

735154

Permit Number 1430

CONSTRUCTION DETAILS

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WELL LOG*	WELL TEST
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WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

WELL TEST

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____
 Test rate _____, gpm Duration of test _____ hrs.
 Drawdown 46 _____ 73 ft.
 Measured from: ☐ top of casing ☒ ground level ☐ Other _____
 Static Level (depth to water) 46 ft. Date: 4/28/92
 Quality (clear) cloudy, taste, odor _____

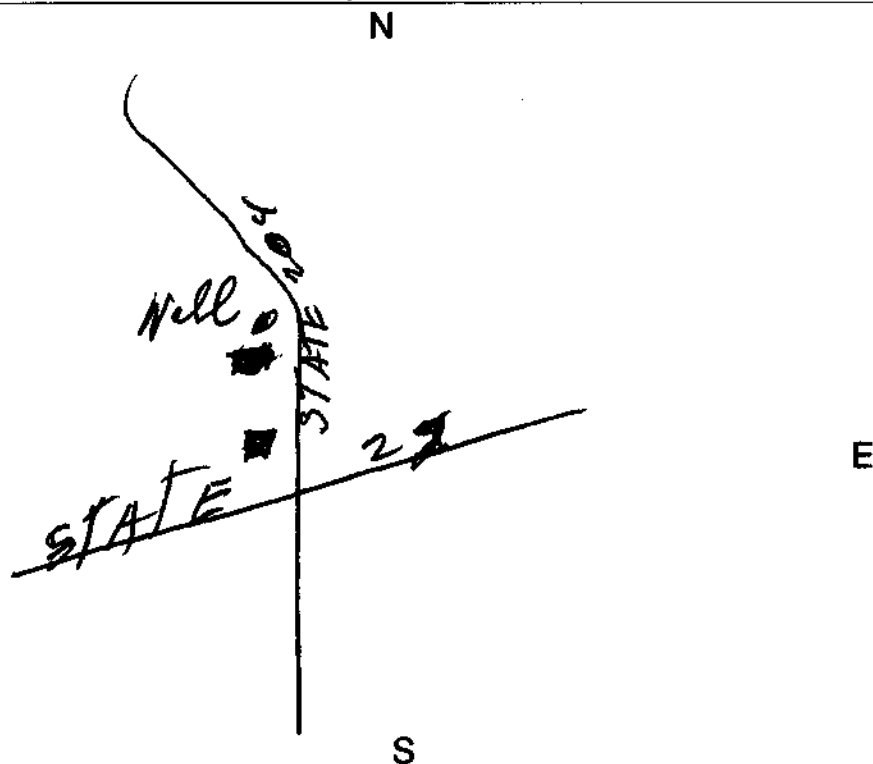
*** (Attach a copy of the pumping test record, per section 1521.05, ORC)**

PUMP

Type of pump Three Melling #4 capacity 9 gpm
Pump set at 183 ft.
Pump installed by Ralph Morgan

SKETCH SHOWING WELL LOCATION

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.

DNR 7802.90

Drilling Firm Blackhorse Drilling Signed Ralph Morgan
Address 9265 Blackhorse Rd. Date 4/28/92
City, State, Zip Somerset, O 43783 ODH Registration Number 1430

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

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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