TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number 2529

COUNTY Mahoning TOWNSHIP Goshen SECTION/LOT No. _____ (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Lester Rycraft PROPERTY ADDRESS 15291 Canfield Rd. (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY On Canfield Rd ½ mile W. of Seacrest

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.

[1] Diameter 6 in. Length 86 ft. Wall Thickness 18 in.
[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in.

Type: [1][2] ☒ Steel [1][2] Galv. [1][2] PVC [1][2] Other _____

Joints: [1][2] Threaded [1][2] ☒ Welded [1][2] Solvent [1][2] Other _____

Liner: Length _____ Type _____ Wall Thickness _____ in.

SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter _____ in.
Set between _____ ft. and _____ ft. Slot _____

GROUT
Material Bentonite Volume used _____
Method of installation Pour
Depth: placed from _____ ft. to _____ ft.

GRAVEL PACK (Filter Pack)
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well _____
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion _____

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.
Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.

	From	To
Clay Sand	0	9
Clay	9	16
Sand Clay Gravel	16	53
W. Soft Shale - Clay	53	78
Dr. Gray Shale	78	82
L. Gr. Sandy Shale	82	102
W. Sandstone	102	123

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 20 gpm Duration of test 2 hrs.
Drawdown _____ ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 30 ft. Date: _____
Quality (clear, cloudy, taste, odor) _____

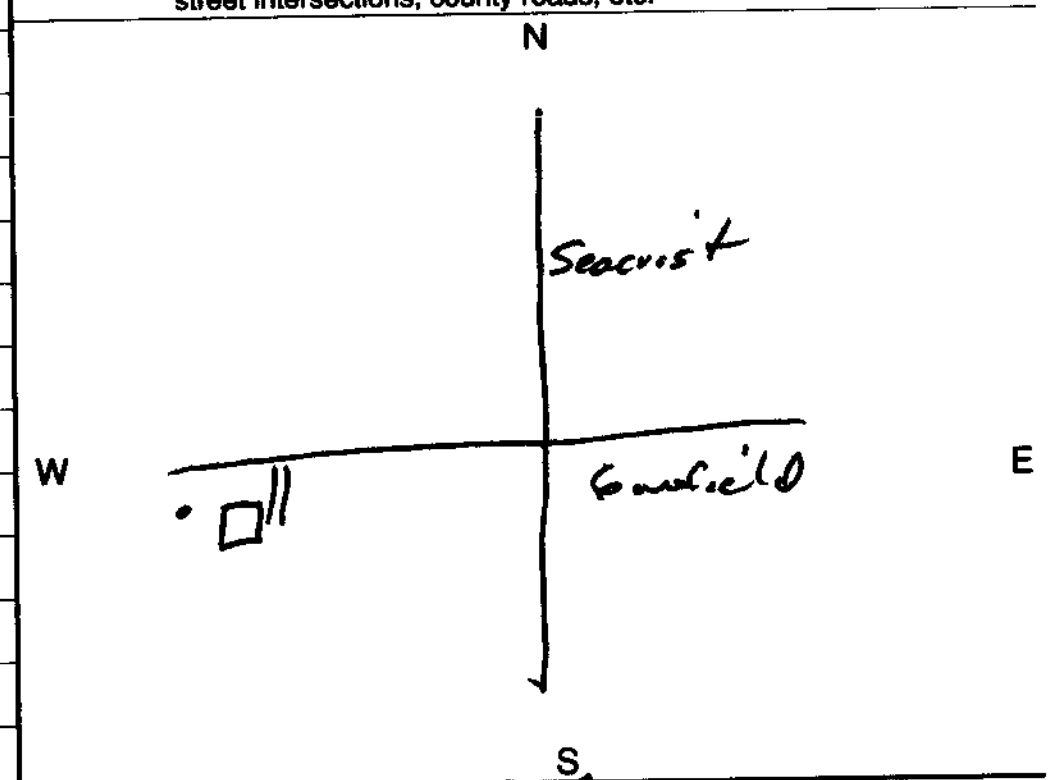
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Sub Capacity 10 gpm
Pump set at 80 ft.
Pump installed by Driller

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

Drilling Firm _____
Address _____
City, State, Zip _____

Signed [signature]
Date _____
ODH Registration Number 468

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