

WELL LOG AND DRILLING REPORTTYPE 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

936530

WELL LOCATION	CONSTRUCTION DETAILS																					
County <u>Tuscarawas</u> Township <u>Rush</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE CASING (measured from ground surface)																					
Owner/Builder <u>Morrin Bethel</u> (Circle One or Both) First Last	☐ Borehole Diameter _____ inches Depth <u>128 1/2</u> ft. Casing Diameter <u>6</u> in. Length <u>27 1/2</u> ft. Thickness _____ in.																					
Address of Well Location <u>1288 E. Bethel Rd.</u> Number Street Name	☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																					
City <u>Chillicothe</u> Zip Code <u>+4</u>	Casing Height Above Ground <u>2</u> ft.																					
Permit No. <u>367569</u> Section/Lot No. _____ (Circle One or Both)	Type ☐ Steel ☐ Galv. ☒ PVC ☐ Other _____																					
Location of Well in State Plane coordinates, if available: Use of Well _____	☐ Joints ☐ Threaded ☐ Welded ☐ Solvent ☐ 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 _____																					
	Method of Installation _____																					
	Depth: Placed FROM _____ ft. TO _____ ft.																					
	GROUT																					
	Material <u>Beniseal Clay</u> Volume/Weight Used _____																					
	Method of Installation _____																					
	Depth: Placed FROM <u>25</u> ft. TO <u>3</u> ft.																					
WELL TEST*	DRILLING LOG*																					
Pre-Pumping Static Level <u>21</u> ft. Date <u>9/20/02</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 _____	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>Clay</u></td> <td><u>0</u></td> <td><u>4</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>4</u></td> <td><u>22</u></td> </tr> <tr> <td><u>Sandy shale</u></td> <td><u>22</u></td> <td><u>40</u></td> </tr> <tr> <td><u>shale</u></td> <td><u>40</u></td> <td><u>83</u></td> </tr> <tr> <td><u>Sandstone</u></td> <td><u>83</u></td> <td><u>111</u></td> </tr> <tr> <td><u>shale</u></td> <td><u>111</u></td> <td><u>128 1/2</u></td> </tr> </tbody> </table>		From	To	<u>Clay</u>	<u>0</u>	<u>4</u>	<u>Shale</u>	<u>4</u>	<u>22</u>	<u>Sandy shale</u>	<u>22</u>	<u>40</u>	<u>shale</u>	<u>40</u>	<u>83</u>	<u>Sandstone</u>	<u>83</u>	<u>111</u>	<u>shale</u>	<u>111</u>	<u>128 1/2</u>
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Test Rate <u>22</u> gpm Duration of Test <u>1</u> hrs.	Water at 37 ft																					
Feet of Drawdown _____ 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 _____ 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 <u>Anger Well Drilling</u>																						
Address <u>9105 Wagon Rd Ohio</u>																						
City, State, Zip <u>Danison Ohio 44621</u>																						
Signed <u>Calvin Unger</u> Date <u>9/27/02</u>	(If more space is needed to complete drilling log, use next consecutively numbered form.)																					
ODH Registration Number _____	Date of Well Completion <u>9/20/02</u> Total Depth of Well <u>128 1/2</u>																					

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