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

811008

Permit Number 114-96

COUNTY Carroll ~~Harrison~~ TOWNSHIP Brown SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Lee E. Headley (First Last) PROPERTY ADDRESS (Address of well location) 6114 Bluebird R. (Number Street) Malvern (City)

LOCATION OF PROPERTY Same drive as Brown Township Sportsmen Club (Zip Code + 4)

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter ____ in.

[1] Diameter 6 in. Length 48 ft. Wall Thickness 1/4 in.

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

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

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

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
Top Soil	0	2
yellow sand stone	2	20
gray shell mixed with coal	20	35
gray shell	35	40
coal	40	42
hard blue ~~black~~ rock like lime stone	42	48
shell	48	58
brown sand stone	58	60
gray shell	60	80
water encountered at 58'		

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

WELL TEST

☐ ~~Bailing~~ ☐ Pumping* ☐ Other ____

Test rate 10 gpm Duration of test 1 hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 20 ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump DID NOT install Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

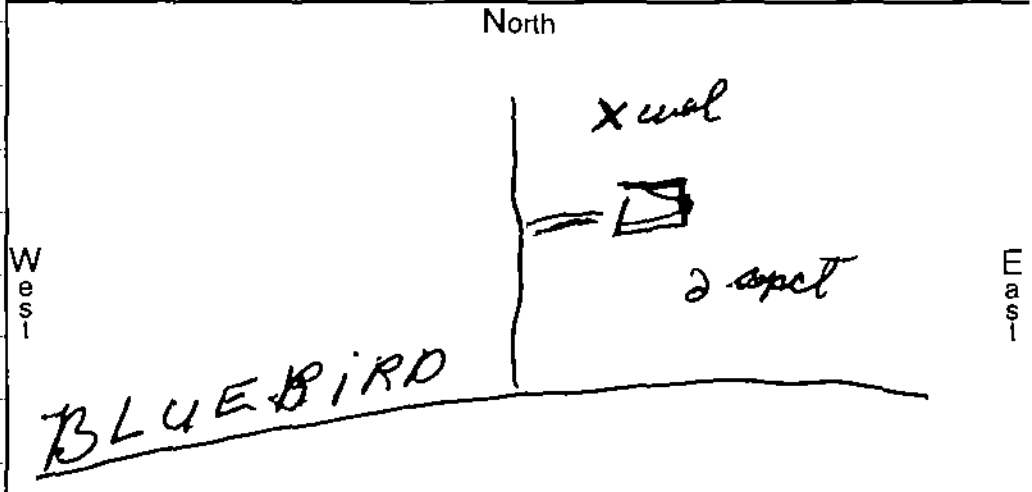
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm Floyd's Water Well Drilling

Signed Floyd A Saucedo

Address 2056 Ravenna Ave SE

Date 9-30-96

City, State, Zip East Canton, Oh 44730

ODH Registration Number 02058

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