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

821209

Permit Number 4119

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

OWNER/BUILDER (Circle One or Both) First Ron Last Geesser PROPERTY ADDRESS (Address of well location) Number 12721 Street Orrville St. City N. Lawrence

LOCATION OF PROPERTY Zip Code + 4 44666

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 80 ft. Wall Thickness ___ in.

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

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

Joints: [1] Threaded [1] Welded [1] 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 Bensea l Volume used 400 lbs

Method of installation pouring

Depth: placed from 0 ft. to 80 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 Residential

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

Date of Completion 10-23-96

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	
0	5	Brown Silt
5	20	Gray clay
20	130	Gray Shale
130	180	Gray sandy shale
180	200	Gray shale
200	220	Grayish-white sandstone

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other

Test rate 10 gpm Duration of test 1 hrs.

Drawdown 50 Ft ft.

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

Static Level (depth to water) 50 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

Pump set at 180 Ft ft.

Pump installed by Kamph

WELL LOCATION

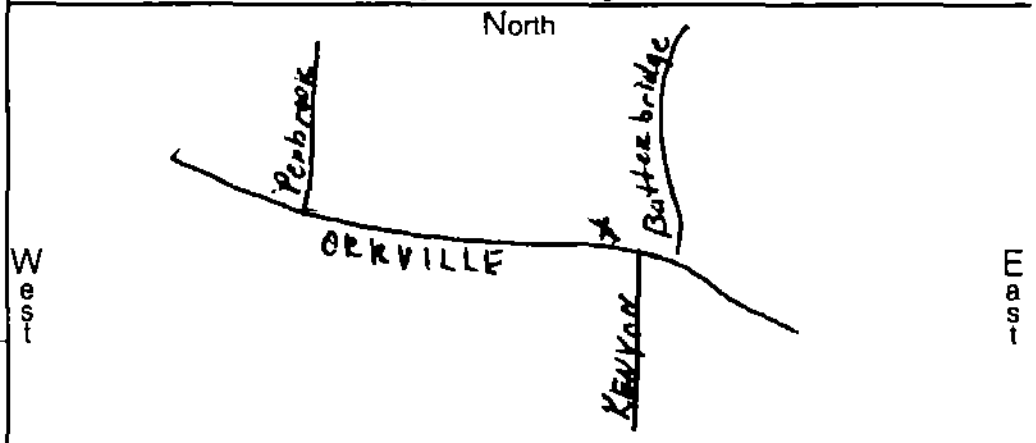
Location of well in State Plane coordinates, if available:

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 Kamph Pump & Well #924 Signed K. Kamph

Address 12720 Lincoln St W Date 10-23-96

City, State, Zip Massillon Oh 44647 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