WELL LOG AND DRILLING REPORT

722102

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 _____

COUNTY Geauga TOWNSHIP Middlefield SECTION/LOT No. _____ (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) ~~Mr Melvin Miller~~ / Bob Trover PROPERTY ADDRESS 15879 Madison Rd. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY _____

CONSTRUCTION DETAILS

CASING Borehole Diameter 5¾ in.

[1] Diameter 6" in. Length 42 ft. Wall Thickness .142 in.

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

Type: [1] [2] Steel; [1] [2] Galv.; [1] [2] PVC; [1] [2] Other _____

Joints: [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 _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Material Natural Volume used ?

Method of installation Natural

Depth: placed from 0 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 ~~Domestic~~ Light Commercial

[ ] Rotary [X] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other _____

Date of Completion _____

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	2	over burden
2	16	clay
16	25	clay & gravel
25	40	Sand & gravel
40	73	sandstone

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other _____

Test rate 15 gpm Duration of test 1 hrs.

Drawdown 50 ft.

Measured from: [X] top of casing [ ] ground level [ ] Other _____

Static Level (depth to water) 5 ft. *Date:* _____

Quality (clear, cloudy, taste, odor) clearing

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

PUMP

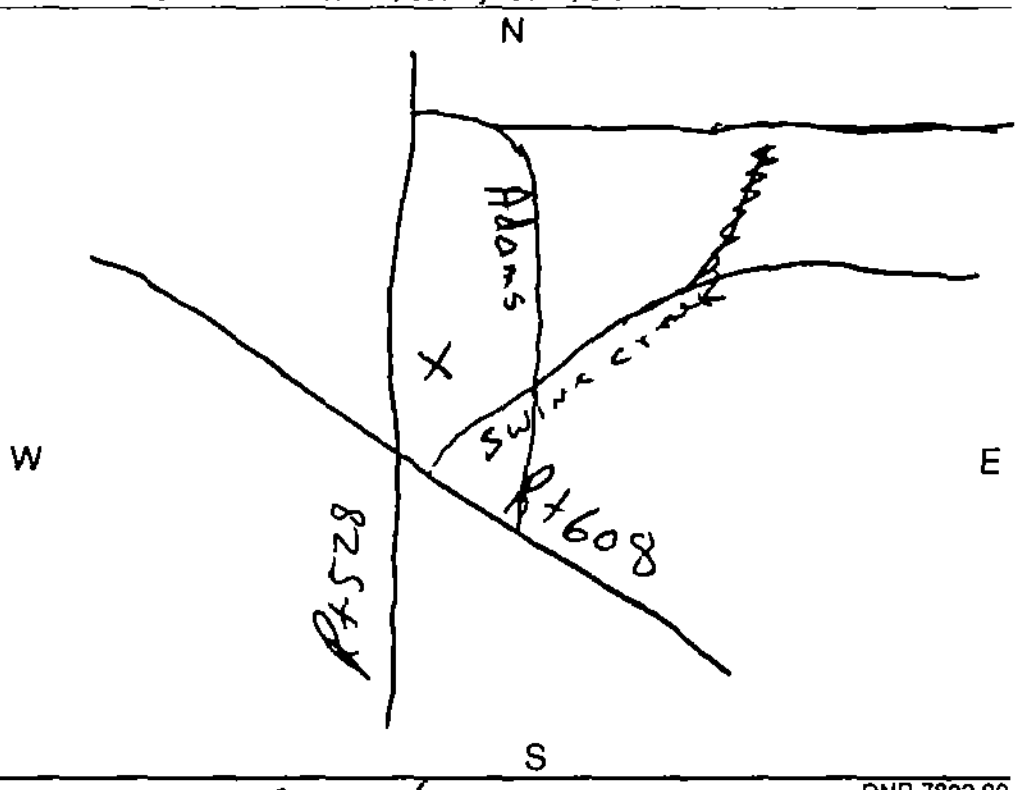
Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

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 Max Herr & Sons Well & Pump

Address 11384 Chamberlain Rd.

City, State, Zip Aurora, Ohio 44202

Signed _____

Date _____

ODH Registration Number 686

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