DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

# WELL LOG AND DRILLING REPORT

788156

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

Permit Number _____

COUNTY Morgan TOWNSHIP UNION SECTION/LOT No. (CIRCLE ONE) 25/29

OWNER/BUILDER (CIRCLE ONE OR BOTH) Timothy Roddy PROPERTY ADDRESS (ADDRESS OF WELL LOCATION A) 2922 East Branch Rd, Malta

LOCATION OF PROPERTY 2922 East Branch RD Malta, Ohio

## CONSTRUCTION DETAILS

**CASING**
Borehole Diameter 8 in.
[1] Diameter 5" in. Length 280 ft. Wall Thickness ___ in.
[2] Diameter ___ in. Length ___ ft. Wall Thickness ___ in.
Type: [1] [2] Steel [1] [2] Galv. [X] [2] PVC [2] Other
Joints: [1] [2] Threaded [1] [2] Welded [X] [2] Solvent [1] [2] Other Screwed
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 ___ Volume used ___
Method of installation Shale Pack Set 40' Cement to Surface
Depth: placed from 0' ft. to 40' ft.

**GRAVEL PACK** (Filter Pack) Cement Grout 0 - 40ft
Material ___ Volume used ___
Method of installation ___
Depth: placed from ___ ft. to ___ ft.

**Pitless Device** [X] Adapter [ ] Preassembled unit
**Use of Well** ___
[X] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other
Date of Completion 8/16/95

## 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 |
|---|---|---|
| 0 - 80 Lime & Shell | 0 | 80 |
| 80 - 110 Red | 80 | 110 |
| Gray Shell | 110 | 177 |
| Sand | 177 | 181 |
| Red | 181 | 192 |
| Gray | 192 | 210 |
| Coal | 210 | 212 |
| Gray Shell | 212 | 235 |
| Sand | 235 | 270 |
| Gray Shell | 270 | 280 |
| Coal | 280 | 282 |
| T.d. 280 | | |
| water @ 252 ft | | |

*If additional space is needed to complete well log use next consecutively numbered form.

## WELL TEST

[X] Bailing [X] Pumping* [ ] Other
Test rate 4 gpm Duration of test 4 hrs.
Drawdown ___ ft.
Measured from: [ ] top of casing [ ] ground level [ ] Other ___
Static Level (depth to water) 220' ft. Date: ___
Quality (clear, cloudy, taste, odor) ___

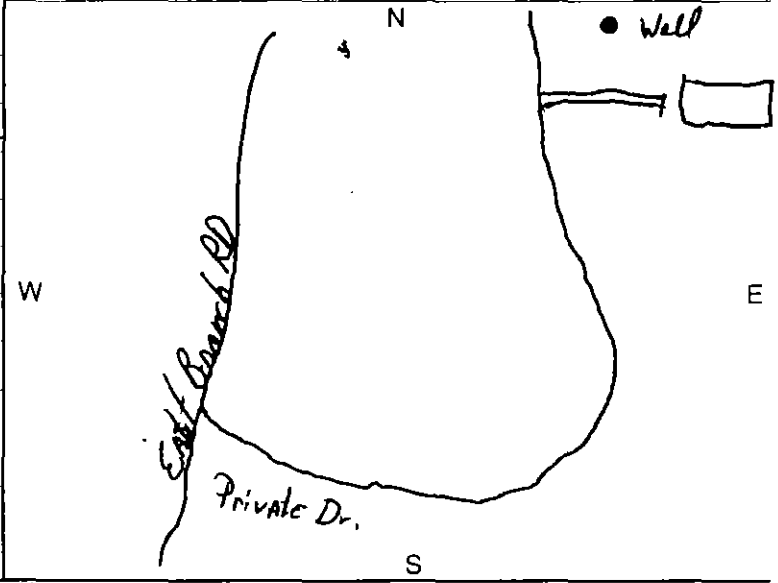
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

## PUMP

Type of pump Aermotor Capacity 6.9 gpm
Pump set at 272' ft.
Pump installed by Fouts Bros Inc

## SKETCH SHOWING WELL LOCATION

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




I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm Fouts Bros Inc
Signed Carl Fouts
Address 108 High St
Date 8/17/95
City, State, Zip Gloucster Ohio 45732
ODH Registration Number #865

5207

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