

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Division of Soil and Water Resources, 2045 Morse Road Building B
Columbus, Ohio 43229-6693 Voice (614) 265-6740 Fax (614) 265-6767

WELL LOCATION	CONSTRUCTION DETAILS
County <u>WAYNE</u> Township <u>PLAIN</u>	☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other BOREHOLE/CASING (measured from ground surface)
Owner/Builder (Circle One or Both) <u>DAVID WHITE</u>	1 ☐ Borehole Diameter <u>6</u> inches Depth <u>54'</u> ft. Casing Diameter <u>5</u> in. Length <u>54</u> ft. Thickness <u>.244</u> in.
Address of Well Location <u>10130 FINLEY Rd</u>	2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.
City <u>WOOSTER</u> Zip Code +4 <u>44691</u>	Casing Height Above Ground <u>12'</u> ft.
Permit No. _____ Section/Lot No. (Circle One or Both) _____	Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other
Location of Well in State Plane coordinates, if available: Use of Well <u>BARN</u>	Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other
N ☐ X _____ +/- _____ ft. or m	SCREEN
S ☐ Y _____ +/- _____ ft. or m	Diameter _____ Slot Size _____ Screen Length _____ ft.
Elevation of Well _____ +/- _____ ft. or m	Type _____ Material _____
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source _____	Set Between _____ ft. and _____ ft.
Source of Coordinates: ☐ GPS ☐ Survey ☐ Other _____	GRAVEL PACK (Filter Pack)
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: _____	Material/Size _____ Volume/Weight Used _____
North	Method of Installation _____
West	Depth: Placed FROM _____ ft. TO _____ ft.
East	GROUT
South	Material <u>BESSAL</u> Volume/Weight Used <u>150 lbs</u>
WELL TEST*	Method of Installation <u>DRY DRIVEN</u>
Pre-Pumping Static Level <u>60</u> ft. Date <u>6-8-18</u>	Depth: Placed FROM _____ ft. TO <u>54</u> ft.
Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____	
☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____	
Test Rate <u>10</u> gpm Duration of Test <u>1</u> hrs.	
Feet of Drawdown <u>5</u> ft. Sustainable Yield <u>10</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 _____ Capacity _____ gpm	
Pump set at _____ ft. Pitless Type _____	
Pump installed by _____	
I hereby certify the information given is accurate and correct to the best of my knowledge.	
Drilling Firm <u>RET DRILLING</u>	
Address <u>1 Co Rd 1950</u>	
City, State, Zip <u>Jeromesville OH 44805</u>	
Signed <u>Ret Doulon</u> Date <u>6-8-18</u>	
ODH Registration Number _____	
(If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>6-8-18</u> Total Depth of Well <u>100</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 SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-6693

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