DNR 7802.92
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

764757

Permit Number 3308

COUNTY Mahoning TOWNSHIP Smith SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Carl J Lenore PROPERTY ADDRESS 19185 N. Benton W. Rd (ADDRESS OF WELL LOCATION ▲)

LOCATION OF PROPERTY 1/8 mile west of 12th St. on South Side of Road

CONSTRUCTION DETAILS

CASING
[1] Diameter 5 in. Length 40 ft. Wall Thickness Sc,40 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness P.V.C. in.
Type: [1] Steel [1] Galv. [1] [2] PVC
[1] [2] Other ____
Joints: [1] Threaded [1] 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 ____

Borehole Diameter 5 in.

GROUT
Material Portland Volume used 320 lbs.
Method of installation ____
Depth: placed from 48 ft. to 10 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 Singel Family Dwelling
[X] 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
Clay	0	3
Sand Stone	3	35
Shale	35	58
Black lime Stone	58	66
Shale	66	70
Black lime stone	70	75
Shale	75	98
Sand Stone	98	110
Shale	110	170
Sand Stone	170	204
T.D.	204	

WELL TEST

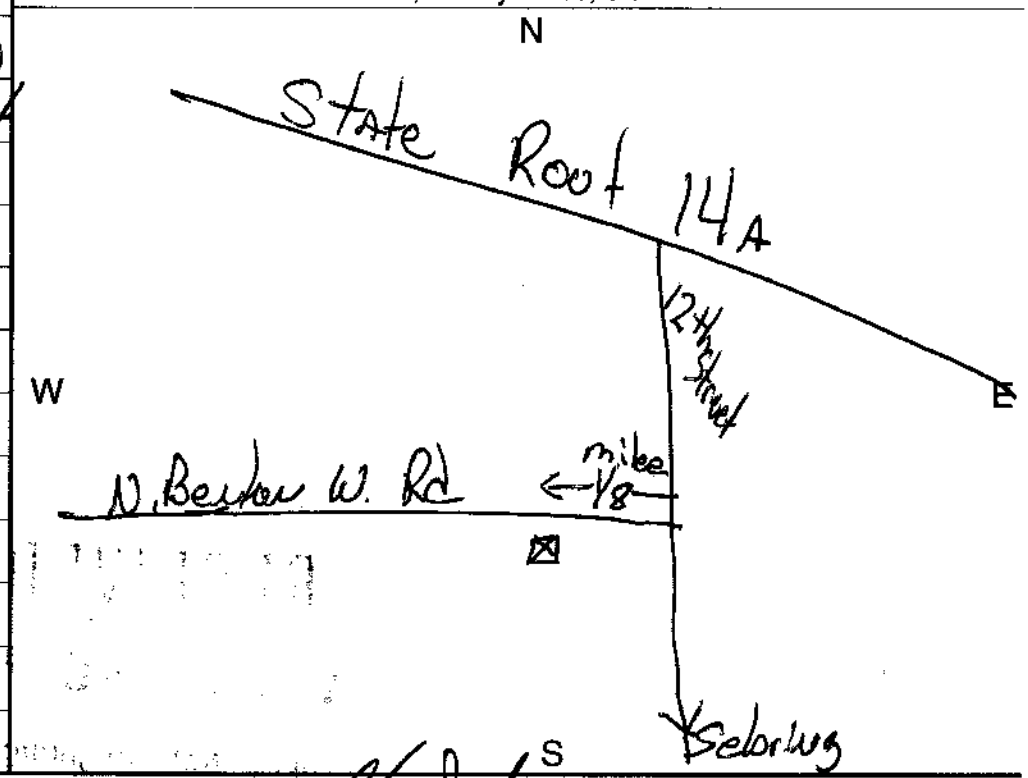
[ ] Bailing [ ] Pumping* [X] Other Air
Test rate ____ gpm Duration of test 1 hrs.
Drawdown 50 ft.
Measured from: [X] top of casing [ ] ground level [ ] Other ____
Static Level (depth to water) 28 ft. Date: 6-2-95
Quality (clear, cloudy, taste, odor) Iron 0, PH. 7.3, Hardness 12 Grain Porgalon
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump SUB Capacity 10 gpm
Pump set at 180 ft.
Pump installed by R. Scott Drilling Co

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.

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

Drilling Firm R. Scott Drilling Co
Address P.O. Box 2412
City, State, Zip Alliance Ohio 44601

Signed ____
Date 6-2-95
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