

# WELL LOG AND DRILLING REPORT

DNR 7802.05e

Ohio Department of Natural Resources  
Division of Water, 2045 Morse Road, Columbus, Ohio 43229-6605  
Voice (614) 265-6740 Fax (614) 265-6767

Well Log Number

2038061

Page 1 of 1 for this record.

| WELL LOCATION                                                                                                                                                                                                                                                                   | CONSTRUCTION DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------|-----------|------|----|--|--|---------------|---|----|------|--|-------|----|----|--|--|-----------|----|----|--|--|------|----|----|--|--|------|----|----|------|--|-----------|----|-----|-----------|--|-------|-----|-----|------|-------|-------|-----|-----|----------|------|-------|-----|-----|------|--|-------|-----|-----|-----------|--|-------|-----|-----|--|--|-----------|-----|-----|------|-------|-------|-----|-----|-----------|--|-------|-----|-----|------|--|-----------|-----|-----|--|-------|-------|-----|-----|-------|--|-----------|-----|-----|------|--|-------|-----|-----|-------|--------|-----------|-----|-----|--|--|----------------------|-----|-----|
| County <u>TUSCARAWAS</u> Township <u>FRANKLIN</u>                                                                                                                                                                                                                               | Drilling Method: <u>ROTARY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Owner/Builder<br><u>TIM JEANDERVIN</u>                                                                                                                                                                                                                                          | <b>BOREHOLE/CASING</b> (Measured from ground surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Address of Well Location<br><u>4057 PARROT RD</u>                                                                                                                                                                                                                               | 1 { Borehole Diameter <u>12</u> inches Depth <u>29</u> ft.<br>Casing Diameter <u>8</u> in. Length <u>29</u> ft. Thickness <u>0.332</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| City <u>STRASBURG</u> Zip Code +4 <u>44680</u>                                                                                                                                                                                                                                  | 2 { Borehole Diameter <u>8</u> inches Depth <u>238</u> ft.<br>Casing Diameter <u>5</u> in. Length <u>240</u> ft. Thickness <u>0.265</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Permit No. <u>509887</u> Section; <u>1</u> and/or Lot No. _____                                                                                                                                                                                                                 | Casing Height Above Ground <u>2</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Use of Well <u>DOMESTIC</u>                                                                                                                                                                                                                                                     | Type { 1: <u>PVC</u><br>2: <u>PVC</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| <b>Coordinates of Well</b> (Use only one of the below coordinate systems)                                                                                                                                                                                                       | Joints { 1: <u>Solvent</u><br>2: <u>Solvent</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| State Plane Coordinates                                                                                                                                                                                                                                                         | <b>SCREEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| N <input type="checkbox"/> X _____ +/- _____ ft.                                                                                                                                                                                                                                | Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| S <input type="checkbox"/> Y _____ +/- _____ ft.                                                                                                                                                                                                                                | Type _____ Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Latitude, Longitude Coordinates                                                                                                                                                                                                                                                 | Set Between _____ ft. and _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Latitude: <u>40.644167</u> Longitude: <u>-81.528333</u>                                                                                                                                                                                                                         | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Elevation of Well in feet: <u>1270</u> +/- _____ ft.                                                                                                                                                                                                                            | Material/Size _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Datum Plane: <input type="checkbox"/> NAD27 <input checked="" type="checkbox"/> NAD83 Elevation Source <u>GPS</u>                                                                                                                                                               | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Source of Coordinates: <u>GPS</u>                                                                                                                                                                                                                                               | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Well location written description:                                                                                                                                                                                                                                              | <b>GROUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | Material <u>Bentonite slurry</u> Vol/Wt. Used <u>384 GAL / 800 LBS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | Method of Installation <u>Pumped w/Tremie pipe</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | Depth: Placed From: <u>0</u> ft. To: <u>238</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Comments on water quality/quantity and well construction:<br><u>IRON 0.8 / PH 7.5 / GH 11 /</u><br><u>BOREHOLE #2: CASING INSTALLED WAS 200' OF 5" THICKNESS 0.265</u><br><u>AND 40' OF 5" THICKNESS 0.327.</u><br><u>DRILLING: ALSO DRILLED 122' OF 5", 238' DOWN TO 360'.