

**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

757716

Permit Number 1192

COUNTY Pueblo TOWNSHIP Lamier SECTION/LOT No. 1350
(CIRCLE ONE)

OWNER/BUILDER Parrell Brock PROPERTY ADDRESS 1350 Dusty Lane
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1350 Rustin Lane Southeast corner on E corner at end of Sub.

CONSTRUCTION DETAILS

CASING		Borehole Diameter _____ in.		GROUT	
1 Diameter	6 in.	Length	5 $\frac{5}{8}$ ft.	Material	Benseal
2 Diameter	_____ in.	Length	_____ ft.	Volume used	160 PP
Type:	1 Steel	1 Galv.	1 PVC	Method of installation	Pouring
	2 _____	2 _____	2 Other _____	Depth: placed from	Start
Joints:	1 Threaded	1 Welded	1 Solvent	ft. to	Finish
	2 _____	2 _____	2 Other _____	GRAVEL PACK (Filter Pack)	
Liner:	Length _____	Type _____	Wall Thickness _____ in.	Material	_____
SCREEN				Volume used	_____
Type (wire wrapped, louvered, etc.)	_____	Material	_____	Method of installation	_____
Length _____ ft.	Diameter _____ in.			Depth: placed from _____ ft. to _____ ft.	
Set between _____ ft. and _____ ft.	Slot _____			Pitless Device ☐ Adapter ☐ Preassembled unit	
				Use of Well Home	
				☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____	
				Date of Completion	June 7 93

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 30 gpm Duration of test 2 hrs.
 Drawdown 0 ft.
 Measured from: ☐ top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) _____ ft. Date: _____
 Quality (clear, cloudy, taste, odor) Clear
 (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.

A hand-drawn map showing a site layout. The map is oriented with North (N) at the top, South (S) at the bottom, East (E) to the right, and West (W) to the left. A semi-circular feature is on the left side, labeled 'Dead End Dusty Lane'. A small circle with a dot inside is labeled 'Well'. A rectangular area is labeled 'Work Shop'. Another rectangular area is labeled 'House'. To the right of the 'House' is the text 'Sewage System'. The letters 'N', 'S', 'E', and 'W' are placed at the top, bottom, right, and left edges respectively.

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

DNR 7802.90

Drilling Firm Brush Wood Drilling Signed Wilbur Brush
Address 4633 Sulphur Springs Date July 28-93
City, State, Zip Brookville, Ohio 45309 ODH Registration Number 1953

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