

WELL LOG AND DRILLING REPORT

837280

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number _____

COUNTY ROSS TOWNSHIP TWIN SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER Monte Queen PROPERTY ADDRESS 1574 Maple Grove Rd., Chillicothe
(Circle One or Both) First Last Number Street City Zip Code + 4
LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 5 5/8 in.
① Diameter 6 in. Length 44 ft. Wall Thickness 142 in. Material _____ Volume used _____
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation _____
Type: ① Steel ☒ Galv. ① PVC ① _____
② _____ ② _____ ② _____
Joints: ① Threaded ☒ Welded ① Solvent ① _____
② _____ ② _____ ② _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) Perf. casing Material _____
Length 1 ft. Diameter _____ in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between 43 ft. and 44 ft. Slot 1/8" holes Date of Completion 9-4-96

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

Sandy Soil
Sand + Gravel

From	To
<u>0'</u>	<u>12'</u>
<u>12'</u>	<u>43'</u>

hit water at 28'

WELL TEST

☒ Bailing ☐ Pumping ☐ Other _____
Test rate 25 gpm Duration of test 3 hrs.
Drawdown 3 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 28 ft. Date: 9-4-96
Quality (clear) cloudy, taste, odor _____

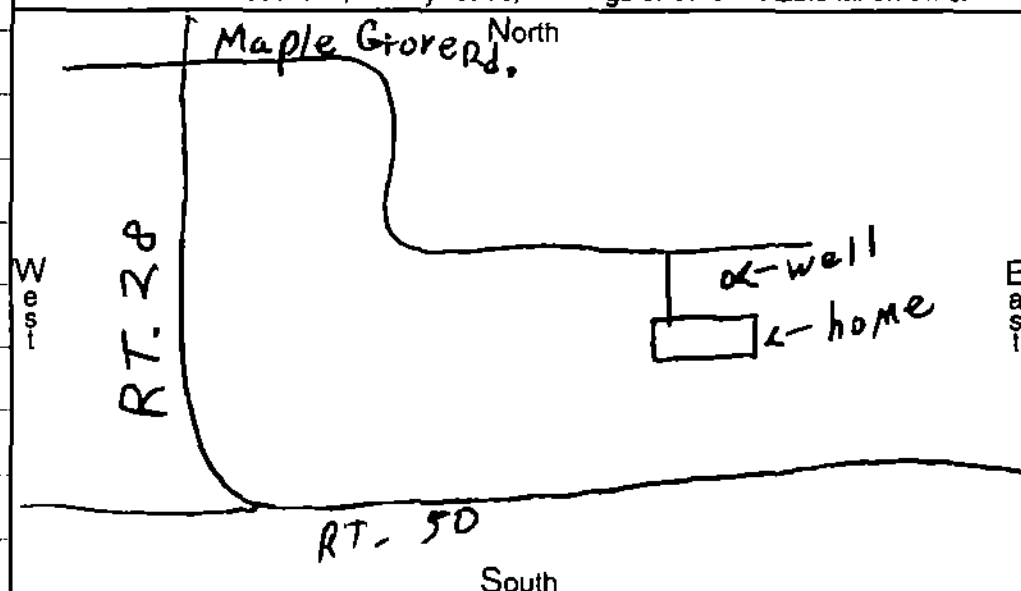
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Submersible Capacity 12 gpm
Pump set at 36 ft.
Pump installed by Estep Water Well Drilling

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.



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

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

Drilling Firm Estep Water Well Drilling
Address P.O. Box 15
City, State, Zip Richmond Dale, Ohio 45673

Signed James B. Estep
Date 9-29-96

ODH Registration Number 459

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