

728246

Ohio Department of Natural Resources, Division of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739 Permit N

265-6739
Permit Number 931.92

TOWNSHIP

SECTION/LOT No.
(CIRCLE ONE)

OWNER/BUILDER
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS

(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>5 1/2</u> in.		Length <u>28</u> ft.		Wall Thickness _____ in.		Material _____		Volume used _____	
① Diameter _____ in.		Length _____ ft.		Wall Thickness _____ in.		Method of installation _____		Depth: placed from _____ ft. to _____ ft.			
② Diameter _____ in.		Length _____ ft.		Wall Thickness _____ in.		Method of installation _____		Depth: placed from _____ ft. to _____ ft.			
Type:	☒ Steel	☐ Galv.	☐ PVC	☐ Other _____	GRAVEL PACK (Filter Pack)						
Joints:	☒ Threaded	☐ Welded	☐ Solvent	☐ Other _____	Material _____		Volume used _____				
Liner:	Length _____	Type _____	Wall Thickness _____ in.	Method of installation _____		Depth: placed from _____ ft. to _____ ft.					
SCREEN				Pitless Device		☐ Adapter		☐ Preassembled unit			
Type (wire wrapped, louvered, etc.) _____				Material _____		Use of Well					
Length _____ ft.				Diameter _____ in.		☐ Rotary		☐ Cable		☐ Augered	
Set between _____ ft. and _____ ft.				Slot _____		☐ Driven		☐ Dug		☐ Other _____	
Date of Completion _____						WELL TEST					

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
Top	0	3
Yellow Clay	3	5
Blue Clay	5	18
Sand	18	23
Gravel	23	28

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____
 Test rate _____ gpm Duration of test _____ hrs.
 Drawdown _____ ft.
 Measured from: ☐ top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) _____ ft. Date: _____
 Quality (clear, cloudy, taste, odor) _____

***(Attach a copy of the pumping test record, per section 1521.05, ORC)**

PUMP

Type of pump _____ Capacity _____ gpm
Pump set at _____ ft.
Pump installed by _____

SKETCH SHOWING WELL LOCATION

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

N

W

E

5

DNR 7802.90

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

Drilling Firm

Signed

Address.

Date _____

City, State, Zip

ODH Registration Number

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

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

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

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