

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

940515

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>Hancock</u>	Township <u>Plasport</u>	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other	
Owner/Builder (Circle One or Both) <u>Jerry</u> First <u>Biller</u> Last	Address of Well Location <u>3533</u> Number <u>TR. 97</u> Street Name	BOREHOLE/CASING (measured from ground surface)	
City <u>McComb</u>	Zip Code +4 <u>45858</u>	1 ☐ Borehole Diameter _____ inches	Depth _____ ft.
Permit No. <u>097-02</u>	Section/Lot No. <u>34</u>	Casing Diameter _____ in.	Length _____ ft. Thickness _____ in.
Location of Well in State Plane coordinates, if available:	Use of Well <u>Single family</u>	2 ☐ Borehole Diameter _____ inches	Depth _____ ft.
N ☐ X _____ +/- _____ ft. or m		Casing Diameter _____ in.	Length _____ ft. Thickness _____ in.
S ☐ Y _____ +/- _____ ft. or m		Casing Height Above Ground <u>1 1/2</u>	ft.
Elevation of Well _____ +/- _____ ft. or m		Type 1 ☐ Steel 1 ☒ Galv. 1 ☐ PVC 1 ☐	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____		2 ☐ Steel 2 ☐ Galv. 2 ☐ PVC 2 ☐ Other	
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐	
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: _____		SCREEN	
		Diameter _____ Slot Size _____ Screen Length _____ ft.	
		Type _____ Material _____	
		Set Between _____ ft. and _____ ft.	
		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.	
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>Deepen existing well</u> <u>in limestone</u>		<u>118</u>	<u>268</u>
WELL TEST*			
Pre-Pumping Static Level <u>67</u> ft.	Date <u>9/14/02</u>		
Measured from ☒ Top of Casing ☐ Ground Level ☐ Other			
☒ Air ☐ Bailing ☐ Pumping* ☐ Other			
Test Rate <u>13</u> gpm	Duration of Test <u>1</u> hrs.		
Feet of Drawdown _____ ft.	Sustainable Yield <u>13</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, Sulfur odor</u>			
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>GLASSER Well Drilling</u>			
Address <u>3613 SR. 613</u>			
City, State, Zip <u>McComb Ohio 45858</u>			
Signed <u>Shan D. Miller</u>	Date <u>10/10/02</u>		
ODH Registration Number <u>1458</u>			
*(If more space is needed to complete drilling log, use next consecutively numbered form.)			
Date of Well Completion <u>9/14/02</u>	Total Depth of Well <u>268</u> ft.		