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

824299

Permit Number 4422

COUNTY STARK TOWNSHIP OSNABURG SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) DEAN (First) GRIFFITH (Last) PROPERTY ADDRESS (Address of well location) 6649 (Number) FAIRHILL (Street) CANTON (City)

LOCATION OF PROPERTY 1000' WEST OF INDIAN RUN ROAD ON FAIRHILL 44688 (Zip Code + 4)

CONSTRUCTION DETAILS

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

1 Diameter 7 in. Length* 60 ft. Wall Thickness ____ in.

2 Diameter 5 in. Length* 106 ft. Wall Thickness ____ in.

Type: 1 2 Steel; 1 2 Galv.; 1 2 PVC; 1 2 Other ____

Joints: 1 2 Threaded; 1 2 Welded; 1 2 Solvent; 1 2 Other ____

Liner: Length NONE Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) NONE Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material BENTONITE/SAND Volume used 60 FT

Method of installation SLURRY

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material NONE Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device ☑ Adapter ☐ Preassembled unit

Use of Well SINGLE FAMILY

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

Date of Completion JUNE 20 1997

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	58	SOFT SHALE
58	68	SHALE
68	72	LIMESTONE
72	78	COAL & CLAY
78	96	SHALE
96	100	LIMESTONE
100	125	SHALE
125	135	SLAT ROCK WATER
135	180	SHALE
180	204	BROKEN SANDSTONE WATER

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

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ____

Test rate 2 gpm Duration of test ____ hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 50 ft. Date: 6-20-97

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 7 gpm

Pump set at 126 ft.

Pump installed by McGill Well Drilling

WELL LOCATION

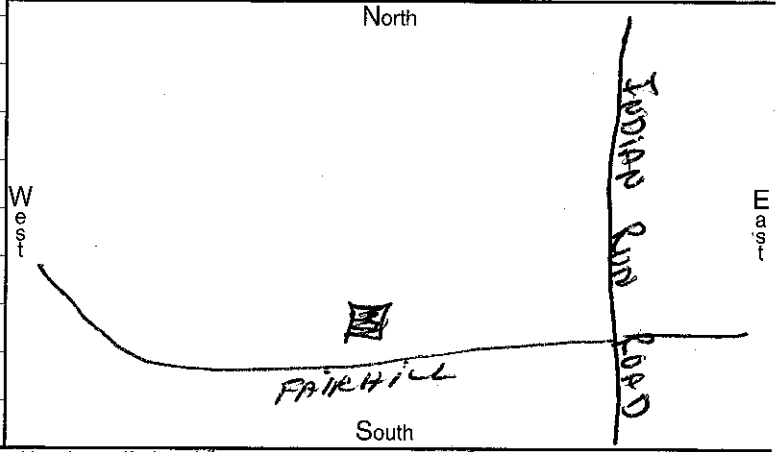
Location of well in State Plane coordinates, if available:

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 McGill Well Drilling

Address 801 39th SW

City, State, Zip Canton Ohio 44706

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

Signed Ted McGill

Date 7-23-97

ODH Registration Number 152

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