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

771712

Permit Number n/a - irrigation

COUNTY Summit TOWNSHIP CUYAHOGA FALLS SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) DAVE SHEPARD PROPERTY ADDRESS 1650 Akron-Peninsula Rd (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 2/10 mi. north of Akron-Peninsula Rd + Portage Tr. intersect on west side of st

CONSTRUCTION DETAILS

CASING
X [1] Diameter 5 in. Length 71.79 ft. Wall Thickness .25 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: X [1] Steel [1] Galv. [1] PVC [1] [2] Other ____
Joints: X [1] Threaded [1] Welded [1] Solvent [1] [2] Other ____
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material Stainless
Length 2-3 ft. Diameter 4 in.
Set between 69 ft. and 75 ft. Slot Top .015 Bottom .020

GROUT
Material ____ Volume used ____
Method of installation ____
Depth: placed from ____ 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 Irrigation
☐ Rotary X Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion 8/5/93

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, rock	0	22
Sand, water	22	25
Silty Sand	25	75
clay, Sand + gravel.	75	76

RECEIVED
AUG 10 93
OHIO DEPT. NAT. RESOURCES
DIV. OF WATER

WELL TEST

X Bailing ☐ Pumping* ☐ Other
Test rate 15 gpm Duration of test 1 hrs.
Drawdown 27 ft.
Measured from: X top of casing ☐ ground level ☐ Other
Static Level (depth to water) 8 ft. Date: 8/5/93
Quality (clear, cloudy, taste, odor) ____

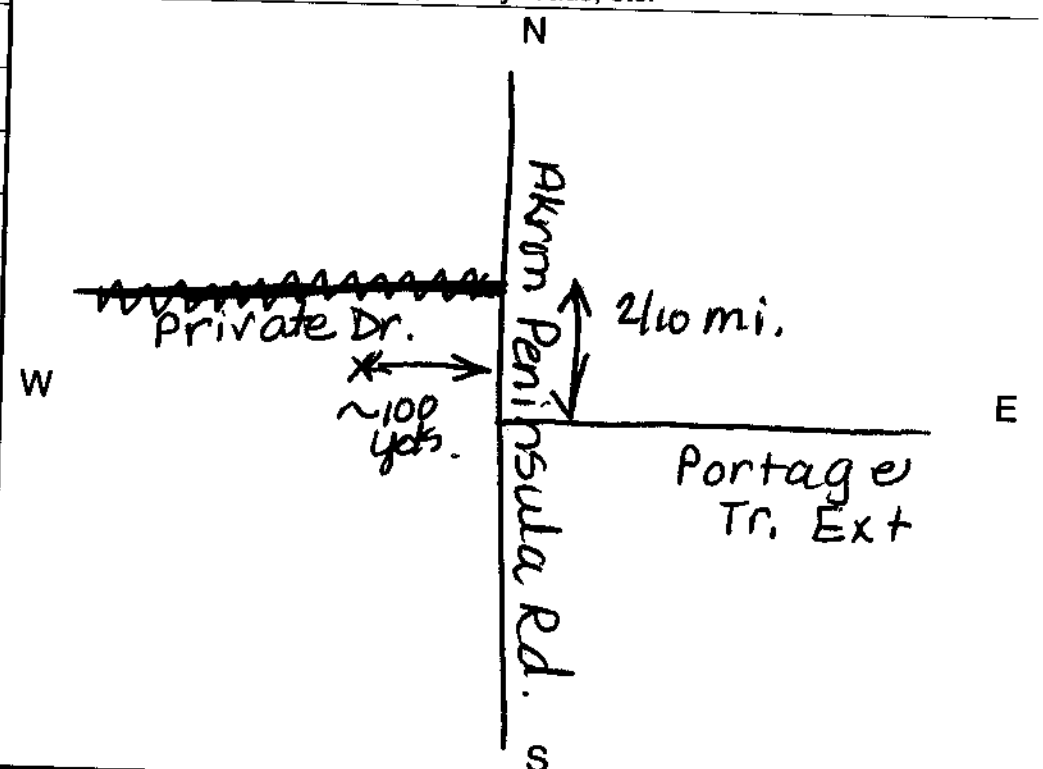
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

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.



*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 VALLEY WELL & PUMP SERVICE
Address P.O. Box 118
City, State, Zip Peninsula, Ohio 44264 (216) 657-2993

Signed Jerry Padrutt / gp
Date 8/5/93
ODH Registration Number 1164

5588

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