

CONSTRUCTION DETAILS

WELL LOG*

WELL TEST

*(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 _____

WELL LOCATION

Location of well in State Plane coordinates, if available:
 Zone _____ x _____ y _____
 Elevation of well _____ ft./m. Datum plain: ☐ NAD27 ☐ NAD83
 Source of coordinates: ☐ GPS ☐ Survey ☐ Other _____

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.

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

ODH Registration Number

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy