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

827713
Permit Number 2744

COUNTY Licking TOWNSHIP Lima SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Gooslin Construction (First / Last) PROPERTY ADDRESS (Address of well location) 13552 Halloon Dr (Number / Street) Sunmit Station (City)

LOCATION OF PROPERTY Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 1/4 in.
[1] Diameter 5 5/8 in. Length* 140 ft. Wall Thickness .156 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [1] PVC [1] [2] Other
Joints: [1] Threaded [1] Welded [1] Solvent [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 Bentonite Volume used 3
Method of installation ____
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 New
☐ 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
yellow clay	0	17
gray clay	17	103
FINE SAND	103	116
gray clay	116	140
gray shale + H_2O	140	148

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____
Test rate 10 gpm Duration of test ____ hrs.
Drawdown 0 ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 75 ft. Date: 12-03-95
Quality (clear, cloudy, taste, odor) Clear

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

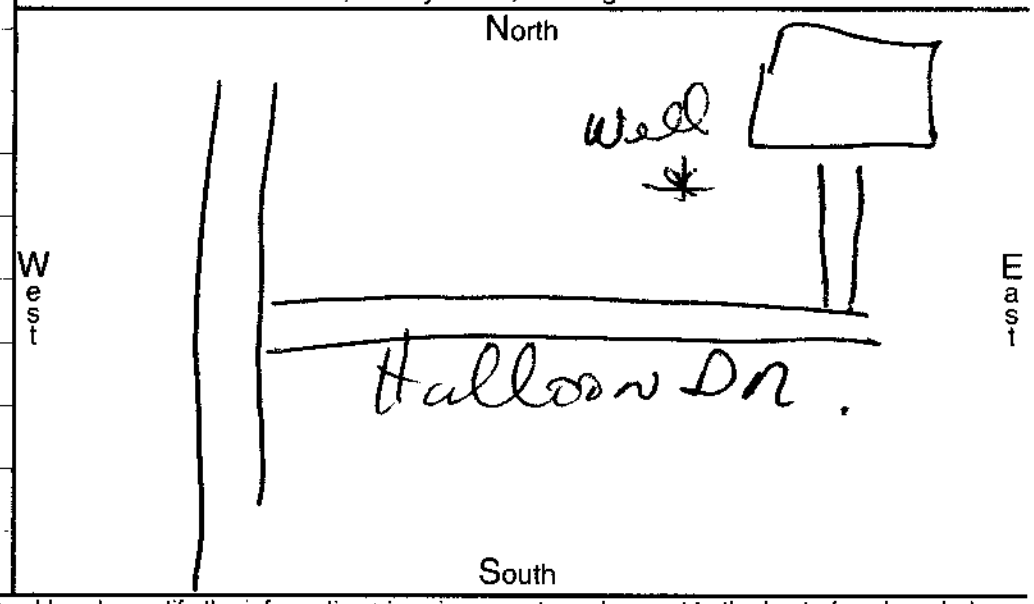
PUMP

Type of pump Sub Capacity 10 gpm
Pump set at 135 ft.
Pump installed by AWD INC.

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 Aqua Well Drilling, Inc
Address PO Box 213
City, State, Zip Grove City OH 43123
Signed Richard E Edmond
Date 12-03-95
ODH Registration Number 1643

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

5009 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