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

845034
Permit Number 196856

COUNTY Summit TOWNSHIP Green SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) George Ostrander PROPERTY ADDRESS (Address of well location) 746 Stone Rd Clinton City

LOCATION OF PROPERTY just West of Christman Rd 44216 Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 5 in.
1 Diameter 5½ in. Length* 150 ft. Wall Thickness .175 in.
2 Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.
Type: 1 ☑ Steel 2 ☐ 1 ☐ Galv. 2 ☐ 1 ☐ PVC 2 ☐ 1 ☐ 2 ☐ Other
Joints: 1 ☑ Threaded 2 ☐ 1 ☐ Welded 2 ☐ 1 ☐ Solvent 2 ☐ 1 ☐ 2 ☐ Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material SS
Length 6 ft. Diameter 4½ in.
Set between 144 ft. and 150 ft. Slot #10

GROUT
Material Ben Seal Volume used 100#
Method of installation Poured x Driven
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 Home
☐ Rotary ☑ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other
Date of Completion Jan 2 1997

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
Cemented Sand & Gravel	0	12
Gray Clay	12	138
Gray Shale & Clay	138	142
Gray sand	142	150

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

WELL TEST

☑ Balling ☐ Pumping* ☐ Other
Test rate 14 gpm Duration of test 1 hrs.
Drawdown 65 ft.
Measured from: ☐ top of casing ☑ ground level ☐ Other
Static Level (depth to water) 65 ft Date: 1-2-97
Quality (clear, cloudy, taste, odor) Clear

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

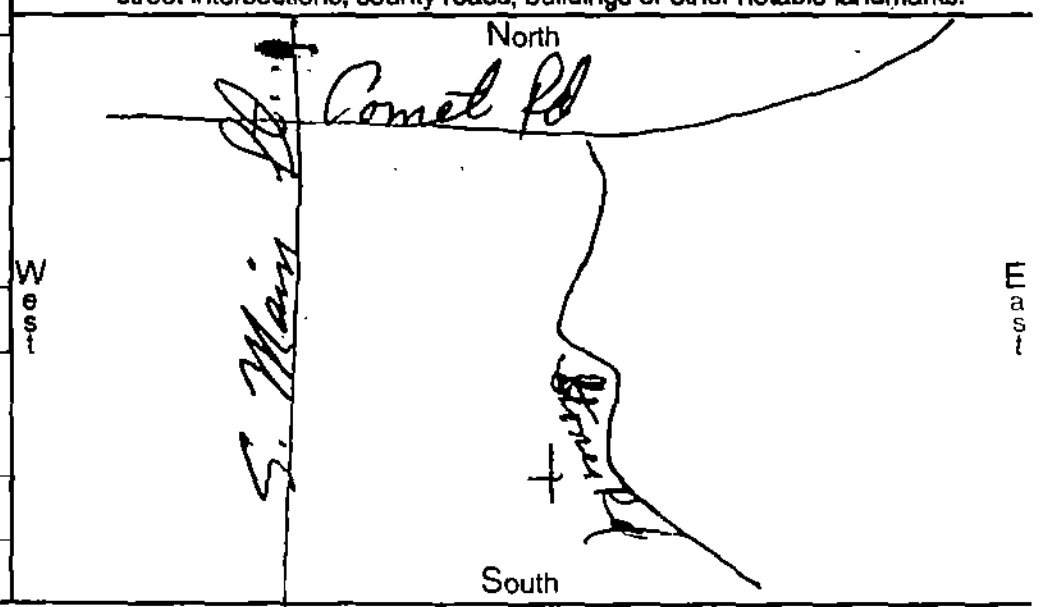
PUMP

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.



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

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed H.C. Fowler
Date Jan 2 1997
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