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

830824

Permit Number 1833-96

COUNTY Morrow TOWNSHIP Bennington SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) L. HAY (First / Last)

PROPERTY ADDRESS (Address of well location) 1709 (Number) St Rt 61 (Street) Marengo (City)

LOCATION OF PROPERTY 1709 St Rt 61 - ½ Mile North of CR 21 N side

43334 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter ____ in.

[1] Diameter 5 in. Length* 28 ft. Wall Thickness 1/4 in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [1] [2] Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material ____ Volume used ____

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 ____

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion 8-28-96

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
Clay Top		9
Clay - Sandy Mix	9	17
Sand	17	18½
Shale	18½	24
Sand Stone	24	35

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

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other ____

Test rate 15+ gpm Duration of test ____ hrs.

Drawdown 12 - 20 ft.

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

Static Level (depth to water) 12 ft. Date: ____

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by Home owner

WELL LOCATION

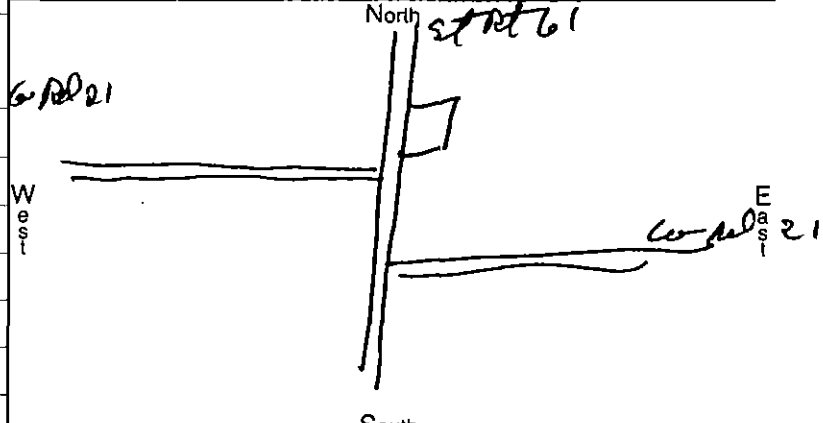
Location of well in State Plane coordinates, if available:

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 Alley Service Repair

Signed Alley

Address 4769 St Rt 229

Date 8-28-96