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

838707

Permit Number 183907

COUNTY Medina TOWNSHIP Wadsworth SECTION/LOT No. 42 (Circle One)

OWNER/BUILDER (Circle One or Both) Keith Luck Bldr. PROPERTY ADDRESS (Address of well location) 3777 Seville Rd

First Last Number Street City

LOCATION OF PROPERTY West of Guilford Rd N. side Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 in.
[1] Diameter 5 1/2 in. Length* 38 ft. Wall Thickness .275 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 Ben Seal Volume used 100 #
Method of installation Poured
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 ___
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ___
Date of Completion June 28 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	
0	26	Yellow Clay
26	35	Soft gray sandstone
35	48	Gray Sandstone
48	55	Gray Shale
55	68	Gray Sandstone
68	80	Gray Shale

WELL TEST

☑ Bailing ☐ Pumping* ☐ Other ___
Test rate 30 gpm Duration of test 1 hrs.
Drawdown 5 ft.
Measured from: ☐ top of casing ☑ ground level ☐ Other ___
Static Level (depth to water) 15 ft. Date: 7-1-96
Quality (clear, cloudy, taste, odor) Clear

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

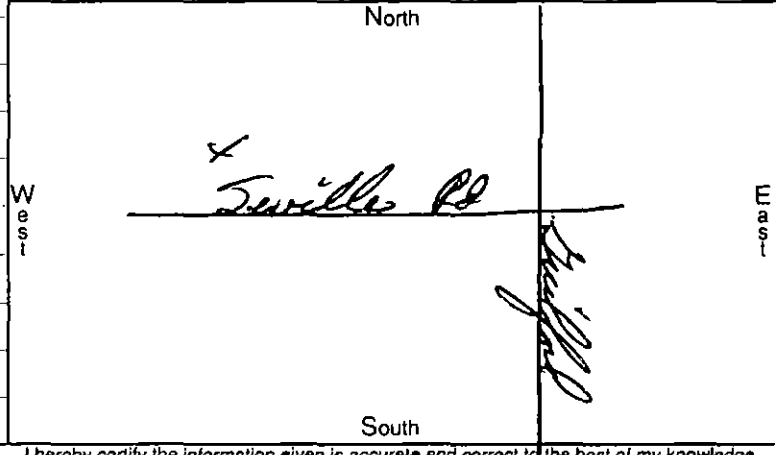
PUMP

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.



*(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 Fowler Drilling Inc
Address 3363 E. State St.
City, State, Zip Barberton Ohio 44203

Signed D.C. Fowler
Date 7-1-96
ODH Registration Number 195

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