

Ohio Department of Natural Resources
Division of Water, 1939 Fountain Square Drive
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 12757

COUNTY Boss TOWNSHIP Court Green SECTION/LOT No. _____
(Circle One)

OWNER/BUILDER Brian Petzel PROPERTY ADDRESS 4400 Halkville Pike Kington
(Circle One or Both) First Last (Address of well location) Number Street City

LOCATION OF PROPERTY _____ Zip Code + 4 46644-9570

CONSTRUCTION DETAILS

CASING (Length below grade) _____ Borehole Diameter 3 9/16 in.

[1] Diameter 5 9/16 in. Length _____ ft. Wall Thickness SDR 15 in. Material bentonite Volume used 2

[2] Diameter _____ in. Length _____ ft. Wall Thickness _____ in. Method of installation _____

Type: ☐ Steel ☒ Galv. ☒ PVC

☐ Other _____

Gravel Pack (Filler Pack)

Joints: ☐ Threaded ☒ Welded ☒ Solvent

☐ Other _____

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Pitless Device ☐ Adapter ☐ Preassembled unit

Use of Well residential

☒ Rotary ☒ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____

Date of Completion 5-10-96

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

yellow clay
gray clay
sand and gravel

From	To
0	12
12	93
93	122

WELL TEST

☒ Bailing ☐ Pumping* ☐ Other _____

Test rate 7+0A gpm Duration of test _____ hrs.

Drawdown _____ ft.

Measured from: ☒ top of casing ☐ ground level ☐ Other _____

Static Level (depth to water) 80 ft. Date: 5-10-96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump sub Capacity 10 gpm
Pump set at 100' ft.
Pump installed by AWD, Inc.

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.

North

Wes-

— 1992

(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: Agua Well Drilling, Inc Signed: M. Macab (Edmond)
Address: PO Box 213 Date: 5-10-96

City, State, Zip Grove City OH 43123 ODH Registration Number 1643

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