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

801562

Permit Number 170372

COUNTY Medina TOWNSHIP Harrisville SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Kurt Elrad (First Last) PROPERTY ADDRESS (Address of well location) 7901 (Number) Layfayette Rd (Street) Lodi (City) 44254 (Zip Code + 4)

LOCATION OF PROPERTY 3/10 mile North of Kennard rd on the East side of Layfayette

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 7 7/8 in.

[1] Diameter 5 in. Length* 59 ft. Wall Thickness HW in.

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

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

Joints: [1] [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 Benseal Volume used 6 bags

Method of installation pouring

Depth: placed from 56 ft. to 0 ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well domestic

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

Date of Completion 6-30-95

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
Yellow Clay & Gravel	0	45
Grey Clay	45	52
Broken Shale	52	56
Sandstone & Shale	56	80
Shale	80	150
Sandstone & Shale	150	190
Shale	190	200

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

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other ____

Test rate 15 gpm Duration of test 1/2 hrs.

Drawdown 25 ft.

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

Static Level (depth to water) 35 ft. Date: 7-5-95

Quality (clear, cloudy, taste, odor) clear

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

PUMP

Type of pump submersible Capacity 12 gpm

Pump set at 120 ft.

Pump installed by driller

WELL LOCATION

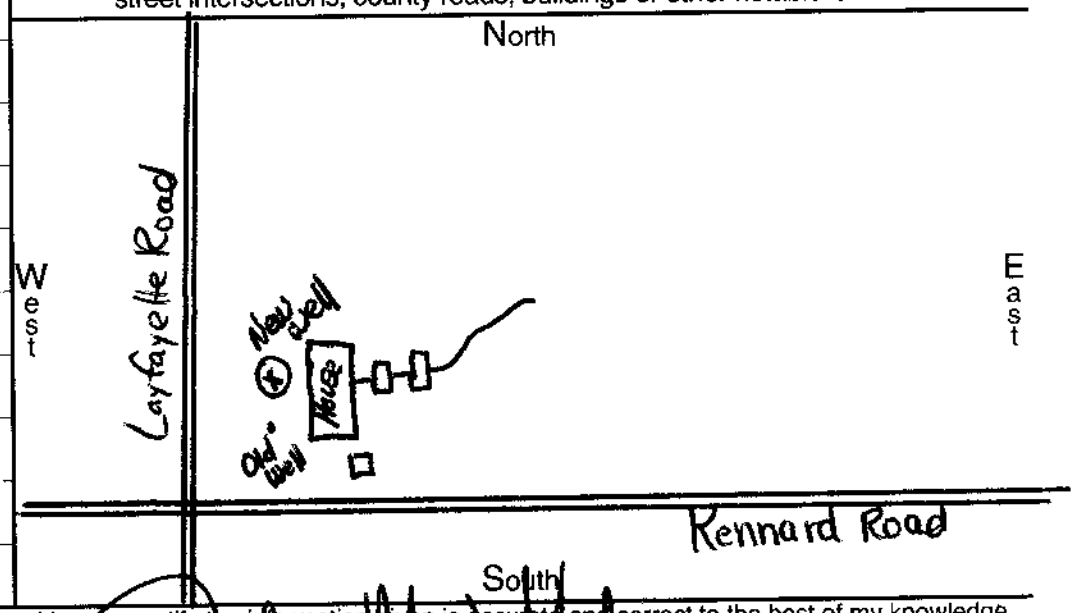
Location of well in State Plane coordinates, if available:

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.



Drilling Firm Harley Drilling & Pumps

Address 9923 Avon Lake Road

City, State, Zip Burbank OH 44214

I hereby certify the information given is accurate and correct to the best of my knowledge.

Signed Linda M. Hutgey

Date 7-5-95

ODH Registration Number 167

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5259

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