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

824533

Permit Number 193070

COUNTY MUSKINGUM TOWNSHIP MUSKINGUM SECTION LOT No. 5
(Circle One)

OWNER/BUILDER (Circle One or Both) TERRY PHILLIPS (First / Last) PROPERTY ADDRESS (Address of well location) 5940 (Number) FAWN DR. (Street) DRESDEN (City) OHIO

LOCATION OF PROPERTY 1.5 MILE WEST RT. 60, 0.1 MILE SO SHADOW RD 43821 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 1/2 in.

[X] Diameter 7 in. Length 63'-4" ft. Wall Thickness 0.250 in.

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

Type: [X] Steel [2] [1] Galv. [2] [1] PVC [2] [1] [2] Other ____

Joints: [X] Threaded [2] [1] Welded [2] [1] Solvent [2] [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 BENSEAL Volume used 50#

Method of installation SLURRY

Depth: placed from ____ ft. to 0 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 SINGLE - FAMILY DWELLING

☐ Rotary [X] Cable ☐ Augered [X] Driven [X] Dug ☐ Other

Date of Completion 10-23-96

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
TOP SOIL	0	3
YELLOW CLAY	3	10
GRAY SHALE	10	25
LIGHT BROWN SAND & SHALE	25	40
BROWN SHALE & SAND	40	61
GRAY SHALE	61	63
WATER SAND	63	67
GRAY SHALE	67	83
TOTAL DEPTH	83'	

WATER @ 63-67 (40) GALS PER MIN

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

WELL TEST

☐ Bailing [X] Pumping* ☐ Other ____

Test rate 15 gpm Duration of test 3 hrs.

Drawdown 0 ft.

Measured from: [X] top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 02 ft. Date: 10-23-96

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump SUBMERSIBLE Capacity 10 gpm

Pump set at 60 ft.

Pump installed by JIM MORAN - DAN MORAN

WELL LOCATION

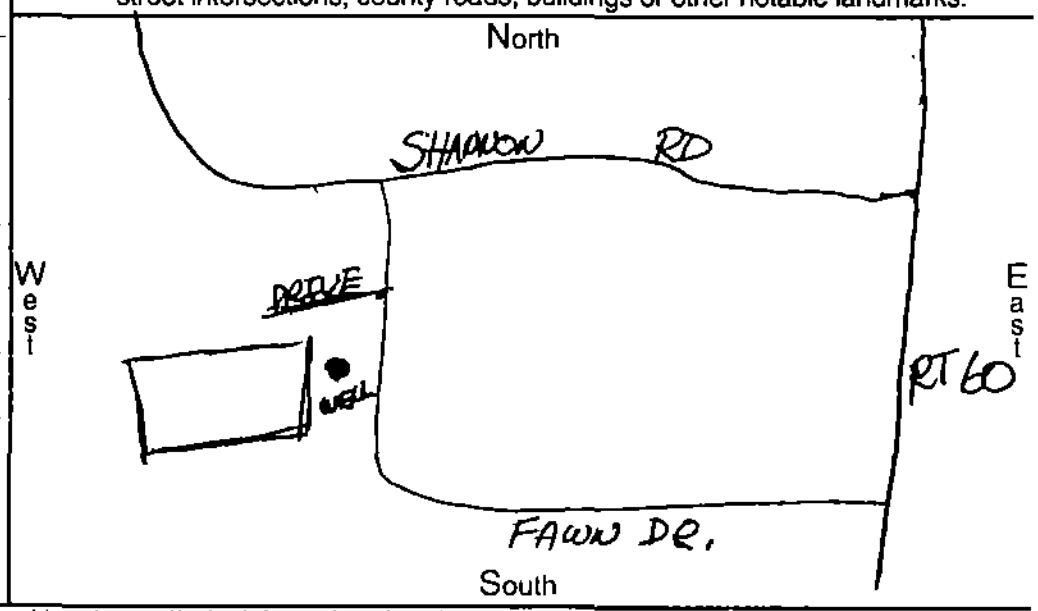
Location of well in State Plane coordinates, if available:

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 JAMES R. MORAN DRILLING INC.

Address 64 SO. STATE ST., BOX 296

City, State, Zip FRAZEYSBURG, OHIO 43822

Signed James R. Moran

Date November 15, 1996

ODH Registration Number 2061

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