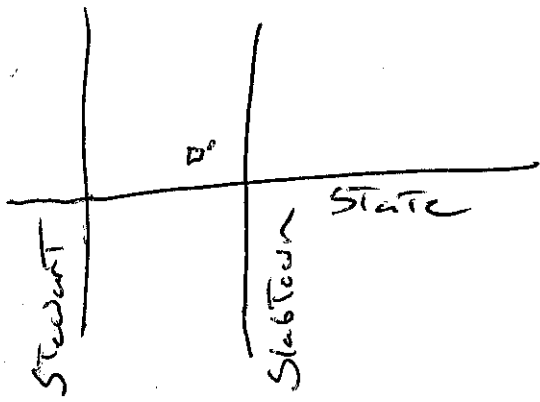


| WELL LOCATION                                                                                                                                                                                                                                | CONSTRUCTION DETAILS                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| County <u>Allen</u> Township <u>Monroe</u>                                                                                                                                                                                                   | <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Augered <input type="checkbox"/> Driven <input type="checkbox"/> Other _____ |
| Owner/Builder (Owner or Both) <u>Anthony Grites</u><br>First Last                                                                                                                                                                            | <b>BOREHOLE/CASING</b> (measured from ground surface)                                                                                                                           |
| Address of Well Location <u>2381 E State Rd</u><br>Number Street Name                                                                                                                                                                        | 1 <input type="checkbox"/> Borehole Diameter <u>5 1/2</u> inches Depth <u>58</u> ft.<br>Casing Diameter <u>6</u> in. Length <u>42</u> ft. Thickness <u>188</u> in.              |
| City <u>Lima</u> Zip Code +4 <u>45807</u>                                                                                                                                                                                                    | 2 <input type="checkbox"/> Borehole Diameter _____ inches Depth _____ ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                     |
| Permit No. <u>50-17</u> Section/Lot No. _____<br>(Circle One or Both)                                                                                                                                                                        | Casing Height Above Ground _____ ft.                                                                                                                                            |
| Location of Well in State Plane coordinates, if available: Use of Well <u>Home</u>                                                                                                                                                           | Type 1 <input checked="" type="checkbox"/> Steel 1 <input checked="" type="checkbox"/> Galv. 1 <input type="checkbox"/> PVC 1 <input type="checkbox"/> Other _____              |
| N <input checked="" type="checkbox"/> X <u>40°49' 077+/- 12</u> ft. or m                                                                                                                                                                     | 2 <input type="checkbox"/> Threaded 2 <input type="checkbox"/> Welded 2 <input type="checkbox"/> Solvent 2 <input type="checkbox"/> Other _____                                 |
| W <input type="checkbox"/> Y <u>089°03' 694+/- 12</u> ft. or m                                                                                                                                                                               | <b>SCREEN</b>                                                                                                                                                                   |
| Elevation of Well <u>822+/- 12</u> ft. or m                                                                                                                                                                                                  | Diameter _____ Slot Size _____ Screen Length _____ ft.                                                                                                                          |
| Datum Plain: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source <u>GPS</u>                                                                                                                                       | Type _____ Material _____                                                                                                                                                       |
| Source of Coordinates: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Other _____                                                                                                          | Set Between _____ ft. and _____ 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: _____<br>North | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                |
|                                                                                                                                                                                                                                              | Material/Size _____ Volume/Weight Used _____                                                                                                                                    |
|                                                                                                                                                                                                                                              | Method of Installation _____                                                                                                                                                    |
|                                                                                                                                                                                                                                              | Depth: Placed FROM _____ ft. TO _____ ft.                                                                                                                                       |
|                                                                                                                                                            | <b>GROUT</b>                                                                                                                                                                    |
|                                                                                                                                                                                                                                              | Material <u>Bestonite Grout</u> Volume/Weight Used <u>80#</u>                                                                                                                   |
|                                                                                                                                                                                                                                              | Method of Installation <u>Gravity</u>                                                                                                                                           |
|                                                                                                                                                                                                                                              | Depth: Placed FROM <u>0</u> ft. TO <u>42</u> ft.                                                                                                                                |
| <b>WELL TEST*</b>                                                                                                                                                                                                                            | <b>DRILLING LOG*</b>                                                                                                                                                            |
| Pre-Pumping Static Level <u>20</u> ft. Date <u>Oct 17</u>                                                                                                                                                                                    | INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.                                                                                                                                |
| Measured from: <input checked="" type="checkbox"/> Top of Casing <input type="checkbox"/> Ground Level <input type="checkbox"/> Other _____                                                                                                  | Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.                                                                             |
| <input type="checkbox"/> Air <input checked="" type="checkbox"/> Bailing <input type="checkbox"/> Pumping* <input type="checkbox"/> Other _____                                                                                              | From To                                                                                                                                                                         |
| Test Rate <u>12</u> gpm Duration of Test <u>2</u> hrs.                                                                                                                                                                                       | <u>Brown clay w/ sand</u> 0 12                                                                                                                                                  |
| Feet of Drawdown <u>8</u> ft. Sustainable Yield <u>12</u> gpm                                                                                                                                                                                | <u>Blue Gray Clay</u> 12 42                                                                                                                                                     |
| *(Attach a copy of the pumping test record, per section 1521.05, ORC)                                                                                                                                                                        | <u>Limestone</u> 42 58                                                                                                                                                          |
| Is Copy Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flowing Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                      | <u>Water AT 57'</u>                                                                                                                                                             |
| Quality _____                                                                                                                                                                                                                                |                                                                                                                                                                                 |
| <b>PUMP/PITLESS</b>                                                                                                                                                                                                                          |                                                                                                                                                                                 |
| Type of pump _____ Capacity _____ gpm                                                                                                                                                                                                        |                                                                                                                                                                                 |
| Pump set at _____ ft. Pitless Type _____                                                                                                                                                                                                     |                                                                                                                                                                                 |
| Pump installed by _____                                                                                                                                                                                                                      |                                                                                                                                                                                 |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                                                                                                                                                  |                                                                                                                                                                                 |
| Drilling Firm <u>Waldron Well Drilling</u>                                                                                                                                                                                                   |                                                                                                                                                                                 |
| Address <u>5757 Rockport Rd</u>                                                                                                                                                                                                              |                                                                                                                                                                                 |
| City, State, Zip <u>Columbus, Ohio 45830</u>                                                                                                                                                                                                 |                                                                                                                                                                                 |
| Signed <u>Peter Waldron</u> Date <u>Oct 17</u>                                                                                                                                                                                               |                                                                                                                                                                                 |
| ODH Registration Number <u>1766</u>                                                                                                                                                                                                          |                                                                                                                                                                                 |
|                                                                                                                                                                                                                                              | *(If more space is needed to complete drilling log, use next consecutively numbered form.)                                                                                      |
|                                                                                                                                                                                                                                              | Date of Well Completion <u>Oct-17</u> Total Depth of Well <u>58</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 SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-6693

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