DNR 7802.04
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

830826

Permit Number 1789-96

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

OWNER/BUILDER (Circle One or Both) Ronald & Amy Rayor PROPERTY ADDRESS (Address of well location) 5935 C.R. 109 Mt Gilead
First Last Number Street City

LOCATION OF PROPERTY 5935 C.R. 109 Mt Gilead - 1 Mile E of CO RD. 20 43338 Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 109 ft. Wall Thickness ____ in.

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

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

Joints: [1] Threaded [2] Welded [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 Bentonite Volume used 48 ay

Method of installation ANNULAR

Depth: placed from T ft. to B ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [1] Adapter ☐ Preassembled unit

Use of Well Home

☐ Rotary [1] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion SEPT 20-96

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
Topsoil		2
Heavy Clay	2	68
Rotten Clay Sandy	68	73
Sandy Clay	73	89
Hard Clay Sand Mix	89	106
Broken Stone	106	108
Soft Sand Stone	108	114

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

WELL TEST

☐ Bailing [1] Pumping* ☐ Other ____

Test rate 15+ gpm Duration of test 2 hr hrs.

Drawdown 47 - 65 ft.

Measured from: [1] top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 49 ft. Date: Sept 20-96

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 80' ft.

Pump installed by Utility Service Repair

WELL LOCATION

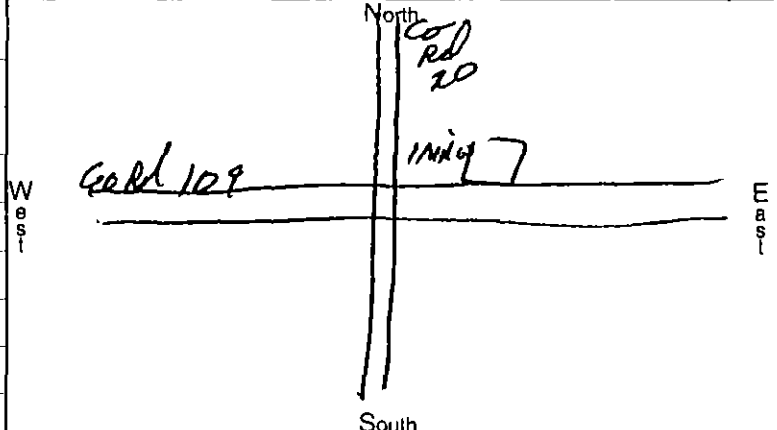
Location of well in State Plane coordinates, if available:

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 Utility Service Repair

Signed [redacted]

Address 4755 St Rt 229

Date 9-21-96