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

811005
Permit Number 29-96

COUNTY Carroll TOWNSHIP Monroe SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Jeffrey (First) Eli Fritz (Last) PROPERTY ADDRESS (Address of well location) 4350 (Number) Eagle Rd (Street) Carrollton (City) 44615 (Zip Code + 4)

LOCATION OF PROPERTY 1/2 mile down Eagle Rd.

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.
[1] Diameter 6 in. Length* 50 ft. Wall Thickness 1/4 in.
[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: [1] [2] Steel [1] [2] Galv. [1] [2] PVC [1] [2] Other ____
Joints: [1] [2] Threaded [1] [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 ____

GROUT
Material drilling mud Volume used ____
Method of installation bailer
Depth: placed from 0 ft. to 50 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 ____

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
Top soil	0	2
yellow clay	2	15
gray clay	15	30
a red soap stone	30	40
gray clay	40	45
shell and lime stone shells	45	70
gray shell	70	74
white clay	74	80
water encountered 65'		

RECEIVED
[illegible]

*(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 1/2 hrs.
Drawdown ____ ft.
Measured from: ☑ top of casing ☐ ground level ☐ Other ____
Static Level (depth to water) 20 ft. Date: April 21, 1996
Quality (clear), cloudy, taste, odor) ____

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

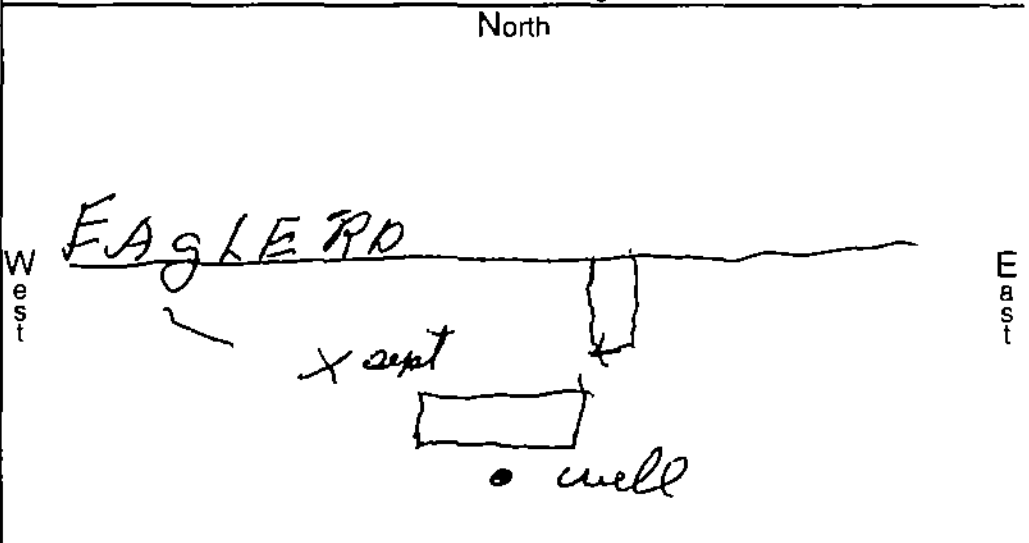
PUMP

Type of pump D'D Not Capacity ENSTALL 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.



Drilling Firm Floyd's Water Well Drilling
Address 2056 Rovenna ave. S.E.
City, State, Zip East Canton ohio 44730

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed Floyd Lancaster
Date April 21, 1996
ODH Registration Number 02058

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