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

812692

Permit Number 95-123

COUNTY Pickaway TOWNSHIP WASHINGTON SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Steve (First) Demint (Last) PROPERTY ADDRESS (Address of well location) 7415 (Number) Stoutsville (Street) Pike (City)

LOCATION OF PROPERTY 7415 Stoutsville Pk, Circleville Ohio 43113 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 4 7/8 in.

[1] Diameter 5 in. Length* 37 ft. Wall Thickness .190 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.) slotted Material casing

Length 4 ft. Diameter ____ in.

Set between 33 ft. and 37 ft. Slot 1/8

GROUT

Material Bensca / Grout Volume used 6 bgs

Method of installation pour around casing

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 8/31/95

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
Soil	0	15
Sand Gravel	15	35
Gravely Shale blue	35	37

RECEIVED
SEP 28 1995
WATER DIV. RESOURCES
STATE OF OHIO

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 12 gpm Duration of test 1 hrs.

Drawdown 29 ft.

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

Static Level (depth to water) 28 ft. Date: 8/31/95

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

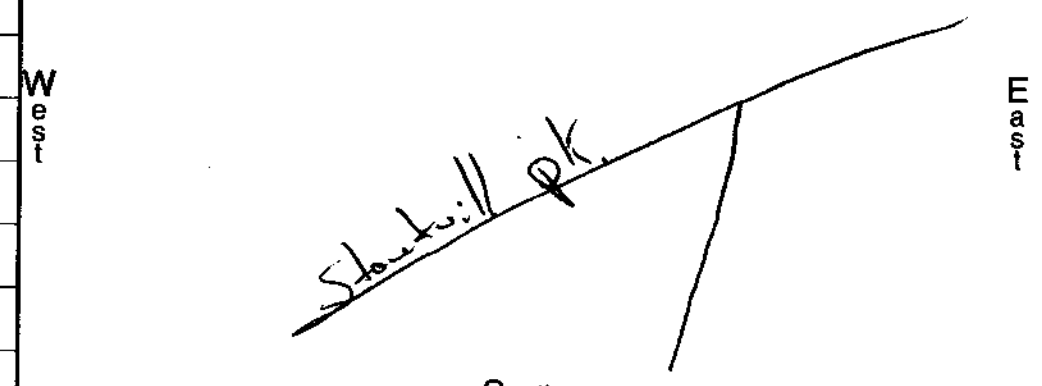
Location of well in State Plane coordinates, if available:

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.



*(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 Edwards & Son Drilling

Signed Kimberly Stapp

Address P.O Box 833

Date 9/20/95

City, State, Zip Circleville, Ohio 43113

ODH Registration Number 2301

7144

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