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

835022

Permit Number 183943

COUNTY Medina TOWNSHIP Hinckley SECTION/LOT No. _____ (Circle One)

OWNER/BUILDER (Circle One or Both) First Russell Last Paintiff PROPERTY ADDRESS (Address of well location) Number 1900 Street Center Rd City Hinckley Zip Code + 4 44233

LOCATION OF PROPERTY S. side of Center Rd E. of Stony Hill Rd

CONSTRUCTION DETAILS

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

[1] Diameter 7 in. Length* 26 ft. Wall Thickness 7 in.

[2] Diameter _____ in. Length* _____ 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 _____ Type _____ Wall Thickness _____ in.

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Material Wyo Ben Volume used 50 lt

Method of installation Dry Driven

Depth: placed from 0 ft. to 25 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 Domestic

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

Date of Completion 8-3-96

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 Sad Clay	0	18
Brown Sandstone	18	51
White Sandstone	51	90
Gray Sandstone	90	95

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

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other _____

Test rate 20+ gpm Duration of test ½ hrs.

Drawdown 10 ft.

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

Static Level (depth to water) 30 ft. Date: _____

Quality (clear, cloudy, taste, odor) Clear

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

PUMP

Type of pump Sub Capacity 15 gpm

Pump set at 90 ft.

Pump installed by Robert E. Smith

WELL LOCATION

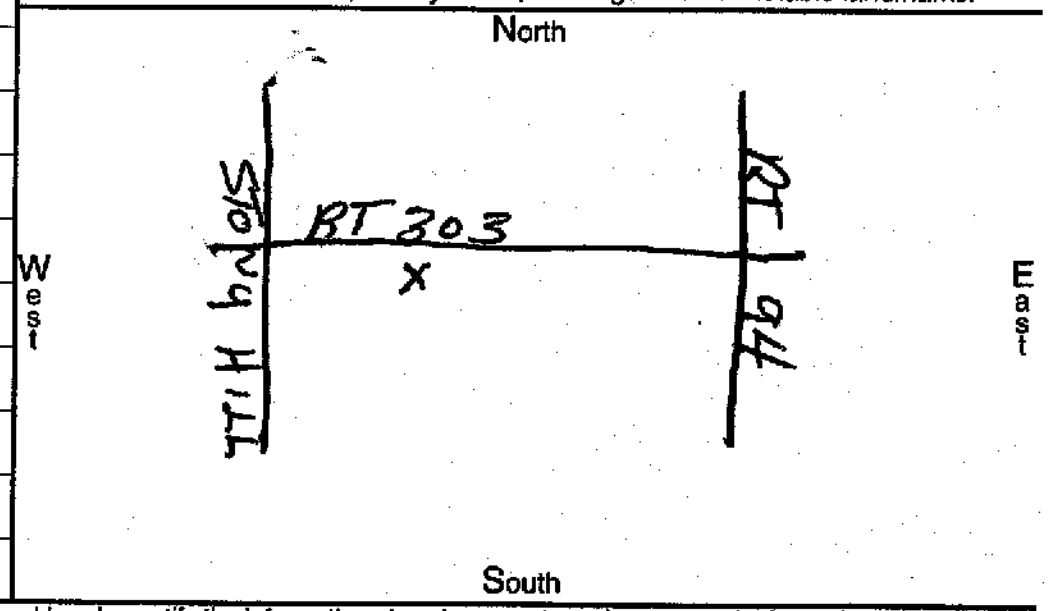
Location of well in State Plane coordinates, if available:

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 Robert E. Smith

Address 1134 S Wright Rd

City, State, Zip Barberton, O 44203

Signed Robert E. Smith

Date 8-3-96

ODH Registration Number 247

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