

WELL LOG AND DRILLING REPORT

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

803928

Permit Number 170263

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

OWNER/BUILDER William Morrison PROPERTY ADDRESS 8087 Ryan Road
(Circle One or Both) First Last (Address of well location) Number Street City

LOCATION OF PROPERTY 1/10 mile north of Kennard east side of Ryan Road Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade)		Borehole Diameter <u>8</u> in.		GROUT	
① Diameter <u>5</u> in.	Length* <u>40</u> ft.	Wall Thickness _____ in.	Material <u>fireclay</u>	Volume used <u>500#</u>	
② Diameter _____ in.	Length* _____ ft.	Wall Thickness _____ in.	Method of installation _____		
Type: ☒ Steel	☐ Galv.	☐ PVC	Depth: placed from _____ ft. to _____ ft.		
☐ Other _____			GRAVEL PACK (Filter Pack)		
Joints: ☒ Threaded	☐ Welded	☐ Solvent	Material _____ Volume used _____		
☐ Other _____			Method of installation _____		
Liner: Length _____	Type _____	Wall Thickness _____ in.	Depth: placed from _____ ft. to _____ ft.		
SCREEN			Pitless Device ☐ Adapter ☐ Preassembled unit		
Type (wire wrapped, louvered, etc.) _____			Material _____		
Length _____ ft.			Diameter _____ in.		
Set between _____ ft. and _____ ft.			Slot _____		
			☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____		
			Date of Completion <u>3/24/95</u>		

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

[illegible]

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

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

Drawdown 5' ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 35' ft. Date: 3/21/95

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 60' ft.
Pump installed by Serviceman

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 Johnson Hardware Company Signed [Signature]

Address 132 North Main Street Date 4/3/95

City, State, Zip Orrville, Ohio 44666 ODH Registration Number 023

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