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

756937

Permit Number 2594

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

OWNER/BUILDER (CIRCLE ONE OR BOTH) Jim May PROPERTY ADDRESS 14855 Seacrest (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 14855 Seacrest ½ mile N. of 62

CONSTRUCTION DETAILS

CASING Borehole Diameter _____ in.

[1] Diameter 6 in. Length 43 ft. Wall Thickness .188 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 Home

☐ 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	0	23
Sand Clay	23	30
Clay Gravel	30	35
Br Sand	35	40
Br Sandstone	40	63
Gr Sandstone	63	79
Br. Sandstone	79	81
Gr "	81	85

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

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

Test rate 40 gpm Duration of test 1 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

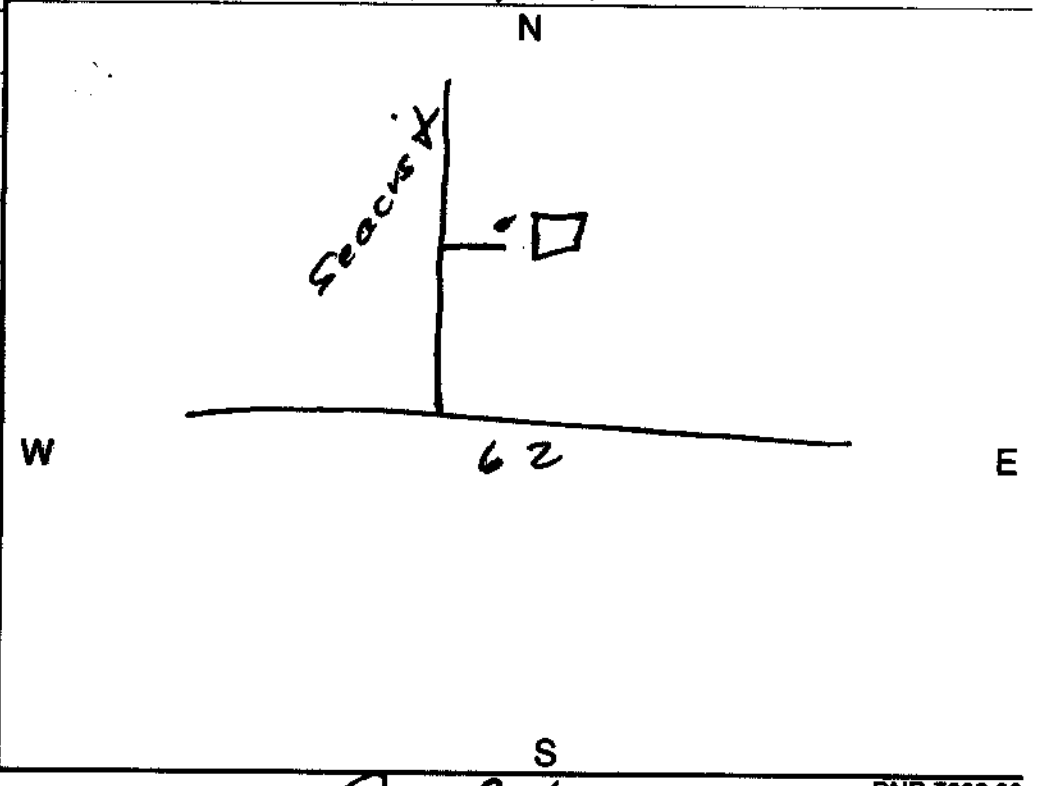
Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

SKETCH SHOWING WELL LOCATION

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



DNR 7802.90

Drilling Firm READSHAW WELL DRILLING

Address 3593 BUTLER - GRANGE RD.

City, State, Zip SALEM, OHIO 44460

Signed Wm Readshaw

Date 10-4-92

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