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

818376
Permit Number 60-95

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

OWNER/BUILDER (Circle One or Both) KAREN First Piper Last PROPERTY ADDRESS (Address of well location) 3191 Netcher Rd. Number Jefferson Ohio 44047 Street City

LOCATION OF PROPERTY _____ Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 in.

[1] Diameter 6 in. Length* 40 ft. Wall Thickness 3/16 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 _____ 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 [X] Adapter [ ] Preassembled unit

Use of Well _____

[ ] Rotary [X] 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
BLUE CLAY	0	32
SANDY CLAY	32	34
SHALE	34	46
WATER ENCOUNTERED 32' - 40'		

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other _____

Test rate 2 1/2 gpm Duration of test 2 DAYS hrs.

Drawdown _____ ft.

Measured from: [ ] top of casing [X] ground level [ ] Other _____

Static Level (depth to water) 7FT ft. Date: 6/15/95

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 5 gpm

Pump set at 20-40 ft.

Pump installed by T. Johnson

WELL LOCATION

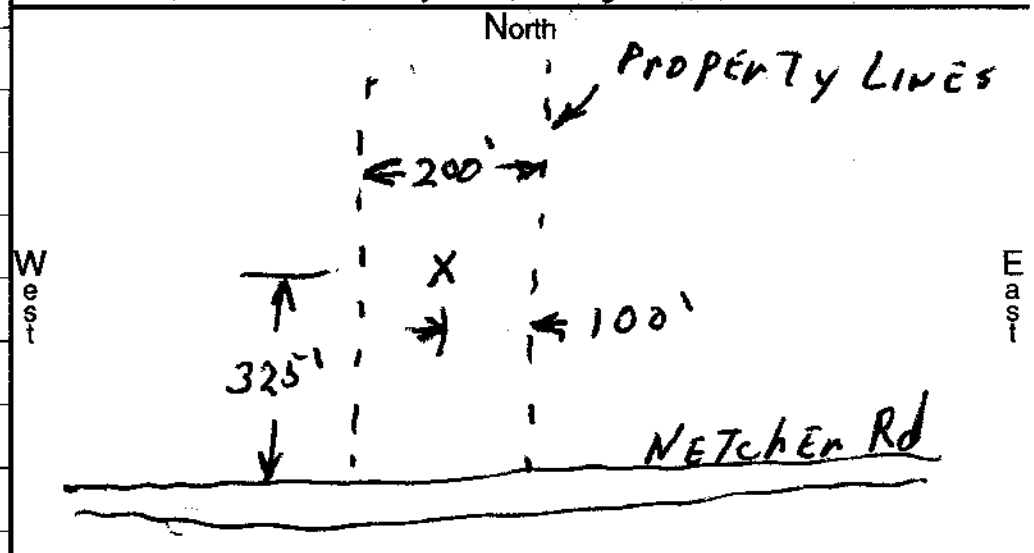
Location of well in State Plane coordinates, if available:

Zone DEN. 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 Johnson Excavating

Signed Don Johnson

Address 2742 Maple Rd

Date 8/14/95

City, State, Zip Jefferson, Ohio 44047

ODH Registration Number 02343

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

7/58 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