

NO CARBON PAPER
NECESSARY -
SELF-TRANSCRIBING

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

COUNTY Ross TOWNSHIP Buckskin SECTION OF TOWNSHIP _____
OWNER Keith Gray ADDRESS 10123 Lower Twin Rd, Lyndon
LOCATION OF PROPERTY 320 mt Olive Rd.

CONSTRUCTION DETAILS		BAILING OR PUMPING TEST (specify one by circling)	
Casing diameter <u>6"</u>	Length of casing <u>35</u>	Test rate <u>32</u> gpm	Duration of test <u>6</u> hrs
Type of screen _____	Length of screen _____	Drawdown _____ ft	Date _____
Type of pump _____		Static level (depth to water) _____ ft	
Capacity of pump _____		Quality (clear, cloudy, taste, odor) <u>Clear</u>	
Depth of pump setting _____			
Date of completion <u>6-18-93</u>		Pump installed by _____	

[illegible]**DRILLING FIRM**

Mathews Well Drilling

DATE _____

7-25-93

SIGNED:

George Markin

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

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