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

823603

Permit Number 3592

COUNTY Mahoning TOWNSHIP Springfield SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Lou Ann Dick (First / Last)

PROPERTY ADDRESS (Address of well location) 9870 (Number) Ginger Hill Dr. (Street) New Middletown (City) 44442 (Zip Code + 4)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 in.

[1] Diameter 6 in. Length* 25 ft. Wall Thickness .188 in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [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 Envirosplug Volume used 50 #

Method of installation manual

Depth: placed from 20 ft. to 10 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 Home

☑ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other

Date of Completion 8/1/96

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
Clay · sand	0	14
sand · gravel	14	20
shale	20	35
sandstone	35	40
shale	40	42
sandy shale	42	48
sandstone	48	82

5 GPM @ 60'
10 GPM @ 76'
15 GPM

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other

Test rate 15 gpm Duration of test 2 hrs.

Drawdown 60 ft.

Measured from: ☐ top of casing ☑ ground level ☐ Other

Static Level (depth to water) 30 ft. Date: 8/1/96

Quality (clear, cloudy, taste, odor)

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

PUMP

Type of pump ½ HP Sub. Capacity 10 gpm

Pump set at 75 ft.

Pump installed by Berry

WELL LOCATION

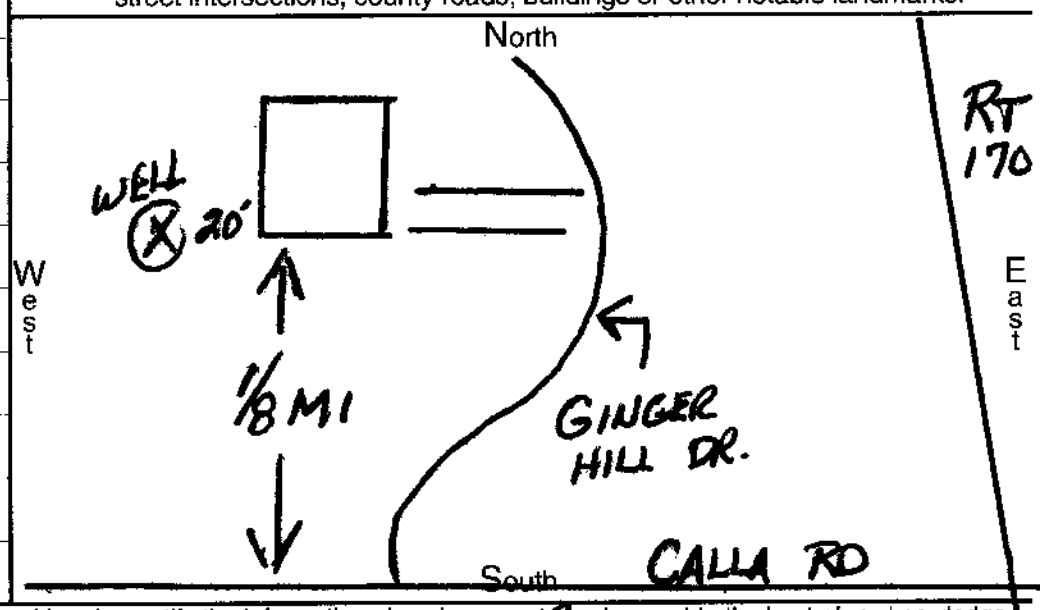
Location of well in State Plane coordinates, if available:

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.



Drilling Firm BERRY WELL DRILLING

Address P.O. BOX 217

City, State, Zip PETERSBURG, OH 44454

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

Signed Gary L. Berry

Date 8/3/96

ODH Registration Number 1362

5849

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