

WELL LOG AND DRILLING REPORT

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

914661

WELL LOCATION	CONSTRUCTION DETAILS
County <u>Ashland</u> Township <u>Andover</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)
Owner/Builder (Circle One or Both) <u>Douglas</u> <u>Rice</u>	1 ☐ Borehole Diameter <u>6</u> inches Depth <u>96</u> ft. Casing Diameter <u>6.58</u> in. Length <u>29</u> ft. Thickness <u>1.78</u> in.
Address of Well Location <u>5909</u> <u>Beech St.</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
City <u>Andover</u> Zip Code <u>43147 2738</u>	Casing Height Above Ground <u>24</u> ft.
Permit No. <u>53</u> Section/Lot No. _____	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ Other _____ 2 ☐ Threaded 2 ☒ Welded 2 ☐ Solvent 2 ☐ Other _____
Location of Well in State Plane coordinates, if available: Use of Well <u>Domestic</u>	SCREEN
N ☐ X <u>41°</u> <u>35</u> +/- <u>419</u> ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
S ☐ Y <u>080°</u> <u>32</u> +/- <u>149</u> ft. or m	Type _____ Material _____
Elevation of Well _____ ft. or m	Set Between _____ ft. and _____ ft.
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	GRAVEL PACK (Filter Pack)
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	Material/Size _____ Volume/Weight Used _____
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 _____	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material <u>Bentonite</u> Volume/Weight Used <u>40</u>
	Method of Installation <u>Dry Drive</u>
	Depth: Placed FROM <u>0</u> ft. TO <u>29</u> ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>20</u> ft. Date <u>7-27-07</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 _____	
Test Rate <u>2 1/2</u> gpm Duration of Test <u>1</u> hrs.	
Feet of Drawdown _____ ft. Sustainable Yield <u>2 1/2</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 _____	
PUMP/PITLESS	
Type of pump <u>Aeromotor</u> Capacity <u>10</u> gpm	
Pump set at <u>85</u> ft. Pitless Type <u>Pull through</u>	
Pump installed by <u>C. Himas</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>Himas Well Drilling</u>	
Address <u>2027 Cram Rd</u>	
City, State, Zip <u>Espyville Pa.</u>	
Signed <u>C. Himas</u> Date <u>7-27-07</u>	
ODH Registration Number <u>860</u>	
	(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>7-27-07</u> Total Depth of Well <u>96</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