

WELL LOG AND DRILLING REPORT

742900

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number 125759

COUNTY Summit TOWNSHIP Franklin SECTION/LOT No. C9276 Ave RD
(CIRCLE ONE)
OWNER/BUILDER Vigal Bennett PROPERTY ADDRESS C9276 Ave RD
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY Between Comet RD & Wm. B. Bldg

CONSTRUCTION DETAILS

CASING Borehole Diameter 8 in. **GROUT** BonSeal Volume used 650 LB
① Diameter 3 in. Length 65 ft. Wall Thickness SP-21 in. Material BonSeal
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation Dry
Type: ① Steel ① Galv. ☒ PVC ① _____ ② Other _____
Joints: ① Threaded ① Welded ☒ Solvent ① _____ ② Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN Pitless Device 2 with Adapter ☐ Preassembled unit
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. Use of Well 2 with Adapter
Set between _____ ft. and _____ ft. Slot _____ in. ☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 6/5/92

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
<u>Clay yellow</u>	<u>6</u>	<u>12</u>
<u>Brown Sandstone</u>	<u>12</u>	<u>40</u>
<u>Shale</u>	<u>40</u>	<u>60</u>
<u>gray Sandstone</u>	<u>60</u>	<u>120</u>
<u>Shale</u>	<u>120</u>	<u>165</u>
<u>gray Sandstone</u>	<u>165</u>	<u>205</u>

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other Air
Test rate 15 gpm Duration of test 2 hrs.
Drawdown TO Bottom ft.
Measured from: ☒ Top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 120' ft. Date: 6/5/92
Quality (clear, cloudy, taste, odor) _____

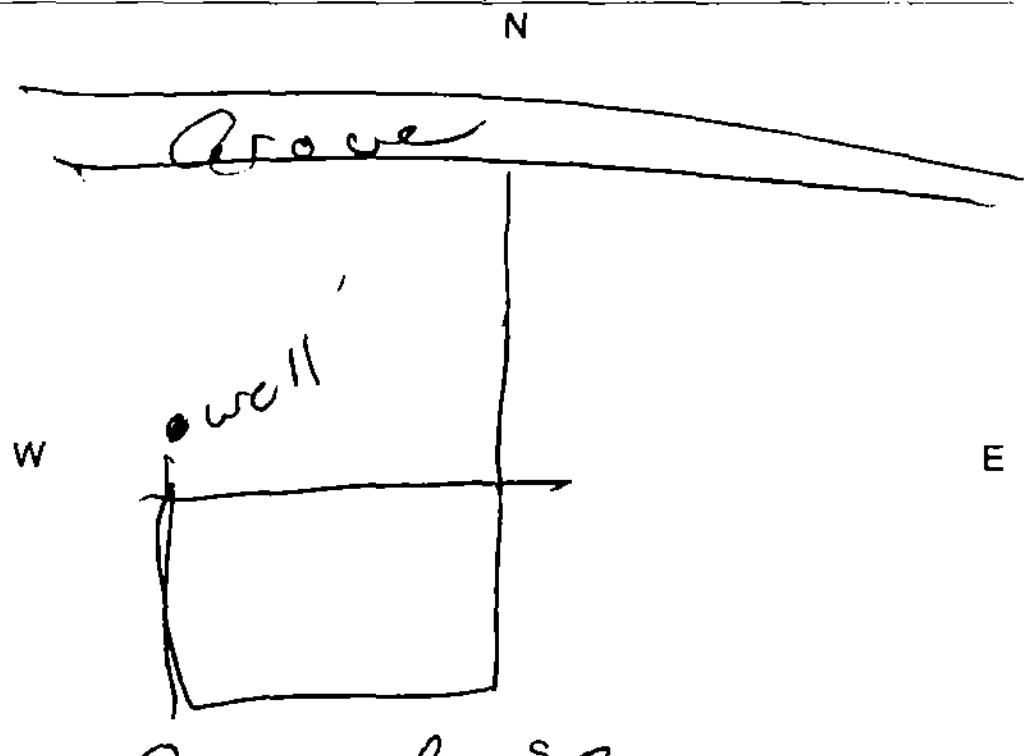
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by To Be 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 DWSmithson
Address 6916 Deerfield Ave
City, State, Zip Columbus OH

Signed [Signature]
Date 6/9/92
ODH Registration Number 99

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