</u> | <b>DRILLING LOG*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Color</th> <th>Texture</th> <th>Formation</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>FILL MATERIAL</td> <td>0</td> <td>24</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SHALE</td> <td>24</td> <td>36</td> </tr> <tr> <td></td> <td></td> <td>LIMESTONE</td> <td>36</td> <td>39</td> </tr> <tr> <td></td> <td></td> <td>COAL</td> <td>39</td> <td>41</td> </tr> <tr> <td></td> <td></td> <td>CLAY</td> <td>41</td> <td>51</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SANDSTONE</td> <td>51</td> <td>132</td> </tr> <tr> <td>DARK GRAY</td> <td></td> <td>SHALE</td> <td>132</td> <td>148</td> </tr> <tr> <td>GRAY</td> <td>SANDY</td> <td>SHALE</td> <td>148</td> <td>172</td> </tr> <tr> <td>LT. GRAY</td> <td>SOFT</td> <td>SHALE</td> <td>172</td> <td>178</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SHALE</td> <td>178</td> <td>200</td> </tr> <tr> <td>DARK GRAY</td> <td></td> <td>SHALE</td> <td>200</td> <td>207</td> </tr> <tr> <td></td> <td></td> <td>LIMESTONE</td> <td>207</td> <td>208</td> </tr> <tr> <td>GRAY</td> <td>SANDY</td> <td>SHALE</td> <td>208</td> <td>220</td> </tr> <tr> <td>DARK GRAY</td> <td></td> <td>SHALE</td> <td>220</td> <td>317</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SANDSTONE</td> <td>317</td> <td>327</td> </tr> <tr> <td></td> <td>SANDY</td> <td>SHALE</td> <td>327</td> <td>336</td> </tr> <tr> <td>WHITE</td> <td></td> <td>SANDSTONE</td> <td>336</td> <td>351</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SHALE</td> <td>351</td> <td>358</td> </tr> <tr> <td>WHITE</td> <td>PEBBLY</td> <td>SANDSTONE</td> <td>358</td> <td>360</td> </tr> <tr> <td></td> <td></td> <td>Water Encountered At</td> <td>345</td> <td>360</td> </tr> </tbody> </table> | Color                | Texture | Formation | From | To |  |  | FILL MATERIAL | 0 | 24 | GRAY |  | SHALE | 24 | 36 |  |  | LIMESTONE | 36 | 39 |  |  | COAL | 39 | 41 |  |  | CLAY | 41 | 51 | GRAY |  | SANDSTONE | 51 | 132 | DARK GRAY |  | SHALE | 132 | 148 | GRAY | SANDY | SHALE | 148 | 172 | LT. GRAY | SOFT | SHALE | 172 | 178 | GRAY |  | SHALE | 178 | 200 | DARK GRAY |  | SHALE | 200 | 207 |  |  | LIMESTONE | 207 | 208 | GRAY | SANDY | SHALE | 208 | 220 | DARK GRAY |  | SHALE | 220 | 317 | GRAY |  | SANDSTONE | 317 | 327 |  | SANDY | SHALE | 327 | 336 | WHITE |  | SANDSTONE | 336 | 351 | GRAY |  | SHALE | 351 | 358 | WHITE | PEBBLY | SANDSTONE | 358 | 360 |  |  | Water Encountered At | 345 | 360 |
| Color                                                                                                                                                                                                                                                                           | Texture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Formation            | From    | To        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FILL MATERIAL        | 0       | 24        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 24      | 36        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LIMESTONE            | 36      | 39        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | COAL                 | 39      | 41        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CLAY                 | 41      | 51        |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SANDSTONE            | 51      | 132       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| DARK GRAY                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 132     | 148       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            | SANDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SHALE                | 148     | 172       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| LT. GRAY                                                                                                                                                                                                                                                                        | SOFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SHALE                | 172     | 178       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 178     | 200       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| DARK GRAY                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 200     | 207       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LIMESTONE            | 207     | 208       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            | SANDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SHALE                | 208     | 220       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| DARK GRAY                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 220     | 317       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SANDSTONE            | 317     | 327       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | SANDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SHALE                | 327     | 336       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| WHITE                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SANDSTONE            | 336     | 351       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| GRAY                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | SHALE                | 351     | 358       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| WHITE                                                                                                                                                                                                                                                                           | PEBBLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SANDSTONE            | 358     | 360       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Water Encountered At | 345     | 360       |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| <b>WELL TEST *</b>                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Pre-Pumping Static Level <u>188</u> ft. Date <u>6/8/2012</u>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Measured from <u>TOP OF CASING</u>                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Pumping test method <u>AIR</u>                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Test Rate <u>12</u> gpm Duration of Test <u>1</u> hrs.                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Feet of Drawdown <u>92</u> ft. Sustainable Yield <u>12</u> gpm                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| *(Attach a copy of the pumping test record, per section 1521.05, ORC)                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Is Copy Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flowing Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| <b>PUMP/PITLESS</b>                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Type of pump <u>SUBMERSIBLE</u> Capacity <u>7</u> gpm                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Pump set at <u>280</u> ft. Pitless Type <u>CLEARWAY</u>                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Pump installed by <u>JENEI DRILLING CO. INC.</u>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Drilling Firm <u>JENEI DRILLING CO. INC.</u>                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Address <u>P O BOX 67</u>                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| City, State, Zip <u>STRASBURG OH 44680</u>                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| Signed <u>ROBERT L. JENEI, PRES</u> Date <u>6/19/2012</u>                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| (Filed Electronically)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
| ODH Registration Number <u>0031</u>                                                                                                                                                                                                                                             | Aquifer Type (Formation producing the most water.) <u>SANDSTONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |
|                                                                                                                                                                                                                                                                                 | Date of Well Completion <u>6/8/2012</u> Total Depth of Well <u>360</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |         |           |      |    |  |  |               |   |    |      |  |       |    |    |  |  |           |    |    |  |  |      |    |    |  |  |      |    |    |      |  |           |    |     |           |  |       |     |     |      |       |       |     |     |          |      |       |     |     |      |  |       |     |     |           |  |       |     |     |  |  |           |     |     |      |       |       |     |     |           |  |       |     |     |      |  |           |     |     |  |       |       |     |     |       |  |           |     |     |      |  |       |     |     |       |        |           |     |     |  |  |                      |     |     |

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.  
Distribute copies of this record to Customer, and Local Health Department.