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

811724

Permit Number 3118

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

OWNER/~~BUILDER~~ (Circle One or Both) ROBIN POWELL (First, Last) PROPERTY ADDRESS (Address of well location) 14592 (Number) FLINT RIDGE (Street) RD NEWARK (City) ~~HOPEWELL~~

LOCATION OF PROPERTY 4 MILE NORTH OF RT 40 ON FLINT RIDGE Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 1/2 in. Length* 300 ft. Wall Thickness _____ in.

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

Type: [X] 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 1000# FIRE CLAY 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 _____

[X] 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
CLAY	0	3
FLINT	3	28
GRAY SHALE	28	35
SAND ROCK	35	95
GRAY SHALE	95	107
LIME	107	123
SANDY SHALE	123	190
CLAY	190	203
SANDY SHALE	203	390
INJUN SAND	390	490

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other _____

Test rate 12+ gpm Duration of test _____ hrs.

Drawdown _____ ft.

Measured from: ☐ top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 375 ft. Date: _____

Quality (clear, cloudy, taste, odor) _____

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

PUMP

Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

WELL LOCATION

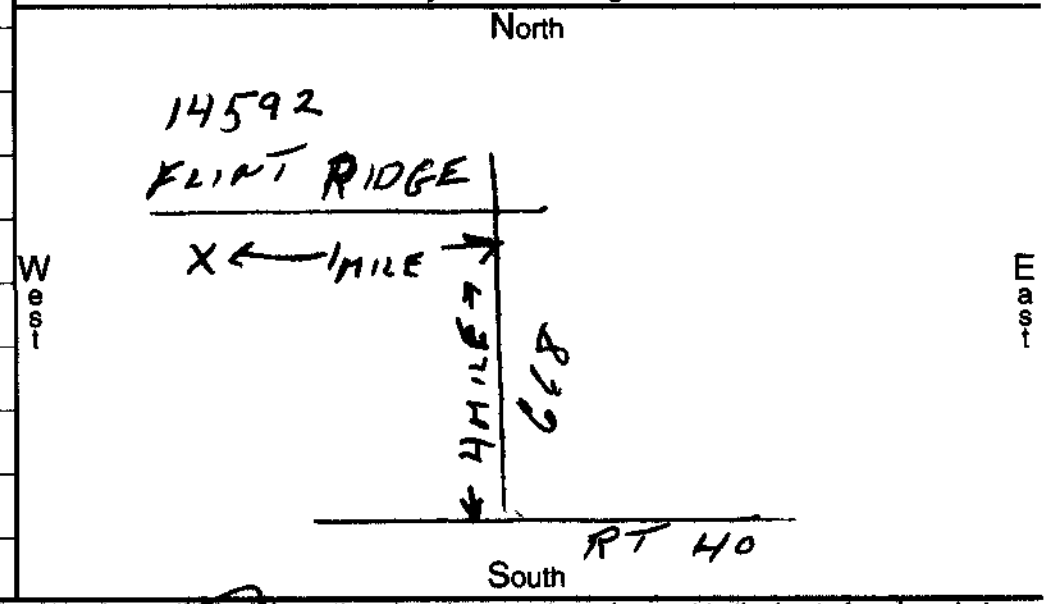
Location of well in State Plane coordinates, if available:

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.

Signed [signature]

Date 12/16/96

Drilling Firm McGEE WBC

Address 3340 MARYSVILLE PIKE

City, State, Zip ZANESVILLE OH 43701

ODH Registration Number 947