

COUNTY HIGHLAND

TOWNSHIP PAINT

SECTION 1 LOT No. N. E.
(CIRCLE ONE)

OWNER/BUILDER JOM & SHARON BIDWELL
(CIRCLE ONE OR BOTH)

PROPERTY ADDRESS _____
(ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 13050 DEAR PARK RD, GREENFIELD, OH, 45123

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>8</u> in.	GROUT
☐ Diameter <u>5 5/8</u> in.	Length <u>77</u> ft.	Wall Thickness <u>1</u> in.	Material <u>NATURAL GROUT</u> Volume used <u>?</u>
☐ Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation <u>DRILL</u>
Type: ☐ Steel ☒ Galv. ☐ PVC ☐ Other _____		Depth: placed from <u>TOP</u> ft. to <u>25</u> ft.	GRAVEL PACK (Filter Pack)
Joints: ☐ Threaded ☒ Welded ☐ Solvent ☐ Other _____		Material _____ Volume used _____	Method of installation _____
Liner: Length _____ Type _____ Wall Thickness _____ in.		Depth: placed from _____ ft. to _____ ft.	Pitless Device ☐ Adapter ☐ Preassembled unit
SCREEN		Use of Well	
Type (wire wrapped, louvered, etc.) _____ Material _____		☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____	
Length _____ ft. Diameter _____ in.		Date of Completion _____	
Set between _____ ft. and _____ ft. Slot _____			

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. 123

Show color, texture, hardness, and formation:
sandstone, shale, limestone, gravel, clay, sand, etc.

	From	To
CLAY	0	20
MUCK	20	55
SAND, & GRAVEL	55	75
ROCK	75	125

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____
Test rate 20 gpm Duration of test 2 hrs.
Drawdown NONE ft.
Measured from: ☐ top of casing ☒ ground level ☐ Other _____
Static Level (depth to water) 58 ft. Date: 12-3-94
Quality (clear, cloudy, taste, odor) _____

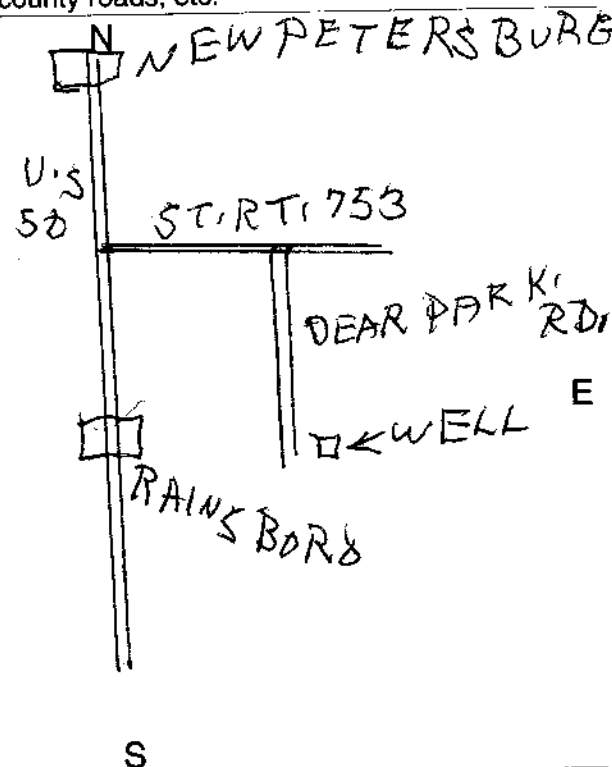
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

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.



*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 CHENOWETH'S DRILLING

Signed E. B. Chenoweth

Address SR 753 BOX 5280

Date 12-3-94

City, State, Zip HILLSBORO OH 45133

ODH Registration Number 0132

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

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