

WELL LOG AND DRILLING REPORT

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

824057

Permit Number 086

COUNTY Perry

TOWNSHIP CLAYTON

SECTION/LOT No.
(Circle One)

OWNER/BUILDER Theodore William
(Circle One or Both) First Last

PROPERTY ADDRESS 6143 Buckeye Valley Rd. Summit Ohio
(Address of well location) Number Street City

LOCATION OF PROPERTY South of St. Rt. 13 on Buckeye Valley Rd. 4 miles

43783
Zip Code - 4

CONSTRUCTION DETAILS

CASING (Length below grade)		Borehole Diameter <u>7</u> in.		GROUT	
1. Diameter <u>7</u> in.	Length* <u>40</u> ft.	Wall Thickness <u>1/4</u> in.	Material <u>Boxrite</u>	Volume used <u>50 cu.</u>	
2. Diameter	Length*	Wall Thickness	Method of installation <u>Pneum.</u>		
Type: 1. Steel 2. Galv 3. PVC		1. <u>Drill 10' p. 2'</u>	Depth: placed from <u>5</u> ft. to <u>25</u> ft.		
Joints: 1. Threaded 2. Welded 3. Solvent		1. <u></u>	GRAVEL PACK (Filter Pack)		
Liner: Length <u>95</u> Type <u>PVC</u> Wall Thickness <u>1/4</u> in.			Material	Volume used	
SCREEN <u>Slotted 30' L. 40'</u>			Method of installation		
Type (wire wrapped, louvered, etc.)			Depth: placed from	ft. to	ft.
Length ft. Diameter			Pitless Device 1. Adapter 2. Preassembled unit		
Set between ft. and ft. Slot			Use of Well <u>Household</u>		
			1. Rotary 2. Cable 3. Augered 4. Driven 5. Dug 6. Other		
			Date of Completion <u>10-02-01</u>		

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

Top Soil
Yellow Clay
Yellow Shale
Gray Clay
Gray Shale
Sand Rock
Gray Shale

From	To
<u>0</u>	<u>3</u>
<u>3</u>	<u>8</u>
<u>8</u>	<u>15</u>
<u>15</u>	<u>40</u>
<u>40</u>	<u>70</u>
<u>70</u>	<u>80</u>
<u>80</u>	<u>95</u>

Water at 80'

56 PM

WELL TEST

☒ Bailing	☐ Pumping*	☐ Other
Test rate <u>5</u> gpm	Duration of test	hrs.
Drawdown <u>95'</u>		ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other		
Static Level (depth to water) <u>60'</u>	ft.	Date:
Quality (clear, cloudy, taste, odor)		

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

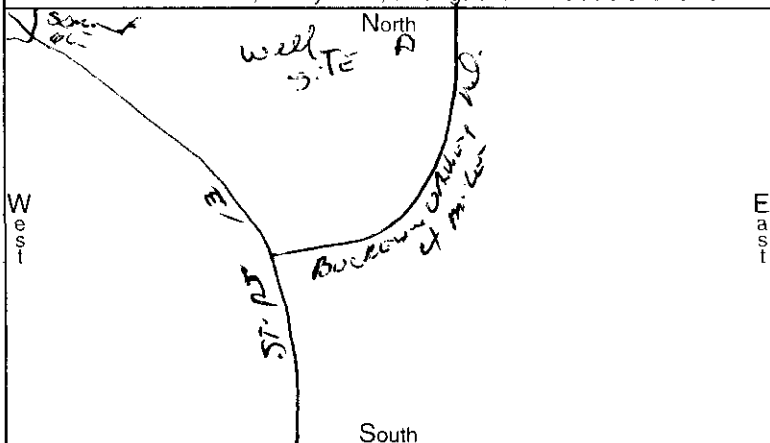
PUMP

Type of pump <u>Sub</u>	Capacity <u>10</u> gpm
Pump set at <u>90'</u>	ft.
Pump installed by <u>Self</u>	

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone 39-46-55N 82-14-57W
Elevation of well 312 ft. 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 Long Allen Water Well Drilling

Signed Long Allen

Address 3559 Old Summit Rd. New Lexington Ohio

Date 10-2-01

City, State, Zip 43764

ODH Registration Number 1360

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