

265-6739
Permit Number

COUNTY Mahoning TOWNSHIP Berlin SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Robert Keck PROPERTY ADDRESS 17171 Mock Road
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY 17171 Mock RD. 2 miles W. Rt 534

CONSTRUCTION DETAILS

CASING		Borehole Diameter _____ in.		GROUT	
1 Diameter	6 in.	Length	63 ft.	Wall Thickness	1 PS in.
2 Diameter	_____ in.	Length	_____ ft.	Wall Thickness	_____ in.
Type:	☒ Steel	☐ Galv.	☐ PVC	☐ Other	_____
Joints:	☐ Threaded	☒ Welded	☐ Solvent	☐ Other	_____
Liner:	Length _____	Type _____	Wall Thickness _____	in.	_____
SCREEN					
Type (wire wrapped, louvered, etc.)	_____		Material	_____	
Length	_____ ft.	Diameter	_____ in.		
Set between	_____ ft.	and	_____ ft.	Slot	_____
		Material		Bentonite	
		Method of installation		Pour	
		Depth: placed from		_____ ft. to _____ ft.	
		GRAVEL PACK (Filter Pack)			
		Material		_____	
		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.

[illegible]

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate _____ gpm Duration of test _____ hrs.
Drawdown 10 _____ ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 43 ft. Date: _____
Quality (clear, cloudy, taste, odor) _____

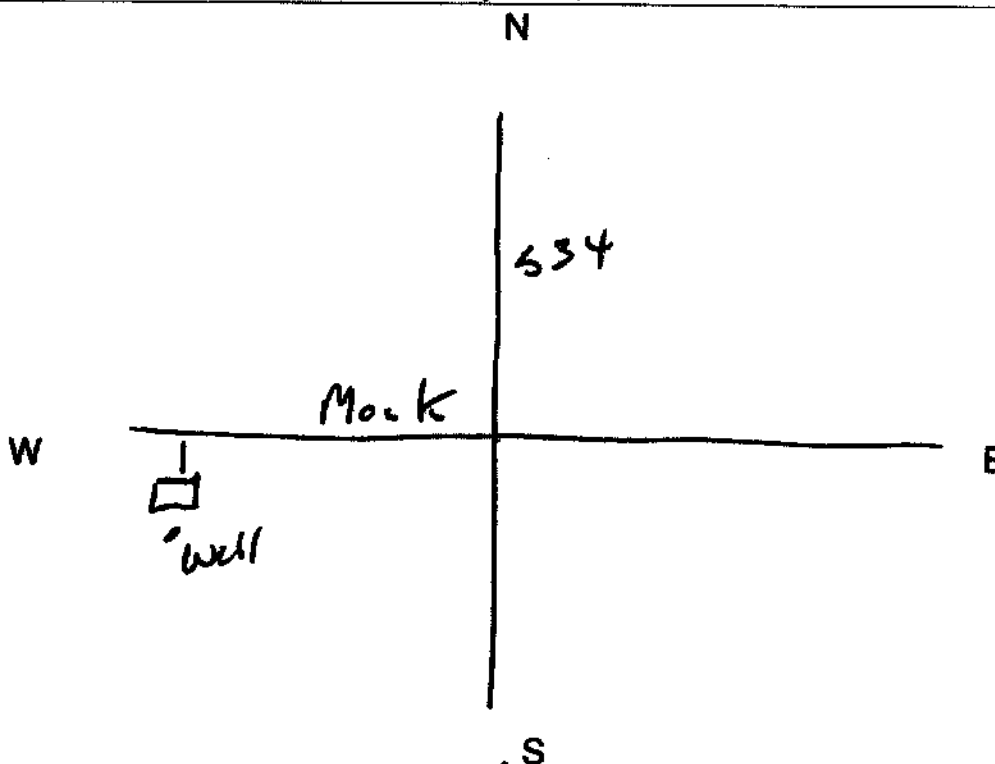
*(Attach a copy of the pumping test record, per section 1521.05. ORC)

PUMP

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

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 **HEADSHAW WELL DRILLING**
Address **3593 BUTLER - GRANGE RD.**
City, State, Zip **SALEM, OHIO 44460**

Signed W. H. Lee, Jr.
Date 10-1-92
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