

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

910990

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>FULTON</u>	Township <u>SWAMP CREEK</u>	Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other ☒ <u>WHAIR</u>	
Owner/Builder (Circle One or Both) <u>SHERR</u> <u>SILVANO</u>	First <u>SILVANO</u> Last <u>SILVANO</u>	BOREHOLE/CASING (measured from ground surface)	
Address of Well Location <u>2021 RD 3</u>	City <u>SWAMP CREEK</u> Zip Code +4 <u>43558</u>	1 Borehole Diameter <u>2</u> inches	Depth <u>18</u> ft.
		Casing Diameter <u>1 1/4</u> in. Length <u>15</u> ft. Thickness <u>3/4</u> in.	
		2 Borehole Diameter _____ inches	Depth _____ ft.
		Casing Diameter _____ in. Length _____ ft. Thickness _____ in.	
		Casing Height Above Ground _____ ft.	
		Type 1 Steel ☐ Galv ☒ PVC ☐ 2 Other ☐	
		Joints 1 Threaded ☐ Welded ☒ Solvent ☐ 2 Other ☐	
Location of Well in State Plane coordinates, if available		SCREEN	
N ☒ S ☐	E ☐ W ☐	Diameter <u>1 1/4</u>	Slot Size <u>#20</u> Screen Length <u>3</u> ft.
Elevation of Well _____ ft. or m.		Type <u>SLOTTED</u>	Material <u>PVC</u>
Datum Plain, NAD27 NAD83 Elevation Source _____		Set Between <u>15</u> ft. and <u>18</u> 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 _____	
		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
<u>SAND</u>		<u>0</u>	<u>18</u>
WELL TEST*			
Pre-Pumping Static Level <u>3</u> ft.	Date _____		
Measured from ☐ Top of Casing ☒ Ground Level ☐ Other _____			
Air ☐ Bailing ☐ Pumping ☒ Other _____			
Test Rate <u>7</u> gpm	Duration of Test <u>1</u> hrs.		
Feet of Drawdown _____ ft.	Sustainable Yield <u>7</u> gpm		
(Attach a copy of the pumping test record, per section 1521.05, ORC)			
Is Copy Attached? Yes ☐ No ☒	Flowing Well? Yes ☐ No ☒		
Quality <u>CLEAR SWEET</u>			
PUMP/PITLESS			
Type of pump <u>JET</u>	Capacity _____ gpm		
Pump set at _____ ft.	Pitless Type <u>W/ADVISOR</u>		
Pump installed by <u>PHILIP SERVICE</u>			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>MCDONALD WELL DRILLING</u>			
Address <u>1653-C</u>			
City, State, Zip <u>SWAMP CREEK OHIO 43558</u>			
Signed <u>J. MCDONALD</u>	Date <u>12-1-00</u>	(If more space is needed to complete drilling log, use next consecutively numbered form.)	
ODH Registration Number <u>61</u>	Date of Well Completion <u>5/10/00</u>	Total Depth of Well <u>18</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