DNR 7802.94
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

799179

Permit Number 124701-95

COUNTY Holmes TOWNSHIP Walnut Creek SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Jacob (First) Schrock (Last) PROPERTY ADDRESS (Address of well location) 4250 (Number) Twp Rd. 420 (Street) City

LOCATION OF PROPERTY 2/10 mile North of S.R. 39 on Twp. Rd. 420 Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.
1 Diameter 5 in. Length* 220 ft. Wall Thickness SDR 21 in.
2 Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: 1 Steel 1 Galv. X PVC 1 2 Other
Joints: 1 Threaded 1 Welded X Solvent 1 2 Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material ____
Length ____ ft. Diameter ____ in. Slot ____
Set between ____ ft. and ____ ft.

GROUT
Material Hole Plug Benseal Volume used 5 SACKS 25 SACKS
Method of installation ~~Pumped~~ Tremie
Depth: placed from 200 ft. to Surface 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 Private
☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 5-2-95

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
Sandy Brown Clay	0	15
Coal & Dark Shale	15	23
Clay	23	25
Sandrock	25	30
Gray Sandy Shale	30	45
Coal & Clay	45	49
Sandrock	49	100
Limestone	100	103
Coal & Clay	103	106
Gray Sandy Shale	106	184
Limestone	184	188
Coal & Clay	188	192
Sandrock	192	252
Gray Sandy Shale & Sandrock	252	318
Red Shale	318	320

WELL TEST

☐ Bailing ☐ Pumping* ☒ Other
Test rate 7 gpm Duration of test 1/2 hrs.
Drawdown Bottom ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other
Static Level (depth to water) ____ ft. Date: 5-2-95
Quality (clear, cloudy, taste, odor) ____

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

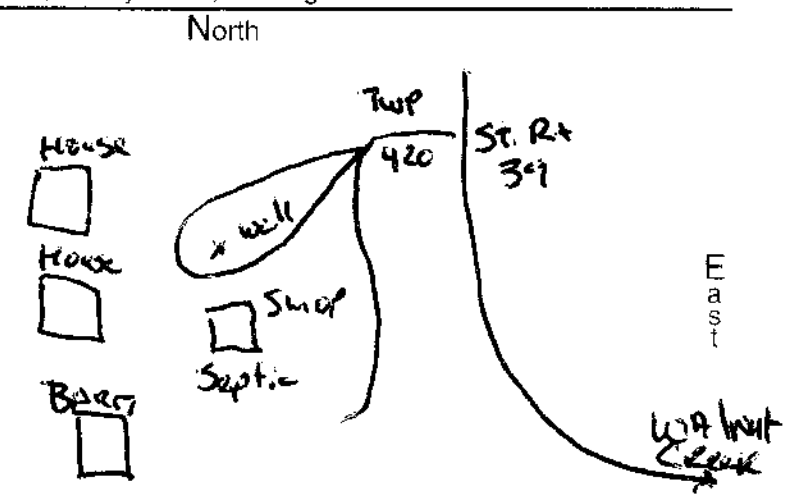
Did Not Install PUMP

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

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone ____ x ____ y ____
Elevation of well ____ ft./m. Datum plain: ☐ NAD27 ☐ NAD83
Source of coordinates: ☐ GPS ☐ Survey ☐ Other

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



*(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 D. M. Walts Drilling Co., Inc. Signed D. M. Walts Drilling Co., Inc.
Address 221 5th St. SW 5331 Date May 3, 1995
City, State, Zip Strasburg Ohio 44680 ODH Registration Number 820

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