

WELL LOG AND DRILLING REPORT

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

845262

Permit Number 0501

COUNTY Pike TOWNSHIP Jackson SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER Jay Pennington PROPERTY ADDRESS 657 Wilson Run Chilliotoh
(Circle One or Both) (Address of well location) Number Street City
LOCATION OF PROPERTY 45601
Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 6 in.
1) Diameter 6 in. Length* 32 ft. Wall Thickness .188 in. Material Percuss Volume used 40 lbs
2) Diameter _____ in. Length* _____ ft. Wall Thickness _____ in. Method of installation Driven
Type: 1) Steel 2) Galv. 3) PVC 4) Other _____
Joints: 1) Threaded 2) Welded 3) Solvent 4) Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____
GROUT
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ 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
Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 5-20-05

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
<u>Topsoil</u>	<u>0</u>	<u>1</u>
<u>yellow clay</u>	<u>1</u>	<u>7</u>
<u>sand + gravel</u>	<u>7</u>	<u>21</u>
<u>blue clay</u>	<u>21</u>	<u>30</u>
<u>gray shale</u>	<u>30</u>	<u>95</u>
<u>brown shale (water)</u>	<u>95</u>	<u>130</u>
<u>gray shale</u>	<u>130</u>	<u>200</u>

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 1 gpm Duration of test 2 hrs.
Drawdown _____ ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 25 ft. Date: 5-20
Quality (clear, cloudy, taste, odor) clear
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

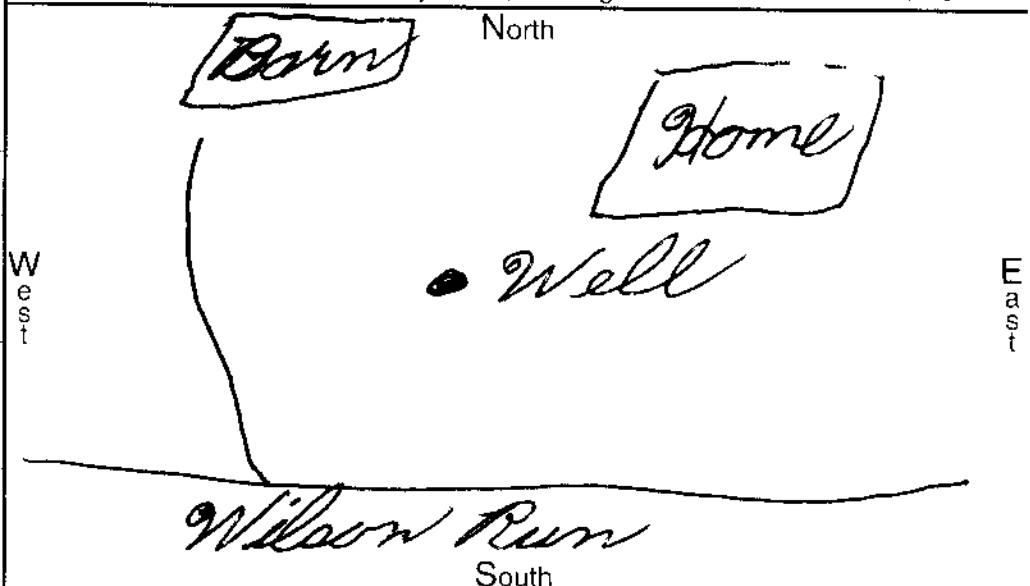
PUMP

Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by _____

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone _____ x 39°10.16 N y 082°55.06 W
Elevation of well 659 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+J Well Drilling
Address 14944 Pleasant Valley Rd
City, State, Zip Chilliotoh OH 45601

Signed Mike Young
Date 5-20-05
ODH Registration Number 02441