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

832736

Permit Number 80

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

OWNER/BUILDER (Circle One or Both) Tommy O. Lewis (First Last) PROPERTY ADDRESS (Address of well location) 20267 (Number) New Gottengen Rd (Street) Salesville (City)

LOCATION OF PROPERTY Same as above Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 6 in. Length* 28 ft. Wall Thickness SDR21 in.

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

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

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

Liner: Length 52' Type 5" PVC Wall Thickness SDR26 in.

SCREEN

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

Length N/A ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Sakrete Volume used 450 lb

Method of installation Poured

Depth: placed from 28 ft. to 4 ft.

GRAVEL PACK (Filter Pack)

Material pea gravel Volume used 1½ ton

Method of installation Poured

Depth: placed from 80 ft. to 28 ft.

Pitless Device NONE ☐ Adapter ☐ Preassembled unit

Use of Well domestic

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

Date of Completion 11-15-96

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	12
Red shale	12	20
blue rock	20	25
red shale	25	30
blue shale *	30	50
blue rock	50	54
black shale	54	60
blue shale	60	79
red shale	79	80
* water 32'		

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other ____

Test rate 1 gpm Duration of test 4 hrs.

Drawdown 80' ft.

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

Static Level (depth to water) 30' ft. Date: 11-15-96

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 NONE Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

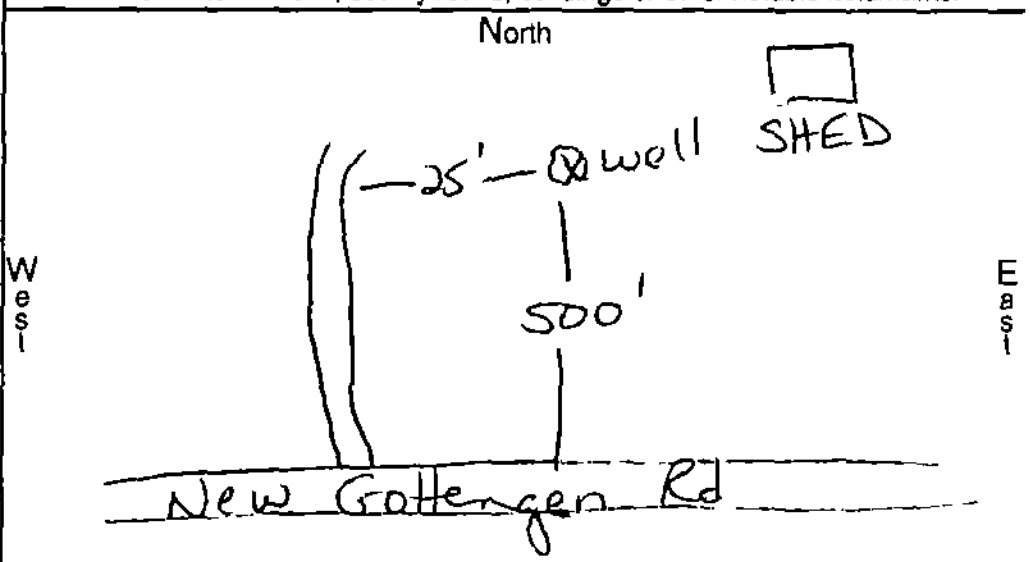
Location of well in State Plane coordinates, if available:

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 Dewey

Address 58021 Buffalo Mine Rd

Date 12-8-96

City, State, Zip Senecaville OH 43780

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