

WELL LOG AND DRILLING REPORT

956108

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224-9971 Voice (614) 265-6739 Fax (614) 447-9503

WELL LOCATION		CONSTRUCTION DETAILS																									
County <u>Geauga</u> Township <u>Hamblen</u> Owner/Builder <u>Randy Sudnick</u> Address of Well Location <u>9540 Bates Creek Sub.</u> City <u>Hamblen/Chardon</u> Zip Code <u>44024</u> Permit No. <u>154655</u> Section/Lot No. <u>10</u> Location of Well in State Plane coordinates, if available: N ☐ X ☐ S ☐ Y ☐ Elevation of Well <u>1336'</u> Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source <u>GPS</u> Source of Coordinates: ☒ GPS ☐ Survey ☐ Other		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface) ☒ Borehole Diameter <u>6</u> inches Depth <u>62'</u> ft. Casing Diameter <u>6</u> in. Length <u>44'</u> ft. Thickness <u>.188</u> in. ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in. Casing Height Above Ground <u>1'6"</u> ft. Type ☒ Steel ☐ Galv. ☐ PVC ☐ Other Joints ☐ Threaded ☒ Welded ☐ Solvent ☐ Other SCREEN Diameter <u>N/A</u> Slot Size _____ Screen Length _____ ft. Type _____ Material _____ Set Between _____ ft. and _____ ft. GRAVEL PACK (Filter Pack) Material/Size <u>N/A</u> Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ ft. GROUT Material <u>Benseal</u> Volume/Weight Used <u>100 lbs</u> Method of Installation <u>Drill / Drive</u> Depth: Placed FROM <u>0</u> ft. TO <u>43'</u> ft.																									
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: <u>41°36'14"</u> Long: <u>81°06'07"</u> North		DRILLING LOG* INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.																									
		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>Brn clay</td> <td>0</td> <td>15'</td> </tr> <tr> <td>Gray cemented sand + gravel</td> <td>15'</td> <td>35'</td> </tr> <tr> <td>Gray clay gravel mix</td> <td>35'</td> <td>37'</td> </tr> <tr> <td>Gray sand + gravel</td> <td>37'</td> <td>41'</td> </tr> <tr> <td>Gray hard shale</td> <td>41'</td> <td>62'</td> </tr> <tr> <td>Water zone (Shallow water)</td> <td>37'</td> <td>41'</td> </tr> <tr> <td>- No water in rock -</td> <td></td> <td></td> </tr> </tbody> </table>			From	To	Brn clay	0	15'	Gray cemented sand + gravel	15'	35'	Gray clay gravel mix	35'	37'	Gray sand + gravel	37'	41'	Gray hard shale	41'	62'	Water zone (Shallow water)	37'	41'	- No water in rock -		
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WELL TEST* Pre-Pumping Static Level <u>18'</u> ft. Date <u>9-26-03</u> Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other ☐ Air ☒ Bailing ☐ Pumping* ☐ Other Test Rate <u>20</u> gpm Duration of Test <u>3</u> hrs. Feet of Drawdown <u>13</u> ft. Sustainable Yield <u>20 +</u> gpm *(Attach a copy of the pumping test record, per section 1521.05, ORC) Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No Quality <u>clearing</u>																											
PUMP/PITLESS Type of pump _____ Capacity _____ gpm Pump set at _____ ft. Pitless Type _____ Pump installed by <u>HAROLD INMAN WELL DRILLING</u> I hereby certify the information given is accurate and correct to the best of my knowledge. Drilling Firm <u>911 STATE RT. 307 E.</u> Address <u>JEFFERSON, OH 44047</u> City, State, Zip <u>440-576-3526</u> Signed _____ Date <u>9-26-03</u> ODH Registration Number <u>217</u>																											

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