

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

891208

WELL LOCATION

County Licking Township Hopewell

Owner/Builder Glenn + MARBE Willey

Address of Well Location 5175 Brownsville Rd

City Glenford Zip Code +4 43739-968

Permit No. 5516 Section/Lot No.

Location of Well in State Plane coordinates, if available:

Use of Well

N ☐ X + ft. or m

S ☐ Y + ft. or m

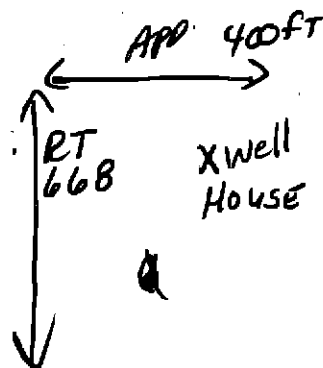
Elevation of Well + ft. or m

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



South

WELL TEST*

Pre-Pumping Static Level _____ ft. Date _____

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

☒ Air ☐ Bailing ☐ Pumping* ☐ Other

Test Rate 30+ gpm Duration of Test _____ hrs.

Feet of Drawdown 20 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 N/A 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 SUEDDERS Water Well Drilling

Address 48 Carol Ann Ct

City, State, Zip Newark Ohio 43055

Signed Donna Suedden Date 07-18-00

ODH Registration Number 006666

CONSTRUCTION DETAILS

☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other

BOREHOLE/CASING (measured from ground surface)

1 ☐ Borehole Diameter 6 inches Depth 160 ft.

Casing Diameter 6 in. Length _____ ft. Thickness _____ in.

2 ☐ Borehole Diameter _____ inches Depth _____ ft.

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

Casing Height Above Ground 2 ft.

Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐

2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other

Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐

2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ 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 _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ 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
Clay - shale	0	12
Clay	12	30
Rock	30	160

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

Date of Well Completion 07-18-00 Total Depth of Well 160 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