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

771709

Permit Number 141462

COUNTY SUMMIT TOWNSHIP HUDSON SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) George Hargreaves PROPERTY ADDRESS 7800 Holyoke Dr. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY Middleton Rd east → Lexington Dr. north → Holyoke Ave north

CONSTRUCTION DETAILS

CASING Borehole Diameter ____ in.

[X] Diameter 5 in. Length 28 ft. Wall Thickness .25 in.

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

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

Joints: [X] 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 Bentonite Volume used #150

Method of installation Dry, driven

Depth: placed from Surface ft. to ? 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 Residential

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

Date of Completion 7/12/93

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
Sandy clay + gravel	0	8
Sandstone	8	85
1st water - 40' Seeping		
50' 5GPM		
65' 13GPM		
75' 15GPM		

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

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other ____

Test rate 15 gpm Duration of test 1 1/2 hrs.

Drawdown 35 ft.

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

Static Level (depth to water) 25 ft. Date: 7/12/93

Quality (clear, cloudy, taste, odor) ____

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

PUMP

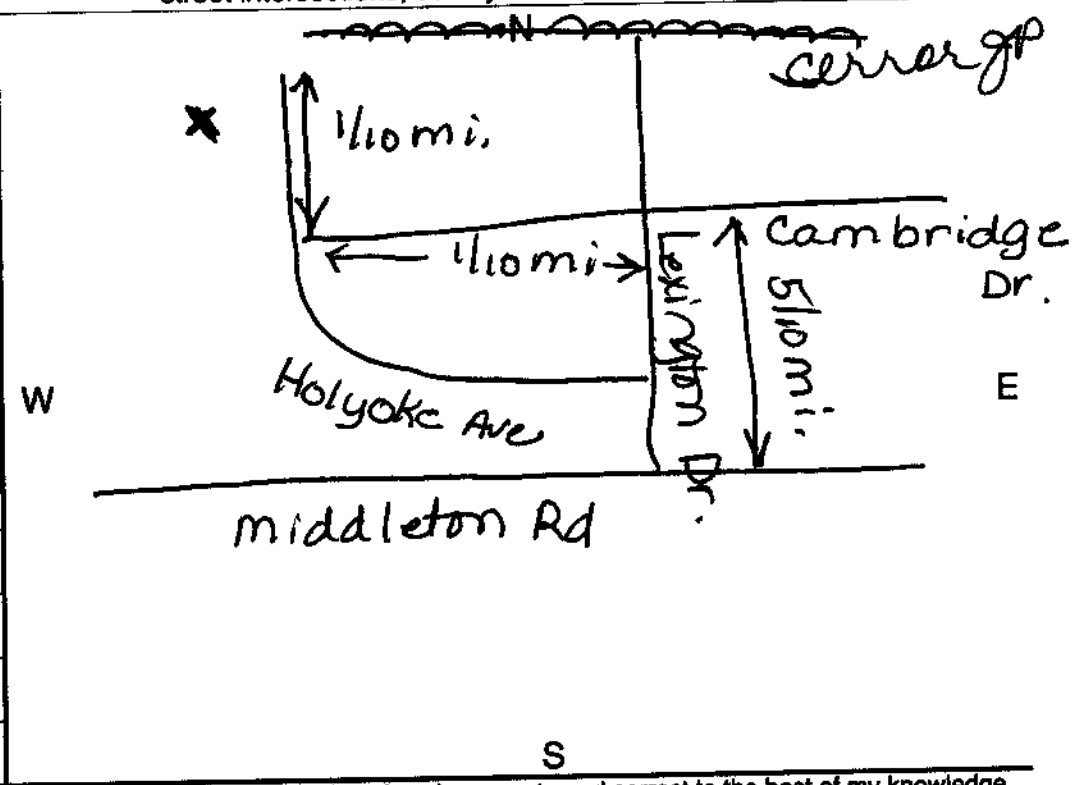
Type of pump ____ Capacity ____ gpm

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.

Signed Jerry Padratt / gp

Date 7/16/93

ODH Registration Number 1164

Drilling Firm VALLEY WELL & PUMP SERVICE

Address P.O. Box 118

City, State, Zip Peninsula, Ohio 44264 (216) 657-2993

5500

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