DNR 7802.94
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

799180

Permit Number 2276

COUNTY Stark TOWNSHIP Paris SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) ARLEEN First Keister Last PROPERTY ADDRESS (Address of well location) 4758 Number Robertsville Ave Street East Canton City

LOCATION OF PROPERTY 44730 Zip Code + 4

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter DrivePipe in.

[1] Diameter 5 in. Length 78 ft. Wall Thickness 14" in.

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

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

Joints: [1] [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 Benseal Volume used 1 Sack

Method of installation Poured Around Casing while Driving Casing

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 ____

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

Date of Completion May 24, 1995

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 Brown Clay	0	42
Gray Mud	42	73
Dark Shale	73	75
Light Sandy Shale	75	91

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other

Test rate 12 gpm Duration of test ½ hrs.

Drawdown 65' ft.

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

Static Level (depth to water) 40 ft. Date: 5-24-95

Quality (clear, cloudy, taste, odor) ____

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

Did Not Install PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

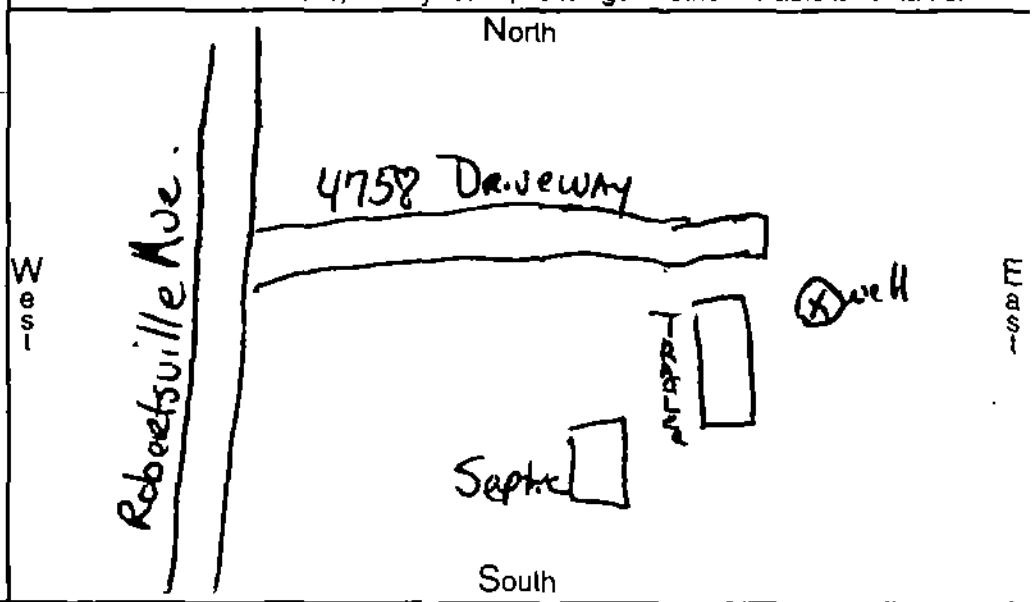
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well ____ ft./m. Datum plain: ☐NAD27 ☐NAD83

Source of coordinates: ☐GPS ☐Survey ☐Other ____

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



*(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 D. M. Waltz Drilling Co. Inc. Signed D. M. Waltz Drilling Co. Inc.

Address 221 5th St. SW. 5331 Date May 24, 1995

City, State, Zip Strasburg, Ohio 44680 ODH Registration Number 820

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