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

821194

Permit Number 4012

COUNTY Stark TOWNSHIP Jac. SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Tom (First) Peterson (Last) PROPERTY ADDRESS (Address of well location) 2758 (Number) Ben Fulton (Street) N. Lawrence (City) 44666 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 9 7/8 in.

[1] Diameter 5 in. Length* 102 ft. Wall Thickness ____ 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 Benseal 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 8-9-96

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
Brown silt	0	15
Yellow clay gravel	15	25
Gray clay gravel	25	45
Broken bl. Sandstone	45	60
Large gravel clay	60	90
Gray sandy shale	90	190
Gray shale	190	240
Grey sandy shale	240	260
Water Gray sandstone	260	270
Gray-white sandstone	270	280

*(If additional space is needed to complete well log, use next consecutively numbered form.)

WELL TEST

☐ Bailing ☒ Pumping* ☐ Other ____

Test rate 30 gpm Duration of test 1 hrs.

Drawdown 0 ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other ____

Static Level (depth to water) ____ ft. *Date:* ____

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 gpm

Pump set at 140' ft.

Pump installed by Kamphs

WELL LOCATION

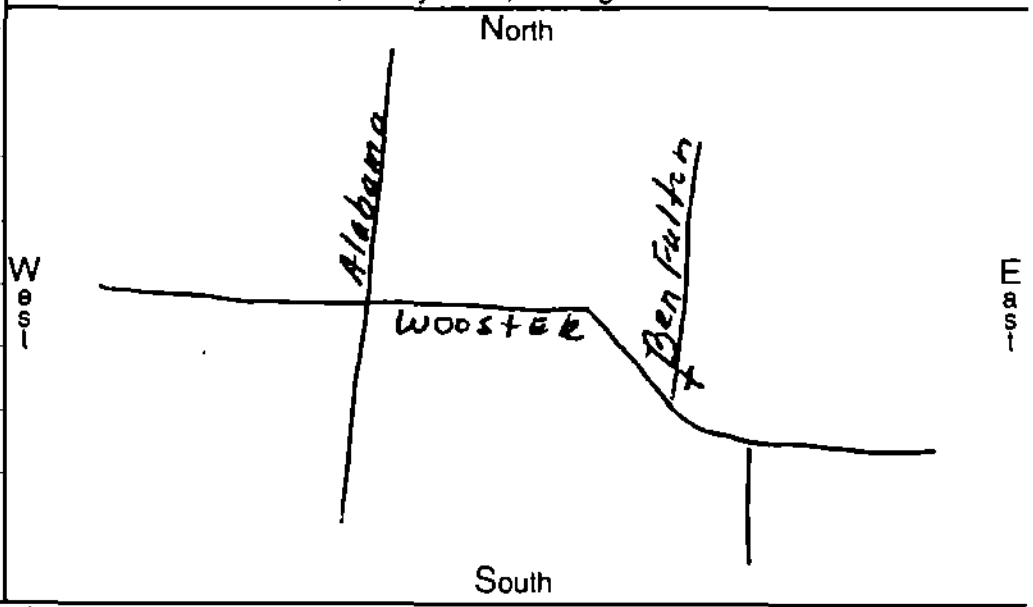
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm Kamphy Pump + Well Inst.

Address 12720 Lincoln St. W

City, State, Zip Massillon, Oh 44646

Signed Joe Kamph, agent

Date 8-20-96

ODH Registration Number 924

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