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

840075

Permit Number 5017

COUNTY Columbiana TOWNSHIP Knox SECTION/LOT No.

OWNER/BUILDER Gary Mc Elvain PROPERTY ADDRESS (Address of well location)

LOCATION OF PROPERTY 22270 Wallace Rd

CONSTRUCTION DETAILS

CASING Borehole Diameter in
Diameter 5 in. Length 93 ft. Wall Thickness 1/4 in.
Diameter in. Length ft. Wall Thickness in.
Type Steel Galv. PVC Other
Joints Threaded Welded Solvent Other
Liner Length Size Wall Thickness in.

SCREEN
Type (wire wrapped, louvered, etc.) Material
Length Diameter in.
Set between ft. and ft. Slot

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	0	91
Shale	91	103
Sandy Shale	103	115

WELL TEST

✓ Bailing Pumping Other
Test rate 10 gpm Duration of test 1/4 hrs
Drawdown 25 ft
Measured from top of casing ground level Other
Static level (depth to water) 53 ft Date: 7/22/7
Quality (clear, cloudy, taste, odor)
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

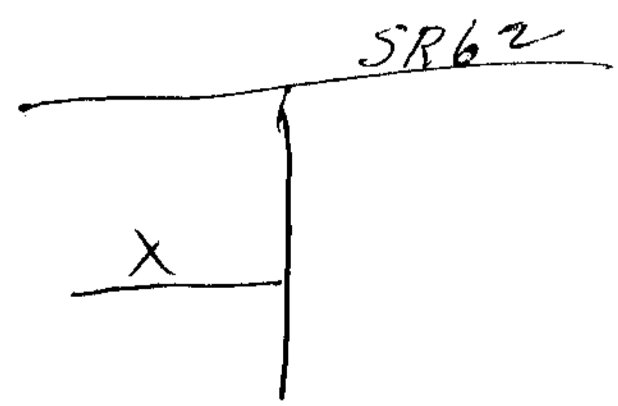
PUMP

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

North



West East

South

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

Driller's Firm James Wielfatt Well Drilling
Address
City, State, Zip Hartville

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed James Wielfatt
Date 8/6/7
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