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

803515

Permit Number 95-119

COUNTY Madison TOWNSHIP Union SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Elizabeth J Ames PROPERTY ADDRESS (Address of well location) 4481 Glade Run Rd London

First Last Number Street City

LOCATION OF PROPERTY 43140 Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 5/8 in. Length* 91 FT ft. Wall Thickness .258 Unk in.

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

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

Joints: [1] [2] Threaded [1] [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 (Filter 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 7-28-96

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
Blue Clay	0	20
Hard Pan	20	45
Sand	45	55
Hard Pan Clay	55	83
Broke Rock	83	91
Limestone	91	177
well at	177	

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

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ____

Test rate ____ gpm Duration of test ____ hrs.

Drawdown None ft.

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

Static Level (depth to water) 12 FT ft. Date: ____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Air motor Capacity 1/2 gpm

Pump set at 65 FT ft.

Pump installed by Undisclosed

WELL LOCATION

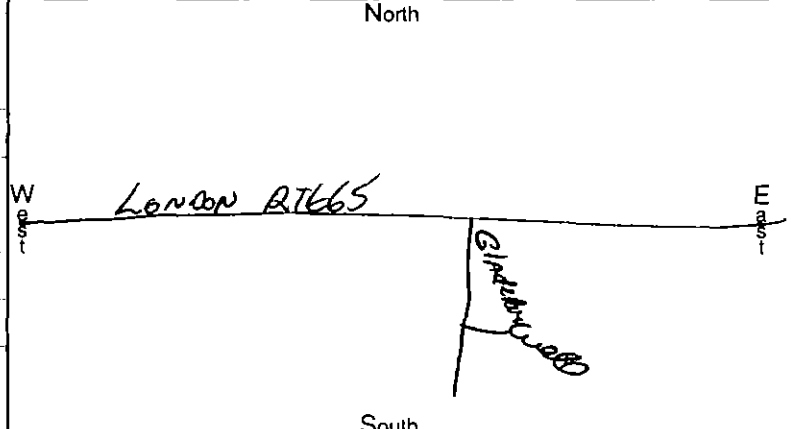
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm ____

Signed S S Undisclosed

Address ____

Date 7-28-96

City, State, Zip ____

ODH Registration Number 799

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