ONR 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

842055

Permit Number _____

COUNTY Madison TOWNSHIP Fairfield SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) First Mary Last Ballah PROPERTY ADDRESS (Address of well location) Number 4125 Street West Jefferson-Kingsville Rd City

LOCATION OF PROPERTY 4125 West Jefferson Kingsville Rd Zip Code + 4

CONSTRUCTION DETAILS

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

1 Diameter 5 in. Length* 122 ft. Wall Thickness SDR21 in.
2 Diameter _____ in. Length* _____ ft. Wall Thickness _____ in.

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

Joints: 1 Threaded 1 Welded [X] Solvent [1] [2] Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) Wire Wrapped Material PVC

Length 5 ft. Diameter 5 in.

Set between 122 ft. and 127 ft. Slot _____

GROUT Granular

Material Bentonite Volume used 245#

Method of installation Tremie pipe

Depth: placed from 122 ft. to surface ft.

GRAVEL PACK (Filter Pack)

Material 5/12 Volume used 300#

Method of installation _____

Depth: placed from 122 ft. to 127 ft.

Pitless Device [X] Adapter ☐ Preassembled unit

Use of Well Domestic

[ ] Rotary ☐ Cable [ ] Augered [ ] Driven ☐ Dug ☐ Other

Date of Completion 9.5.96

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	96	Clay, gravel
96	127	Sand, gravel

WELL TEST

[ ] Bailing [X] Pumping* ☐ Other _____

Test rate 30+ gpm Duration of test one hrs.

Drawdown 15 ft.

Measured from: [ ] top of casing [X] ground level ☐ Other ~~ground level~~

Static Level (depth to water) 55 ft. Date: 9.5.96

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 1/2 HP gpm

Pump set at 85 ft.

Pump installed by R C Barry Inc

WELL LOCATION

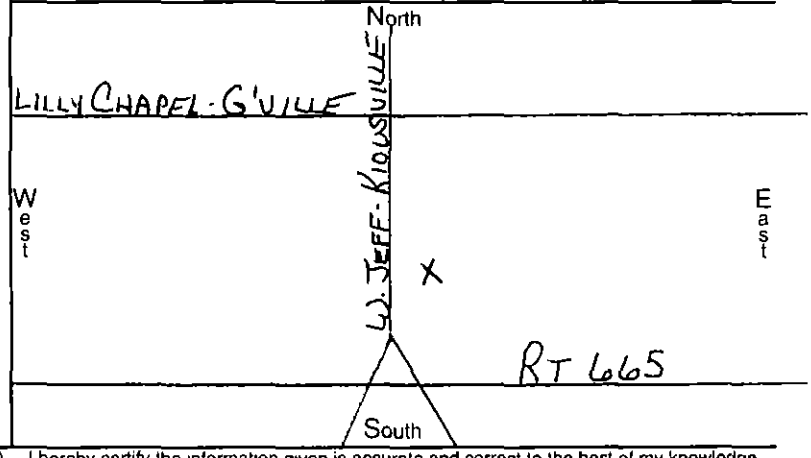
Location of well in State Plane coordinates, if available:

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 R.C. Barry, Inc

Signed Mark Cantrell / GGB

Address 6467 W. Broad St

Date 9.5.96

City, State, Zip Galloway, OH 43119

ODH Registration Number 368

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