

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 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

939740

WELL LOCATION

County Portage Township Subfield

Owner/Builder Subfield Township
(Circle One or Both) First Last

Address of Well Location 1222 Rt 43
Number Street Name

City Magadore Zip Code +4 4240

Permit No. 03-329 Section/Lot No. _____
(Circle One or Both)

Location of Well in State Plane coordinates, if available:

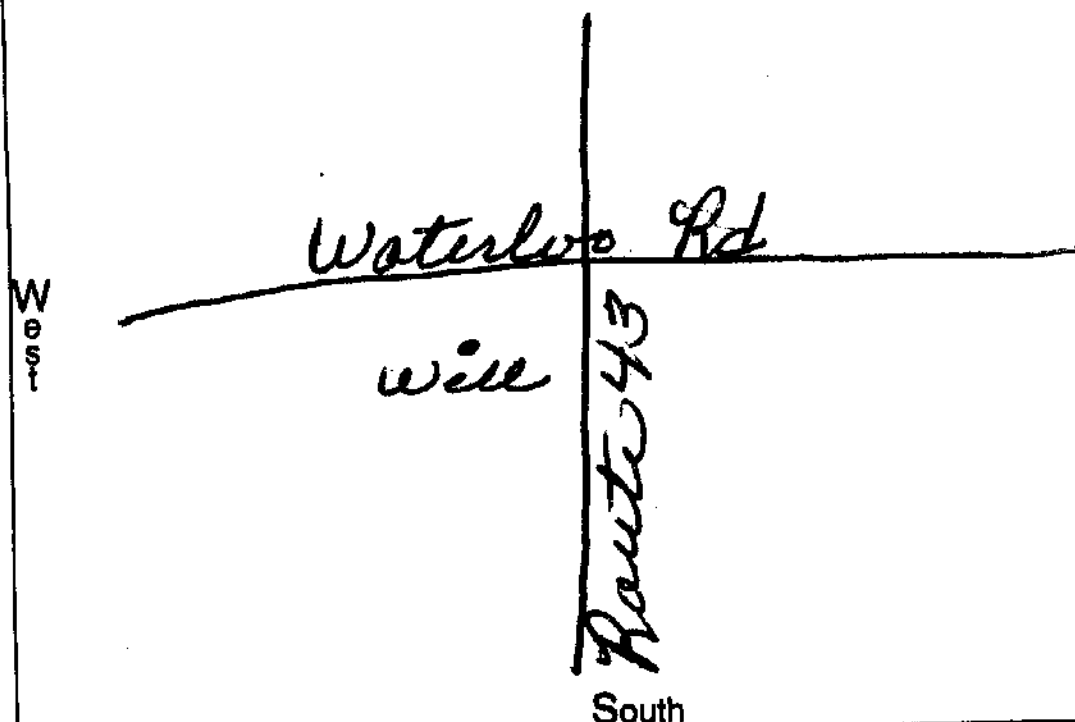
N ☐ X _____ +/- _____ ft. or m
S ☐ Y _____ +/- _____ ft. or m

Elevation of Well _____ +/- _____ ft. or m

Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____

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 latitude and longitude are available please include here: Lat: _____ Long: _____
North



WELL TEST*

Pre-Pumping Static Level 39 ft. Date Nov 17/03

Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____

☐ Air ☒ Bailing ☒ Pumping* ☐ Other _____

Test Rate 10 gpm Duration of Test 5 hrs.

Feet of Drawdown 22 ft. Sustainable Yield 10 gpm

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

Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☒ No

Quality good

PUMP/PITLESS

Type of pump Submersible Capacity 7 gpm

Pump set at 95 ft. Pitless Type Pull Through

Pump installed by Carl Lemon

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

Drilling Firm Carl Lemon

Address 1047 Eover St

City, State, Zip Magadore OH 44240

Signed Carl Lemon Date Nov 17/03

ODH Registration Number 893

CONSTRUCTION DETAILS

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☒ Borehole Diameter 5 inches Depth 100 ft.

Casing Diameter 5 in. Length 98 ft. Thickness 1/4 in.

2 ☐ Borehole Diameter _____ inches Depth _____ ft.

Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground 18 ft.

Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐

2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____

Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐

2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____

SCREEN

Diameter _____ Slot Size _____ Screen Length _____ ft.

Type _____ Material _____

Set Between _____ ft. and _____ ft.

GRAVEL PACK (Filter Pack)

Material/Size _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ ft.

GROUT

Material Cement grout #8 Volume/Weight Used 150

Method of Installation drilled down

Depth: Placed FROM 0 ft. TO 100 ft.

DRILLING 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>Sand - gravel</u>	<u>0</u>	<u>22</u>
<u>Sand - Clay</u>	<u>22</u>	<u>31</u>
<u>Sand</u>	<u>31</u>	<u>78</u>
<u>Clay</u>	<u>78</u>	<u>90</u>
<u>shale</u>	<u>90</u>	<u>100</u>

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

Date of Well Completion Nov 17/03 Total Depth of Well 100 ft.

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 43224-9971
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy