

WELL LOG AND DRILLING REPORT

817994

DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number

COUNTY *Hocking Co.*

TOWNSHIP *LAUREL*

SECTION/LOT No.
(Circle One)

OWNER/BUILDER *Kevin Newsom*
(Circle One or Both) First Last

PROPERTY ADDRESS *25873 Big Pine Rd Rockbridge*
(Address of well location) Number Street City

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter in.		GROUT	
1. Diameter <i>5 1/2</i> in.	Length <i>155</i> ft.	Wall Thickness <i>4</i>	in. Material <i>Benzol</i>	Volume used <i>9 bags</i>	
2. Diameter	Length	Wall Thickness	in. Method of installation		
Type: 1. Steel 2. Galv 3. PVC			Depth: placed from <i>surface</i> ft. to <i>158'</i> ft.		
Joints: 1. Threaded 2. Welded 3. Solvent			GRAVEL PACK (Filter Pack)		
			Material	Volume used	
Liner: Length Type Wall Thickness			Method of installation		
			Depth: placed from ft. to ft.		
SCREEN			Pitless Device		
Type (wire wrapped, louvered, etc.)	Material		Use of Well <i>residence</i>	Adapter	Preassembled unit
Length ft. Diameter			in. Rotary Cable Augered Driven Dug Other		
Set between ft. and ft. Slot			Date of Completion <i>8-18-00</i>		

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

<i>Sand Brown</i>	From	To
	<i>0</i>	<i>80</i>
<i>Sandy Shale (Gray)</i>	<i>80</i>	<i>150</i>
<i>Indian sand</i>	<i>150</i>	<i>160</i>
	<i>TO</i>	<i>160</i>

WELL TEST

Bailing	Pumping*	Other
Test rate <i>20</i> gpm	Duration of test <i>2</i> hrs	
Drawdown <i>0</i> <i>100</i>		
Measured from: ☒ top of casing ☐ ground level ☐ Other		
Static Level (depth to water) <i>100</i> ft.	Date: <i>8-18-00</i>	
Quality (clear, cloudy, taste, odor)		

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

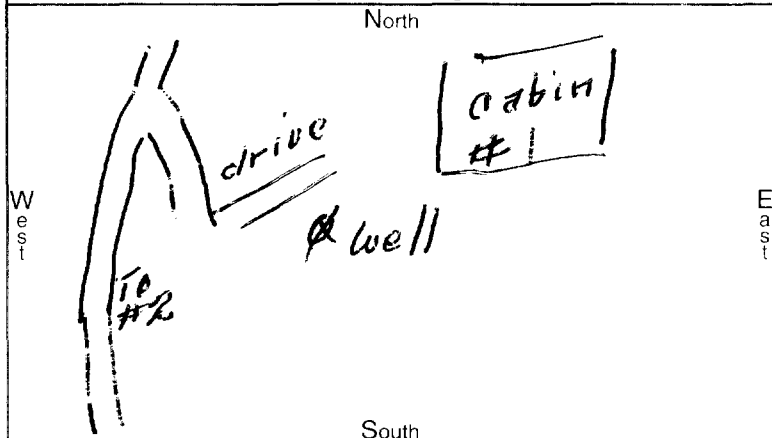
PUMP

Type of pump <i>Sub.</i>	Capacity <i>10</i> gpm
Pump set at <i>160</i>	ft.
Pump installed by <i>Lee Notestine</i>	

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 *Notestine Drilling*
Address *11097 Frasure Helber Rd.*
City, State, Zip *Logan OH 43138*

Signed *Lee Notestine*
Date *8-23-00*

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