

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

887807

WELL LOCATION

County Adams Township Brush Creek

Owner/Builder ROXAN HANSON
(Circle One or Both) First Last

Address of Well Location 6859 S.R. 348
Number Street Name

City Blue Creek Zip Code +4.

Permit No. 26198 Section/Lot No. _____
(Circle One or Both)

Location of Well in State Plane coordinates, if available:

Use of Well

N ☒ X ☐ +/- ft. or m

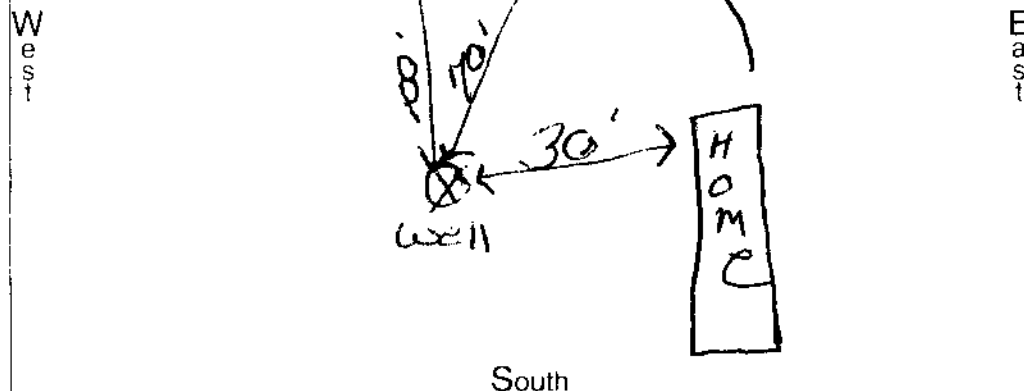
S ☐ Y ☐ +/- ft. or m

Elevation of Well +/- ft. or m

Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source

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. If latitude and longitude are available please include here: Lat: _____ Long: _____
North



CONSTRUCTION DETAILS

Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other ☐

BOREHOLE/CASING (measured from ground surface)

1 Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter 6 in. Length 28 ft. Thickness 3/8 in.

2 Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

Type 1 ☒ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ Other _____

Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ Other _____

SCREEN

Diameter _____ Slot Size _____ Screen Length _____ ft.

Type _____ Material _____

Set Between _____ ft. and _____ ft.

GRAVEL PACK (Filter Pack)

Material/Size _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ ft.

GROUT

Material BEUTOWITE Volume/Weight Used AS REQ.

Method of Installation PERF. POOL

Depth: Placed FROM 28 ft. TO 3 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
TOP SOIL	0	4
Shale	4	70
Limestone	70	121

WELL TEST*

Pre-Pumping Static Level 71 ft. Date 5-10-99

Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other

Air ☒ Bailing ☐ Pumping* ☐ Other

Test Rate 3 gpm Duration of Test 3 1/2 hrs.

Feet of Drawdown _____ 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 SUBMERSIBLE Capacity 11 gpm

Pump set at 115 ft. Pitless Type DICKERSON

Pump installed by H.O.M.E. DEVELOPMENT CO.

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

Drilling Firm H.O.M.E. DEVELOPMENT CO.

Address 1234 JONES RD

City, State, Zip PEEBLES, OH 45660

Signed Al Osba

Date 5/21/99

ODH Registration Number 1470

*(If more space is needed to complete drilling log, use next consecutively numbered form)

Date of Well Completion 5-14-99 Total Depth of Well 121 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