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

81595

Permit Number 96-133

COUNTY PICKAWAY TOWNSHIP MONROE SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) TIM ADAMS (First / Last) PROPERTY ADDRESS (Address of well location) 10412 (Number) ST. RT. 56 WEST (Street) WILLIAMSPORT (City) 43164 (Zip Code + 4)

LOCATION OF PROPERTY SAME

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length 82 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 73 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 9-25-96

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 TOPSOIL	0	4
BROWN CLAY	4	17
GRAY CLAY & GRAVEL	17	70
RED CLAY	70	73
LIMESTONE	73	150

WELL TEST

☑ Bailing ☐ Pumping* ☑ Other AIR

Test rate 15 gpm Duration of test 4 hrs.

Drawdown 15 FEET ft.

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

Static Level (depth to water) 60 ft. Date: 9-25-96

Quality (clear, cloudy, taste, odor) STRONG TO MEDUM IRON TASTE, CLEAR

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

PUMP

Type of pump N/A Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

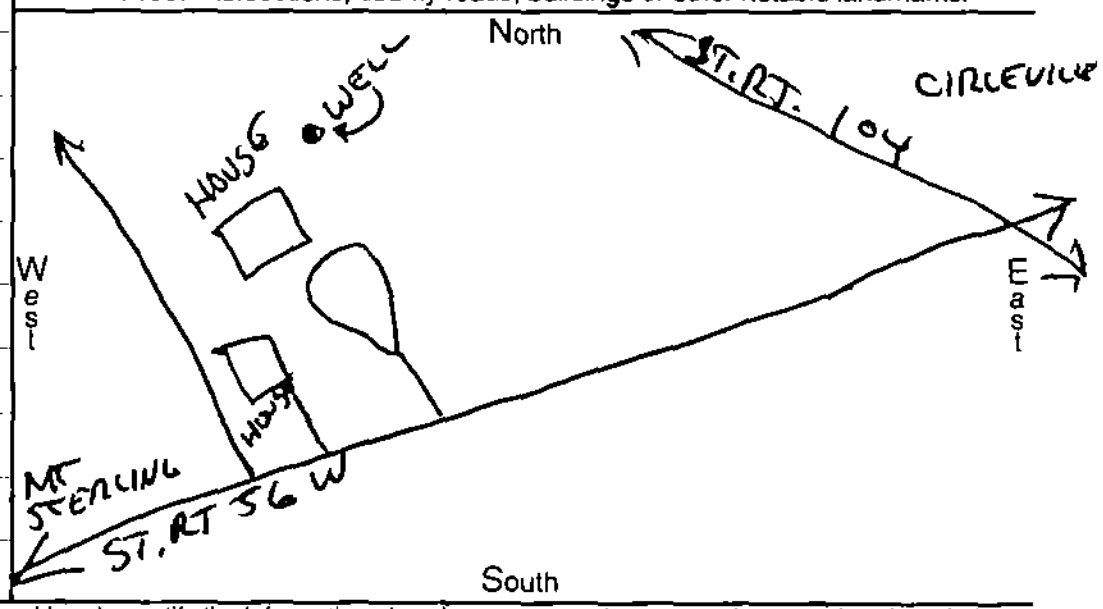
Location of well in State Plane coordinates, if available:

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 GARNES WATER WELLS Signed John Burney

Address 8295 HARRISBURG ROAD Date 1-2-97

City, State, Zip ORIENT OHIO 43146 ODH Registration Number ____

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