

COUNTY BELMONT

TOWNSHIP WARREN

SECTION/DOT No. 31
(CIRCLE ONE)

OWNER/BUILDER NAOMI CONRAD
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS 32478 MAIN ST BAILEYS MILLS
(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 300 ft SOUTH OF 265 TWP + 9T RT 147 INTERSECTION

CONSTRUCTION DETAILS

CASING Borehole Diameter 10 in.
① Diameter 8 in. Length 100 ft. Wall Thickness _____ in. Material CEMENT Volume used 960 LBS
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation POUR
Type: ① Steel ① Galv. ① PVC ① _____
② _____ ② _____ ② _____ ② _____
Joints: ① Threaded ① Welded ① Solvent ① _____
② _____ ② _____ ② _____ ② _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from 25 ft. to SURFACE ft.
SCREEN Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. **GRAVEL PACK** (Filter Pack)
Material PRA GRAVEL Volume used 1 T.
Method of installation POUR
Depth: placed from 100 ft. to 25 ft.
Pitless Device ☒ Adapter ☐ Preassembled unit
Use of Well SINGLE FAMILY
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 2-26-95

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
DR. CLAY SOIL	0	.5
BR. CLAY	.5	8
BR. SANDSTONE SHALE	8	21
RED LIMESTONE	21	24
SOFT GRAY LIMESTONE	24	29
RED LIMESTONE	29	38
SOFT GRAY LIMESTONE	38	69
RED LIMESTONE	69	87
GRAY LIMESTONE	87	96
RED LIMESTONE	96	100

38 WATER ENCOUNTERED

WELL TEST

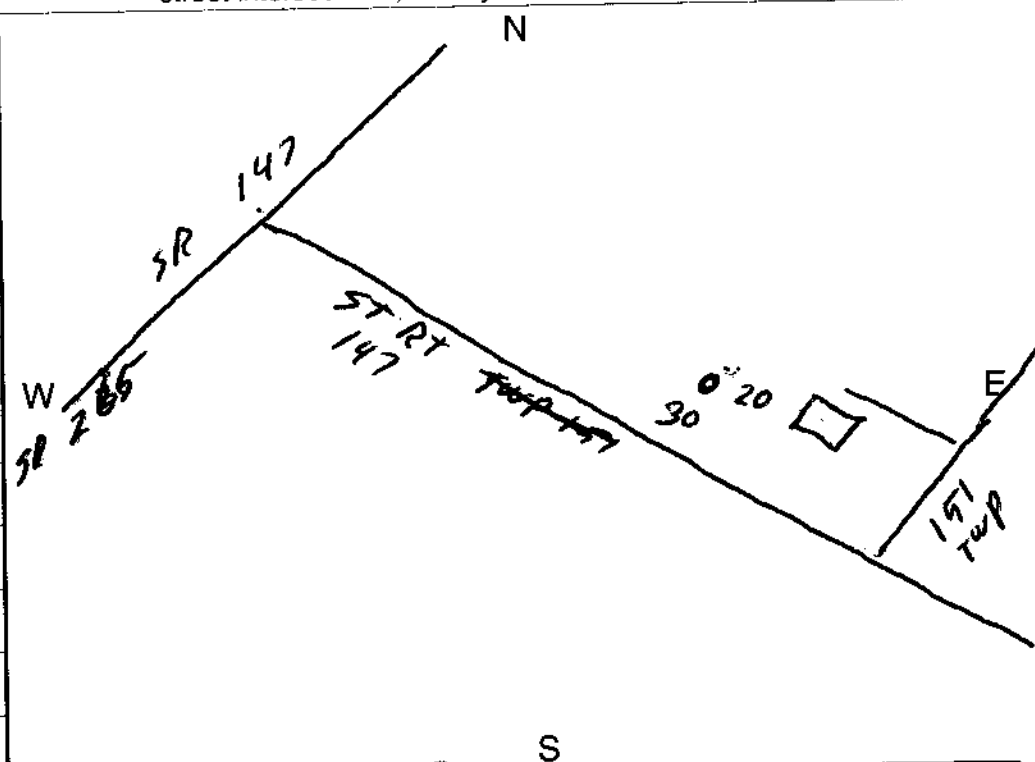
☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 3.5 gpm Duration of test 1/2 hrs.
Drawdown 98 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 58 ft. Date: 2-25-95
Quality (clear, cloudy, taste, odor) CLOUDY NO TASTE OR ODOR
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump SUB Capacity 7 gpm
Pump set at 96 ft.
Pump installed by GREEN'S WELL DRILLING

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 GREEN'S WELL DRILLING

Signed _____

Address 429 S MAIN ST

Date 3-08-95

City, State, Zip BETHESDA OHIO

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