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

807378

Permit Number ______

COUNTY wayne TOWNSHIP Chippawa SECTION/LOT No. (Circle One) ______

OWNER/BUILDER (Circle One or Both) Paul (First) Sebe (Last) PROPERTY ADDRESS (Address of well location) 5464 (Number) taylor Rd (Street) norton [redacted] (City) [redacted] 44203 (Zip Code + 4)

LOCATION OF PROPERTY S of Eastern Rd on taylor w. side

CONSTRUCTION DETAILS

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

1 Diameter 5" in. Length* 58' ft. Wall Thickness 1/4 in.

2 Diameter ______ in. Length* ______ ft. Wall Thickness ______ in.

Type: ☑ Steel ☐ Galv. ☐ PVC ☐ Other ______

Joints: ☑ Threaded ☐ Welded ☐ Solvent ☐ 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 ______ Volume used 100 lBS

Method of installation pour

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 Dicken

☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ______

Date of Completion 9/10/95

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
Drift	0	40
Shale	40	55
Hard gray shale	55	145
Lime shale Hard		

RECEIVED

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other

Test rate 10 gpm Duration of test 1 hrs.

Drawdown full ft.

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

Static Level (depth to water) 40' ft. Date: 9/10/95

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Swp Capacity 10 gpm

Pump set at 90' ft.

Pump installed by Slusher

WELL LOCATION

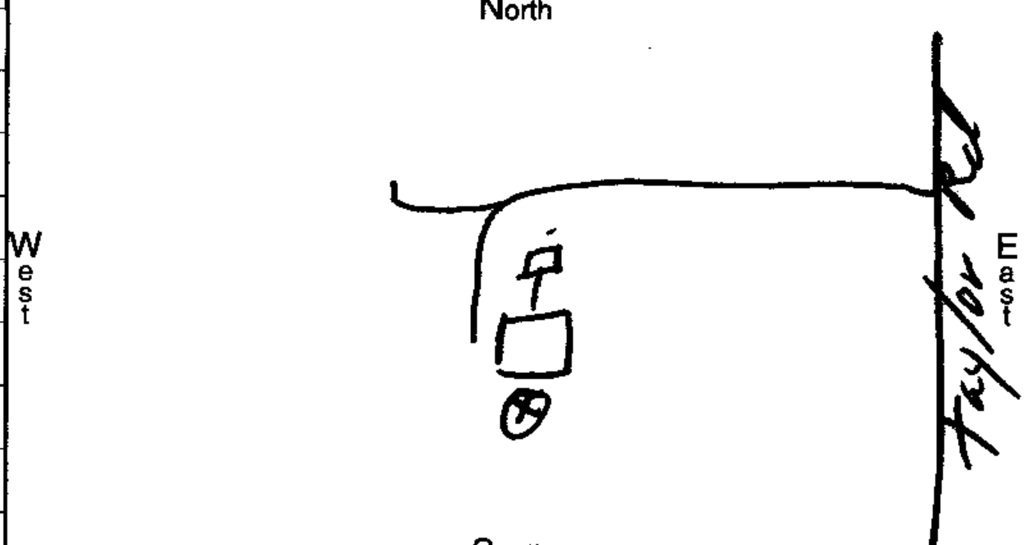
Location of well in State Plane coordinates, if available:

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 ______ Rig

Address 3177 S Hametown Rd

City, State, Zip Norton Oh 44203

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

Signed Ben Slusher

Date 9/30/95

ODH Registration Number 436

5531

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