

Well Log Number

DNR 7802.05e

Ohio Department of Natural Resources
Division of Geological Survey, 2045 Morse Road, Columbus, Ohio 43229-6605
Phone (614) 265-6576

3027699

Page 1 of 1 for this record.

WELL LOCATION		CONSTRUCTION DETAILS																																									
County <u>STARK</u> Township <u>LAKE</u>		Drilling Method: <u>ROTARY</u>																																									
GEOFF SLABAUGH Owner/Builder		BOREHOLE/CASING (Measured from ground surface)																																									
1521 SMITH KRAMER ST NE Address of Well Location		1 { Borehole Diameter <u>8.75</u> inches Depth <u>138</u> ft. Casing Diameter <u>5</u> in. Length <u>140</u> ft. Thickness <u>0.265</u> in.																																									
City <u>HARTVILLE</u> Zip Code +4 <u>44632</u>		2 { Borehole Diameter <u>4.75</u> inches Depth <u>180</u> ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																									
Permit No. <u>27824</u> Section; _____ and/or Lot No. _____		Casing Height Above Ground <u>2</u> ft.																																									
Use of Well <u>DOMESTIC</u>		Type { 1: <u>PVC</u> 2: _____																																									
Coordinates of Well (Use only one of the below coordinate systems)		Joints { 1: <u>SOLVENT</u> 2: _____																																									
Latitude, Longitude Coordinates		SCREEN																																									
Latitude: <u>40.941764</u> Longitude: <u>-81.35063</u>		Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																									
Elevation of Well in feet: _____ +/- _____ ft.		Type _____ Material _____																																									
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>		Set Between _____ ft. and _____ ft.																																									
Source of Coordinates: <u>GPS</u>		GRAVEL PACK (Filter Pack)																																									
Well location written description:		Material/Size _____ Vol/Wt. Used _____																																									
		Method of Installation _____																																									
		Depth: Placed From: _____ ft. To: _____ ft.																																									
		GROUT																																									
		Material <u>BENTONITE SLURRY</u> Vol/Wt. Used <u>650 LBS / 312 GALS</u>																																									
		Method of Installation <u>PUMPED WITH TREMIE PIPE</u>																																									
		Depth: Placed From: <u>0</u> ft. To: <u>138</u> ft.																																									
Comments on water quality/quantity and well construction:		DRILLING LOG*																																									
		FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																									
		<table><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>BROWN</td><td></td><td>CLAY</td><td>0</td><td>13</td></tr><tr><td>GRAY</td><td></td><td>CLAY & GRAVEL</td><td>13</td><td>84</td></tr><tr><td></td><td></td><td>SAND & GRAVEL</td><td>84</td><td>94</td></tr><tr><td>GRAY</td><td></td><td>CLAY/SAND/GRAVEL</td><td>94</td><td>135</td></tr><tr><td>WHITE</td><td></td><td>SANDSTONE</td><td>135</td><td>147</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SHALE</td><td>147</td><td>180</td></tr><tr><td></td><td></td><td>WATER AT</td><td>138</td><td>138</td></tr></tbody></table>		Color	Texture	Formation	From	To	BROWN		CLAY	0	13	GRAY		CLAY & GRAVEL	13	84			SAND & GRAVEL	84	94	GRAY		CLAY/SAND/GRAVEL	94	135	WHITE		SANDSTONE	135	147	GRAY	SANDY	SHALE	147	180			WATER AT	138	138
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WELL TEST *																																											
Pre-Pumping Static Level <u>20</u> ft. Date <u>12/31/2025</u>																																											
Measured from <u>TOP OF CASING</u>																																											
Pumping test method <u>AIR</u>																																											
Test Rate <u>30</u> gpm Duration of Test <u>1</u> hrs.																																											
Feet of Drawdown <u>0</u> ft. Sustainable Yield <u>30</u> gpm																																											
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																											
Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No																																											
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>CENTRAL SOFT WATER</u>																																											
Address <u>1051 MILL RD</u>																																											
City, State, Zip <u>BELLVILLE OH 44813</u>																																											
Signed <u>CORY JACKSON</u> Date <u>1/2/2026</u>																																											
(Filed Electronically)																																											
ODH Registration Number <u>003423</u> Last Revised on <u>1/2/2026</u>		Aquifer Type (Formation producing the most water.) <u>SANDSTONE</u>																																									
		Date of Well Completion <u>12/31/2025</u> Total Depth of Well <u>180</u> ft.																																									

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
Distribute copies of this record to Customer, and Local Health Department.