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

807380

Permit Number _____

COUNTY Wayne TOWNSHIP Chippewa SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Jeff (First) Rechtorik (Last) PROPERTY ADDRESS (Address of well location) 12550 (Number) Clinton (Street) Rd (Circle One) Doylestown (City) 44230 (Zip Code + 4)

LOCATION OF PROPERTY E. of Doylestown

CONSTRUCTION DETAILS

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

[1] Diameter 5" in. Length* 40' ft. Wall Thickness 1/4 in.

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

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

Joints: [1] Threaded [2] [1] Welded [2] [1] Solvent [2] [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 Bensal 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 Domestic

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☒ Dug ☐ Other _____

Date of Completion 8/10/94

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
Drift	0	30
Shale	30	40
Hard shale	40	90
Sand Rock	90	115

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

WELL TEST

☒ Bailing ☒ Pumping* ☐ Other _____

Test rate 20 gpm Duration of test 1 hrs.

Drawdown 10' ft.

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

Static Level (depth to water) 50' ft. Date: _____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Sub Capacity 10 gpm

Pump set at 100' ft.

Pump installed by Slanker

WELL LOCATION

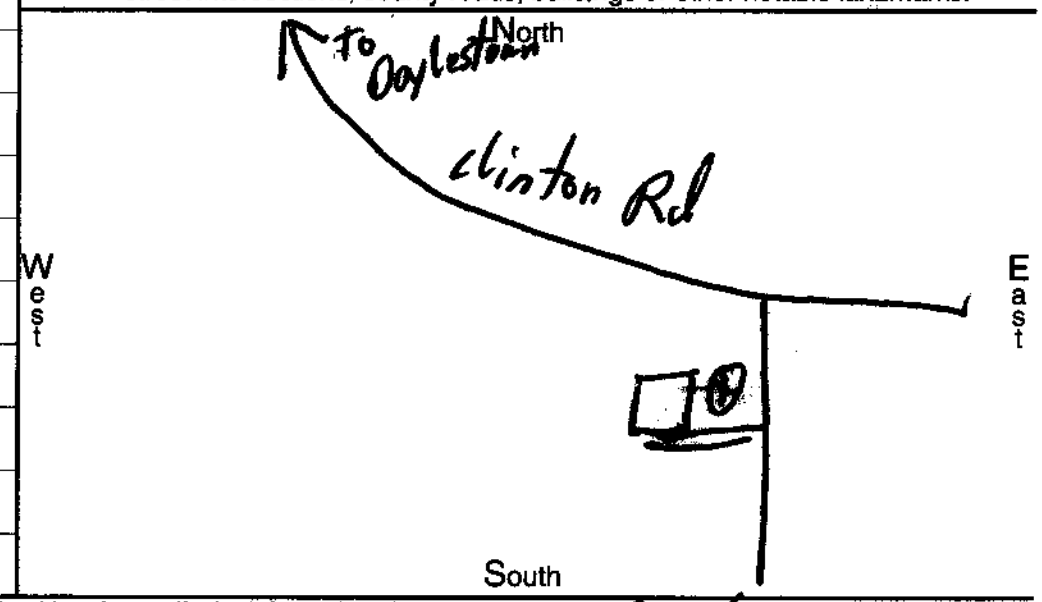
Location of well in State Plane coordinates, if available:

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.



RECEIVED
[redacted]

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

Drilling Firm [redacted]

Signed Ben Slanker

Address 3779 State Line Town Rd.

Date 9/30/95

City, State, Zip Norton Ohio 44203

ODH Registration Number 436

55531

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