Repl.

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

718807
90-386
Permit Number 105688

COUNTY Portage TOWNSHIP Franklin SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Jeff Weimer PROPERTY ADDRESS 1711 Dollar Lake DR (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY Same

CONSTRUCTION DETAILS

CASING Borehole Diameter 5 in.

[1] Diameter 5 in. Length ____ ft. Wall Thickness ____ in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped) louvered, etc.) ____ Material SS
Length 3 ft. Diameter 5 in.
Set between 103 ft. and 106 ft. Slot .030

GROUT

Material Clay 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 [X] Adapter [ ] Preassembled unit
Use of Well Residence
[ ] Rotary [X] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____
Date of Completion 10/31/90

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	
0	15	Br Sandy Clay
15	56	Grey Clay
56	74	Br Cem Stg
74	90	Br Stg (dry)
90	106'	Br Stg (wet)

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other ____
Test rate 20 gpm Duration of test 1 hrs.
Drawdown 5 ft.
Measured from: [X] top of casing [ ] ground level [ ] Other ____
Static Level (depth to water) 60 ft. Date: 10/31/90
Quality (clear, cloudy, taste, odor) Clear

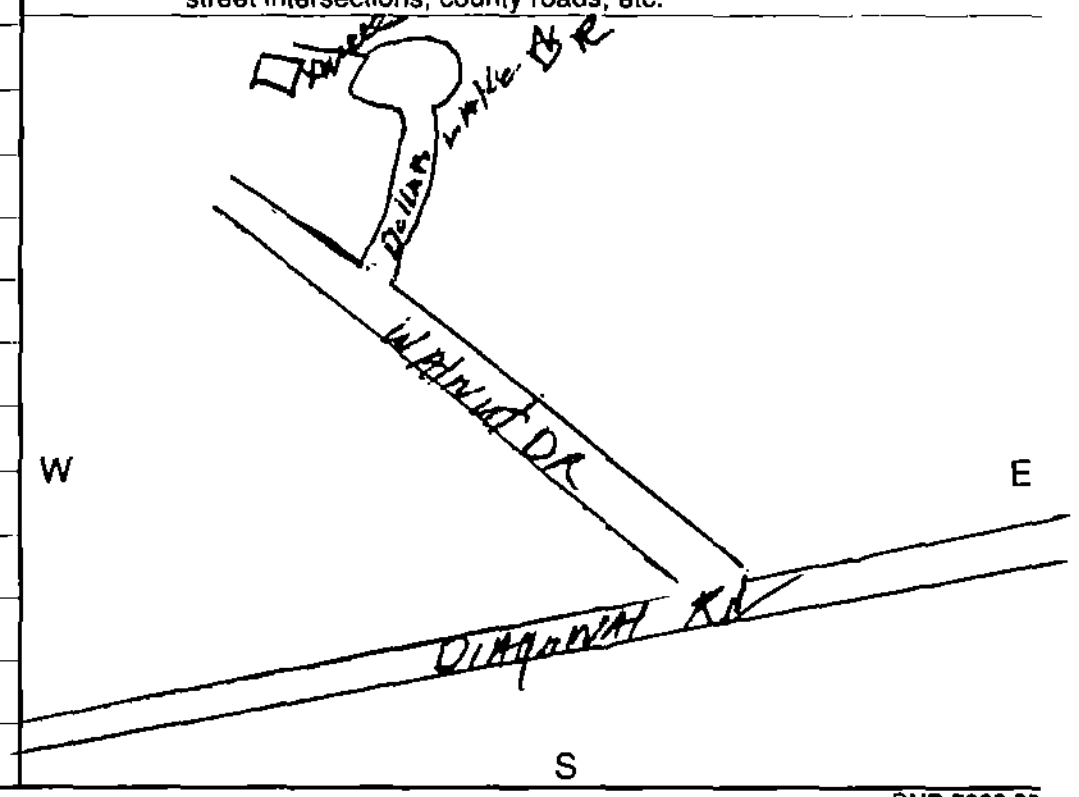
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Sub Capacity 10 gpm
Pump set at 90 ft.
Pump installed by Anderson Inc

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 7602.90

Drilling Firm Anderson Inc
Address Box 1464
City, State, Zip Stow, OH 44224

Signed [signature]
Date 11/1/90
ODH Registration Number 94

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