

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

County SUMMIT Township GREEN

Owner/Builder KEVIN POWELL
(Circle One or Both) First Last

Address of Well Location 2792 MAY FAIR
Number Street Name

City AKRON Zip Code +4 44312

Permit No. 536318 Section/Lot No. (Circle One or Both)

Location of Well in State Plane coordinates, if available: Use of Well DOMESTIC

N ☒ X 40°59' .15 +/- 5 ft. or m

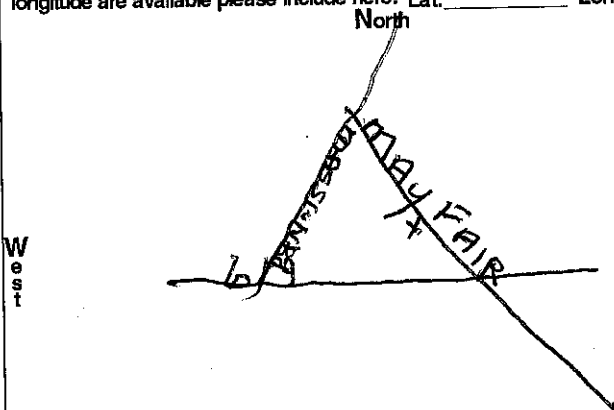
S ☐ W 81° .27 +/- 14.2 ft. or m

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: _____



WELL TEST*

Pre-Pumping Static Level 6 ft. Date 10-17-18

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

☐ Air ☒ Bailing ☐ Pumping* ☐ Other _____

Test Rate 8 gpm Duration of Test 2 hrs.

Feet of Drawdown 40 ft. Sustainable Yield 8 gpm

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

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

Quality _____

PUMP/PITLESS

Type of pump _____ Capacity _____ gpm

Pump set at _____ ft. Pitless Type _____

Pump installed by CLINTA Well Pump

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

Drilling Firm Robert E. Smith

Address 1134 SWIGART RD

City, State, Zip NEW FRANKLIN OH 44663

Signed Robert E. Smith Date 10.17.18

ODH Registration Number 247

CONSTRUCTION DETAILS

☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____

BOREHOLE/CASING (measured from ground surface)

1 ☒ Borehole Diameter 5 inches Depth 60 ft.

Casing Diameter 5 2 1/4 in. Length 42 ft. Thickness 2 1/5 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 WYLO BOX Volume/Weight Used 75

Method of Installation DRY DRIVE

Depth: Placed FROM 0 ft. TO 38 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
BROWN SAND GRAVEL	0	28
GRAY SHALE	28	55
GRAY SANDSTONE (W)	55	60

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

Date of Well Completion 10-17-18 Total Depth of Well 60 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