

WELL LOG AND DRILLING REPORT

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

827401

Permit Number

COUNTY

Jackson

TOWNSHIP

Washington

SECTION/LOT No.

(Circle One)

OWNER/BUILDER

(Circle One or Both)

Homer & Phyllis Taylor

PROPERTY ADDRESS

(Address of well location)

11834 S.R. 327

Number

Street

City

Wellston

LOCATION OF PROPERTY

11834 S.R. 327, about 2 miles south of Wellston

Zip Code - 4

45692

CONSTRUCTION DETAILS

CASING *(Length below grade)		Borehole Diameter	<i>5 5/8</i> in.		
[1] Diameter	<i>6</i> in.	Length*	<i>25</i> ft.	Wall Thickness	<i>200 psi</i> in.
[2] Diameter		Length*		Wall Thickness	
Type:	[1] Steel [2] Galv. [3] PVC [4] Other				
Joints:	[1] Threaded [2] Welded [3] Solvent [4] Other				
Liner:	Length	Type	Wall Thickness		
SCREEN					
Type (wire wrapped, louvered, etc.)		Material			
Length	ft.	Diameter			
Set between	ft.	and	ft.	Slot	
GROUT <i>Grout Cuttings</i>					
Material		<i>Granular, Ben Seal</i>		Volume used	<i>50 lbs.</i>
Method of installation		<i>Pour</i>			
Depth: placed from		<i>25</i>		ft. to	<i>surface</i> ft.
GRAVEL PACK (Filter Pack)					
Material				Volume used	
Method of installation					
Depth: placed from				ft. to	
Pitless Device [1] Adapter [2] Preassembled unit					
Use of Well <i>Home</i>					
in.		<i>4</i>	Rotary	[1] Cable [2] Augered [3] Driven [4] Dug [5] 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

Sandy Clay Surface

0

4

Gray Shale

4

20

Hard / Gray Sandy Shale ?

20

85

White Sand Rock

85

90

Sandy Gray Shale

90

105

water

85?

Coal

80?

WELL TEST

Bailing	[1] Pumping*	[2] Other	<i>air Blowing</i>
Test rate	<i>3 ?</i> gpm	Duration of test	
Drawdown			
Measured from:	[1] top of casing [2] ground level [3] Other		
Static Level (depth to water)	<i>50 ?</i> ft.	Date:	<i>12-4-97</i>
Quality (clear, cloudy, taste, odor)	<i>Clear</i>		

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

PUMP

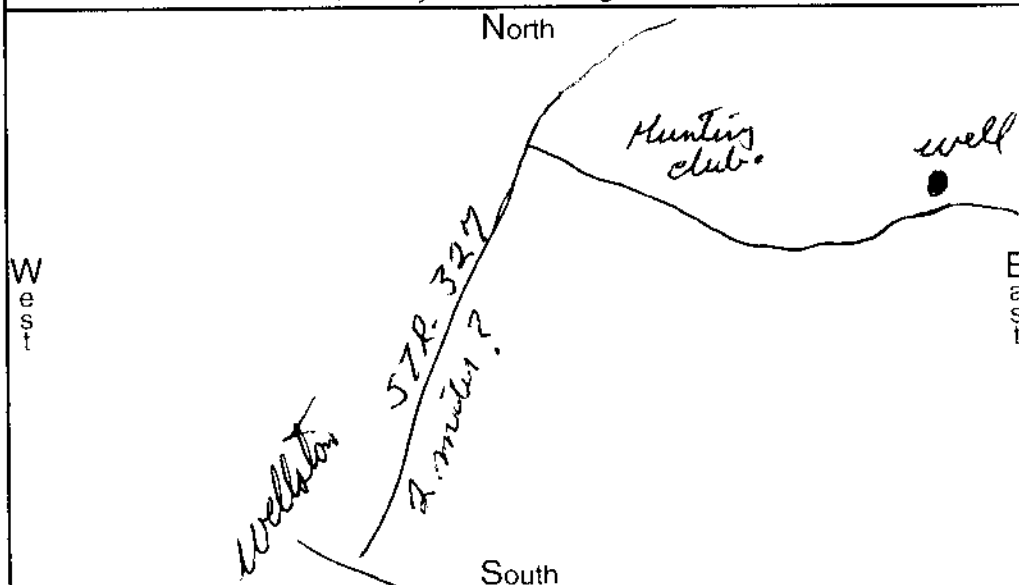
Type of pump	<i>Sub</i>	Capacity	<i>10 ?</i> gpm
Pump set at	<i>100</i>		ft.
Pump installed by	<i>Randolph Hall</i>		

WELL LOCATION

Location of well in State Plane coordinates, if available:

Zone	x	y
Elevation of well	ft./m.	Datum plain: [1] NAD27 [2] INAD83
Source of coordinates:	[1] GPS [2] Survey [3] 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

Hall's well Drilling

Signed

Randolph Hall

Address

23957 57R. 93 S.

Date

1-23-98

City, State, Zip

Wellston, Oh. 45692

ODH Registration Number

423

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