

COUNTY Portage TOWNSHIP Franklin SECTION/LOT No. 39
(CIRCLE ONE)
OWNER/BUILDER Club House PROPERTY ADDRESS 2036 Walton St.
(CIRCLE ONE OR BOTH) Lee A. Mcmullen (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY Corner of Walton St. and West shore Dr.

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.
① Diameter 6 in. Length _____ ft. Wall Thickness .164 in. Material Granular Benite Volume used 650 #
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation Dry Drive
Type: ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____
Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN wire wrapped Material S-S-
Type (wire wrapped, louvered, etc.) _____
Length 6 ft. Diameter 5 in.
Set between 182 ft. and 188 ft. Slot #10

GRAVEL PACK (Filter Pack)
Material none Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device ☐ Adapter ☐ Preassembled unit
Use of Well Non Community
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 6-12-97

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

over burden	0	6'
yellow sandy/clay	6'	31'
Brown clay	31'	45'
Dark gray silt	45'	130'
gray clay	130'	180'
gray sand	180'	188'

Water at 180'

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other _____
Test rate 2 1/2 gpm Duration of test 2 hrs.
Drawdown complete ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 18 ft. Date: 6-12-97
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.

N

W

E

S

*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 Peck Well Drilling
Address 7453 ST-RT- #43
City, State, Zip Kent, Ohio - 44240

Signed May R Peck
Date 7-3-97
ODH Registration Number 1451

PUMPING TEST RECORD

ODNR-Division of Water

Ground-Water Resources Section

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Owner Club House/tee A. Mymullen Address 2036 Walton St
 County Portage Township Franklin Section 39
 Date 6-12-97 , 6-12-97 ODNR Log# 773679 Other Well ID -
 (Test Started _____ Test Ended _____)
 Company Conducting Test Rockwell Drilling Individual Making Measurements _____
 Type of Test Constant Rate Distance From Pumping Well _____
 Measuring Equipment Used wire done
 Static Water Level (S_0) 18' Measuring Point ground level Elevation Above Ground _____

Date	Clock Time (Use Military Time)	Time Since Pumping Started (In Minutes)	Depth to Water (S)	Change in Water Level (S - S_0)	Discharge Rate (GPM)	Comments (Include Weather Conditions)
6-12	1600	0	0		0	
		1	18'		2 1/2	
		2				
		3				
		4				
		5				
		6				
		7				
		8				
		9				
		10				
		11				
		12				
		13				
		14				
		15				
		20				
		25				
		30				
		35				
		40				
		45				
		50				
		55				
6-12	17:00	60 (1hr)	160'		2 1/2	
		90				
6-12	18:00	120 (2hr)	180'		2 1/2	Complete Draw Down
		150				
		180 (3hr)				
		240 (4hr)				