

WELL LOG AND DRILLING REPORT

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

842707

Permit Number 193326

COUNTY Medina

TOWNSHIP Quilford

SECTION/LOT No.

(Circle One)

OWNER/BUILDER R.C. Walker

PROPERTY ADDRESS

7996 Hubbard Valley Medina

LOCATION OF PROPERTY W. Side of Hubbard Valley Rd S. of Good Rd

44256

CONSTRUCTION DETAILS

CASING (Length below grade) Borehole Diameter 6 3/4 in.
1 Diameter 5 in. Length 119 ft. Wall Thickness 1/4 in.
2 Diameter _____ in. Length _____ ft. Wall Thickness _____ in.
Type: ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____
Joints: ☒ Threaded ☐ Welded ☐ Solvent ☐ Other _____
Liner: Length _____ Type _____ Wall Thickness _____ in.

GROUT

Material Wyo BEN Volume used 50 ft
Method of installation DRY DRIVEN
Depth: placed from _____ ft. to 115 ft.
GRAVEL PACK (Filter Pack)
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.

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

Pitless Device ☒ Adapter ☐ Preassembled unit
Use of Well _____
Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 9-16-96

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
<u>Brown clay</u>	<u>0</u>	<u>14</u>
<u>Gray clay Gravel</u>	<u>14</u>	<u>86</u>
<u>Gray Shale</u>	<u>86</u>	<u>102</u>
<u>Gray Sandstone Shale</u>	<u>102</u>	<u>118</u>
<u>Gray Sandstone</u>	<u>118</u>	<u>130</u>

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 12 gpm Duration of test 5 hrs.
Drawdown 25 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 65 ft. Date: 9-16-96
Quality (clear, cloudy, taste, odor) _____

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

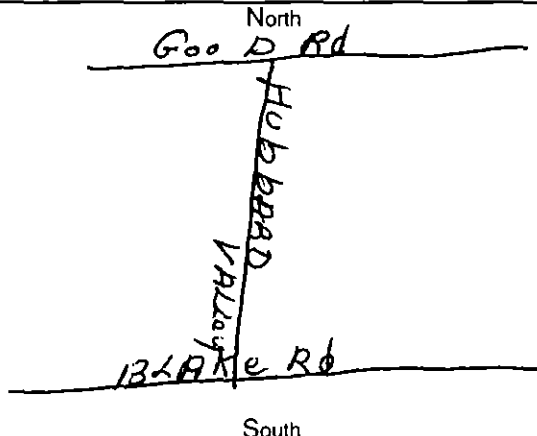
PUMP

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 Robert E. Smith
Address 1134 Sawigant Rd
City, State, Zip Barberton, OH 44203

Signed Dennis Van Fossen
Date 9-16-96

ODH Registration Number 247