

Ohio Department of Natural Resources, Division of Water

TYPE OR USE PEN  
SELF TRANSCRIBING  
PRESS HARD

1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number

758089

COUNTY Franklin

TOWNSHIP Madison

SECTION/LOT No.  
(CIRCLE ONE)

OWNER/BUILDER Helen Miller  
(OR ONE OR BOTH)

PROPERTY ADDRESS 893 Bowen Rd  
(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 1 1/2 Mile North of Rt 33 on Bowen Rd

## CONSTRUCTION DETAILS

|                                                 |                                            |                                  |                                                                                                                                                                                                              |                                           |                   |
|-------------------------------------------------|--------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|
| <b>CASING</b>                                   |                                            | Borehole Diameter _____ in.      |                                                                                                                                                                                                              | <b>GROUT</b>                              |                   |
| ① Diameter <u>5"</u>                            | in.                                        | Length <u>46.10</u>              | ft.                                                                                                                                                                                                          | Wall Thickness <u>1/4</u>                 | in.               |
| ② Diameter _____                                | in.                                        | Length _____                     | ft.                                                                                                                                                                                                          | Material _____                            | Volume used _____ |
| Type: <input checked="" type="checkbox"/> Steel | <input type="checkbox"/> Galv.             | <input type="checkbox"/> PVC     | <input type="checkbox"/>                                                                                                                                                                                     | Method of installation _____              |                   |
| ② <input type="checkbox"/> Steel                | <input type="checkbox"/> Galv.             | <input type="checkbox"/> PVC     | <input type="checkbox"/> Other _____                                                                                                                                                                         | Depth: placed from _____ ft. to _____ ft. |                   |
| Joints: <input type="checkbox"/> Threaded       | <input checked="" type="checkbox"/> Welded | <input type="checkbox"/> Solvent | <input type="checkbox"/>                                                                                                                                                                                     | <b>GRAVEL PACK (Filter Pack)</b>          |                   |
| ② <input type="checkbox"/> Threaded             | <input type="checkbox"/> Welded            | <input type="checkbox"/> Solvent | <input type="checkbox"/> Other _____                                                                                                                                                                         | Material _____ Volume used _____          |                   |
| Liner: Length _____                             | Type _____                                 | Wall Thickness _____             | in.                                                                                                                                                                                                          | Method of installation _____              |                   |
|                                                 |                                            |                                  |                                                                                                                                                                                                              | Depth: placed from _____ ft. to _____ ft. |                   |
| <b>SCREEN</b>                                   |                                            |                                  | <b>Pitless Device</b> <input checked="" type="checkbox"/> Adapter <input type="checkbox"/> Preassembled unit                                                                                                 |                                           |                   |
| Type (wire wrapped, louvered, etc.) _____       |                                            |                                  | Use of Well <u>Des Toxic</u>                                                                                                                                                                                 |                                           |                   |
| Length _____ ft.                                |                                            |                                  | <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other _____ |                                           |                   |
| Diameter _____ in.                              |                                            |                                  | Date of Completion _____                                                                                                                                                                                     |                                           |                   |
| Set between _____ ft. and _____ ft.             |                                            |                                  |                                                                                                                                                                                                              |                                           |                   |
| Slot _____                                      |                                            |                                  |                                                                                                                                                                                                              |                                           |                   |

## 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  
Brown  
Grey  
Sandstone

|    |    |
|----|----|
| 0  | 1f |
| 14 | 28 |
| 28 | 41 |
| 41 | 47 |

## WELL TEST

☐ Bailing      ☒ Pumping      ☐ Other

Test rate 20 gpm      Duration of test 4 hrs

Drawdown .8 ft

Measured from: ☒ top of casing ☐ ground level ☐ Other \_\_\_\_\_  
 Static Level (depth to water) 20 ft. Date: 9-29-96  
 Quality (clear, cloudy, taste, odor) Clear

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

**PUMP**

Type of pump Sub Capacity 10 gpm  
Pump set at 55 ft.  
Pump installed by John Rowe

SKETCH SHOWING WELL LOCATION

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

Hand-drawn map of a road intersection. A horizontal road is labeled 'W' on the left and 'E' on the right. A vertical road intersects it, labeled 'S' at the bottom. The intersection is marked with a star and labeled 'US-33'. Above the intersection, the road is labeled 'Bowling Green Rd'. A north arrow points towards the top left, labeled 'N'. The road name 'Bowling Green Rd' is written along the road.

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

DNR 7802.90

Drilling Firm Johns Cave Well Drilling

Signed Isley Cone

Address 418 S. Maple St

Date 9-29-96

City, State, Zip Lanier, Ga 30132

ODH Registration Number 364

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