

702950

TYPE OR USE PEN
SELF-TRANSCRIBING
PRESS HARD!

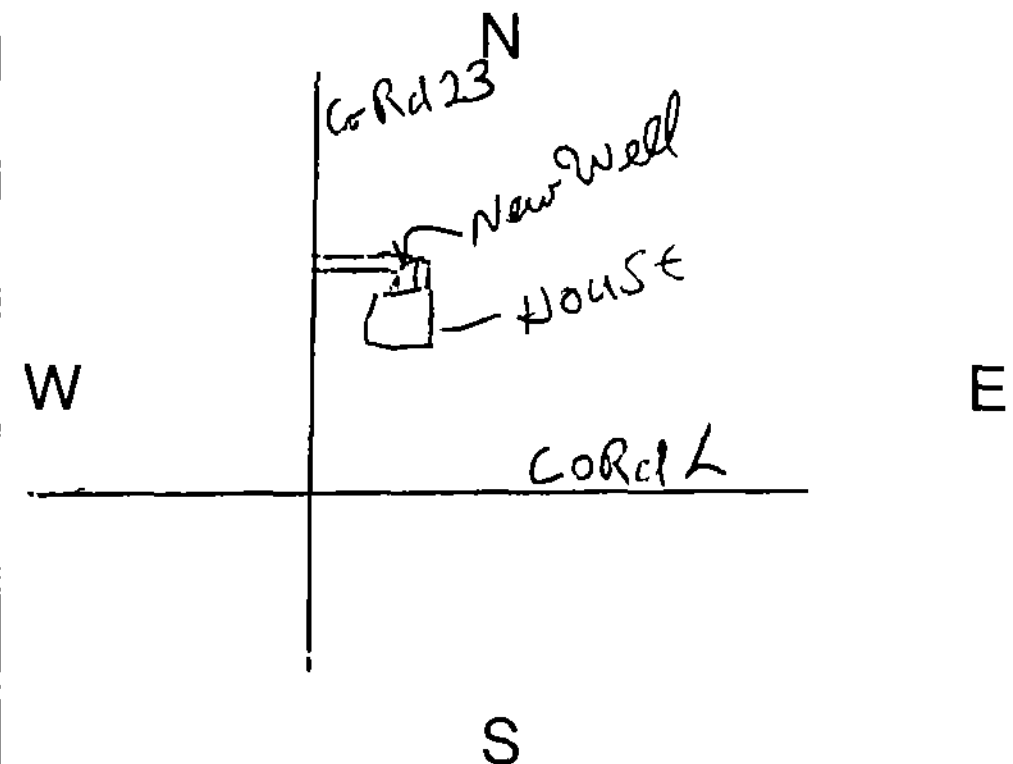
Permit Number _____

CONSTRUCTION DETAILS

Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device ☒ Adapter ☐ Preassembled unit
Use of Well _____ *Home*

Bailing ☐ or Pumping ☒
 Test rate 30 gpm Duration of test _____ hrs.
 Drawdown 2 ft.
 Measured from: ☐ top of casing ☒ ground level ☐ Other _____
 Static Level (depth to water) 2' above ft. Date: 4-13-92
 Quality (clear) cloudy, taste, odor grade
 (Attach a copy of the pumping test record, per 1521.05, ORC)

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



SIGNED Larry Kutt
DATE 4-13-92
ODH REGISTRATION NUMBER 1019

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