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

841384

Permit Number 3250

COUNTY LICKING TOWNSHIP JERSEY SECTION SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) THOMAS WAGNER (First / Last) PROPERTY ADDRESS (Address of well location) 10424 (Number) JUG ST RD (Street) JOHNSTOWN OH 43031 (City)

LOCATION OF PROPERTY 43031 (Zip Code + 4)

CONSTRUCTION DETAILS

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

1 Diameter 5 in. Length* 208 ft. Wall Thickness 1/4 in.

2 Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

Type: 1 Steel 1 Galv. XX PVC 1 2 Other

Joints: 1 Threaded 1 Welded XX Solvent 1 2 Other

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) LOUVERED Material PVC

Length 20 ft. Diameter 5 in.

Set between 180 ft. and 200 ft. Slot .035

GROUT

Material BENTONITE Volume used 300 LBS

Method of installation TREMIE PIPE

Depth: placed from 200 ft. to SURFA ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device XX Adapter ☐ Preassembled unit

Use of Well HOME

XX Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 08/26/96

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	
0	2	TOP SOIL
2	10	YELLOW CLAY
10	80	BLUE CLAY
80	120	BLUE CLAY AND SAND
120	140	YELLOW CLAY
140	180	BLUE CLAY
180	200	PEA GRAVEL
200	208	CLAY

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

WELL TEST

☐ Bailing XX Pumping* ☐ Other

Test rate 25 gpm Duration of test 1 1/2 hrs.

Drawdown 0 ft.

Measured from: XX top of casing ☐ ground level ☐ Other

Static Level (depth to water) 90 ft. Date: 08/26/96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump SUBMERSIBLE Capacity 10 gpm

Pump set at 180 ft.

Pump installed by KEEN WELL AND PUMP

WELL LOCATION

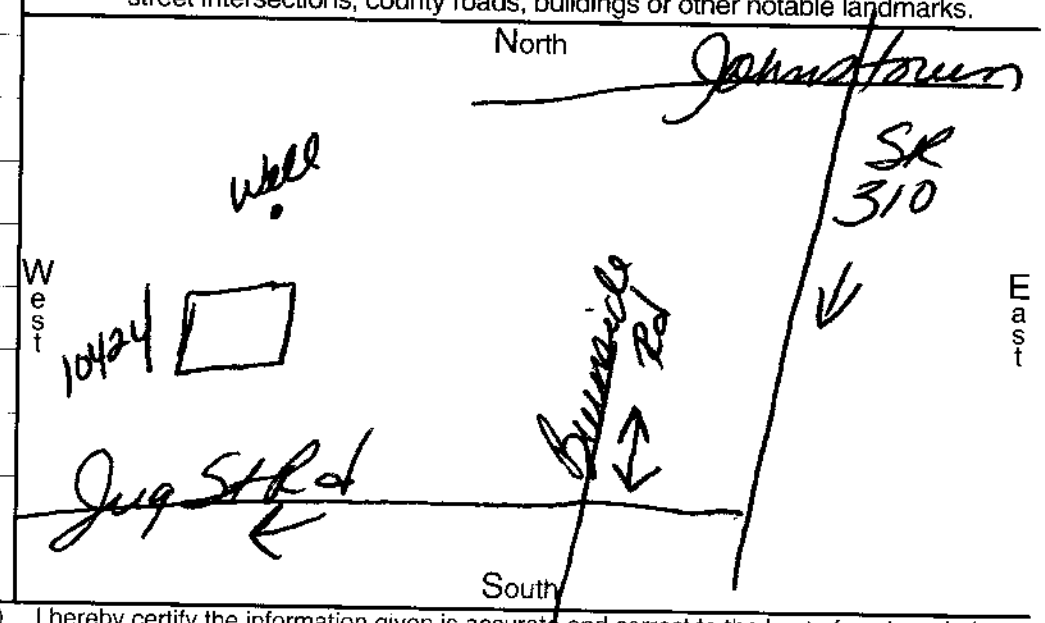
Location of well in State Plane coordinates, if available:

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 KEEN WELL & PUMP CO.

Signed Wesley F. Keen

Address 7458 RANGELINE RD.

Date 08/28/96

City, State, Zip MT. VERNON, OH 43050

ODH Registration Number [illegible] 382

5334

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