

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

3029729

Page 1 of 1 for this record.

WELL LOCATION		CONSTRUCTION DETAILS																																				
County <u>CUYAHOGA</u> Township <u>ORANGE</u>		Drilling Method: <u>CABLE TOOL</u>																																				
HOMES ON DEMAND KHMER Owner/Builder		BOREHOLE/CASING (Measured from ground surface)																																				
29549 NORTH HILLTOP RD Address of Well Location		1 { Borehole Diameter <u>5</u> inches Depth <u>80</u> ft. Casing Diameter <u>5.5</u> in. Length <u>43</u> ft. Thickness <u>0.25</u> in.																																				
City <u>ORANGE</u> Zip Code +4 <u>44021</u>		2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																				
Permit No. _____ Section; _____ and/or Lot No. _____		Casing Height Above Ground _____ ft.																																				
Use of Well <u>DOMESTIC</u>		Type { 1: <u>STEEL</u> 2: _____																																				
Coordinates of Well (Use only one of the below coordinate systems)		Joints { 1: <u>WELDED</u> 2: _____																																				
Latitude, Longitude Coordinates		SCREEN																																				
Latitude: <u>41.44581</u> Longitude: <u>-81.46999</u>		Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																				
Elevation of Well in feet: <u>1208.8</u> +/- _____ ft.		Type _____ Material _____																																				
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>		Set Between _____ ft. and _____ ft.																																				
Source of Coordinates: <u>DIGITAL MAP</u>		GRAVEL PACK (Filter Pack)																																				
Well location written description:		Material/Size _____ Vol/Wt. Used _____																																				
Comments on water quality/quantity and well construction:		Method of Installation _____																																				
		Depth: Placed From: _____ ft. To: _____ ft.																																				
		GROUT																																				
		Material _____ Vol/Wt. Used _____																																				
		Method of Installation _____																																				
		Depth: Placed From: _____ ft. To: _____ ft.																																				
		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>YELLOW</td><td></td><td>SANDSTONE</td><td>0</td><td>14</td></tr><tr><td></td><td></td><td>SHALE</td><td>14</td><td>44</td></tr><tr><td></td><td></td><td>LIMESTONE</td><td>44</td><td>65</td></tr><tr><td></td><td></td><td>GRAVEL</td><td>65</td><td>71</td></tr><tr><td></td><td></td><td>CLAY</td><td>71</td><td>80</td></tr><tr><td></td><td></td><td>WATER AT</td><td>64</td><td>64</td></tr></tbody></table>		Color	Texture	Formation	From	To	YELLOW		SANDSTONE	0	14			SHALE	14	44			LIMESTONE	44	65			GRAVEL	65	71			CLAY	71	80			WATER AT	64	64
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WELL TEST *																																						
Pre-Pumping Static Level <u>38</u> ft. Date <u>4/10/2026</u>																																						
Measured from <u>GROUND LEVEL</u>																																						
Pumping test method <u>BAILING</u>																																						
Test Rate <u>10</u> gpm Duration of Test <u>2</u> hrs.																																						
Feet of Drawdown <u>30</u> 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																																						
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>ACES WELL SERVICE</u>																																						
Address <u>6391 ALLYN RD</u>																																						
City, State, Zip <u>HIRAM OH 44234</u>																																						
Signed <u>BRENDA HRUBIK</u> Date <u>4/19/2026</u>																																						
(Filed Electronically)																																						
ODH Registration Number <u>003185</u> Last Revised on <u>5/3/2026</u>		Aquifer Type (Formation producing the most water.) <u>SANDSTONE</u>																																				
		Date of Well Completion <u>04/10/2026</u> Total Depth of Well <u>80</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.