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

824253

Permit Number 14

COUNTY Gallia TOWNSHIP WALNUT SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Edward First Cade Last PROPERTY ADDRESS (Address of well location) 978 Number Campground Rd Street Waterloo City

LOCATION OF PROPERTY 2 miles EAST on Campground Rd off ST RT 141 45688 Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6" in.

[1] Diameter 6 1/2 in. Length* 24 ft. Wall Thickness 3/8 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 42 Type PVC Wall Thickness 1/4 in.

SCREEN

Type (wire wrapped, louvered, etc.) N/A Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Ram Grouts Volume used 30 gal

Method of installation Pour

Depth: placed from Top 2 ft. to 12' ft.

GRAVEL PACK (Filter Pack)

Material N/A Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well Private

☐ 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
Light Tan	Soil Soft	0	8
Light Grey	Soil Soft	8	16
Dark Grey	Sand + Clay Soft	16	21
Light Gray	Shale	21	22
Gray Shale	Hard	23	45
Encountered 26'	water unlim.		

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate unlim gpm Duration of test Continuous hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 25' ft. Date: 12-5-95

Quality (clear, cloudy, taste, odor) Clear Good slight manganese

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at Customer TO INSTALL ft.

Pump installed by ____

WELL LOCATION

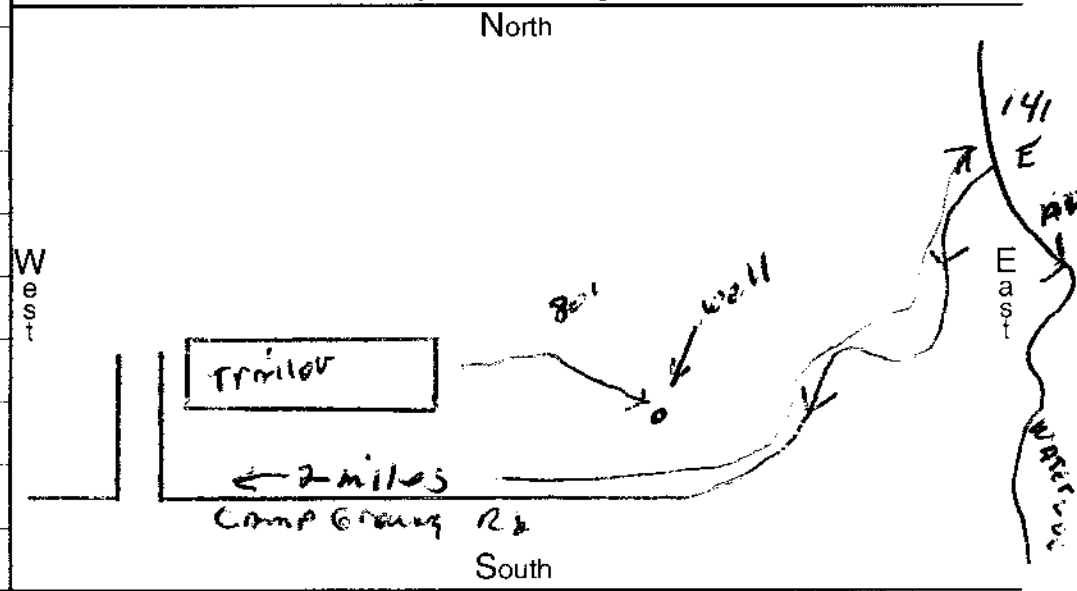
Location of well in State Plane coordinates, if available:

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 Ron Johnson Drilling

Signed Ron Johnson

Address RT 2 Box 137

Date 12-5-95

City, State, Zip Pratorville Oh 45669

ODH Registration Number 1923

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5752 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