WELL LOG AND DRILLING REPORT

714503

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 90-333

COUNTY PORTAGE TOWNSHIP NELSON SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) William Brooks McCumber PROPERTY ADDRESS 11404 Kyle G-Ville OH (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 11404 Kyle Rd Nelson Twp.

CONSTRUCTION DETAILS

CASING Borehole Diameter 1¼" in.

[1] Diameter 1¼ in. Length ____ ft. Wall Thickness ____ in.

[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [1] Steel [X] Galv. [1] PVC [1] [2] Other ____

Joints: [X] Threaded [1] Welded [1] Solvent [1] [2] Other ____

Liner: Length 26' Type. GALV. Wall Thickness ¼ in.

SCREEN

Type (wire wrapped, louvered, etc.) WRAPPED Material STAINLESS

Length 3 ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well SINGLE FAMILY WATER SYS.

☐ Rotary ☐ Cable ☐ Augered ☑ Driven ☐ Dug ☐ Other

Date of Completion 10-21-90

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
SAND (BROWN)	0'	26'

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ____

Test rate ____ gpm Duration of test 2 hrs.

Drawdown ____ ft.

Measured from: ☑ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) 12 ft. Date: 10-24

Quality (clear, cloudy, taste, odor) CLEAR

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

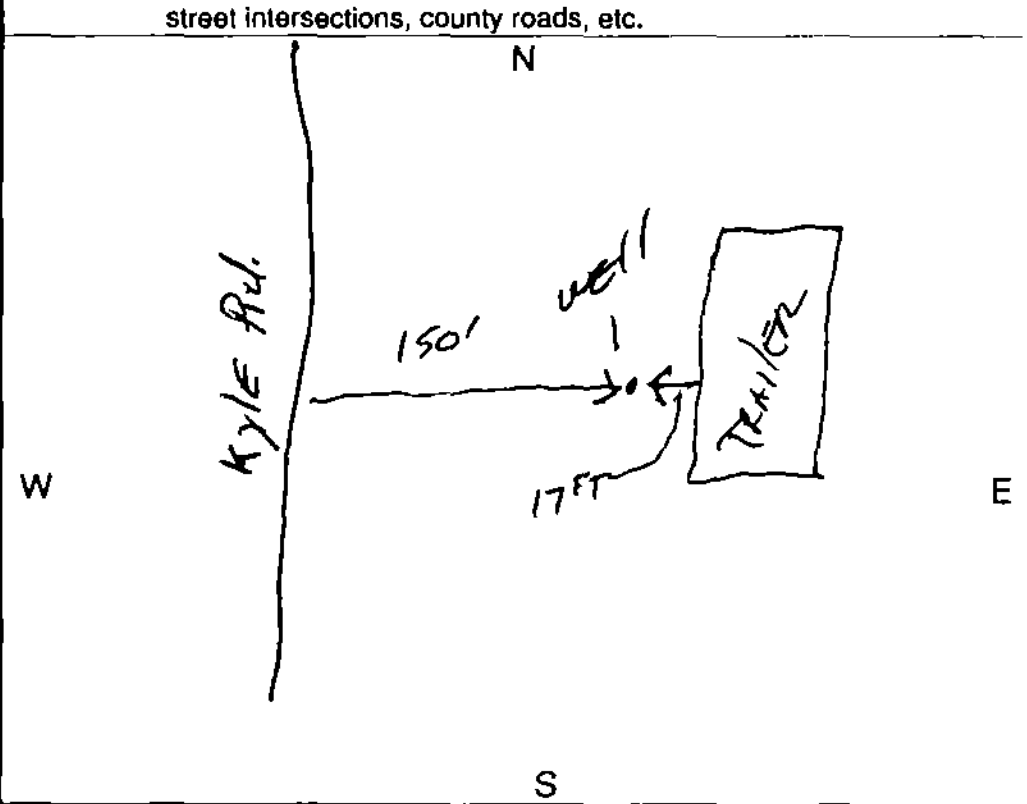
Type of pump Griswold Capacity 7.5 gpm

Pump set at ____ ft.

Pump installed by OWNER

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways, street intersections, county roads, etc.



*If additional space is needed to complete well log, use next consecutively numbered form.

DNR 7802.90

Drilling Firm Dwayne Porter Signed X Michael D McCumber

Address Portage Co. Health Dept. Signed X 10-23-90

City, State, Zip Ravenna, O ODH Registration Number ____

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy