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

826813

Permit Number _____

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

OWNER/BUILDER (Circle One or Both) Ronald M Rason (First Last) PROPERTY ADDRESS (Address of well location) 2606 Canaan Dr, Akron (Number Street City)

LOCATION OF PROPERTY 0.1 mile West of Waterbury Dr on S side of Canaan 44685 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 3 5/8 in.

[1] Diameter 3 3/8 in. Length* 53 ft. Wall Thickness 0.254 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 Stainless

Length 3 ft. Diameter 4 in.

Set between 52 ft. and 55 ft. Slot _____

GROUT

Material Bantonete 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 _____

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	40
Gray Sand, gravel	40	55
Water at 40-55 ft.		

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other _____

Test rate 12 gpm Duration of test 1 hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 21 ft. Date: May 31, 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 Roth & Sons Pump Service

WELL LOCATION

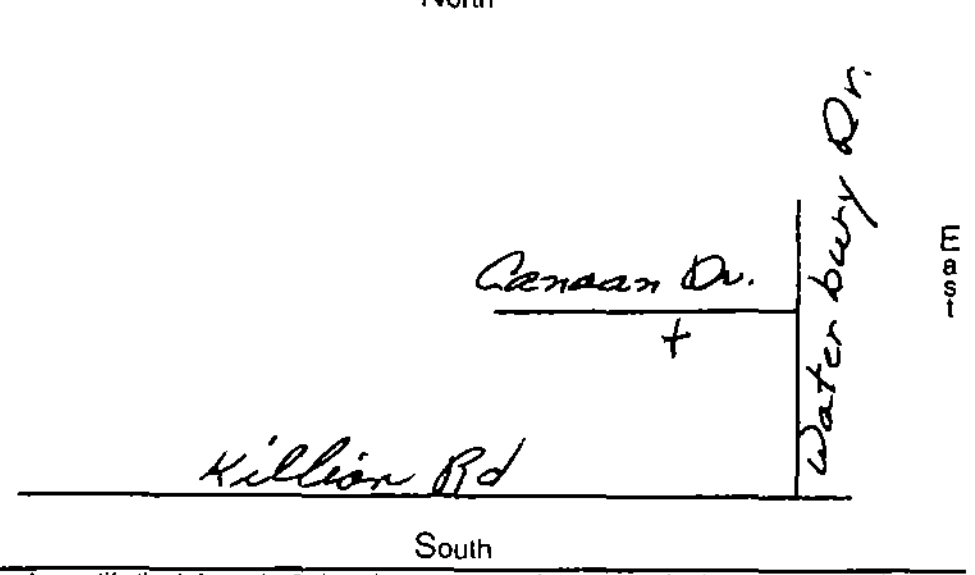
Location of well in State Plane coordinates, if available:

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 J. D. Smith Well Drilling Co Signed D. L. Smith

Address 926 E. Rockland Ave NW Date May 31, 96

City, State, Zip Massillon, Ohio 44647 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