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

832132

Permit Number 73

COUNTY Guernsey TOWNSHIP Wills SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Eric Passer (First Last) PROPERTY ADDRESS (Address of well location) 64167 (Number) Frankfort Rd (Street) Salesville (City)

LOCATION OF PROPERTY Same Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 7 in.

[1] Diameter 6 in. Length* 26 ft. Wall Thickness SDR21 in.

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

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

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

Liner: Length 49 Type 5" PVC Wall Thickness SDR26 in.

SCREEN N/A

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

Length ____ ft. Diameter ____ in. Slot ____

Set between ____ ft. and ____ ft.

GROUT

Material Sakrete Volume used 40 lb

Method of installation poured

Depth: placed from 26 ft. to 2 ft.

GRAVEL PACK (Filter Pack)

Material pea gravel Volume used 1 1/2 ton

Method of installation poured

Depth: placed from 75 ft. to 26 ft.

Pitless Device N/A ☐ Adapter ☐ Preassembled unit

Use of Well domestic

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 9-17-96

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	0	1
Red Clay	1	20
Red Rock	20	30
Grey Shale	30	40
Blue Rock	40	48
Blue Shale	48	60
Blue Rock	60	70
Black Shale	70	75
* Water - 31'		

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other

Test rate 1 1/2 gpm Duration of test 4 hrs.

Drawdown 75' ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other

Static Level (depth to water) 15' ft. Date: 9-17-96

Quality (clear, cloudy, taste, odor) Cloudy - No taste No odor

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

PUMP

Type of pump N/A Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

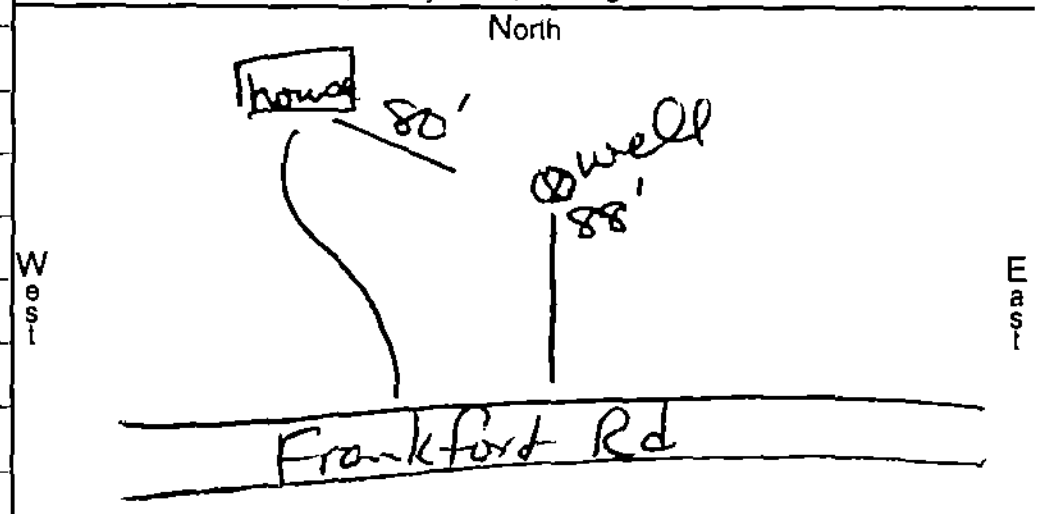
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well ____ ft./m. Datum plain: ☐ NAD27 ☐ 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 D & M Water Well

Signed Monroe Dickey

Address 58021 Buffalo Mine Rd

Date 9-17-96

City, State, Zip Shercard

Registration Number 2015

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Completion of this Revised Code; file within 30 days after completion of drilling.

Blue - Customer Pink - Driller's copy Green - Local Health Dept. copy