

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number

Continuous Log # 845151
845153
3668

COUNTY *Licking*

TOWNSHIP *Union*

SECTION/LOT No.
(Circle One)

OWNER/BUILDER
(Circle One)

Russ Cameron
First Last

PROPERTY ADDRESS
(Address of well location)

139 Park Dr
Number Street
Buckeye Lake, Ohio
City

LOCATION OF PROPERTY

Same

43008
Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter <i>5</i> in.		GROUT	
1 Diameter <i>5</i> in.	Length* <i>108</i> ft.	Wall Thickness <i>0.58</i> in.	Material	Volume used	
2 Diameter	Length*	Wall Thickness	in.	Method of installation	
Type: <i>Steel</i>	1 Galv.	1 PVC	1	Depth: placed from	
	2	2	2 Other	ft. to	
				GRAVEL PACK (Filter Pack)	
Joints: 1 Threaded	1 Welded	1 Solvent	1	Material	
2	2	2	2 Other	Volume used	
Liner Length	Type	Wall Thickness	in.	Method of installation	
				Depth: placed from	
				ft. to	
SCREEN				Pitless Device	
Type (wire wrapped, louvered, etc.) <i>Slot</i>				Adapter	
Length <i>2</i> ft.				Preassembled unit	
Diameter				Use of Well	
Set between <i>104</i> ft. and <i>106</i> ft.				in. Rotary Cable Augered Driven Dug Other	
Slot <i>7/16</i>				Date of Completion	

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

Continuous Log # 845151

*Pump & Fine Sand.
Fine Brown Sand
Clay
Gravel*

*94 99
99 101
101 108*

WELL TEST

Bailing ☒ Pumping* ☐ Other ☐
Test rate *15* gpm Duration of test *1* hrs.
Drawdown *35* ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other ☐
Static Level (depth to water) *35* ft. Date: *3-10-99*
Quality *clear* (cloudy, taste, odor)

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

PUMP

Type of pump *Sub* Capacity *12* gpm
Pump set at *85* ft.
Pump installed by *Hand*

WELL LOCATION

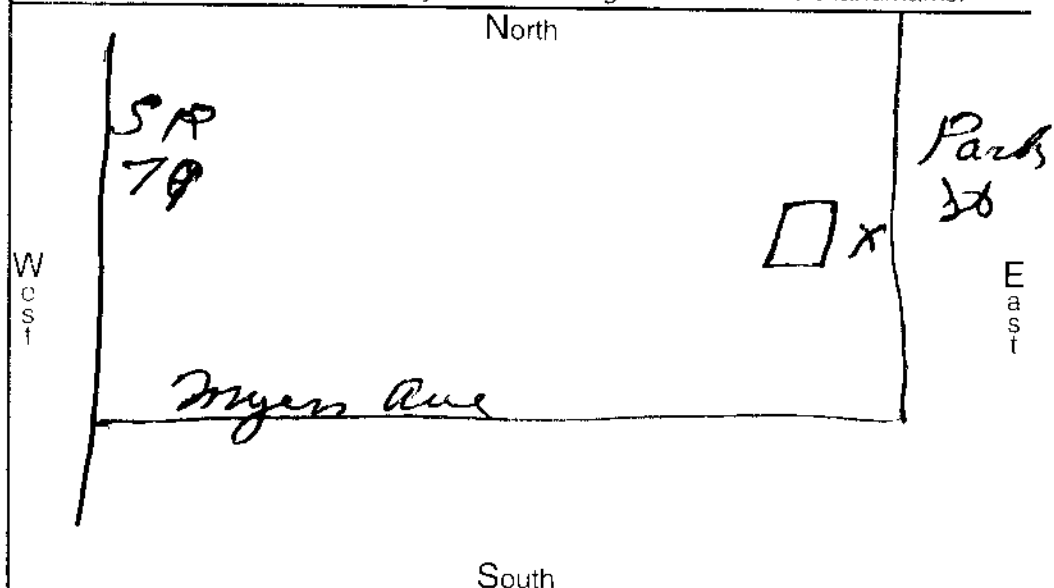
Location of well in State Plane coordinates, if available:

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 *R. L. Laidacker*

Signed *R. Laidacker*

Address *1000 2nd St
Buckeye Lake, Ohio 43008-0231*

Date *3-11-99*

City, State, Zip

ODH Registration Number *136*

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