

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

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

Permit Number 183942

COUNTY Medina TOWNSHIP Hickley SECTION/LOT No. _____
(Circle One)

OWNER/BUILDER Robert Connie Baus PROPERTY ADDRESS 1960 Mattingly Rd Hickory
(Circle One or Both) First Last (Address of well location) Number Street City

LOCATION OF PROPERTY S. Side of Mattingly N. of Ridge Rd 44233
Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade)		Borehole Diameter <u>6.5</u> in.		GROUT	
① Diameter <u>5</u> in.	Length* _____ ft.	Wall Thickness _____ in.	Material _____	Volume used _____	
② Diameter _____ in.	Length* _____ ft.	Wall Thickness _____ in.	Method of Installation _____		
Type: ① Steel	① Galv.	① PVC	① _____	Depth: placed from _____ ft. to _____ ft.	
② _____	② _____	② Other _____	GRAVEL PACK (Filter Pack)		
Joints: ① Threaded	① Welded	① Solvent	① _____	Material _____ Volume used _____	
② _____	② _____	② Other _____	Method of installation _____		
Liner: Length _____	Type _____	Wall Thickness _____ in.	Depth: placed from _____ ft. to _____ ft.		

SCREEN

Type (wire wrapped, louvered, etc.) _____ Material _____ Use of Well _____
 Length _____ ft. Diameter _____ in. ☐ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other _____
 Set between _____ ft. and _____ ft. Slot _____ Date of Completion _____

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

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

Snow color, texture, hardness, and formation. sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
Brown Sand clay	0	21
Clay	21	45
Shale Sandstone	45	105

Dry Hole
Plugged well

WELL TEST

☐ Bailing ☐ Pumping* ☐ Other _____
 Test rate _____ gpm Duration of test _____ hrs.
 Drawdown _____ ft.
 Measured from: ☐ top of casing ☐ ground level ☐ Other _____
 Static Level (depth to water) _____ ft. Date: _____
 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 _____

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

A hand-drawn map showing the intersection of three roads. Stony Hill Rd runs horizontally from West to East. Mattings Rd runs vertically from North to South, intersecting Stony Hill Rd. Ridgely Rd runs vertically from North to South, intersecting Mattings Rd. An 'X' marks the intersection of Stony Hill Rd and Mattings Rd. The map is oriented with West at the top, East at the bottom, and South at the right.

*(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 Robert Smith Signed Robert E. Smith

Address 1134 S. Wagon Rd Date 8-18-96

City, State, Zip Barborton 0 442.3 ODH Registration Number 247

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