

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive

Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

863343

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>Wayne</u> Township <u>Chippewa #12</u>		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)	
Owner/Builder (Circle One or Both) First <u>Robert</u> Last <u>WAISH</u>		1 ☐ Borehole Diameter <u>5</u> inches Depth <u>85</u> ft. Casing Diameter <u>5 1/2</u> in. Length <u>48</u> ft. Thickness <u>.250</u> in.	
Address of Well Location Number <u>19046</u> Street Name <u>GRILL RD.</u>		2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.	
City <u>Doylestown</u> Zip Code +4 <u>44230</u>		Casing Height Above Ground <u>2 Ft</u>	
Permit No. <u>231707</u> Section/Lot No. _____ (Circle One or Both)		Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐	
Location of Well in State Plane coordinates, if available:		2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____	
Use of Well <u>Home</u>		Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐	
N ☐ X _____ +/- _____ ft. or m		2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____	
S ☐ Y _____ +/- _____ ft. or m		SCREEN	
Elevation of Well _____ +/- _____ ft. or m		Diameter <u>0</u> Slot Size <u>0</u> Screen Length <u>0</u> ft.	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____		Type <u>0</u> Material _____	
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____		Set Between _____ ft. and _____ ft.	
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: _____ 		GRAVEL PACK (Filter Pack)	
		Material/Size _____ Volume/Weight Used _____	
		Method of Installation _____	
		Depth: Placed FROM _____ ft. TO _____ ft.	
		GROUT	
		Material <u>Ben Seal</u> Volume/Weight Used <u>100#</u>	
		Method of Installation <u>Poured & Driven</u>	
		Depth: Placed FROM <u>0</u> ft. TO <u>?</u> ft.	
DRILLING 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>Yellow Clay Gravel</u>	<u>0</u>	<u>12</u>	
<u>Gray Clay Gravel</u>	<u>12</u>	<u>28</u>	
<u>Soft Gray Shale</u>	<u>28</u>	<u>41</u>	
<u>Soft Gray Sandstone</u>	<u>41</u>	<u>45</u>	
<u>Gray Sandstone</u>	<u>45</u>	<u>52</u>	
<u>Black Shale</u>	<u>52</u>	<u>58</u>	
<u>Dark Gray Shale</u>	<u>58</u>	<u>85</u>	
WELL TEST*			
Pre-Pumping Static Level <u>30</u> ft. Date <u>6/29/99</u>			
Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____			
☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____			
Test Rate <u>12</u> gpm Duration of Test <u>1 1/2</u> hrs.			
Feet of Drawdown <u>20</u> ft. Sustainable Yield <u>12</u> gpm			
*(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 _____ Capacity _____ gpm			
Pump set at _____ ft. Pitless Type _____			
Pump installed by _____			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>R.H Fowler Well DRILLING</u>			
Address <u>171 LAKOTA AVE</u>			
City, State, Zip <u>AKRON OH 44319</u>			
Signed <u>Robert H. Fowler</u> Date <u>6/29/99</u>			
ODH Registration Number <u>02603</u>			
(If more space is needed to complete drilling log, use next consecutively numbered form.)			
Date of Well Completion <u>6/29/99</u> Total Depth of Well <u>85</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