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

JB 800489

Permit Number 1833

COUNTY Stark TOWNSHIP Paris SECTION/LOT No. 2 (Circle One)

OWNER/BUILDER (Circle One or Both) Schumacher Homes (First / Last) PROPERTY ADDRESS (Address of well location) 2422 Anderson (Number / Street) Minerva (City)

LOCATION OF PROPERTY Georgetown Rd to Anderson South on Anderson Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 5 &8 in.

[1] Diameter 5 in. Length* 51 ft. Wall Thickness .250 in.

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

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

Joints: [X] [2] 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 Bentonite Volume used 1 bag

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 single family dwelling

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

Date of Completion 9/12/94

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
shale	0	85

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other

Test rate 18 gpm Duration of test 1 hrs.

Drawdown 11 ft.

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

Static Level (depth to water) 40 ft. Date: 9/12

Quality (clear, cloudy, taste, odor) clear

*(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 ____

WELL LOCATION

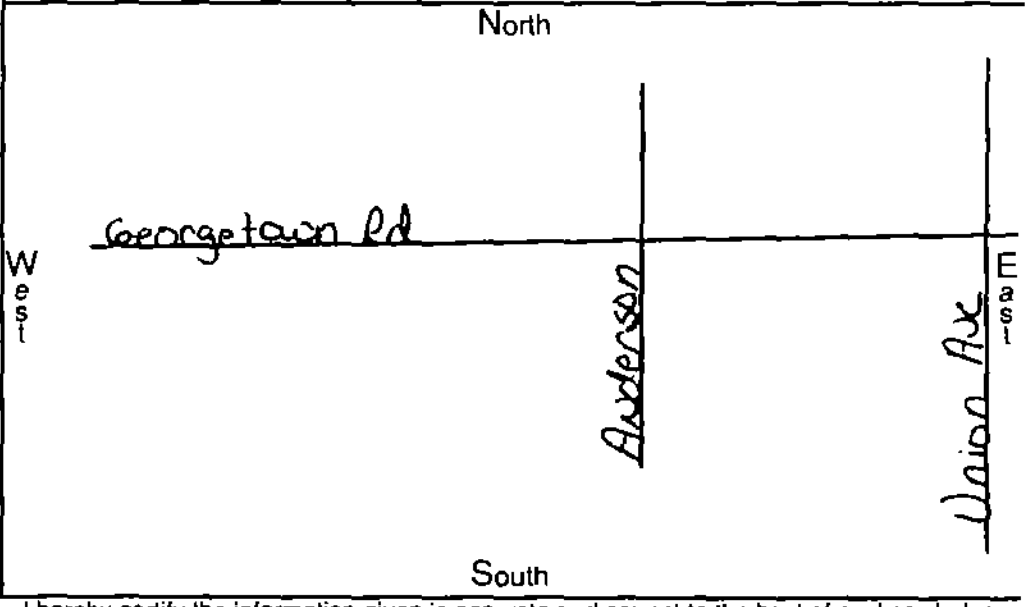
Location of well in State Plane coordinates, if available:

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 Adams & Sons

Signed Robbie Adams

Address 1174 Mt. Pleasant NW

Date 9/21/94

City, State, Zip N.Canton, OH 44720

ODH Registration Number 395

5637

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