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

817927
Permit Number 7

COUNTY Pike TOWNSHIP PERRY SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) TAMMY First STEPHENS Last PROPERTY ADDRESS (Address of well location) 919 Number MASSIE RUN ROAD Street BAINBRIDGE City, OHIO

LOCATION OF PROPERTY NEXT TO 919 MASSIE RUN ROAD 45612 Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter ____ in. Length* 60 ft. Wall Thickness ____ in.

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

Type: [1] Steel [2] Galv. [1] PVC [2] [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 NATURAL-GROUT Volume used ?

Method of installation DRILL

Depth: placed from TOP ft. to 90 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 HOME

☐ 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 + GRAVEL	0	15
MUCK	15	58
SLATE	58	90

*(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 1 hrs.

Drawdown ALL ft.

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

Static Level (depth to water) 80 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

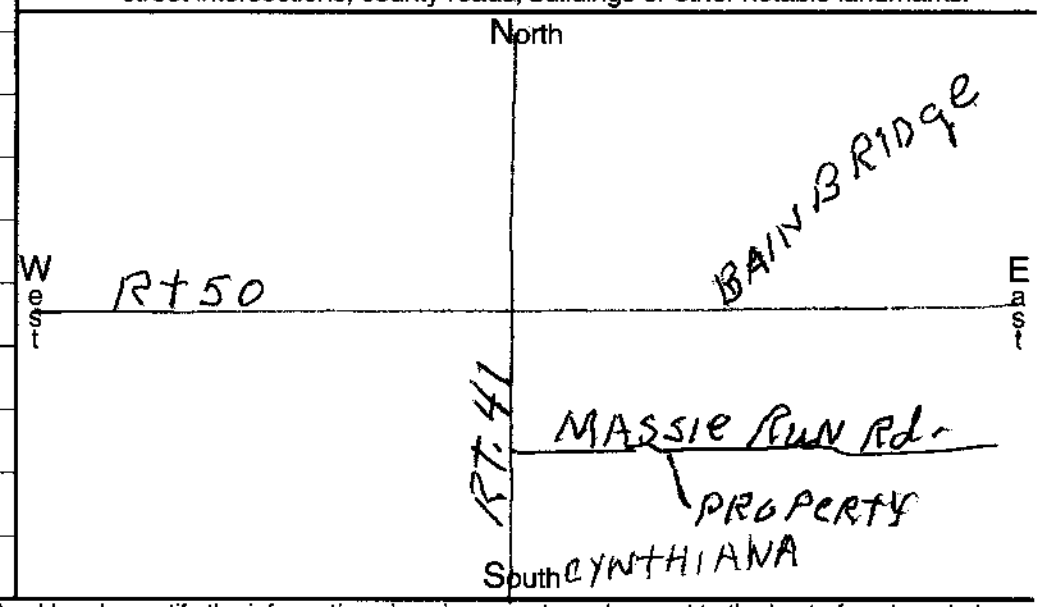
Location of well in State Plane coordinates, if available:

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.

Drilling Firm CHENOWETH

Address 5280 SR 753

City, State, Zip HILLSBORO, OHIO 45133

Signed E. G. Chenoweth

Date 6-1-95

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

5112