

COUNTY Warren TOWNSHIP Turtlecreek SECTION/LOT No. _____
(CIRCLE ONE)
OWNER/BUILDER Mathers Mill Club PROPERTY ADDRESS 1421 W. Main St
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING 6 1/4 Borehole Diameter _____ in.
① Diameter _____ in. Length 78 ft. Wall Thickness .188 in. Material Bengeal Volume used 150 lb
② Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation dry driven
Type: ① Steel ① Galv. ① PVC ① _____
② _____ ② _____ ② _____ ② _____
Joints: ① _____ ① Welded ① Solvent ① _____
② Threaded ② _____ ② _____ ② _____
Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN Type (wire wrapped, louvered, etc.) wire wrapped Material Stainless Steel
Length 3 ft. Diameter 5 1/2 in. ☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Set between 77 ft. and 80 ft. Slot .030
GRAVEL PACK (Filter Pack)
Material _____ Volume used _____
Method of installation _____
Depth: placed from _____ ft. to _____ ft.
Pitless Device ☒ Adapter ☐ Preassembled unit
Use of Well private
☐ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
Date of Completion 5-25-94

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

top soil

0

1

sand & gravel - tight

1

60

sand & gravel

60

80

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) 44 ft. Date: 5-25-94
Quality (clear, cloudy, taste, odor) cloudy

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

PUMP

Type of pump existing 1/2 H.P. Capacity 10 gpm
Pump set at 74 ft.
Pump installed by Treadway Anst Yeager

SKETCH SHOWING WELL LOCATION

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

N

Markers Rd

W

Rt 63

X
well

E

S

*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 Treadway Anst Yeager

Signed

Carleen Yeager

Address 4351 W Elktion

Date

6-7-94

City, State, Zip Hamilton, OH 45011

ODH Registration Number

11645

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