DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

779843

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

Permit Number 2410

COUNTY Stark County TOWNSHIP Lake SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Thomas Quinn PROPERTY ADDRESS 1100 Lake Center (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1100 Lake Center St

CONSTRUCTION DETAILS

CASING Borehole Diameter ____ in.

[1] Diameter 5 in. Length ____ ft. Wall Thickness ____ in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN None

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material None 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 Private

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

Date of Completion Oct 12

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
Sand	0	19
Sand - gravel	19	30
Sand	30	46
Clay - Sand	46	62
Sand	62	80
Clay	80	124
Sand Stone	124	126

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

WELL TEST

[✓] Bailing [ ] Pumping* [ ] Other ____

Test rate 20 gpm Duration of test ____ hrs.

Drawdown 15 ft.

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

Static Level (depth to water) 40 ft. Date: ____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

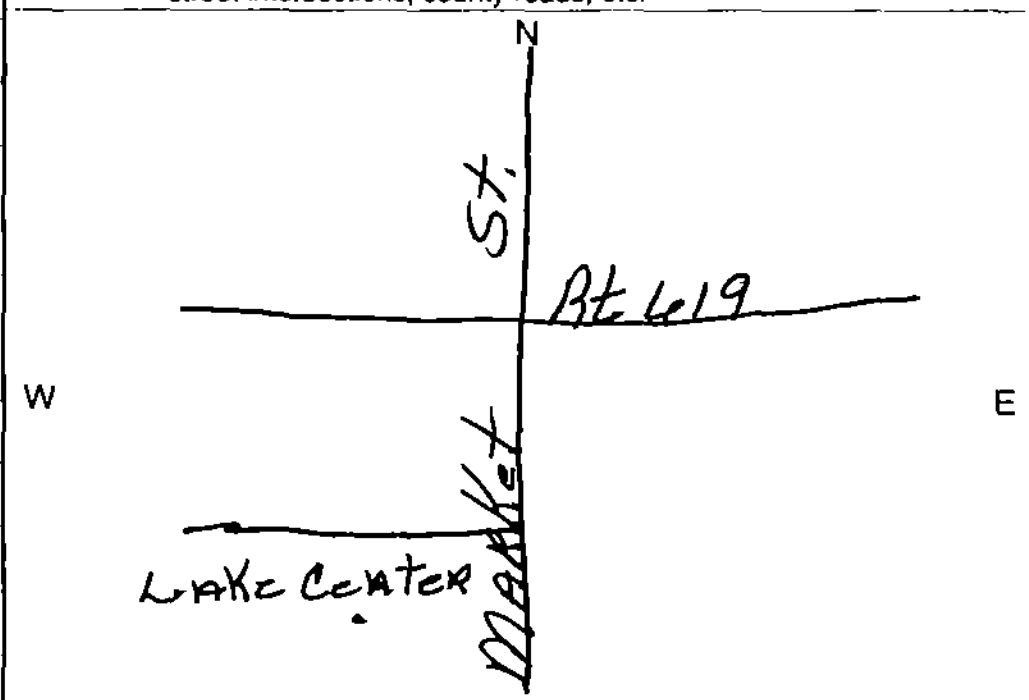
Type of pump Sub Capacity 7 gpm

Pump set at 80 ft.

Pump installed by Carl Lemon

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 Carl Lemon Drilling

Signed Carl Lemon

Address 1067 Beaver St

Date Oct 13 95

City, State, Zip Magadore OH 44260

ODH Registration Number 893

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

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