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

835142

Permit Number 96-079

COUNTY PICKAWAY TOWNSHIP JACKSON SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) JOE (First) WIGTON (Last) PROPERTY ADDRESS (Address of well location) 19919 (Number) LONDON RD. (Street) CIRCLEVILLE (City) 43113 (Zip Code + 4)

LOCATION OF PROPERTY APROX. 1.3 MILE NORTH OF McLEAN MILL RD. ON WEST SIDE LONDON RD.

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 7 7/8 in.

[1] Diameter 5 in. Length 170 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 _____ Type _____ Wall Thickness _____ in.

SCREEN

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

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Material BENONITE Volume used 400 LBS

Method of installation TREMIE PIPE

Depth: placed from 170 ft. to SURFACE 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 RES.

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

Date of Completion 9-3-96

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
YELLOW CLAY	0	12
SAND	12	18
GRAY CLAY MIXED SAND	18	89
COARSE SAND	89	92
GRAY CLAY	92	134
COARSE SAND	134	142
GRAY CLAY	142	160
FINE SAND	160	164
COARSE SAND	164	168
GRAY ROCK	168	250
WATER ENCOUNTERED 190' - 212' - 246'		

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other _____

Test rate 10 gpm Duration of test 24 hrs.

Drawdown 40' ft.

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

Static Level (depth to water) 110 ft. Date: 9-3-96

Quality (clear, cloudy, taste, odor) CLEAR NO ODOR

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

PUMP

Type of pump 1/2 HP SUBM Capacity 10 gpm

Pump set at 160' ft.

Pump installed by Paul W. Wright

WELL LOCATION

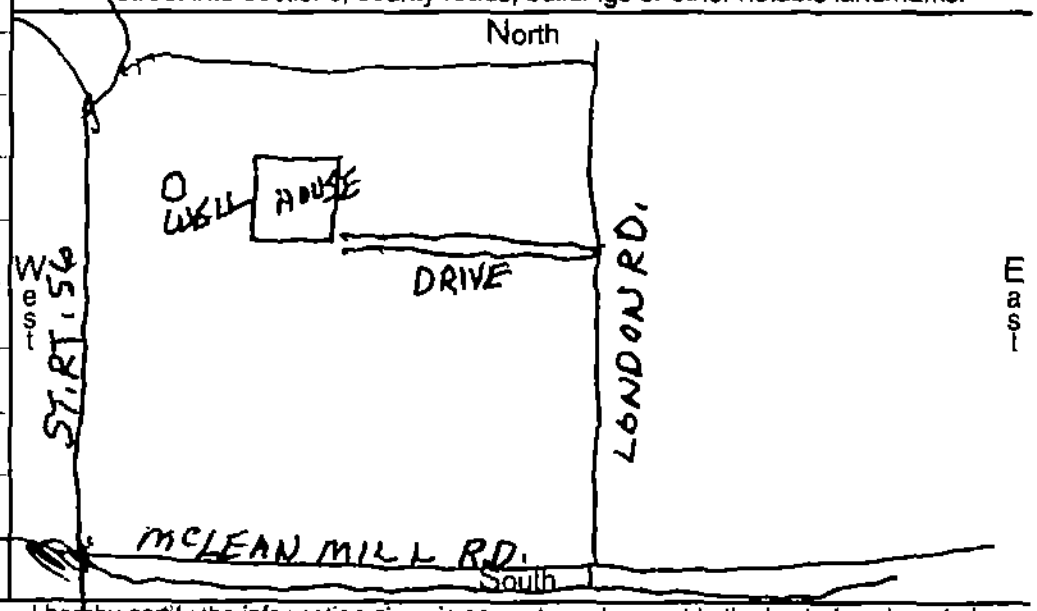
Location of well in State Plane coordinates, if available:

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 PAUL W. WRIGHT WELL DRILLING Signed Paul W. Wright

Address 12543 CLARK RD. Date 9-11-96

City, State, Zip ORIENT, OHIO 43146 ODH Registration Number 2305

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