ONR 7802 94

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

# WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224, Phone (614) 265-6739

Permit Number 840071 196325

COUNTY Summit TOWNSHIP Franklin [redacted] SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Tom & Lisa Fleming PROPERTY ADDRESS (Address of well location) Number Street City

LOCATION OF PROPERTY 6112 S. Main St. Zip Code

## CONSTRUCTION DETAILS

**CASING** (Extends below grade) Borehole Diameter in.

1 Diameter 5 in. Length 43 ft. Wall Thickness 1/4 in.

2 Diameter in. Length ft. Wall Thickness in.

Type: 1 Steel 2 Galv. 3 PVC 4 Other

Joints: 1 Threaded 2 Welded 3 Solvent 4 Other

Liner: Length Type Wall Thickness in.

**SCREEN**

Type (wire wrapped, louvered, etc.) Material

Length ft Diameter in. Slot

Set between ft. and ft.

**GROUT**

Material Volume used

Method of installation

Depth: placed from 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

## 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, Gravel | 0 | 41 |
| Shale | 41 | 50 |

## WELL TEST

✓ Bailing Pumping* Other 1/4

Test rate 10 gpm Duration of test hrs.

Drawdown 15 ft.

Measured from: top of casing ground level Other

Static Level (depth to water) 25 ft. Date: 6/10/97

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

## WELL LOCATION

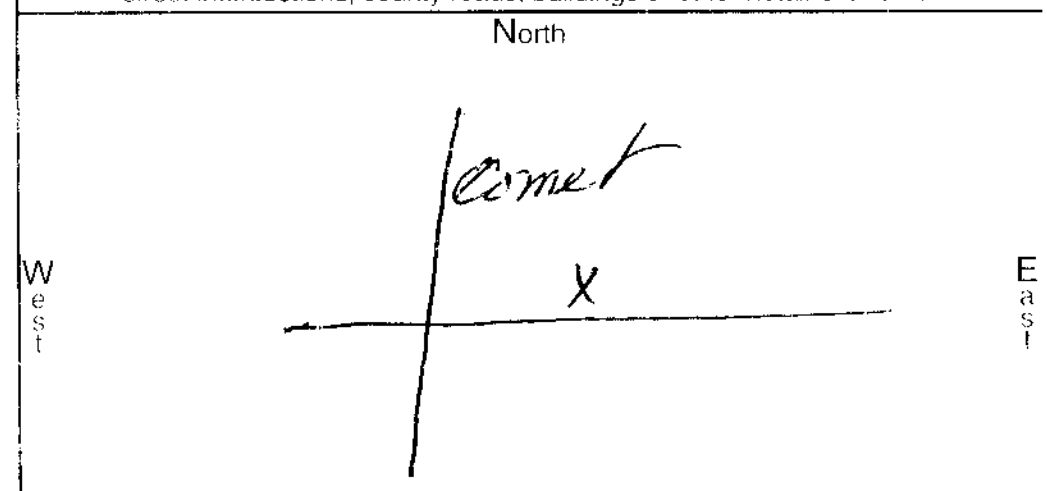
Location of well in State Plane coordinates, if available:

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 James Widdup Well Drilling

Address

City, State, Zip Marshallville

Signed James Widdup

Date 6/19/97

ODH Registration Number 463

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