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

800034

Permit Number 1474-94

COUNTY Morrow TOWNSHIP Congress SECTION/LOT No. 17 (Circle One)

OWNER/BUILDER (Circle One or Both) Richard (First) Berry (Last) PROPERTY ADDRESS (Address of well location) 6810 (Number) St. Rt 19 (Street) Mt. Gilead (City)

LOCATION OF PROPERTY 1/2 mile North of Co. Rd 61 on St. Rt. 19 West side. 43338 (Zip Code + 4)

## CONSTRUCTION DETAILS

**CASING** *(Length below grade) Borehole Diameter 7 7/8 in.

[1] Diameter 5 in. Length* 50 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.) Slotted Material PVC

Length 5 ft. Diameter 5" in.

Set between 50 ft. and 55 ft. Slot .050

**GROUT**

Material Benseal Volume used 150#

Method of installation Pressure Pump

Depth: placed from 0 ft. to 49 ft.

**GRAVEL PACK** (Filter Pack)

Material Quartz Volume used 300#

Method of installation Pour

Depth: placed from 55 ft. to 50 ft.

**Pitless Device** [X] Adapter [ ] Preassembled unit

**Use of Well** Residential

[X] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion 11-8-94

## 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 |
|---|---|---|
| Clay | 0 | 23 |
| Gravel | 23 | 30 |
| Clay | 30 | 35 |
| Gravel | 35 | 43 |
| Clay & Gravel | 43 | 50 |
| Gravel | 50 | 56 |

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## WELL TEST

[ ] Bailing [ ] Pumping* [X] Other Air

Test rate 20 gpm Duration of test 1 hrs.

Drawdown ____ ft.

Measured from: [ ] top of casing [X] ground level [ ] Other ____

Static Level (depth to water) 6 ft. Date: 11-8-94

Quality (clear) cloudy, taste, odor) Clear

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

## PUMP

Type of pump Submersible Capacity 12 gpm

Pump set at 40 ft ft.

Pump installed by Owner

## WELL LOCATION

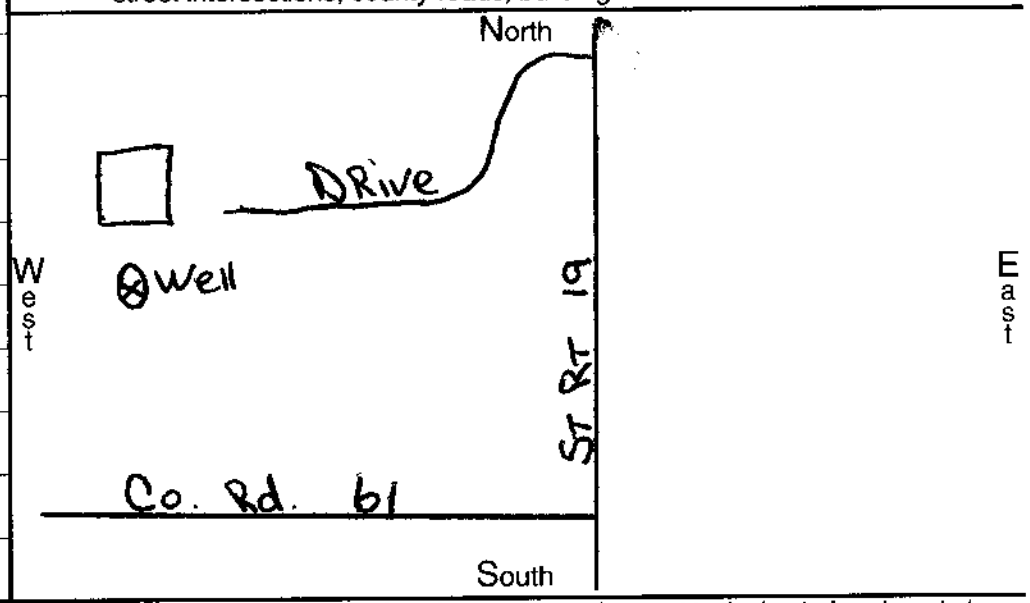
Location of well in State Plane coordinates, if available:

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 JACKSON & SONS DRILLING & PUMP. INC.

Address 2303 DARLINGTON E. RD.

City, State, Zip BELLVILLE, OHIO 44813

Signed James D. Jackson

Date 11-8-94

ODH Registration Number 606

5308

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