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

819762

Permit Number 177590

COUNTY SUMMIT TOWNSHIP SPRINGFIELD SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) GREGORY BARKOUKIS (First / Last) PROPERTY ADDRESS (Address of well location) 1909 Krumroy Road (Number / Street) Akron (City) 44306 (Zip Code + 4)

LOCATION OF PROPERTY 1909 Krumroy Road Akron

CONSTRUCTION DETAILS

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

[X] [1] Diameter 5 in. Length* 60 ft. Wall Thickness .025 in.

[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

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

Joints: [2] Threaded [X] [2] Welded [2] Solvent [2] Other

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) N/A 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 Domestic

☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion November 30, 1995

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
CLAY	0	7
SAND	7	23
SAND, GRAVEL	23	31
GRAY CLAY	31	42
SHALE	42	85
SANDSTONE	85	100

WATER AT 90'

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other

Test rate 10 gpm Duration of test 2 hrs.

Drawdown 18 ft.

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

Static Level (depth to water) 55 ft. Date: 11/30/95

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 90 ft.

Pump installed by Unknown

WELL LOCATION

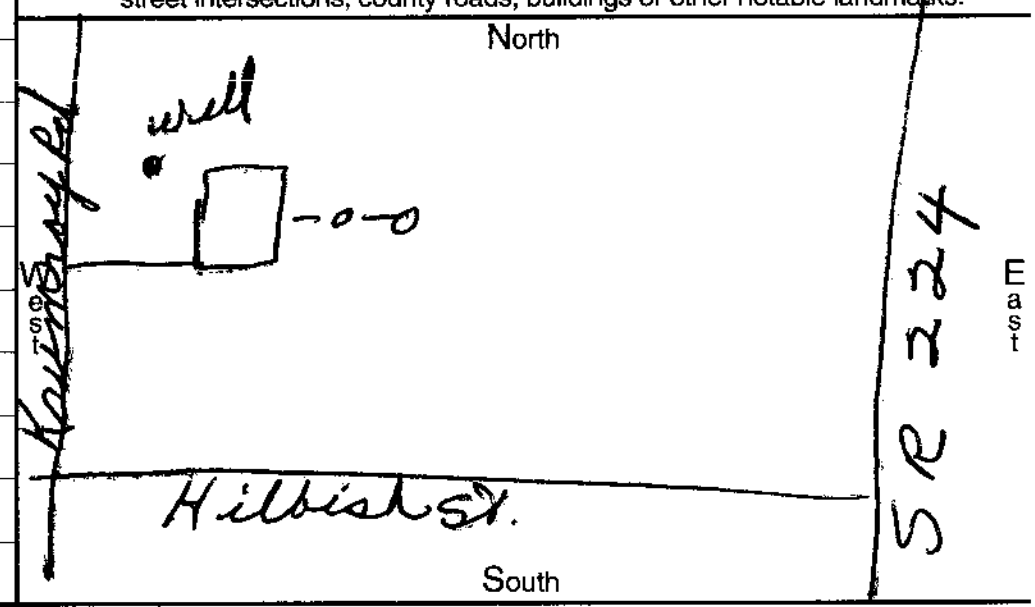
Location of well in State Plane coordinates, if available:

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 A & G WELL DRILLING, INC.

Signed Arthur B. Gunlen Jr.

Address 3136 State Route 59

Date December 1, 1995

City, State, Zip Ravenna, Ohio 44266

ODH Registration Number 429

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

5003