

COUNTY UNION Co TOWNSHIP Taylor SECTION/LOT No. _____
(CIRCLE ONE)

OWNER/BUILDER Ronald Cole PROPERTY ADDRESS 17356 MARTIN-WELCH RD
(CIRCLE ONE OR BOTH) (ADDRESS OF WELL LOCATION A)

LOCATION OF PROPERTY 33 North TO RT 31 go North & west TO MARTIN WELCH RD RIGHT

CONSTRUCTION DETAILS

CASING		Borehole Diameter <u>7 7/8</u> in.		GROUT	
① Diameter <u>5 1/2</u> in.	Length <u>52</u> ft.	Wall Thickness <u>5/16</u> in.	Material <u>Gravel</u>	Volume used <u>180 lbs</u>	
② Diameter _____ in.	Length _____ ft.	Wall Thickness _____ in.	Method of installation <u>Triumph</u>		
Type: ① Steel ② Galv. ③ PVC ④ Other _____	Depth: placed from <u>52</u> ft. to <u>Surface</u> ft.		GRAVEL PACK (Filter Pack)		
Joints: ① Threaded ② Welded ③ Solvent ④ Other _____	Material _____		Volume used _____		
Liner: Length _____ Type _____	Wall Thickness _____ in.		Method of installation _____		
SCREEN		Depth: placed from _____ ft. to _____ ft.			
Type (wire wrapped, louvered, etc.) _____	Material _____		Pitless Device ☒ Adapter ☐ Preassembled unit		
Length _____ ft.	Diameter _____ in.	Use of Well <u>House well</u>			
Set between _____ ft. and _____ ft.	Slot _____	☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____			
		Date of Completion <u>10-25-94</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 15-20 gpm Duration of test _____ hrs.
 Drawdown 26 ft _____ ft.
 Measured from: ☒ top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) 21 AT ft. Date: 10-25-94
 Quality (clear, cloudy, taste, odor) Clear

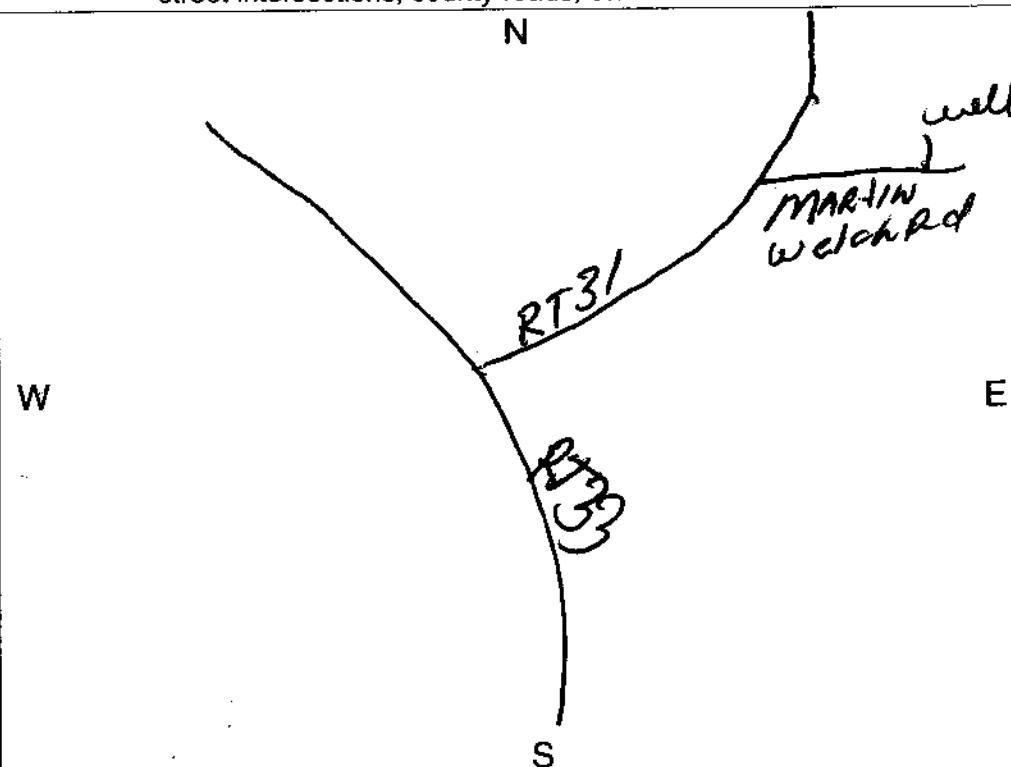
*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Red Jaeli Capacity 1/2 10-12 gpm
Pump set at 30 ft ft.
Pump installed by TL ANDERSON

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 **T L UNDERHILL**
WELL DRILLING
Address **5510 REAR RT. 187**
MECHANICSBURG, OH 43044
City, State, Zip

Signed JJ Anderson
Date 10-25-97

ODH Registration Number 298

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

5583 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