

WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

822095

Permit Number 3921

COUNTY MAHONING TOWNSHIP CANFIELD SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER RICK BOGGS PROPERTY ADDRESS 7220 PALMYRA RD. CANFIELD
(Circle One or Both) First Last (Address of well location) Number Street City
LOCATION OF PROPERTY 1 MILE S OF RT. 224 Zip Code - 4 44406

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 6 in.
1 Diameter 6 in. Length* 50 ft. Wall Thickness .188 in. Material _____ Volume used _____
2 Diameter _____ in. Length* _____ ft. Wall Thickness _____ in. Method of installation _____
Type: ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____
Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between _____ ft. and _____ ft. Slot _____
GRAVEL PACK (Filter Pack)
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device ☒ Adapter ☐ Preamsembled unit
Use of Well RESIDENTIAL
Date of Completion 12-5-97

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
<u>YELLOW CLAY</u>	<u>0</u>	<u>4</u>
<u>BROWN SANDY CLAY</u>	<u>4</u>	<u>19</u>
<u>GRAY SANDY CLAY</u>	<u>19</u>	<u>39</u>
<u>LIGHT GRAY SANDY CLAY</u>	<u>39</u>	<u>48</u>
<u>GRAY SANDY SHALE</u>	<u>48</u>	<u>145</u>
<u>LIGHT GRAY SHALE</u>	<u>145</u>	<u>156</u>
<u>DARK GRAY SANDSTONE</u>	<u>156</u>	<u>180</u>

WELL TEST

☒ Bailing ☒ Pumping* ☐ Other _____
Test rate 17 gpm Duration of test 3 hrs.
Drawdown 50 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 36 ft. Date: _____
Quality (clear, cloudy, taste, odor) clear

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

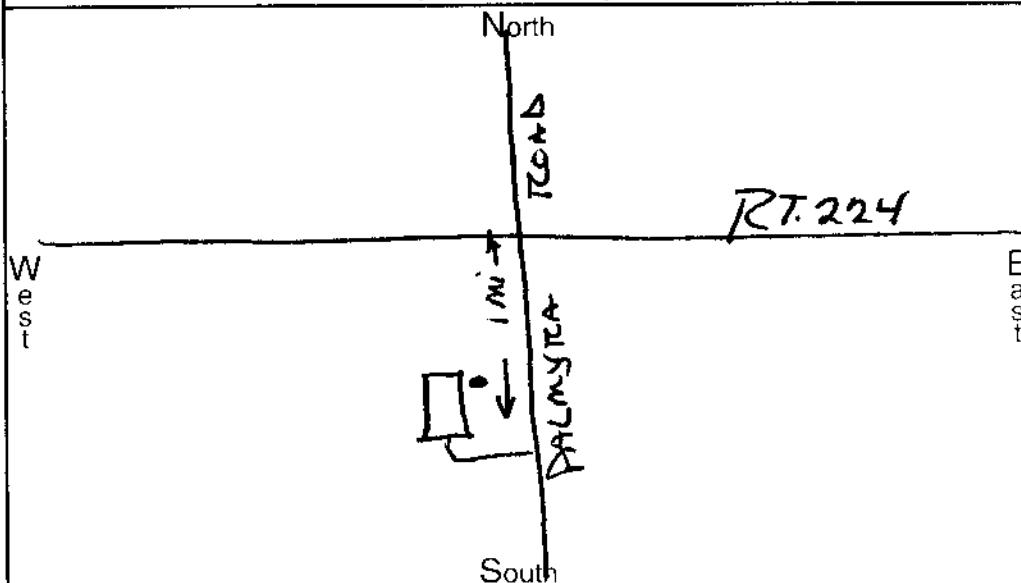
PUMP

Type of pump SUBMERSIBLE Capacity 12 gpm
Pump set at 155 ft.
Pump installed by LININGER

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: ☐ IGPS ☐ 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 LININGER Drilling
Address 146 College Ave.
City, State, Zip Greenville, PA 16125

Signed Richard Lininger
Date 12-5-97

ODH Registration Number 476