

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

3032127

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WELL LOCATION		CONSTRUCTION DETAILS																																									
County <u>STARK</u> Township <u>LEXINGTON</u>		Drilling Method: <u>ROTARY</u>																																									
TOM <u>POWERS</u> Owner/Builder		BOREHOLE/CASING (Measured from ground surface)																																									
9778 <u>MOULIN AVE</u> Address of Well Location		1 { Borehole Diameter <u>8.75</u> inches Depth <u>79.5</u> ft. Casing Diameter <u>5</u> in. Length <u>81</u> ft. Thickness <u>0.265</u> in.																																									
City <u>ALLIANCE</u> Zip Code +4 <u>44601</u>		2 { Borehole Diameter <u>4.88</u> inches Depth <u>120</u> ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																									
Permit No. <u>27985</u> Section; _____ and/or Lot No. _____		Casing Height Above Ground <u>1.5</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>40.91319</u> Longitude: <u>-81.18091</u>		Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																									
Elevation of Well in feet: <u>1139.8</u> +/- _____ ft.		Type _____ Material _____																																									
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>		Set Between _____ ft. and _____ ft.																																									
Source of Coordinates: <u>DIGITAL OR ONLINE 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 <u>BENTONITE SLURRY</u> Vol/Wt. Used <u>300# 144 GAL WATER</u>																																									
		Method of Installation <u>PUMPED WITH TREMIE PIPE</u>																																									
		Depth: Placed From: <u>0</u> ft. To: <u>79.5</u> 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>BROWN</td><td></td><td>CLAY</td><td>0</td><td>19</td></tr><tr><td>GRAY</td><td>SANDY</td><td>CLAY & GRAVEL</td><td>19</td><td>61</td></tr><tr><td></td><td>BROKEN</td><td>LIMESTONE & CLAY</td><td>61</td><td>65</td></tr><tr><td></td><td></td><td>LIMESTONE</td><td>65</td><td>67</td></tr><tr><td></td><td></td><td>COAL & CLAY</td><td>67</td><td>75</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>75</td><td>120</td></tr><tr><td></td><td></td><td>WATER AT</td><td>90</td><td>110</td></tr></tbody></table>		Color	Texture	Formation	From	To	BROWN		CLAY	0	19	GRAY	SANDY	CLAY & GRAVEL	19	61		BROKEN	LIMESTONE & CLAY	61	65			LIMESTONE	65	67			COAL & CLAY	67	75	GRAY		SHALE	75	120			WATER AT	90	110
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WELL TEST *																																											
Pre-Pumping Static Level <u>20</u> ft. Date <u>8/11/2026</u>																																											
Measured from <u>GROUND LEVEL</u>																																											
Pumping test method <u>AIR</u>																																											
Test Rate <u>20</u> gpm Duration of Test <u>2</u> hrs.																																											
Feet of Drawdown <u>40</u> ft. Sustainable Yield <u>20</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>CARROLL'S WELL DRILLING</u>																																											
Address <u>1072 MOUNT PLEASANT ST NW</u>																																											
City, State, Zip <u>NORTH CANTON OH 44720</u>																																											
Signed <u>RYAN CARROLL</u> Date <u>8/13/2026</u>																																											
(Filed Electronically)																																											
ODH Registration Number <u>001795</u> Last Revised on <u>8/13/2026</u>		Aquifer Type (Formation producing the most water.) <u>SHALE</u>																																									
		Date of Well Completion <u>08/11/2026</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.

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 2045 Morse Road, Columbus, Ohio 43229-6605
Voice (614) 265-6740 Fax (614) 265-6767

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