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

821211

Permit Number W273-96

COUNTY Wayne TOWNSHIP Baughman SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) First Jeff Last Henning

PROPERTY ADDRESS (Address of well location) Number 18430 Street Krug Rd. City Dalton

LOCATION OF PROPERTY

Zip Code + 4 44618

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 98 ft. Wall Thickness ____ in.

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

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

Joints: [1] Threaded [2] Welded [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 Benaeal Volume used 220

Method of installation Dowing

Depth: placed from ____ ft. to 98 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 ____

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	20
Gray clay	20	25
Gray sandstone	25	60
Gray sandy shale	60	75
Black shale	75	85
Gray shale	85	90
Gray sandy shale	90	95
" " "	95	160
White sand	160	220
water White sand	220	240

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other

Test rate 12 gpm Duration of test ____ hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 170 ft. Date: 8-28-96

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 200 ft.

Pump installed by ____

WELL LOCATION

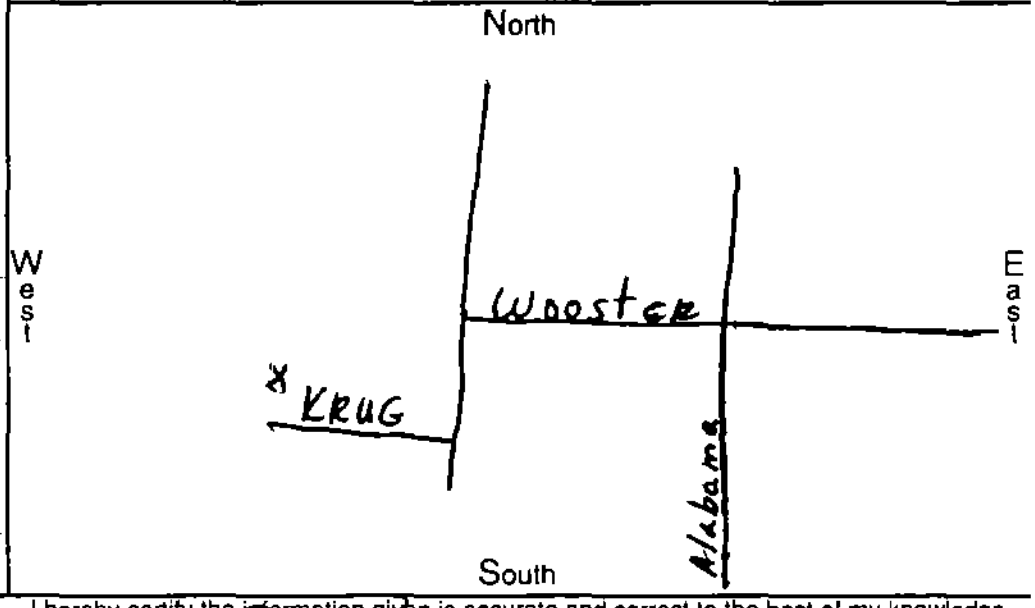
Location of well in State Plane coordinates, if available:

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

Address 12720 Lincoln St. W

City, State, Zip Massillon Oh 44647

Signed R. Kamph

Date 8-31-96

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