

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

894571

WELL LOCATION	CONSTRUCTION DETAILS
County <u>Hamilton</u> Township <u>Miller</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)
Owner/Builder <u>Keith Strait</u> (Circle One or Both) First Last	1 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter <u>5</u> in. Length <u>124</u> ft. Thickness <u>14</u> in.
Address of Well Location <u>12080 Sycamore Rd</u> Number Street Name	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
City <u>McVernon</u> Zip Code +4 <u>43050</u>	Casing Height Above Ground <u>18"</u> ft.
Permit No. <u>75-00</u> Section/Lot No. _____ (Circle One or Both)	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other _____ 2 ☐ 2 ☐ 2 ☐ 2 ☐
Location of Well in State Plane coordinates, if available: Use of Well _____	Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other _____ 2 ☐ 2 ☐ 2 ☐ 2 ☐
N ☐ X _____ ft. or m	SCREEN
S ☐ Y _____ ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
Elevation of Well _____ ft. or m	Type _____ Material _____
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	Set Between _____ ft. and _____ ft.
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	GRAVEL PACK (Filter Pack)
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: _____	Material/Size _____ Volume/Weight Used _____
North	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material <u>Bored</u> Volume/Weight Used <u>2000</u>
	Method of Installation <u>Dry</u>
South	Depth: Placed FROM _____ ft. TO _____ ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>48</u> ft. Date <u>7-14-00</u>	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 _____	From To
Test Rate <u>20</u> gpm Duration of Test <u>1</u> hrs.	<u>Top Soil</u> 0 1
Feet of Drawdown <u>0</u> ft. Sustainable Yield _____ gpm	<u>Yellow clay & Red</u> 1 16
*(Attach a copy of the pumping test record, per section 1521.05, ORC)	<u>Gray Clay & Gravel</u> 16 31
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No	<u>Sand & Gravel</u> 31 39
Quality _____	<u>Gray Clay & Gravel</u> 39 84
PUMP/PITLESS	<u>Sand & Gravel</u> 84 118
Type of pump <u>Sub</u> Capacity <u>10</u> gpm	<u>Gray Sandy Shale</u> 118 155
Pump set at <u>100</u> ft. Pits/Type <u>Pitless</u>	
Pump installed by <u>Bill Bolton</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>Baker Drilling</u>	
Address <u>480 Fawcett Rd</u>	
City, State, Zip <u>740 3932146</u>	
Signed <u>Bill Bolton</u> Date <u>7-24-00</u>	(If more space is needed to complete drilling log, use next consecutively numbered form.)
ODH Registration Number <u>1137</u>	Date of Well Completion <u>7-14-00</u> Total Depth of Well <u>155</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