

696239

Permit Number _____

COUNTY CLARK TOWNSHIP ~~608 BISCOPPE RD.~~ SECTION/LOT NO. _____
(CIRCLE ONE)
OWNER/BUILDER Steve Ritzenthaler PROPERTY ADDRESS 608 BISCOPPE RD
(CIRCLE ONE OR BOTH)
LOCATION OF PROPERTY Home 328 St Paul Ave Springfield O. 45504
(ADDRESS OF WELL LOCATION A)

CASING Diameter <u>5 5/8</u> in. Length <u>70</u> ft Wall Thickness <u>0.32</u> in. Type: ☐ Steel ☒ Galv. ☐ PVC ☐ Other _____ Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____ SCREEN Type (wire wrapped, louvered, etc.) <u>Perforated</u> Material <u>Aluminum</u> Length _____ ft Diameter _____ in. Set between _____ ft and _____ ft Slot _____ ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____ Date of completion <u>7/13/89</u>	GROUT Material _____ Volume used _____ Method of installation _____ Depth: placed from _____ ft. to _____ ft. GRAVEL PACK Material _____ Volume used _____ Method of installation _____ Depth: placed from _____ ft. to _____ ft. Pitless Device ☐ Adapter ☐ Preassembled unit Use of Well <u>House</u>
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WELL TEST

Type of pump Sub Capacity 9 gpm
Pump set at 125 ft.
Pump installed by W. Barber

Bailing ☒ or Pumping ☐
 Test rate 9 gpm Duration of test 1 hrs.
 Drawdown _____ ft.

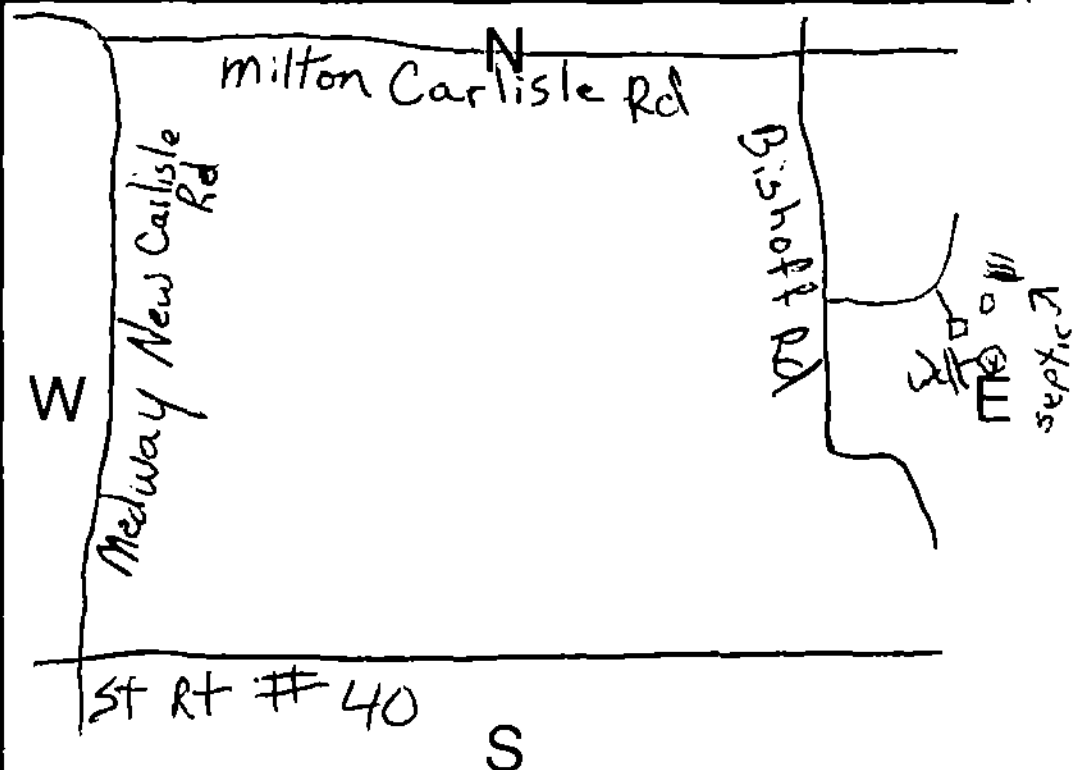
INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:

sandstone, shale, limestone, gravel, clay, sand, etc.

[illegible]

Show distances well lies from numbered state highways, street intersections, county roads, etc.



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

DRILLING FIRM W. Barker
ADDRESS 4085 School Rd
CITY, STATE, ZIP New Carlisle Ohio 45344

SIGNED James Larker
DATE 7/14/89
ODH REGISTRATION NUMBER 42

DNR 7802.88

Completion of this form is required by 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

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