

COUNTY **Stark** TOWNSHIP **Malboro** SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER **Robert Longo** PROPERTY ADDRESS **8555**
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)
LOCATION OF PROPERTY **8585 Edison St Louisville**

CONSTRUCTION DETAILS

CASING **117** Borehole Diameter **6 1/8** in.
[1] Diameter in. Length **68** ft. Wall Thickness in. Material _____ Volume used _____
[2] Diameter in. Length _____ ft. Wall Thickness in. Method of installation _____
Type: ☒ Steel ☐ Galv. ☐ PVC ☐ Other _____
Joints: ☒ Threaded ☐ Welded ☐ Solvent ☐ Other _____
Liner: Length _____ Type _____ Wall Thickness in. Depth: placed from _____ ft. to _____ ft.
SCREEN
Type (wire wrapped, louvered, etc.) _____ Material _____
Length _____ ft. Diameter in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between _____ ft. and _____ ft. Slot _____
Date of Completion **Aug 17 93**

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
Sand and Gravel	0	20
Gravel sand	20	60
Grey shale	60	70
Grey Limestone	70	80

WELL TEST

☒ Bailing ☐ Pumping ☐ Other _____
Test rate **10** gpm Duration of test **1** hrs.
Drawdown _____ ft.
Measured from: ☒ top of casing ☐ ground level ☐ Other _____
Static Level (depth to water) **30** ft. Date **Aug 17 93**
Quality (clear, cloudy, taste, odor) _____

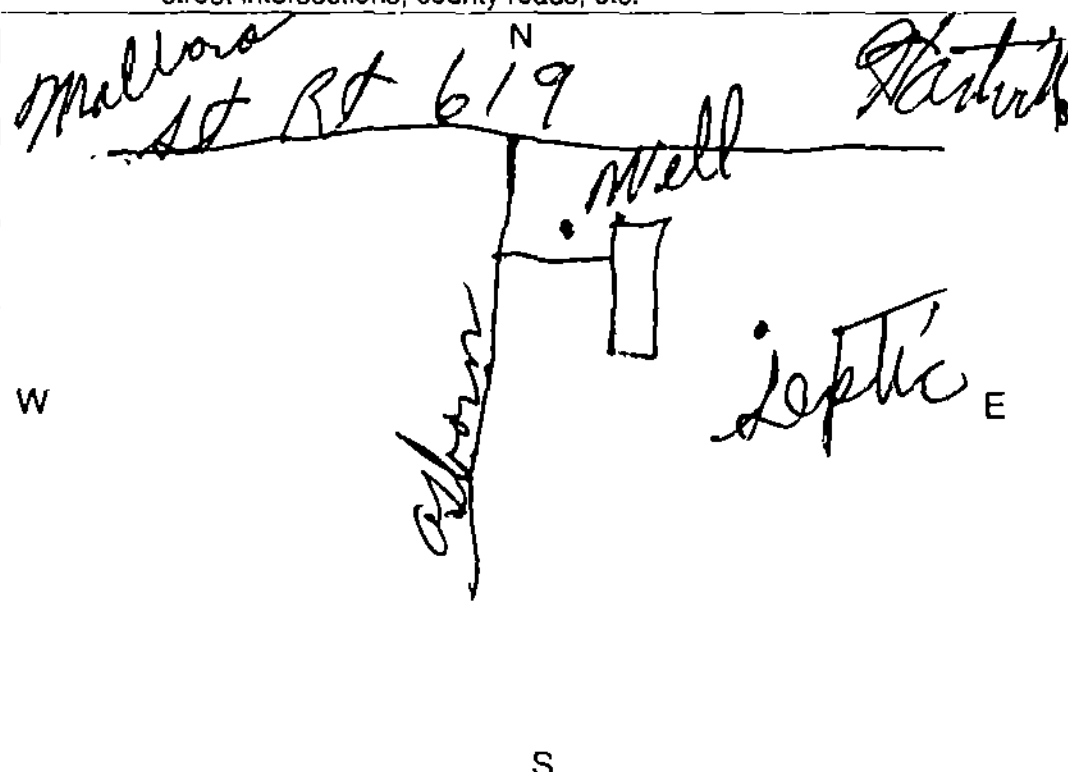
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump **sub** Capacity **10** gpm
Pump set at _____ ft.
Pump installed by **H and H Drilling**

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.

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

Drilling Firm **H and H Drilling**
Address **8585 Edison St Louisville**
City, State, Zip **44601**

Signed **Shirley Hanna**
Date **Aug 17 93**
ODH Registration Number **1374**

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