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

809516

Permit Number 164-96

COUNTY Ashtabula TOWNSHIP Lenox SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Les & Sharon Rogers (First / Last)

PROPERTY ADDRESS (Address of well location) 2139 (Number) Blacksea (Street) Jefferson (City) 44047 (Zip Code + 4)

LOCATION OF PROPERTY West side 1200 Feet South of Webster Road

CONSTRUCTION DETAILS

CASING *(Length below grade)

1. Diameter 8 5/8 in. Length* 27 ft. Wall Thickness 1/4 in.
2. Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

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

Joints: [1] [2] Threaded [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 ____

Borehole Diameter 6 in.

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 Single family Dwelling

[ ] Rotary [x] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other

Date of Completion Nov 5 96

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
BLUE CLAY/SHALE	0	22
WATER	22	55

WELL TEST

[x] Bailing [ ] Pumping* [ ] Other

Test rate 4 gpm Duration of test ____ hrs.

Drawdown 4 Ft ____ ft.

Measured from: [x] top of casing [ ] ground level [ ] Other

Static Level (depth to water) 3 ft. Date: Nov 5 96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

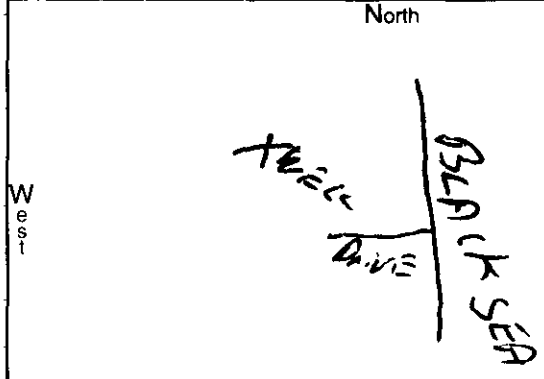
Location of well in State Plane coordinates, if available:

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.)

Drilling Firm Big O Drilling

Address 5429 South Rt 11

City, State, Zip Dover Oh. 44622

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

Signed Robert B. Fulton

Date NOV 5 96

ODH Registration Number 2075

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