

WELL LOCATION		CONSTRUCTION DETAILS	
County <u>Seneca</u> Township <u>Thompson</u>		☒ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Other _____	
Owner/Builder <u>Shawn Jarrett</u> (Circle One or Both) First Last		BOREHOLE/CASING (measured from ground surface)	
Address of Well Location <u>11220 E.T.R. 178</u> Number Street Name		1 ☐ Borehole Diameter <u>10 5/8</u> inches Depth <u>38 1/2</u> ft. Casing Diameter <u>6</u> in. Length <u>38 1/2</u> ft. Thickness <u>13/16</u> in.	
City <u>Bellevee</u> Zip Code +4 <u>44811</u>		2 ☐ Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.	
Permit No. <u>9061</u> Section/Lot No. _____ (Circle One or Both)		Casing Height Above Ground <u>1</u> ft.	
Location of Well in State Plane coordinates, if available: <u>home</u> N ☐ X <u>41° 13' 53"</u> +/- <u>16</u> ft. or m S ☐ Y <u>082° 57' 11"</u> +/- <u>16</u> ft. or m		Type 1 ☐ Steel 1 ☐ Galv. 1 ☒ PVC 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____	
Elevation of Well <u>785</u> +/- <u>16</u> ft. or m		Joints 1 ☐ Threaded 1 ☐ Welded 1 ☒ Solvent 1 ☐ 2 ☐ 2 ☐ 2 ☐ 2 ☐ Other _____	
Datum Plain: ☐ NAD27 ☐ NAD83 Elevation Source <u>GPS</u>		SCREEN	
Source of Coordinates: ☒ GPS ☐ Survey ☐ Other _____		Diameter _____ Slot Size _____ Screen Length _____ ft.	
Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: _____ Long: _____ North		Type _____ Material _____	
South		Set Between _____ ft. and _____ ft.	
		GRAVEL PACK (Filter Pack)	
		Material/Size _____ Volume/Weight Used _____	
		Method of Installation _____	
		Depth: Placed FROM _____ ft. TO _____ ft.	
		GROUT	
		Material <u>Benson B2 mud slurry</u> Volume/Weight Used <u>175 gallons</u>	
		Method of Installation <u>pumped 1" tremie</u>	
		Depth: Placed FROM <u>38 1/2</u> ft. TO <u>0</u> ft.	
WELL TEST*		DRILLING LOG*	
Pre-Pumping Static Level <u>15</u> ft. Date <u>11/4/09</u>		INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.	
Measured from: ☐ Top of Casing ☒ Ground Level ☐ Other _____		Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	
☒ Air ☐ Bailing ☐ Pumping* ☐ Other _____		From To	
Test Rate <u>20</u> gpm Duration of Test <u>1</u> hrs.		Yellow Clay 0 12	
Feet of Drawdown <u>100</u> ft. Sustainable Yield <u>20</u> gpm		Blue Clay 12 15	
*(Attach a copy of the pumping test record, per section 1521.05, ORC)		Limestone 15 100	
Is Copy Attached? ☐ Yes ☒ No Flowing Well? ☐ Yes ☒ No			
Quality <u>good</u>			
PUMP/PITLESS			
Type of pump <u>Sub.</u> Capacity <u>10</u> gpm			
Pump set at <u>90</u> ft. Pitless Type <u>pull through</u>			
Pump installed by <u>Tibbles Well Drilling</u>			
I hereby certify the information given is accurate and correct to the best of my knowledge.			
Drilling Firm <u>Tibbles Well Drilling</u>			
Address <u>8377 Rt. 18</u>			
City, State, Zip <u>Bellevee, Oh. 44811</u>			
Signed <u>[Signature]</u> Date <u>11/4/09</u>			
ODH Registration Number <u>0321</u>			
		*(If more space is needed to complete drilling log, use next consecutively numbered form.)	
		Date of Well Completion <u>11/4/09</u> Total Depth of Well <u>100</u> ft.	

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 43224-9971
Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy