DNR 7802.92
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

# WELL LOG AND DRILLING REPORT

764753

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

Permit Number 94-85

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

OWNER/BUILDER (CIRCLE ONE OR BOTH) Ron Crane PROPERTY ADDRESS 154 Hawthorne Dr. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1/8 mile of Rout 14A First Driveway on right Down 200' on Left

## CONSTRUCTION DETAILS

**CASING** Borehole Diameter 6" in.

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

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

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

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

Liner: Length 200 Type Sch. 40 Wall Thickness 1/4 in.

~~SCREEN~~

Type (wire wrapped, louvered, etc.) Material

Length ft. Diameter in.

Set between ft. and ft. Slot

**GROUT**

Material Benewite Volume used 100 lbs

Method of installation

Depth: placed from 188 ft. to 100 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**

[ ] Rotary [ ] 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 |
|---|---|---|
| "Exsiting well" This is a well log Showing That This well is Being Altered, Installing liner only. NO Pump or Pitless Device | | |
| 4" liner | 5 | 200 |
| #1. Packer at | 175 | |
| #2 Packer at | 188 | |
| T.D. | 249 | |

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

## WELL TEST

[X] Bailing [ ] Pumping* [ ] Other

Test rate 5 gpm Duration of test 30 min. hrs.

Drawdown 50 ft.

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

Static Level (depth to water) 85 ft. Date: 3-30-94

Quality (clear, cloudy, taste, odor)

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

## PUMP

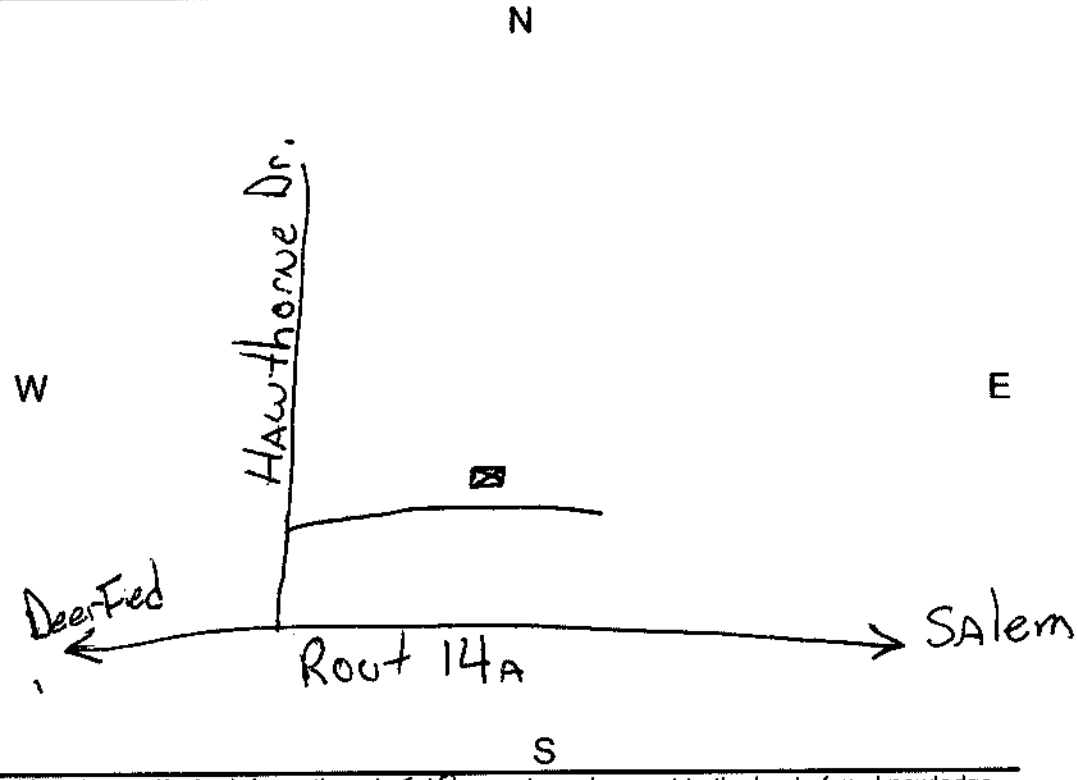
Type of pump Capacity gpm

Pump set at ft.

Pump installed by

## SKETCH SHOWING WELL LOCATION

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




I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm R. Scott Drilling

Address P.O. Box 2412

City, State, Zip Alliance oh. 44601

Signed

Date 3-29-94

ODH Registration Number 2064

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

5512 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