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

826800

Permit Number W 389.96

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

OWNER/BUILDER (Circle One or Both) Andover Group Inc (First / Last) PROPERTY ADDRESS (Address of well location) 11856 Black Diamond Rd, (Number / Street / City)

LOCATION OF PROPERTY 1/4 mi W of Rogue Hollow Rd on W side of Black Diamond Rd (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 5/8 in.

1 Diameter 5 5/8 in. Length* 32 ft. Wall Thickness 0.258 in.

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

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

Joints: [X] 1 Threaded 2 / 1 Welded 2 / 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 Bentonite Volume used 150 lb

Method of installation Dry - Vibration

Depth: placed from 0 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

☐ Rotary [X] Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ____

Date of Completion Dec 6, 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
Brown Sand, gravel, clay	0	18
Brown Sandstone	18	28
Shale	28	36
Brown Sandstone	36	51
Light Brown Sandstone	51	68
Yellow Sandstone	68	70

Water at 51-68.

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other

Test rate 12 gpm *Duration of test* 1 hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 20 ft. Date: Dec 6, 96

Quality (clear, (cloudy), taste, odor)

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

PUMP

Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by Contractor

WELL LOCATION

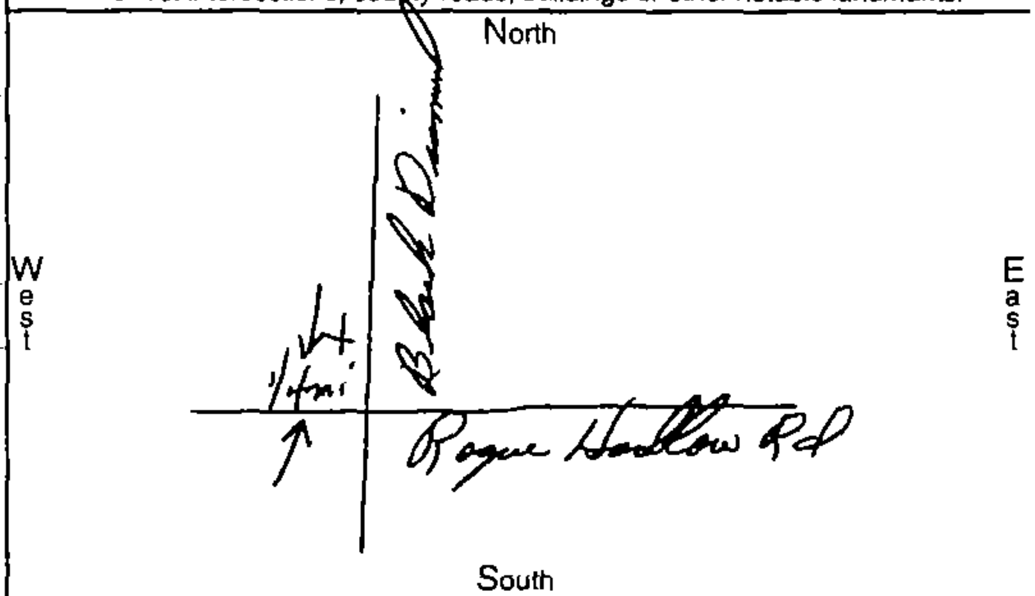
Location of well in State Plane coordinates, if available:

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 H. L. Smith Well Drilling Co Signed H. L. Smith

Address 9268 Rohrland Ave N.W. Date Dec 7, 96

City, State, Zip Massillon, Ohio 44746 ODH Registration Number 1875

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