

DNR 7802 94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

845267

Permit Number 27870

COUNTY Ross TOWNSHIP Paxton SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER Dave Dougherty PROPERTY ADDRESS 659 Powell Hollow Bambrugh
(Circle One or Both) First Last (Address of well location) Number Street City
45612
LOCATION OF PROPERTY Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 10 in.
1. Diameter 6 in. Length* 27 ft. Wall Thickness .188 in. Material Rebar Volume used 500
2. Diameter 5.58 in. Length* 100 ft. Wall Thickness _____ in. Method of installation Poured
Type: 1 Steel 1 Galv. 1 PVC 1 ☐ Other _____
2 _____ 2 _____ 2 _____
Joints: 1 Threaded 1 Welded 1 Solvent 1 ☐ Other _____
2 _____ 2 _____ 2 _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
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 6-7-06

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>23</u>
<u>gray shale</u>	<u>23</u>	<u>53</u>
<u>dark gray shale</u>	<u>53</u>	<u>100</u>
<u>Water</u>		

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 2 gpm Duration of test 6 hrs.
Drawdown 90 ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 10 ft. Date: 6-6
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 did not do ft.
Pump installed by _____

WELL LOCATION

Location of well in State Plane coordinates, if available:
Zone _____ x 082943 y 13971.874
Elevation of well 890 ft./m. Datum plain: ☐ NAD27 ☐ INAD83
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.

North

West

East

South

(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 Signed Mike Yag
Address 14944 Pleasant Valley Date 6-7-06
City, State, Zip Chillicothe OH ODH Registration Number 02441

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