

WELL LOG AND DRILLING REPORT

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

827402

Permit Number 168144

COUNTY Jackson TOWNSHIP Washington SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER Curtis Jay John PROPERTY ADDRESS 11868 57R. 327 Wellston
(Circle One or Both) First Last (Address of well location) Number Street City
LOCATION OF PROPERTY 11868 57R. 327 N. of Wellston about 2 miles. 45692
Zip Code

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 3 5/8 in.
1) Diameter 6" in. Length* 25 ft. Wall Thickness 100 psi in. Material Drift Cutting
2) Diameter _____ in. Length* _____ ft. Wall Thickness _____ in. Method of installation Down
Type: 1) Steel 1) Galv. 1) PVC 1) _____
2) _____ 2) _____ 2) Other _____
Joints: 1) Threaded 1) Welded 1) Solvent 1) _____
2) _____ 2) _____ 2) Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____ in.
GROUT
Material Drift Cutting Volume used 50 lbs
Method of installation Down
Depth: placed from _____ ft. to _____ 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 Hunting Club
in. 44 Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 12-5-97

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 0 5
Coal 5.5 6
Clay Clay 5.6 20'
Sandy Gray shale 40 65
Hard white sand. Rock 65 70
Gray Sandy Shale 70 85

note 65' P

WELL TEST

☐ Bailing ☐ Pumping* Other air blow
Test rate 3 gpm Duration of test _____ hrs.
Drawdown _____ ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 45 ft. Date: 12-
Quality (clear, cloudy, taste, odor) Clear

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

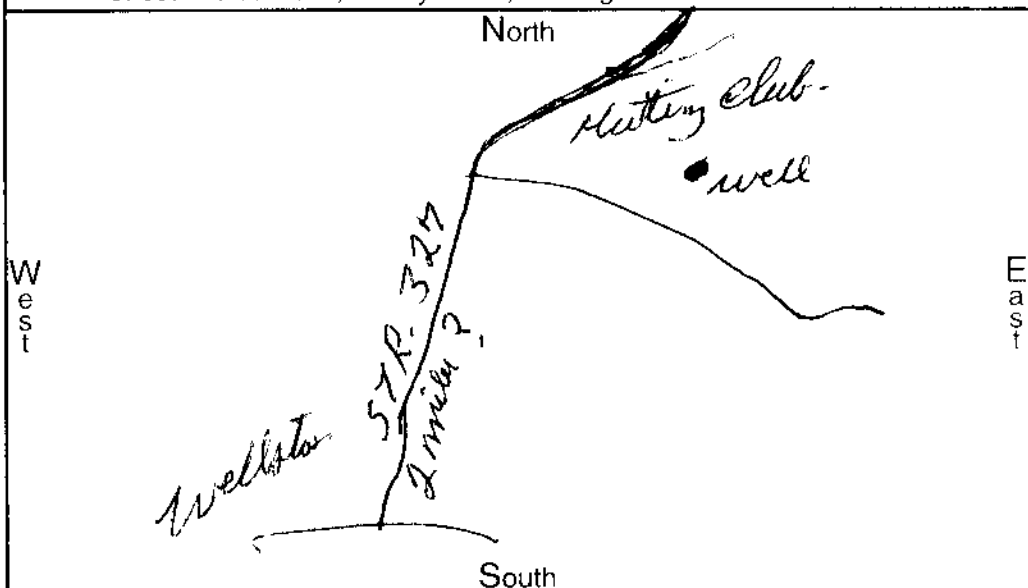
PUMP

Type of pump N/C Capacity _____ gpm
Pump set at pump work 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 ☐ INAD83
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 Halls well Drilling

Signed Randolph Hall

Address 23957 57R. 93-5

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