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

808312

Permit Number _____

COUNTY Summit TOWNSHIP Green SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) Bob First Johnson Last PROPERTY ADDRESS (Address of well location) 4147 Number Meadow Wood Ln. Street Union Town City 44685 Zip Code + 4

LOCATION OF PROPERTY _____

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter _____ in.

[1] Diameter 5 in. Length* _____ ft. Wall Thickness .244 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 _____ 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 Residential

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

Date of Completion 8-4-95

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
START	143	
Sandstone	143	160

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other _____

Test rate 20 gpm Duration of test 1 hrs.

Drawdown 35 ft.

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

Static Level (depth to water) 78 ft. Date: 8-4-95

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Submersible Capacity 10 gpm

Pump set at 150 ft.

Pump installed by Cooper Well Drilling

WELL LOCATION

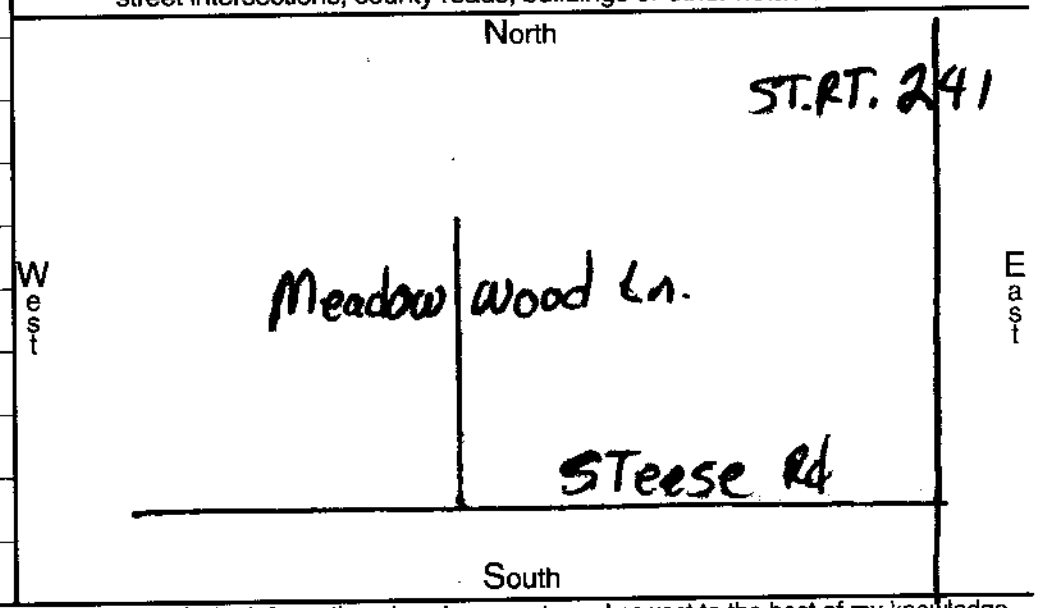
Location of well in State Plane coordinates, if available:

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.)

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

Drilling Firm Cooper Well Drilling Signed David Cooper

Address 2206 Killian Rd. Date 8-4-95

City, State, Zip Akron OH. 44312 ODH Registration Number 125

5125

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