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

Permit Number 840086 7419

COUNTY Stark TOWNSHIP Lake SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Larry Alexander PROPERTY ADDRESS (Address of well location) Number Street City

LOCATION OF PROPERTY 614 Sunnyside Zip Code - 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter in.

1 Diameter 5 in. Length* 103 ft. Wall Thickness 1/4 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 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
0	56
56	82
82	100
100	120

Clay Sand Gravel
Clay
Clay & Sand
Sandstone

WELL TEST

✓ Bailing | Pumping* | | Other

Test rate 15 gpm Duration of test 1/4 hrs.

Drawdown 20 ft.

Measured from: top of casing | ✓ ground level | Other

Static Level (depth to water) 30 ft. Date: 12/18/17

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

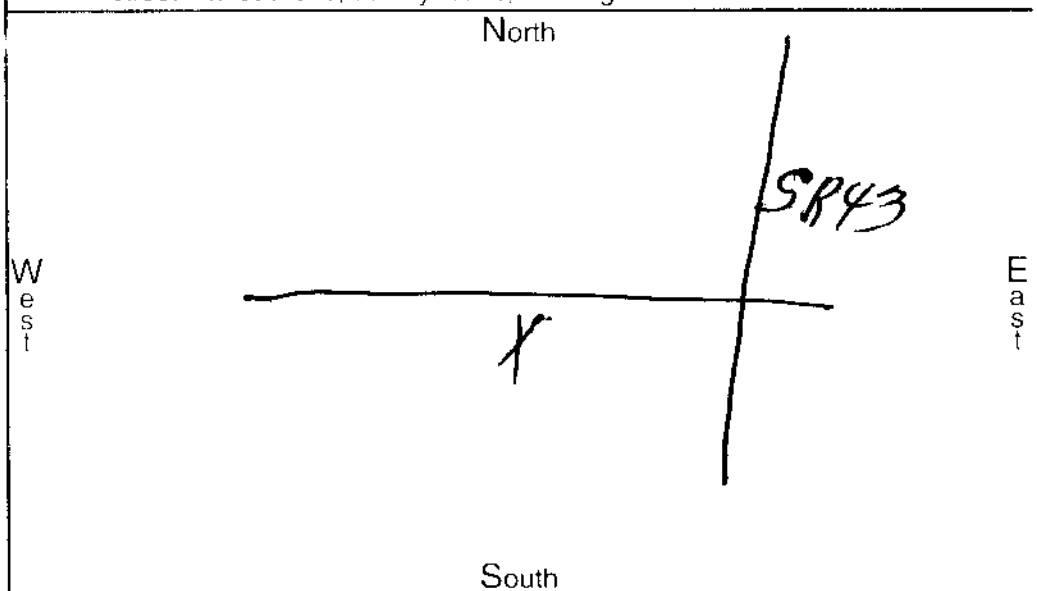
Location of well in State Plane coordinates, if available:

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.)

Drilling Firm James W Seifert well drilling

Address

City, State, Zip Wadsworth

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

Signed James W Seifert

Date 12/20/17

ODH Registration Number

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