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

052134

Permit Number 32

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

OWNER/BUILDER (Circle One or Both) Terry Geiger (First, Last) PROPERTY ADDRESS (Address of well location) 63004 (Number) Arrowhead Rd (Street) Cambridge (City) 43725 (Zip Code + 4)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.

[1] Diameter 6 in. Length* 28 ft. Wall Thickness SDR 21 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 57' Type 5" PVC Wall Thickness SDR 26 in.

SCREEN

Type (wire wrapped, louvered, etc.) N/A Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Sakrete Volume used 40016

Method of installation poured

Depth: placed from 28 ft. to 4 ft.

GRAVEL PACK (Filter Pack)

Material Pea gravel Volume used 1 ton

Method of installation poured

Depth: placed from 85 ft. to 28 ft.

Pitless Device None ☐ Adapter ☐ Preassembled unit

Use of Well domestic

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

Date of Completion 9-30-96

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
yellow shale	1	15
red rock	15	20
blue rock	20	25
shale	25	28
red rock	28	31
grey shale	31	60
coal	60	62
blue rock	62	65
grey shale	65	85
* water 58'		

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other ____

Test rate 1 gpm Duration of test 4 hrs.

Drawdown 80 ft.

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

Static Level (depth to water) 50 ft. Date: 9-30-96

Quality (clear, cloudy, taste, odor) cloudy no taste or 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

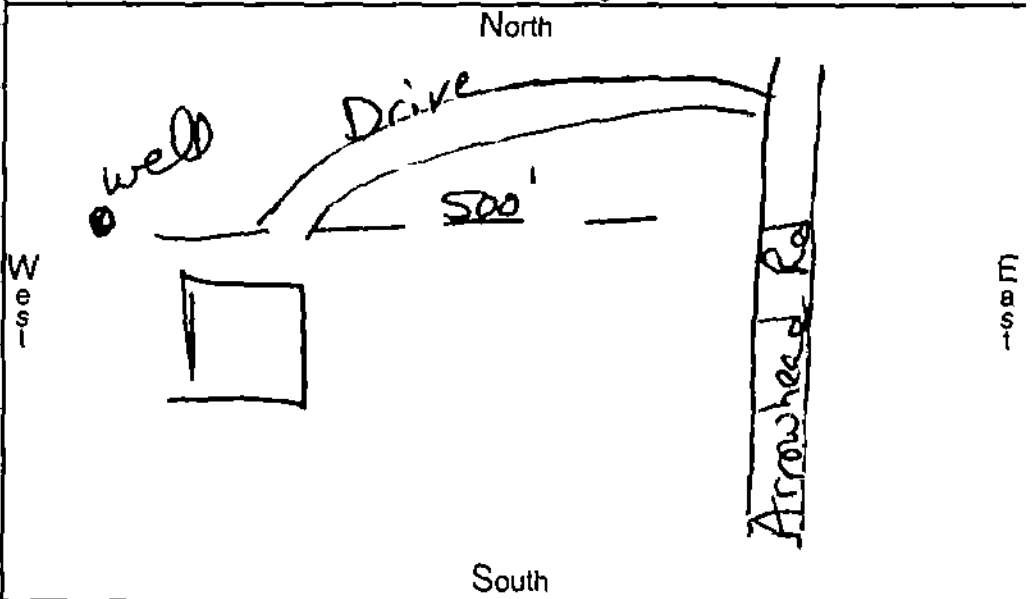
Location of well in State Plane coordinates, if available:

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.



Drilling Firm D + M Water Well

Address 58021 Buffalo Mine Rd

City, State, Zip Senecaville OH 45780

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Monroe Dickey

Date 10-20-96

ODH Registration Number 2015

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