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

827017
Permit Number 183958

COUNTY MEDINA TOWNSHIP GRANGER SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) DANIEL R WOLFF (First / Last) PROPERTY ADDRESS (Address of well location) 1095 WINTERBERRY LA (Number / Street / City)

LOCATION OF PROPERTY Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 43 ft. Wall Thickness ___ in.

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

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

Joints: [X][1] Threaded [2] [1] Welded [2] [1] Solvent [2]

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 ___ Volume used ___

Method of installation ___

Depth: placed from ___ ft. to ___ ft.

[1] [2] Other ___

GRAVEL PACK (Filter Pack)

Material ___ Volume used ___

Method of installation ___

Depth: placed from ___ ft. to ___ ft.

[1] [2] Other ___

Pitless Device [X] Adapter ☐ Preassembled unit

Use of Well HOUSE

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

Date of Completion AUG 26-96

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	32
SOFT SANDSTONE	32	43
SAND STONE	43	87

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

WELL TEST

[X] Bailing ☐ Pumping* ☐ Other ___

Test rate 14 gpm Duration of test 1/2 hrs.

Drawdown 5 ft.

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

Static Level (depth to water) 35 ft. Date: 8-26-96

Quality (clear, cloudy, taste, odor) CLEAR

*(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 ___

WELL LOCATION

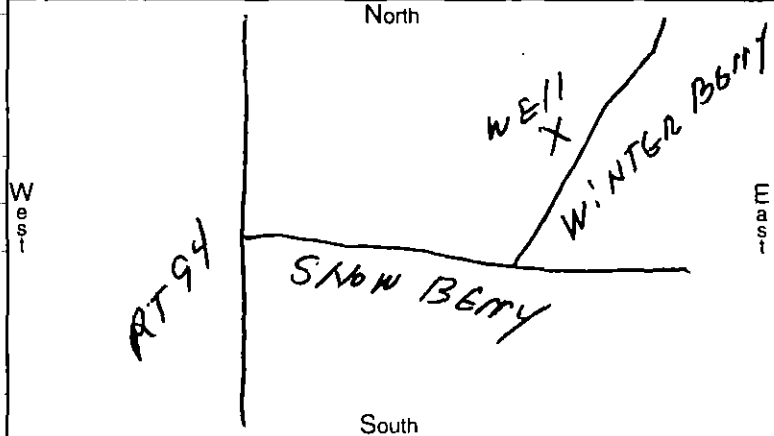
Location of well in State Plane coordinates, if available:

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 Philip Urbanik

Address 4683 Quick Road

City, State, Zip PENINSULA Ohio 44264

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

Signed Philip Urbanik

Date Aug 26-96

ODH Registration Number 494

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