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

812696

Permit Number 95-140

COUNTY ~~Pickaway~~ Fairfield TOWNSHIP Clearcreek SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Doug (First) Honaker (Last) PROPERTY ADDRESS (Address of well location) 7528 (Number) Circleville St (Street) SW, Ashville (City) 43103 (Zip Code + 4)

LOCATION OF PROPERTY Oakland - corner of Chill.-Lancaster Rd.

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 81 ft. Wall Thickness .280 in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [2] Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) slotted Material casing

Length 3 ft. Diameter ____ in.

Set between 75 ft. and 78 ft. Slot 1/4

GROUT

Material bentonite Volume used 4 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 8/16/95

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	
0	4	Soil
4	18	brown clay
18	72	blue Shale
72	81	sand & gravel

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 8 gpm Duration of test 1 hrs.

Drawdown 81 ft.

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

Static Level (depth to water) 32 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 ____ gpm

Pump set at 75 ft.

Pump installed by Shawn Stepp

WELL LOCATION

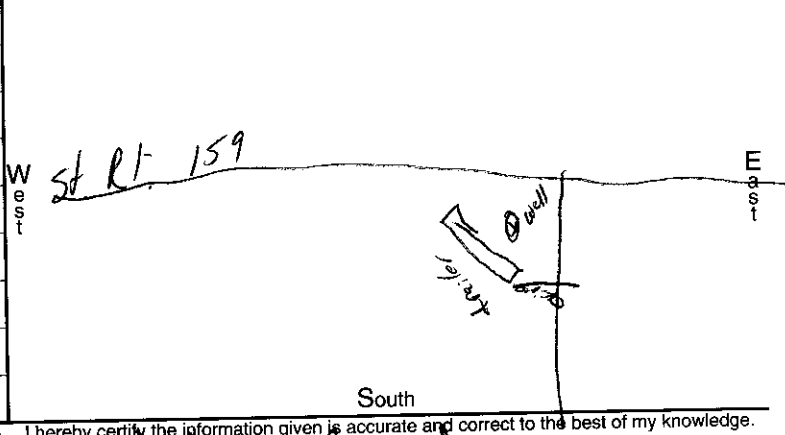
Location of well in State Plane coordinates, if available:

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 Edwards Drilling

Signed Kimberly Stepp

Address P.O. Box 833

Date 9-10-95

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