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

810261
Permit Number 5-2-97

COUNTY KNOX TOWNSHIP Jackson SECTION/LOT No. (Circle One) 2QT Sec 6

OWNER/BUILDER (Circle One or Both) Steve Fogle (First / Last) PROPERTY ADDRESS (Address of well location) 25957 (Number) NEW Gulford Rd (Street) City Bladensburg 43005 (Zip Code + 4)

LOCATION OF PROPERTY North of 541 East of Postoffice

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 in.

1 Diameter 5 in. Length* 80 ft. Wall Thickness 15# in.

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

Type: 1 ✓ Steel 1 Galv. 1 PVC 1 2 Other ____

Joints: 1 ✓ Threaded 1 Welded 1 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 ✓ Home

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

Date of Completion 4-28-97

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	
0	8	Drigl
8	40	Sand - Clay
40	68	Clay
68	76	Sand
76	105	Gray Sond Stone
105	108	" Shale
70	105	Water

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 22 gpm Duration of test 1/2 hrs.

Drawdown 55 ft.

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

Static Level (depth to water) 5 ft. Date: 4-28-97

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump N/A. Capacity ____ gpm

Pump set at ____ ft.

Pump installed by Owner Installed

WELL LOCATION

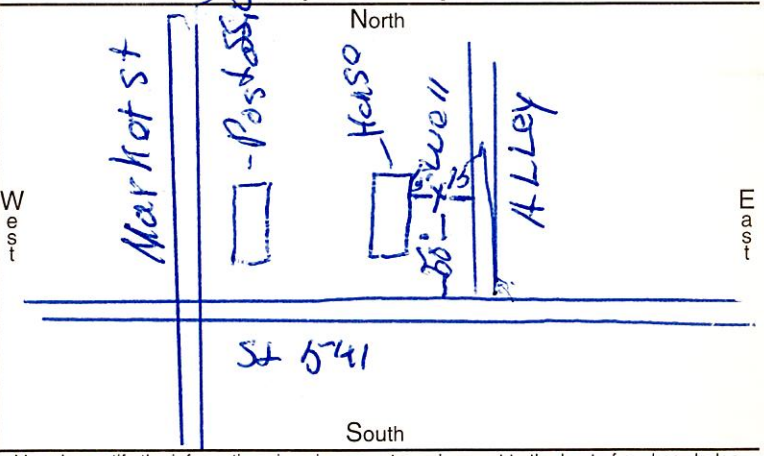
Location of well in State Plane coordinates, if available:

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 Burch Well Drilling

Signed James D. Burch

Address 25280 Lepley Rd

Date 5-6-97

City, State, Zip Howard OH. 43028

ODH Registration Number 126

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