

DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources, Division of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739
Permit Number 1330, 95

793686

COUNTY Union County TOWNSHIP FAIRBOR SECTION/LOT No. _____
(CIRCLE ONE)

OWNER/BUILDER Dennis Jodie McCallister PROPERTY ADDRESS 25230 YEARSLEY RD.
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY _____

CONSTRUCTION DETAILS

CASING 5 PVC Borehole Diameter 7 7/8 in.
[1] Diameter 5 in. Length 41 ft. Wall Thickness SPR21 in. Material BEASTAL Volume used 180 LBS
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation TRUMP
Type: [1] Steel [1] Galv. [X] PVC [1] _____
[2] _____ [2] Other _____
Joints: [1] Threaded [1] Welded [X] Solvent [1] _____
[2] _____ [2] Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to Surface ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. **GRAVEL PACK (Filter Pack)**
Set between _____ ft. and _____ ft. Slot _____ Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device [] Adapter [] Preassembled unit
Use of Well HOUSE WELL
[X] Rotary [] Cable [] Augered [] Driven [] Dug [] Other _____
Date of Completion 6-29-95

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
<u>Yellow clay</u>	<u>0</u>	<u>20</u>
<u>SAND</u>	<u>20</u>	<u>24</u>
<u>Procc Rock</u>	<u>24</u>	<u>27</u>
<u>Bute lime</u>	<u>27</u>	<u>41</u>
<u>Limestone</u>	<u>41</u>	<u>75</u>

Well at 75 ft

WELL TEST

[] Bailing [] Pumping* [] Other HL
Test rate 15-20 gpm Duration of test 2 HRS hrs.
Drawdown 36 FT ft.
Measured from: [X] top of casing [] ground level [] Other _____
Static Level (depth to water) 16 FT ft. Date: _____
Quality (clear, cloudy, taste, odor) clean

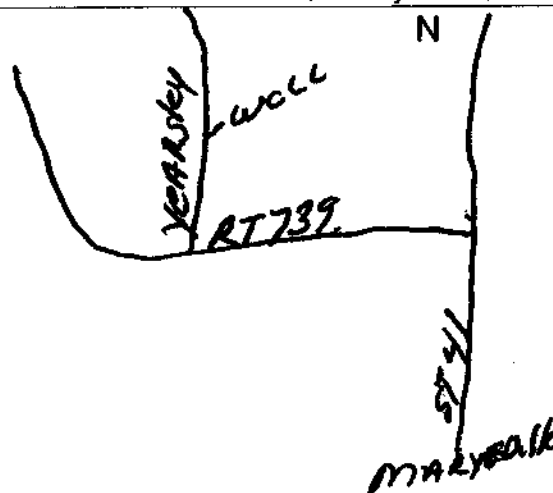
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm
Pump set at 50 FT ft.
Pump installed by _____

SKETCH SHOWING WELL LOCATION

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



RECEIVED
2015 JUL 21 2015

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*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 T L UNDERHILL
Address WELL DRILLING
5510 REAR RT. 187
City, State, Zip MECHANICSBURG, OH 43044

Signed J S Underhill Jr.
Date 6-29-95

ODH Registration Number 794

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

5583 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