

WELL LOG AND DRILLING REPORT

853533

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

WELL LOCATION	CONSTRUCTION DETAILS
County <u>MUSKINGUM</u> Township <u>FALLS</u>	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____
Owner/Builder <u>ROGER SNIDER</u> (Circle One or Both) First Last	BOREHOLE/CASING (measured from ground surface)
Address of Well Location <u>4495 DOCK RAY DRIVE</u> Number Street Name	1 ☐ Borehole Diameter <u>9</u> inches Depth <u>38</u> ft. Casing Diameter <u>6</u> in. Length <u>40</u> ft. Thickness _____ in.
City <u>NASHPORT</u> Zip Code +4 <u>3830</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
Permit No. <u>214473</u> Section/Lot No. _____ (Circle One or Both)	Casing Height Above Ground _____ ft.
Location of Well in State Plane coordinates, if available: Use of Well _____	Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ _____
N ☐ X _____ ft. or m	2 ☐ Steel 2 ☐ Galv. 2 ☐ _____
S ☐ Y _____ ft. or m	Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ _____
Elevation of Well _____ ft. or m	2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ _____
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	SCREEN <u>P.V.C. LINER</u> Length <u>240</u> ft.
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	Diameter _____ Slot Size _____
Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: _____ Long: _____	Type _____ Material _____
North	Set Between _____ ft. and _____ ft.
RT 146	GRAVEL PACK (Filter Pack)
South	Material/Size _____ Volume/Weight Used _____
WELL TEST*	Method of Installation _____
Pre-Pumping Static Level <u>95</u> ft. Date <u>SEPT 10</u>	Depth: Placed FROM _____ ft. TO _____ ft.
Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____	GROUT
☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____	Material _____ Volume/Weight Used _____
Test Rate <u>2</u> gpm Duration of Test <u>2</u> hrs.	Method of Installation _____
Feet of Drawdown <u>160</u> ft. Sustainable Yield _____ gpm	Depth: Placed FROM _____ ft. TO _____ ft.
*(Attach a copy of the pumping test record, per section 1521.05, ORC)	
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No	
Quality _____	
PUMP/PITLESS	
Type of pump <u>SUB</u> Capacity <u>10</u> gpm	
Pump set at <u>250</u> ft. Pitless Type _____	
Pump installed by <u>ROGER</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>McGEE DRILLING</u>	
Address <u>3340 MAYSVILLE PIKE</u>	
City, State, Zip <u>ZANESVILLE OH 43701</u>	
Signed <u>Roger Snider</u> Date <u>10/7/98</u>	(If more space is needed to complete drilling log, use next consecutively numbered form.)
ODH Registration Number <u>947</u>	Date of Well Completion <u>SEPT 12</u> Total Depth of Well <u>255</u> ft.

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 43224-9971
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy