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

834693

Permit Number W-30-96

COUNTY WAYNE TOWNSHIP CHIPPEWA SECTION (Circle One) LOT No. 5

OWNER/BUILDER (Circle One or Both) WILLIAM POPA (First Last) PROPERTY ADDRESS (Address of well location) 14747 (Number) HATFIELD RD. (Street) RITTMAN (City) 44270

LOCATION OF PROPERTY 5/10 MI N OF DOYLESTOWN RD, E SIDE OF HATFIELD RD (Zip Code + 4)

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 26 ft. Wall Thickness .250 in.

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

Type: [X1] Steel [2] [1] Galv. [2] [1] PVC [2] [1] [2] Other ____

Joints: [X1] 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 ____ Volume used ____

Method of installation CASING DRIVEN

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device X ☐ Adapter ☐ Preassembled unit

Use of Well SINGLE-FAMILY DWELLING

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

Date of Completion MAY 7, 1996

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 CLAY	0	12
GRAY SANDSTONE	12	50

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

WELL TEST

X☐ Bailing ☐ Pumping* ☐ Other ____

Test rate 15 gpm Duration of test 1/2 hrs.

Drawdown ____ ft.

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

Static Level (depth to water) 10 ft. Date: 5/6/96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump 1/3 HP SUBM. Capacity 7 gpm

Pump set at 40 ft.

Pump installed by FRONTZ DRILLING, INC.

WELL LOCATION

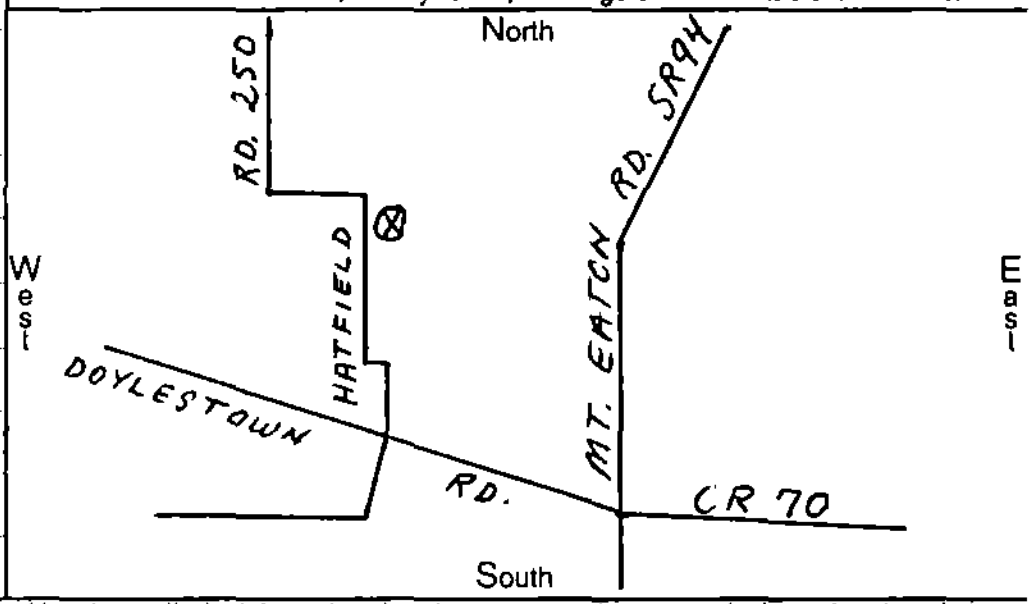
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm FRONTZ DRILLING INC.

Address 2031 MILLERSBURG ROAD

City, State, Zip WOOSTER, OHIO 44691

Signed Steve Frontz

Date MAY 7, 1996

ODH Registration Number 120

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