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

815973

Permit Number WI 9600193

COUNTY FRANKLIN TOWNSHIP PLEASANT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) PHYLLIS HAWKINS (First / Last) PROPERTY ADDRESS (Address of well location) 6701 HARRISBURG PIKE (ST. RT. 62) ORIENT (Number / Street / City)

LOCATION OF PROPERTY SAME 43146 (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 130 ft. Wall Thickness .25 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 0 Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) 0 Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material BENTONITE Volume used 200 LBS

Method of installation POURED FROM TOP

Depth: placed from 123 ft. to TOP 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 PRIVATE / RESIDENTIAL

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

Date of Completion 12-5-96

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
DARK / SOFT TOPSOIL	0	2
BROWN CLAY - LITTLE GRAVEL	2	10
GRAY CLAY & GRAVEL	10	123
RED CLAY & LIMESTONE	123	126
LIMESTONE	126	150

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 15+ gpm Duration of test 5 hrs.

Drawdown 1 FOOT ft.

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

Static Level (depth to water) 100 ft. Date: 12-6-96

Quality (clear, cloudy, taste, odor) CLEAR, NO ODOR, SLIGHT TASTE OF IRON

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

PUMP

Type of pump SUBMERSIBLE Capacity 12 gpm

Pump set at 105 FEET ft.

Pump installed by GARNES WATER WELLS

WELL LOCATION

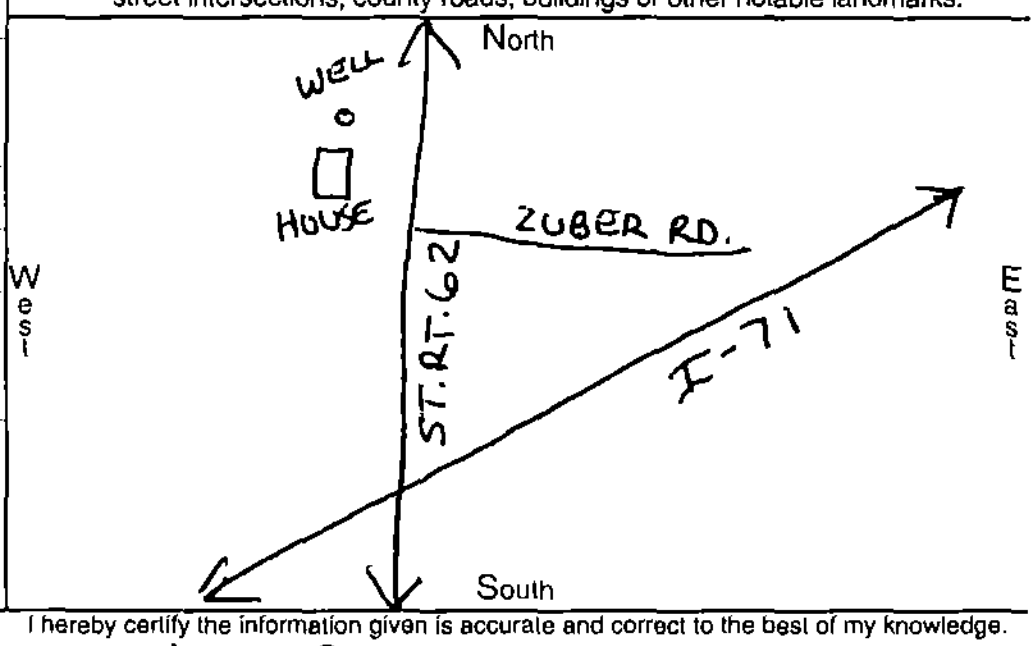
Location of well in State Plane coordinates, if available:

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 GARNES WATER WELLS

Signed John Busey

Address 8295 HARRISBURG ROAD

Date 1-2-97

City, State, Zip ORIENT, OHIO 43146

ODH Registration Number 1656

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