

WELL LOG AND DRILLING REPORT

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

748258

Permit Number 370

COUNTY Stark TOWNSHIP Tuscarawas SECTION/LOT No. 5
(CIRCLE ONE)
OWNER/BUILDER William R. Stanley PROPERTY ADDRESS 1925 Alabama Ave Pittsford
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY one mile north of Rt 172 on Alabama Ave on left

CONSTRUCTION DETAILS

CASING Borehole Diameter 6 in. **GROUT** C & S GRANULARS 100 LBS
① Diameter 8 1/2 in. Length 55 ft. Wall Thickness NONE in. Material #20 MESH FIRECLAY Volume used 1,800 LBS
② Diameter 6 1/2 in. Length 66' 6" ft. Wall Thickness 250 in. Method of installation MIXED & POURED
Type: ① Steel ① Galv. ① PVC ① Other _____ Depth: placed from 65 ft. to SURFACE ft.
Joints: ① Threaded ① Welded ① Solvent ① Other _____ **GRAVEL PACK (Filter Pack)**
Liner: Length _____ Type _____ Wall Thickness _____ in. Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
SCREEN Pitless Device ☐ Adapter ☐ Preassembled unit
Type (wire wrapped, louvered, etc.) _____ Material _____ Use of Well DOMESTIC
Length _____ ft. Diameter _____ in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between _____ ft. and _____ ft. Slot _____ 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
BROWN CLAY	0	10
BROWN-BROKEN SANDSTONE	10	15
CLAY GRAY	15	25
SHALE GRAY	25	28
CLAY GRAY	28	34
STONE BLACK	34	36
GRAY SHALE	36	50
BROWN BROKEN SANDSTONE	50	53
GRAY SHALE	53	72
LIMESTONE	72	75
GRAY SHALE	75	94
SANDSTONE	114	118
LIGHT GRAY SHALE	118	125
WATER AT 72 & 114		

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 12 gpm Duration of test 40 MIN. hrs.
Drawdown NONE ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) 55 ft. Date OCT 12, 1992
Quality (clear, cloudy, taste, odor) CLOUDY

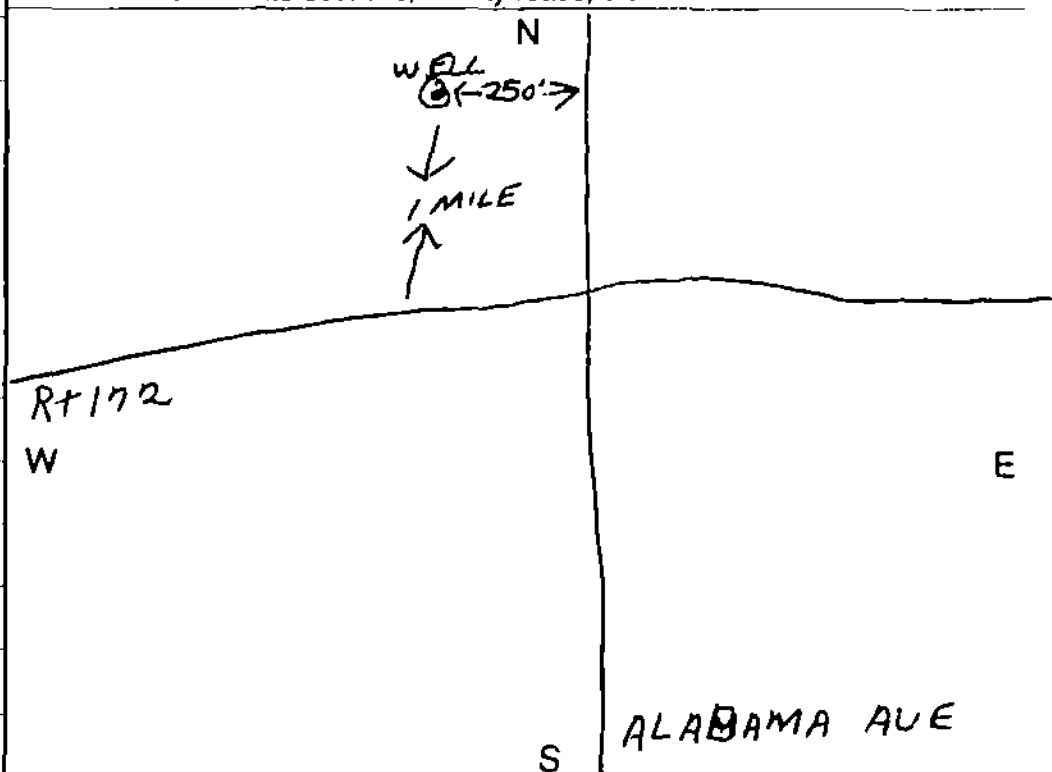
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

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 Don Shetler Water Well Drilling Signed Don Shetler
Address 8044 Fink St. S.W. Date OCT 16, 1992
City, State, Zip Navarre, O 44662 ODH Registration Number 584

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