

WELL LOG AND DRILLING REPORTTYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARDOhio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

864473

WELL LOCATION	CONSTRUCTION DETAILS
County <u>FRANKLIN</u> Township <u>PLEASANT</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other
Owner/Builder <u>REBECCA CARDWELL</u> (Circle One or Both) First Last	BOREHOLE/CASING (measured from ground surface)
Address of Well Location <u>1064 HIGH ST.</u> Number Street Name	1 ☐ Borehole Diameter _____ inches Depth <u>36</u> ft. Casing Diameter <u>5</u> in. Length <u>34</u> ft. Thickness _____ in.
City <u>HARRISBURG, OHIO</u> Zip Code <u>+4</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
Permit No. <u>#W1970054</u> Section/Lot No. _____ (Circle One or Both)	Casing Height Above Ground _____ ft.
Location of Well in State Plane coordinates, if available: N ☐ X _____ +/- _____ ft. or m S ☐ Y _____ +/- _____ ft. or m	Type 1 ☐ Steel 1 ☒ Galv. 1 ☐ PVC 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other
Elevation of Well _____ +/- _____ ft. or m	Joints 1 ☐ Threaded 1 ☒ Welded 1 ☐ Solvent 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	SCREEN
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	Diameter <u>None</u> Slot Size _____ Screen Length _____ 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: _____ North	Type _____ Material _____
	Set Between _____ ft. and _____ ft.
	GRAVEL PACK (Filter Pack)
	Material/Size <u>Natural Cuttings</u> Volume/Weight Used _____
Method of Installation _____	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material _____ Volume/Weight Used _____
	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>17</u> ft. Date _____	INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Measured from: ☒ Top of Casing ☐ Ground Level ☐ Other _____	Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.
☐ Air ☐ Bailing ☒ Pumping* ☐ Other _____	
Test Rate <u>10 gal/min</u> gpm Duration of Test <u>2</u> hrs.	
Feet of Drawdown <u>20</u> ft. Sustainable Yield _____ 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 <u>Deep Well</u> Capacity <u>10 gal/min</u> gpm	
Pump set at <u>28</u> ft. Pitless Type <u>DICKENS</u>	
Pump installed by <u>EVERETT EDMONDS</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>GOLDIE EDMONDS WELL DRILLING</u>	
Address <u>5150 MONTELEONE RD</u>	
City, State, Zip <u>GREYS CITY, OHIO 43123</u>	
Signed <u>Goldie Edmonds</u> Date <u>5-7-98</u>	
ODH Registration Number <u>02476</u>	
	(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>5-7-98</u> Total Depth of Well <u>34</u> ft.