

761953

COUNTY MIAMI TOWNSHIP CONCORD SECTION/LOT No. CITY OF TROY
(CIRCLE ONE)
OWNER/BUILDER ROBERT A WAGNER PROPERTY ADDRESS 1336 MARLY CREST DR
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION ▲)
LOCATION OF PROPERTY SAME

CONSTRUCTION DETAILS

CASING		Borehole Diameter _____ in.		GROUT	
1 Diameter <u>5 9/8</u> in.	Length <u>41</u> ft.	Wall Thickness <u>1/42</u> in.	Material _____	Volume used _____	
2 Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation _____		
Type: <u>1</u> Steel <u>1</u> Galv. <u>1</u> PVC	<u>1</u> Steel <u>1</u> Galv. <u>1</u> PVC	<u>1</u> _____	Depth: placed from _____ ft. to _____ ft.		
Joints: <u>1</u> Threaded <u>1</u> Welded	<u>1</u> Threaded <u>1</u> Welded	<u>1</u> _____	GRAVEL PACK (Filter Pack)		
Liner: Length _____ Type _____	Wall Thickness _____ in.	Depth: placed from _____ ft. to _____ ft.	Material _____	Volume used _____	
SCREEN			Method of installation _____		
Type (wire wrapped, louvered, etc.) _____	Material _____		Pitless Device ☒ Adapter ☐ Preassembled unit		
Length _____ ft.	Diameter _____ in.		Use of Well <u>IRRIGATION</u>		
Set between _____ ft. and _____ ft.	Slot _____		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____		
			Date of Completion <u>18 APR 93</u>		

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 20 gpm Duration of test 1 hrs.
Drawdown 5 ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 14 ft. Date: 1-2-84
Quality (clear, cloudy, taste, odor) _____

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

PUMP

Type of pump SUB Capacity 15 gpm
Pump set at 35 ft.
Pump installed by STONTE WELL DRIG

SKETCH SHOWING WELL LOCATION

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

N

W

E

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

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm STOLTZ WELL DRILLING
Address 4004 W. ST. RT. 41
TROY, OHIO 45373
City, State, Zip _____

Signed Uday K. Singh
Date 18 APR 93
ODH Registration Number 1864

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