

WELL LOG AND DRILLING REPORT

896480

TYPE 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

WELL LOCATION	CONSTRUCTION DETAILS
County <u>MORROW</u> Township <u>CONGRESS</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____
Owner/Builder <u>NICK SULLIVAN</u> (Circle One or Both) First Last	BOREHOLE/CASING (measured from ground surface)
Address of Well Location <u>4675 TWP RD. 59</u> Number Street Name	1 ☒ Borehole Diameter <u>5</u> inches Depth <u>80</u> ft. Casing Diameter <u>5 1/2</u> in. Length <u>69</u> ft. Thickness <u>1/4</u> in.
City <u>MT. GILEAD</u> Zip Code +4 <u>43338</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
Permit No. <u>20002353</u> Section/Lot No. _____ (Circle One or Both)	Casing Height Above Ground _____ ft.
Location of Well in State Plane coordinates, if available: Use of Well <u>RESID</u>	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other _____ 2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other _____
N ☐ X _____ +/- _____ ft. or m	Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ Other _____ 2 ☐ Threaded 2 ☐ Welded 2 ☐ Solvent 2 ☐ Other _____
S ☐ Y _____ +/- _____ ft. or m	SCREEN
Elevation of Well _____ +/- _____ ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	Type _____ 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 _____ Volume/Weight Used _____
	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>32</u> ft. Date <u>7-1-2000</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>12</u> gpm Duration of Test <u>1</u> hrs.	<u>TOP SOIL</u> 0 1
Feet of Drawdown <u>2</u> ft. Sustainable Yield <u>12</u> gpm	<u>Grey Clay Sand Mix</u> 1 67
*(Attach a copy of the pumping test record, per section 1521.05, ORC)	<u>Blue Shale Soft</u> 67 69
Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No	<u>Blue Shale Hard</u> 69 79
Quality <u>Clear</u>	<u>Blue Shale Hard water</u> 79 80
PUMP/PITLESS	
Type of pump <u>SUBMERSIBLE-MYERS</u> Capacity <u>12</u> gpm	
Pump set at <u>50</u> ft. Pitless Type <u>DICKENS</u>	
Pump installed by <u>FISHER WATER WELL SERV.</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>FISHER'S WATER WELL SERVICE</u>	
Address <u>5540 ST. RT 95</u>	
City, State, Zip <u>MT. GILEAD, OH. 43338-9765</u>	
Signed <u>Tim J. Fisher</u> Date <u>7-9-2000</u>	
ODH Registration Number <u>834</u>	
	*(If more space is needed to complete drilling log, use next consecutively numbered form.)
	Date of Well Completion <u>July 01-2000</u> Total Depth of Well <u>80</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