

WELL LOG AND DRILLING REPORT

DNR 7802.05e

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

Well Log Number

3032074Page 1 of 2 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																													
County <u>PORTAGE</u> Township <u>SHALERSVILLE</u>	Drilling Method: <u>AIR ROTARY</u>																																													
Owner/Builder <u>LEROY & TRACY MOORE</u>	BOREHOLE/CASING (Measured from ground surface)																																													
<u>9064 PRICE RD</u> Address of Well Location	1 { Borehole Diameter <u>11</u> inches Depth <u>13</u> ft. Casing Diameter <u>6.63</u> in. Length <u>42</u> ft. Thickness <u>0.25</u> in.																																													
City <u>RAVENNA</u> Zip Code +4 <u>44266</u>	2 { Borehole Diameter <u>6</u> inches Depth <u>120</u> ft. Casing Diameter <u>4</u> in. Length <u>115</u> ft. Thickness <u>0.173</u> in.																																													
Permit No. <u>26082</u> Section; _____ and/or Lot No. _____	Casing Height Above Ground <u>1</u> ft.																																													
Use of Well <u>DOMESTIC</u>	Type { 1: <u>STEEL</u> 2: <u>PVC</u>																																													
Coordinates of Well (Use only one of the below coordinate systems)	Joints { 1: <u>THREADED</u> 2: <u>SOLVENT</u>																																													
Latitude, Longitude Coordinates	SCREEN																																													
Latitude: <u>41.235272</u> Longitude: <u>-81.29573</u>	Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																													
Elevation of Well in feet: <u>1093</u> +/- _____ 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 DRY GRANULA</u> Vol/Wt. Used <u>450 LBS</u>																																													
	Method of Installation <u>POURED (GRAVITY)</u>																																													
	Depth: Placed From: <u>0</u> ft. To: <u>41</u> ft.																																													
Comments on water quality/quantity and well construction: <u>Dry driven 13-41'</u>	DRILLING LOG*																																													
	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																													
	<table border="1" style="width:100%; border-collapse: collapse;"><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>SANDY</td><td>CLAY & GRAVEL</td><td>0</td><td>8</td></tr><tr><td>BROWN</td><td></td><td>SAND & GRAVEL</td><td>8</td><td>36</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>36</td><td>40</td></tr><tr><td>LT. GRAY</td><td>COARSE</td><td>SANDSTONE</td><td>40</td><td>72</td></tr><tr><td>WHITE</td><td>COARSE</td><td>SANDSTONE</td><td>72</td><td>117</td></tr><tr><td>WHITE</td><td>COARSE</td><td>SANDSTONE</td><td>117</td><td>120</td></tr><tr><td></td><td></td><td>WATER AT</td><td>68</td><td>72</td></tr><tr><td></td><td></td><td>WATER AT</td><td>86</td><td>87</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN	SANDY	CLAY & GRAVEL	0	8	BROWN		SAND & GRAVEL	8	36	GRAY		SHALE	36	40	LT. GRAY	COARSE	SANDSTONE	40	72	WHITE	COARSE	SANDSTONE	72	117	WHITE	COARSE	SANDSTONE	117	120			WATER AT	68	72			WATER AT	86	87
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WELL TEST *																																														
Pre-Pumping Static Level <u>18</u> ft. Date <u>7/29/2026</u>																																														
Measured from <u>TOP OF CASING</u>																																														
Pumping test method <u>AIR</u>																																														
Test Rate <u>50</u> gpm Duration of Test <u>1.5</u> hrs.																																														
Feet of Drawdown <u>1</u> ft. Sustainable Yield <u>50</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 <u>SUBMERSIBLE</u> Capacity <u>10</u> gpm																																														
Pump set at <u>104</u> ft. Pitless Type <u>BAKER</u>																																														
Pump installed by <u>DILLAN WELL DRILLING, INC.</u>																																														
I hereby certify the information given is accurate and correct to the best of my knowledge.																																														
Drilling Firm <u>DILLAN WELL DRILLING INC</u>																																														
Address <u>3540 DARLINGTON RD</u>																																														
City, State, Zip <u>DARLINGTON PA 16115</u>																																														
Signed <u>TODD W DILLAN, PRESIDENT</u> Date <u>8/11/2026</u>																																														
(Filed Electronically)																																														
ODH Registration Number <u>000437</u>	Last Revised on <u>8/11/2026</u>																																													
Aquifer Type (Formation producing the most water.) <u>SANDSTONE</u>																																														
Date of Well Completion <u>08/05/2026</u> Total Depth of Well <u>120</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.

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