DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

785640

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739
Permit Number 35

COUNTY BELMONT TOWNSHIP KIRKWOOD SECTION/LOT No. 7 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) LOFTEN PHILLIPS PROPERTY ADDRESS 65131 OLD RT 8 BARNESVILLE (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY SAME AS ABOVE

CONSTRUCTION DETAILS

CASING Borehole Diameter 10 in.

1 Diameter 6 in. Length 27 ft. Wall Thickness ____ in.

2 Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: 1 Steel 2 Galv. 3 PVC 4 Other ____

Joints: 1 Threaded 2 Welded 3 Solvent 4 Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material CEMENT + BENTONITE Volume used 800 LBS.

Method of installation POUR

Depth: placed from 25 ft. to SURFACE ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device 1 Adapter 2 Preassembled unit

Use of Well SINGLE FAMILY

1 Rotary 2 Cable 3 Augered 4 Driven 5 Dug 6 Other ____

Date of Completion NOV 25 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 CLAY SOIL	0	2
BROWN SANDSTONE SHALE	2	11
BROWN SANDSTONE	11	18
GRAY LIMESTONE (HARD)	18	27
GRAY LIMESTONE	27	78
DARK GRAY LIMESTONE	78	TD
WATER 15' 26'		

WELL TEST

1 Bailing 2 Pumping* 3 Other ____

Test rate 4.5 gpm Duration of test 1/2 hrs.

Drawdown 28 ft.

Measured from: 1 top of casing 2 ground level 3 Other ____

Static Level (depth to water) 26 ft. Date: 11-25-94

Quality (clear, cloudy, taste, odor) CLEAR NO TASTE OR ODOR

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

PUMP

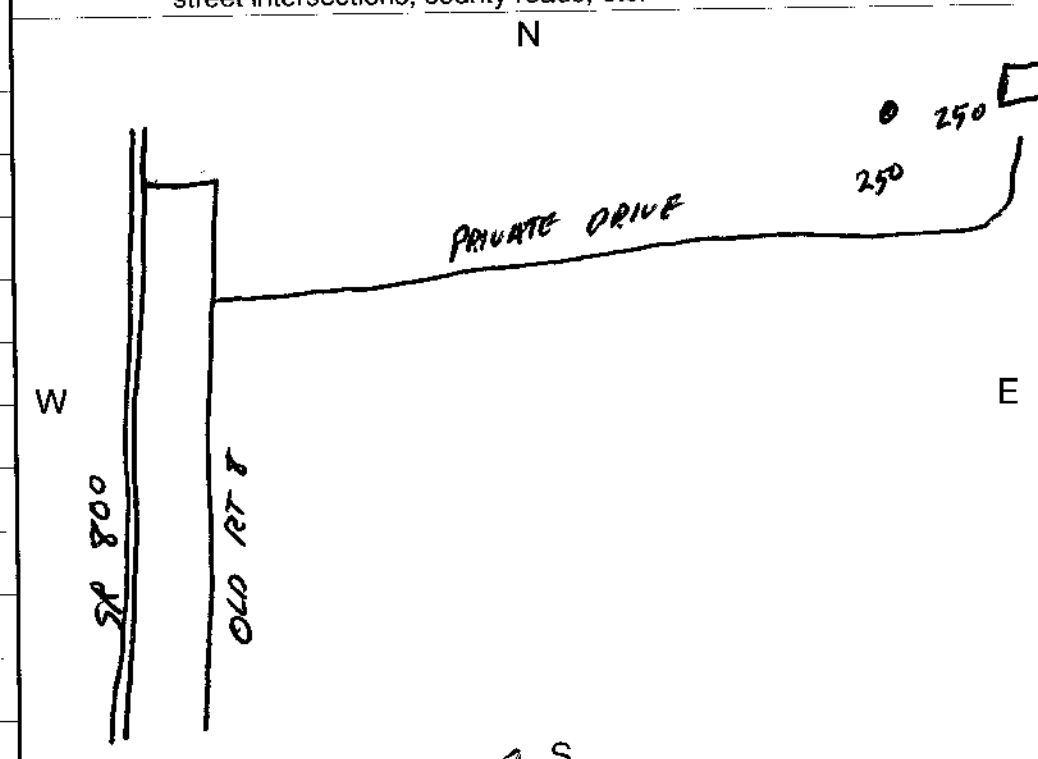
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

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



*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 GREENS WELL DRILLING Signed [signature]

Address 429 S MAIN ST Date NOV 20 94

City, State, Zip BETHESDA OHIO 43719 ODH Registration Number 1572

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5242

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