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

807382

Permit Number ______

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

OWNER/BUILDER (Circle One or Both) J Geravic (First / Last) PROPERTY ADDRESS (Address of well location) 18230 [redacted] Rd James way (Number / Street) Doylestown (City) 44230 (Zip Code + 4)

LOCATION OF PROPERTY W of Rt 21 Just off Edwards Rd

CONSTRUCTION DETAILS

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

1 Diameter 5" in. Length* 65' ft. Wall Thickness 1/4 in.

2 Diameter 4" in. Length* 105' ft. Wall Thickness 1/4 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 ______

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 ______

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

Date of Completion 2/30/95

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
Drift	0	40
Hard sand Rock	40	100
Coal	100	103
Hard shale	103	170
White sand Rock	170	205

*(If additional space is needed [redacted] secutively numbered form.)

WELL TEST

☑ Bailing ☑ Pumping* ☐ Other ______

Test rate 20+ gpm Duration of test ______ hrs.

Drawdown ______ ft.

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

Static Level (depth to water) 80' ft. Date: 2/1/95

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 180' ft.

Pump installed by Jackson Drlg

WELL LOCATION

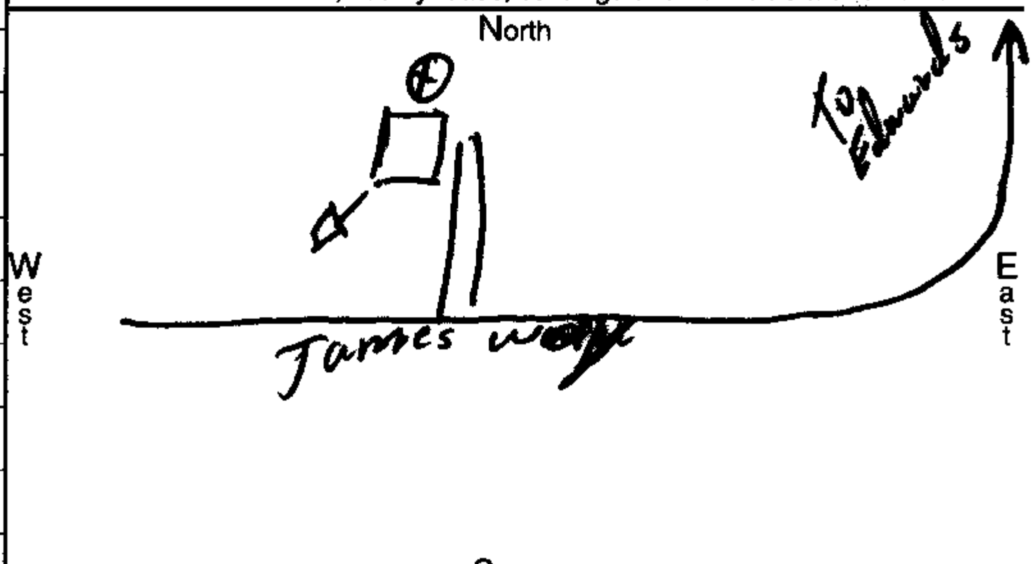
Location of well in State Plane coordinates, if available:

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 [redacted]

Address 3179 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 S[illegible]

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