DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

779850

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

Permit Number 174004

COUNTY Summit County TOWNSHIP Springfield SECTION/LOT No. (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Robert Syder PROPERTY ADDRESS 3085 Klages Blv. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 3085 Klages Blv.

CONSTRUCTION DETAILS

CASING Borehole Diameter ____ in.

[1] Diameter 5 in. Length 33 ft. Wall Thickness ____ in.

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

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

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

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

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

Length None 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 None 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 Aug 14/95

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	21
Limestone	21	44
Shale	44	50
Sandstone	50	58
Shale	58	60

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other

Test rate 10 gpm Duration of test 1 1/2 hrs.

Drawdown 18 ft.

Measured from: ☑ top of casing ☐ ground level ☐ Other

Static Level (depth to water) 18 ft. Date:

Quality (clear, cloudy, taste, odor) ____

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

PUMP

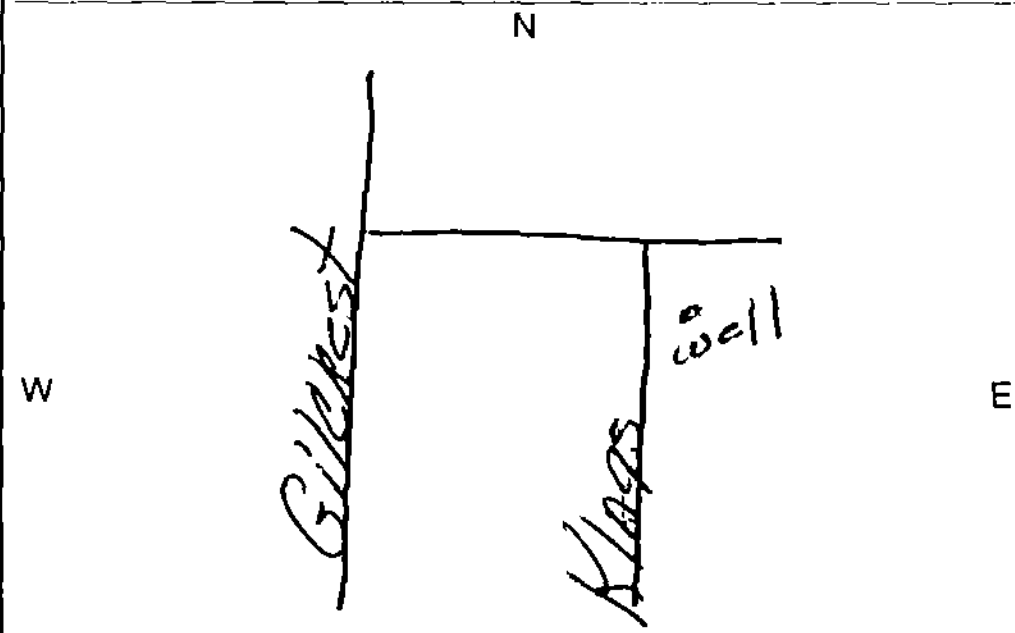
Type of pump Serm Capacity 7 gpm

Pump set at 49 ft.

Pump installed by Carl Lemon

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 Carl "Lemon Signed Carl Lemon

Address 1067 Beaver St Date Aug 29/95

City, State, Zip Mogadore 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.

5641

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