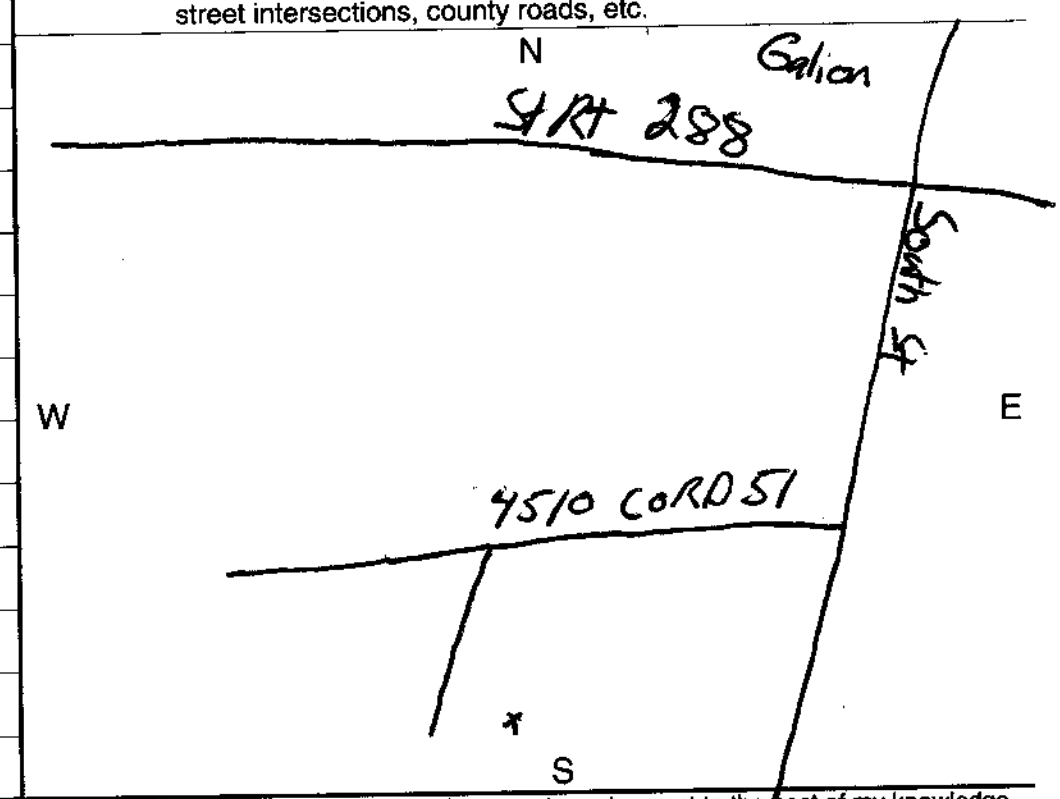
☐ Bailing ☒ Pumping* ☐ Other _____
Test rate 5 gpm Duration of test 48 hrs.
Drawdown - ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 8 ft. Date: _____
Quality (clear) cloudy, taste, odor) _____
(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by Owner

SKETCH SHOWING WELL LOCATION

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



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OCT 2 1995
DEPT. NAT. RESOURCES
DIV. OF WATER

*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 Saunders Well
Address 134 Union
City, State, Zip Galion OH 44833
Signed _____
Date 10/1/95
ODH Registration Number 1056

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

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