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

821210

Permit Number 4127

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

OWNER/BUILDER (Circle One or Both) Tammi Kritas (First / Last) PROPERTY ADDRESS (Address of well location) 4562 (Number) Penbrook Ave. (Street) N. Lawrence (City) 44666 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 60 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 Bagged 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

[X] Rotary [ ] 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
Yellow clay	0	20
Sand grave	20	45
Gray shale	45	60
Shale	60	80
water Gray sandy shale	80	110

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

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other

Test rate 10 gpm Duration of test 1 hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 10 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 64 ft.

Pump installed by Kamphs

WELL LOCATION

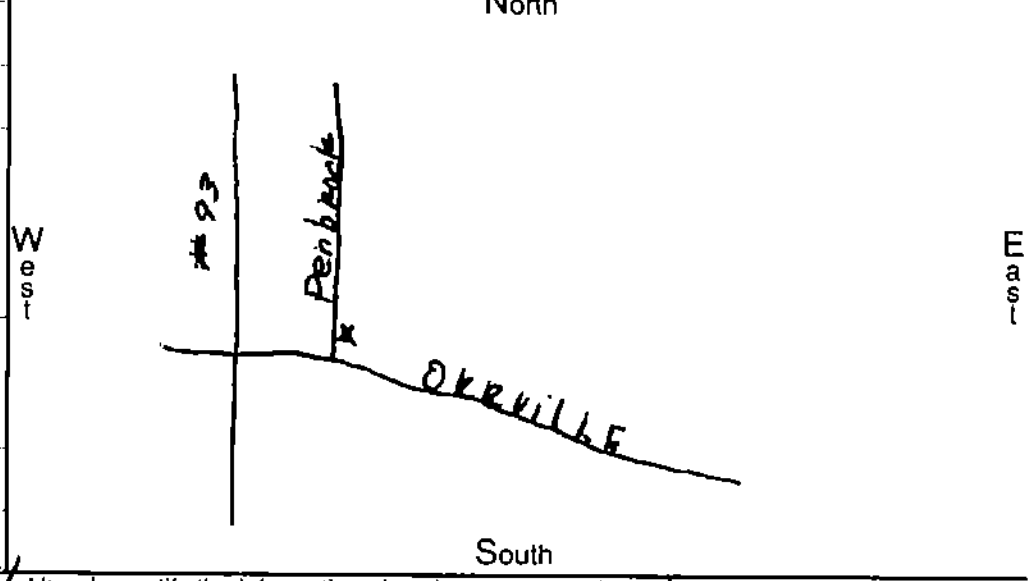
Location of well in State Plane coordinates, if available:

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 Kamph Pump + Well Serv. #24 Signed R. Kamph

Address 12720 Lincoln St W Date 11-4-96

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