DNR 7802.04
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

837744

Permit Number 27-96

COUNTY Hocking TOWNSHIP Perry SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Jeff & Virgina Corder (First / Last) PROPERTY ADDRESS (Address of well location) 227 (Number) Perry St. (Street) Lancaster (City) 43130 (Zip Code + 4)

LOCATION OF PROPERTY 12880 Jack Run Rd

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length 200 ft. Wall Thickness 200 in.

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

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

Joints: [1] Threaded [1] Welded [1] 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 Bensel Volume used 8

Method of installation Trempipe

Depth: placed from 200 ft. to 4 ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [1] Adapter [ ] Preassembled unit

Use of Well ____

[1] Rotary [ ] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion ____

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	
0	20	CLAY Brown
20	80	SHALE gray
80	280	SS, Brown & gray
280	350	SS & SHALE gray
350	400	SS WHITE

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

WELL TEST

[ ] Bailing [ ] Pumping* [1] Other

Test rate 18 gpm Duration of test ____ hrs.

Drawdown ____ ft.

Measured from: [1] top of casing [ ] ground level [ ] Other ____

Static Level (depth to water) 310 ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump SUB Capacity 7 gpm

Pump set at 380 ft.

Pump installed by Sand

WELL LOCATION

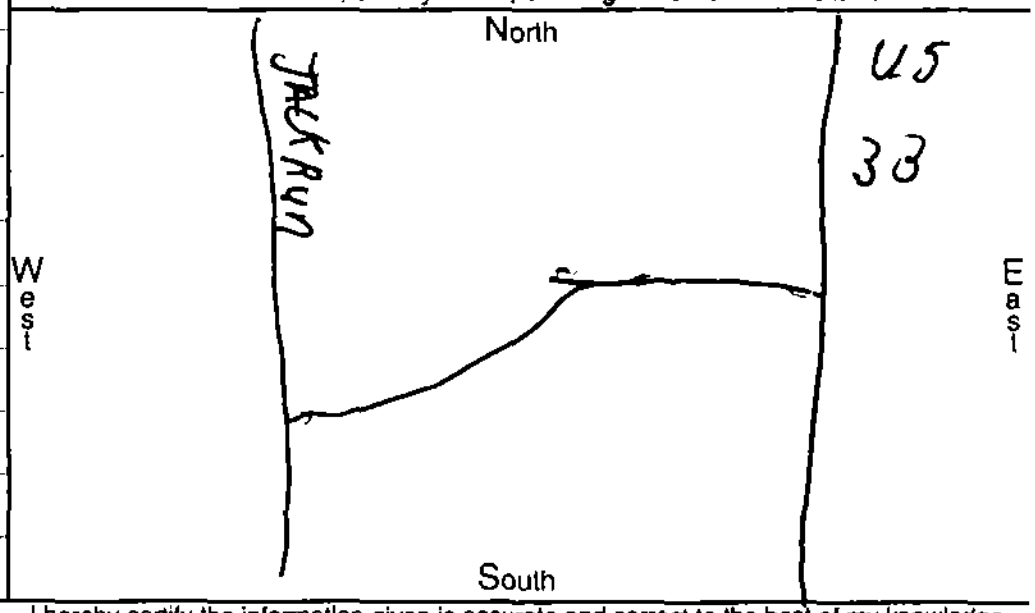
Location of well in State Plane coordinates, if available:

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 Smiths Well Drilling

Address Rt 3 Box 114-B

City, State, Zip Creola, Ohio 45622

Signed Smiths Well Drilling Keith Smith

Date 8-28-96

ODH Registration Number 763

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