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

90# 845459
Permit Number 190553

COUNTY Guernsey TOWNSHIP Spencer 7600 Clover Rd SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Lester Yost (First / Last)

PROPERTY ADDRESS (Address of well location) ↓ Number Rt2 Street Cumberland City OH 43732 Zip Code + 4

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6+ in.

1 Diameter 6 in. Length* 30 ft. Wall Thickness .157 in.

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

Type: [1] Steel [2] Galv. [1] PVC [1] [2] Other ___

Joints: [1] Threaded [1] Welded [1] Solvent [1] [2] Other ___

Liner: Length 73 Type SDR 26 Wall Thickness 3/8 in.

SCREEN

Type (wire wrapped, louvered, etc.) Material

Length ___ ft. Diameter ___ in.

Set between ___ ft. and ___ ft. Slot ___

GROUT

Material Benite Volume used 300 lbs

Method of installation Pour in

Depth: placed from total Depth ft. to 0-30 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 [1] Cable | Augered ☐ Driven ☐ Dug | Other ___

Date of Completion 10-14-96

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
Brown top soil	0	3
Red Clay	3	29
Blue shale	29	37
Red Clay	37	44
White Shale	44	55
Gray shale	55	90
Light Gray Shale	90	100

[redacted]

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ___

Test rate 1½-2 gpm Duration of test 1 Hr hrs.

Drawdown 0-100 ft.

Measured from: ☐ top of casing ☑ ground level ☐ Other ___

Static Level (depth to water) 30 ft. Date: 10-14-96

Quality (clear, cloudy, taste, odor) good Cloudy

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

PUMP

Type of pump Airmotor Capacity 12 gpm

Pump set at 95 ft.

Pump installed by Mike Houk

WELL LOCATION

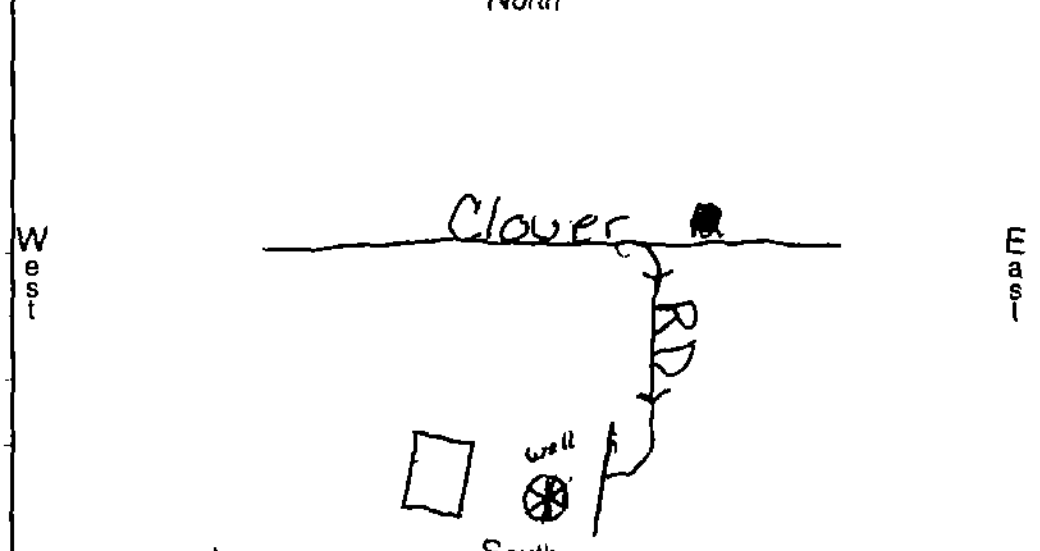
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Mikes W. W. Drilling

Address 7376 Old River Rd

City, State, Zip Philo OHio 43771

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Michael C Houk

Date 10-15-96

ODH Registration Number 2201

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