

NO CARBON PAPER
NECESSARY—
SELF-TRANSCRIBING

State of Ohio
DEPARTMENT OF NATURAL RESOURCES
Division of Water
Fountain Square
Columbus, Ohio 43224

COUNTY Stanga TOWNSHIP Harshaker SECTION OF TOWNSHIP _____
OWNER Gene Brown ADDRESS 9436 Wildwood Dr. S/H 14
LOCATION OF PROPERTY _____ -126 PM

CONSTRUCTION DETAILS		BAILING OR PUMPING TEST (specify one by circling)	
Casing diameter <u>6"</u>	Length of casing <u>72'</u>	Test rate <u>15</u> gpm	Duration of test <u>18</u> hrs
Type of screen _____	Length of screen _____	Drawdown <u>20'</u> ft	Date <u>9-20-83</u>
Type of pump _____		Static level (depth <u>to</u> water) <u>36'</u> ft	
Capacity of pump _____		Quality (clear, cloudy, taste, odor) <u>Clear</u>	
Depth of pump setting _____			
Date of completion _____		Pump installed by _____	

[illegible]

DRILLING FIRM C.A.P. Drilling Co. DATE 9-20-83
ADDRESS 7647 Dejeu Rd. Thompson SIGNED Mark G. Gandy

*If additional space is needed to complete well log, use next consecutive numbered form.