

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

Ohio Department of Natural Resources
Divison 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>SUMMIT</u> Township <u>NEW FRANKLIN</u>		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Other _____ BOREHOLE/CASING (measured from ground surface)	
Owner/Builder <u>Bear Meadows</u> (Circle One or Both) First Last		1 ☒ Borehole Diameter <u>5</u> inches Depth <u>32</u> ft. Casing Diameter <u>5</u> in. Length <u>32</u> ft Thickness <u>.275</u> in.	
Address of Well Location <u>6791 VAN BUREN</u> Number Street Name		2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft Thickness _____ in.	
City <u>CLINTON</u> Zip Code +4 <u>44203</u>		Casing Height Above Ground <u>15"</u>	
Permit No. <u>560568</u> Section/Lot No. _____ (Circle One or Both)		Type 1 ☒ Steel 1 ☐ Galv. 1 ☐ PVC 1 ☐	
Location of Well in State Plane coordinates, if available:		Joints 1 ☒ Threaded 1 ☐ Welded 1 ☐ Solvent 1 ☐	
Use of Well <u>DOMESTIC</u>		2 ☐ 2 ☐ 2 ☐ 2 ☐	
N ☒ X <u>40' 59"</u> . <u>.28</u> +/- <u>5</u> ft. or m		SCREEN	
S ☐ Y <u>081' 50"</u> . <u>.46</u> +/- <u>0</u> 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: _____			
South WELL TEST*			
Pre-Pumping Static Level <u>90</u> ft. Date <u>11-20-2020</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 _____		From To	
Test Rate <u>12</u> gpm Duration of Test <u>1/2</u> hrs.		TOP SOIL 0 4'	
Feet of Drawdown <u>20</u> ft. Sustainable Yield <u>12</u> gpm		BROWN CLAY GRAVEL 4 32	
*(Attach a copy of the pumping test record, per section 1521.05, ORC)		BROWN SANDSTONE 32 150	
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No			
Quality <u>CLOUDY</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>Robert Elmerich</u>			
Address <u>11345 SWIGART RD</u>			
City, State, Zip <u>Buxton OH 44203</u>			
Signed <u>Robert Elmerich</u> Date <u>11-20-2020</u>		(If more space is needed to complete drilling log, use next consecutively numbered form.)	
ODH Registration Number <u>00247</u>		Date of Well Completion <u>11-20-2020</u> Total Depth of Well <u>150</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 43220

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