DNR 7802.94
TYPE OR USE PEN
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# WELL LOG AND DRILLING REPORT

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

811721

Permit Number 193029

COUNTY MUSKINGUM TOWNSHIP HOPEWELL SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) JAMES (First) HASTINGS (Last) PROPERTY ADDRESS (Address of well location) 11431 (Number) PALMER RD (Street) GRATIOT (City) OH

LOCATION OF PROPERTY 3 MILE SOUTH EAST OF GRATIOT 43740 (Zip Code + 4)

## CONSTRUCTION DETAILS

**CASING** *(Length below grade) Borehole Diameter 7 in.

[1] Diameter 5 in. Length* 332 ft. Wall Thickness .21 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 FIRE CLAY Volume used 1200 #

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 | |
|---|---|---|
| 0 | 30 | BROWN SHALE |
| 30 | 80 | GRAY SHALE |
| 80 | 84 | LIME |
| 84 | 93 | GRAY SHALE |
| 93 | 122 | SAND ROCK |
| 122 | 173 | GRAY SHALE |
| 173 | 178 | LIME |
| 178 | 417 | SANDY SHALE |
| 417 | 438 | BIG INJUN SAND |

*(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 2 hrs.

Drawdown 40 FT ft.

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

Static Level (depth to water) 210 ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

## PUMP

Type of pump SUB Capacity 10 gpm

Pump set at 380 ft.

Pump installed by ROGER MCGEE

## WELL LOCATION

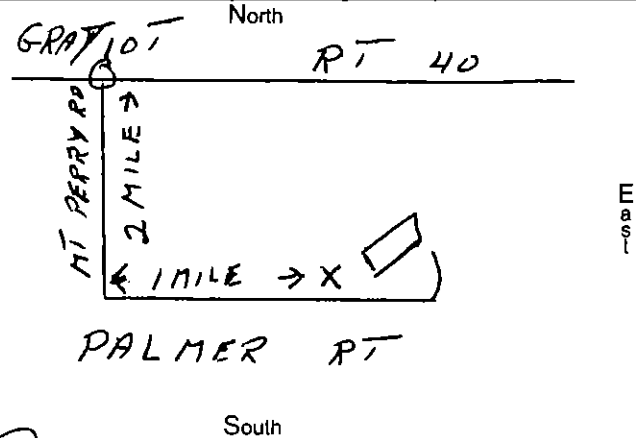
Location of well in State Plane coordinates, if available:

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.




Drilling Firm MCGEE DRILLING

Address 3340 MAYSVILLE PIKE

City, State, Zip ZANESVILLE OH 43701

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

Signed ____

Date OCT 4/96

ODH Registration Number 947

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