

837299

Ohio Department of Natural Resources

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

Permit Number NO permit
Farm Well

COUNTY Ross

TOWNSHIP

SECTION/LOT No.
(Circle One)

OWNER/BUILDER
(Circle One or Both)

Joanna Haskins

PROPERTY ADDRESS
(Address of well location)

938 State RT. 207, Chillicothe, Mo

LOCATION OF PROPERTY West side of RT-207

45601
Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 5/8 in.

[1] Diameter 6 in. Length* 134 ft. Wall Thickness .142

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

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

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

Liner: Length Type Wall Thickness

GRAVEL PACK (Filter Pack)

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

SCREEN
Type (wire wrapped, louvered, etc.) Perforate casing Material
Length 4 ft. Diameter
Set between 120 ft. and 130 ft. Slot 1/8" ho.

Pitless Device ☐ Adapter ☐ Preassembled unit NONE
Use of Well Farm
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other —
Date of Completion 7-3-91

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

Casing top is 2' above ground
Sand filled in to -130' deep well depth
hit water at 61' deep

Soil	0'	5'
Soil, sand, gravel	5'	12'
Sand, gravel, very little clay	12'	18'
Sand, - very little gravel	18'	24'
Sand + Gravel	24'	26'
Gravel, very little sand + clay	26'	30'
Gravel	30'	36'
Sand + Gravel	36'	76'
Sand, very little gravel	76'	79'
Sand + Gravel	79'	94'
Sand	94'	117'
Sand, fine sand, Extra fine sand	117'	126'
Sand + Gravel	126'	132'

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
 Test rate More than 22 gpm Duration of test 3 hrs
 Drawdown 5 ft
 Measured from: ☐ top of casing ☒ ground level ☐ Other _____
 Static Level (depth to water) 53 ft Date: 7-3-91
 Quality (clear, cloudy, taste, odor) _____

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

PUMP

Type of pump _____ 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.

North or well driveway

104

Fair Grounds

West

East

South Chillicothe

Well recovery is much more stronger than 22 Gal. Per. min., This is as fast as I could bail.

*(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

Signed James B. Estep

Address P.O. Box 15

Date 8-29-97

City, State, Zip Richmond Dale, Ohio 45673

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