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

803489

Permit Number 4286

COUNTY CLARK TOWNSHIP MOOREFIELD SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Dale (First) Bury (Last) PROPERTY ADDRESS (Address of well location) 5945 (Number) YEAZELL Rd (Street) SPRINGFIELD, OHIO (City)

LOCATION OF PROPERTY WEST SOUTH VIEW TO BOWMAN TURN RIGHT TURN LEFT YEAZELL Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter ____ in.

[1] Diameter 5 5/8 in. Length 241 ft. Wall Thickness .142 in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [1] [2] Steel [X] [2] Galv. [1] [2] PVC [1] [2] Other ____

Joints: [1] [2] Threaded [X] [2] Welded [1] [2] Solvent [1] [2] Other ____

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 ____

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filler Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well HOUSE WELL

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion 4-21-96

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
Yellow clay	0	20
Hard pan clay	20	131
Sand	131	136
Hard Pan	136	238
Droce Rock	238	241
	241	303
Well At	303	

UNDERHILL'S
Water Service
1789 Itawamba Trail N.W.
London, Ohio 43140

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other ____

Test rate 36 HRS gpm Duration of test 20 min hrs.

Drawdown ____ ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 108 ft. Date: 4-21-96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

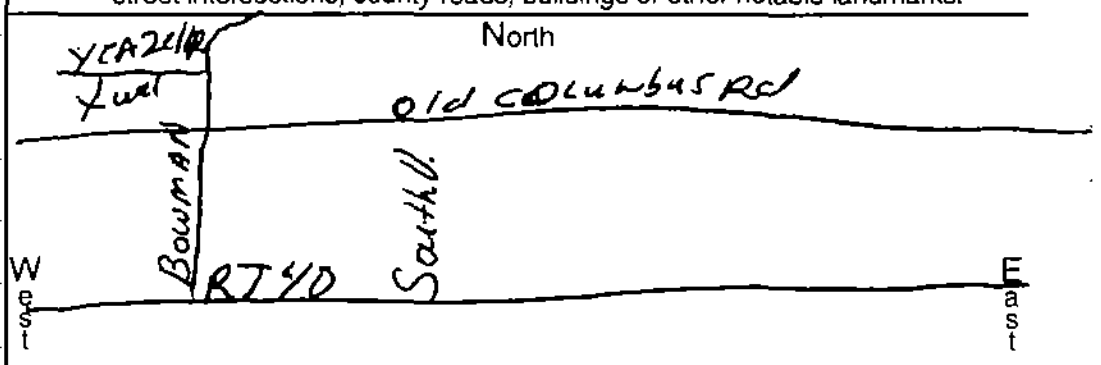
Location of well in State Plane coordinates, if available:

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 UNDERHILL'S Water Service

Signed Tina Jean Underhill

Address 1789 Itawamba Trail N.W.

Date 4-21-96

City, State, Zip London, Ohio 43140

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.

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