DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

837806

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

Permit Number _____

COUNTY Clark TOWNSHIP ~~Green~~ SPRINGFIELD TWP SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Curtis Ritchie (First, Last) PROPERTY ADDRESS (Address of well location) 1005 Tioga Ct. (Number, Street, City)

LOCATION OF PROPERTY _____ Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 44 ft. Wall Thickness _____ 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 Bentonite Volume used 47 gals.

Method of installation Tremie pipe

Depth: placed from 36 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 Residential

☒ 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
Clay	0	8
Gravel	8	25
Clay	25	28
Gravel	28	44

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

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other _____

Test rate 20 *gpm* *Duration of test* 2 *hrs.*

Drawdown 1 ft.

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

Static Level (depth to water) 17 ft. Date: _____

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump _____ Capacity _____ gpm

Pump set at 26 ft.

Pump installed by _____

WELL LOCATION

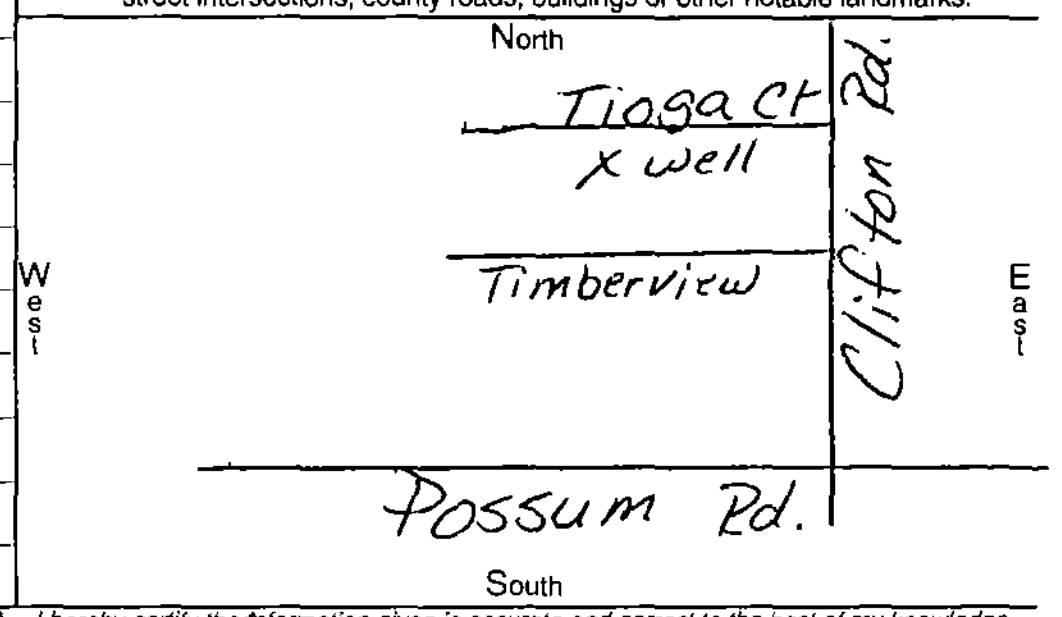
Location of well in State Plane coordinates, if available:

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 C.E. HAMILTON WELL DRILLING

Signed Shirley Hamilton

Address 9449 Milton Carlisle Rd.

Date 7-25-96

City, State, Zip New CArlisle, OH 45344

ODH Registration Number 32

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