

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Water, 2045 Morse Road
Columbus, Ohio 43229-6605 Voice (614) 265-6740 Fax (614) 265-6767

1006360

WELL LOCATION	CONSTRUCTION DETAILS
County <u>Columbiana</u> Township <u>St Clair</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)
Owner/Builder <u>Lori Yarosz</u> (Circle One or Both) First Last	☐ Borehole Diameter <u>10 1/2</u> inches Depth <u>80</u> ft. Casing Diameter <u>6 1/2</u> in. Length <u>33 1/2</u> ft. Thickness <u>1.88</u> in.
Address of Well Location <u>16940 Cornell St</u> Number Street Name	☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
City <u>East Liverpool</u> Zip Code +4 <u>43920</u>	Casing Height Above Ground <u>1 1/2</u> ft.
Permit No. <u>8819</u> Section/Lot No. <u>30</u> (Circle One or Both)	Type ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____ Joints ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____
Location of Well in State Plane coordinates, if available: Use of Well <u>home</u>	SCREEN
N ☐ X _____ +/- _____ ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
S ☐ Y _____ +/- _____ ft. or m	Type _____ Material _____
Elevation of Well <u>1152</u> +/- _____ ft. or m	Set Between _____ ft. and _____ ft.
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	GRAVEL PACK (Filter Pack)
Source of Coordinates: ☒ GPS ☐ Survey ☐ Other _____	Material/Size _____ Volume/Weight Used _____
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 N 40°39.361 W 080°37.446 	Method of Installation _____
	Depth: Placed FROM _____ ft. TO _____ ft.
	GROUT
	Material <u>bentonite</u> Volume/Weight Used <u>825 lbs</u>
	Method of Installation <u>poured at casing</u>
	Depth: Placed FROM <u>32</u> ft. TO <u>surface</u> ft.
WELL TEST*	DRILLING LOG*
Pre-Pumping Static Level <u>35</u> ft. Date <u>4/17/13</u>	INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____	Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.
☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____	
Test Rate <u>40</u> gpm Duration of Test <u>2</u> hrs.	
Feet of Drawdown <u>none</u> ft. Sustainable Yield <u>40+</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>clear</u>	
PUMP/PITLESS	
Type of pump <u>submersible</u> Capacity <u>7</u> gpm	
Pump set at <u>70</u> ft. Pitless Type <u>adapter</u>	
Pump installed by <u>H.E. Peck</u>	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>H.E. Peck Drilling</u>	
Address <u>15506 Summit Dr</u>	
City, State, Zip <u>East Liverpool Ohio 43920</u>	
Signed <u>H.E. Peck</u> Date <u>5/21/13</u>	
ODH Registration Number <u>1761</u>	
	*(If more space is needed to complete drilling log, use next consecutively numbered form.)
	Date of Well Completion <u>5/19/13</u> Total Depth of Well <u>80</u> 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, 2045 MORSE ROAD, COLS., OHIO 43229-6605
 Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy