

# WELL LOG AND DRILLING REPORT

DNR 7802.05e

Ohio Department of Natural Resources  
Division of Geological Survey, 2045 Morse Road, Columbus, Ohio 43229-6605  
Phone (614) 265-6576

Well Log Number

**3018209**Page 1 of 2 for this record.

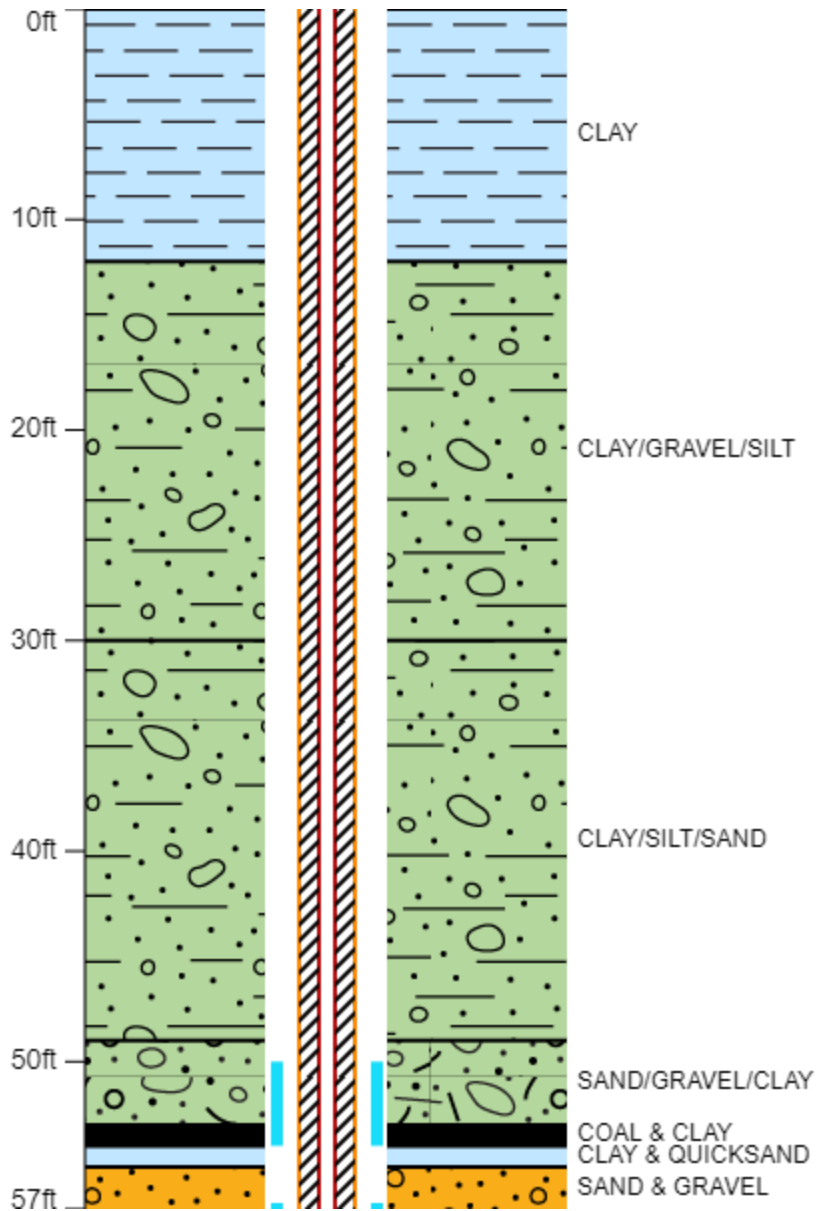
| WELL LOCATION                                                                                                               | CONSTRUCTION DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------|-----------|------|----|--|--|------|---|----|--|--|------------------|----|----|--|--|----------------|----|----|-------|--|------------------|----|----|--|--|-------------|----|----|-------|--|------------------|----|----|------|--|---------------|----|----|--|--|----------|----|----|--|--|----------|----|----|--|--|----------|----|----|
| County <u>GEAUGA</u> Township <u>BAINBRIDGE</u>                                                                             | Drilling Method: <u>CABLE TOOL</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Owner/Builder <u>RANDY COLLINS</u>                                                                                          | <b>BOREHOLE/CASING</b> (Measured from ground surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Address of Well Location <u>17829 SNYDER RD</u>                                                                             | 1 { Borehole Diameter <u>5.625</u> inches Depth <u>57</u> ft.<br>Casing Diameter <u>5.625</u> in. Length <u>62</u> ft. Thickness <u>0.188</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| City <u>CHAGRIN FALLS</u> Zip Code <u>+4</u>                                                                                | 2 { Borehole Diameter _____ inches Depth _____ ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Permit No. _____ Section; _____ and/or Lot No. _____                                                                        | Casing Height Above Ground <u>2</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Use of Well <u>DOMESTIC</u>                                                                                                 | Type { 1: <u>STEEL</u><br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| <b>Coordinates of Well</b> (Use only one of the below coordinate systems)                                                   | Joints { 1: <u>WELDED</u><br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Latitude, Longitude Coordinates                                                                                             | <b>SCREEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Latitude: <u>41.384346</u> Longitude: <u>-81.307664</u>                                                                     | Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Elevation of Well in feet: <u>1123.8</u> +/- _____ ft.                                                                      | Type _____ Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Datum Plane: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source <u>DIGITAL MAP</u>              | Set Between _____ ft. and _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Source of Coordinates: <u>DIGITAL MAP</u>                                                                                   | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Well location written description:                                                                                          | Material/Size _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | <b>GROUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | Material <u>BENTONITE DRY GRANULA</u> Vol/Wt. Used <u>100 LBS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | Method of Installation <u>DRY-DRIVEN</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | Depth: Placed From: <u>0</u> ft. To: <u>57</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             | <b>DRILLING LOG*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Comments on water quality/quantity and well construction:<br><u>Flwoing 30 GPM Dirty at 50'. Flowing 15 GPM Clean @ 50'</u> | 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>CLAY</td><td>0</td><td>12</td></tr><tr><td></td><td></td><td>CLAY/GRAVEL/SILT</td><td>12</td><td>30</td></tr><tr><td></td><td></td><td>CLAY/SILT/SAND</td><td>30</td><td>49</td></tr><tr><td>BROWN</td><td></td><td>SAND/GRAVEL/CLAY</td><td>49</td><td>53</td></tr><tr><td></td><td></td><td>COAL &amp; CLAY</td><td>53</td><td>54</td></tr><tr><td>BROWN</td><td></td><td>CLAY &amp; QUICKSAND</td><td>54</td><td>55</td></tr><tr><td>GRAY</td><td></td><td>SAND &amp; GRAVEL</td><td>55</td><td>57</td></tr><tr><td></td><td></td><td>WATER AT</td><td>12</td><td>12</td></tr><tr><td></td><td></td><td>WATER AT</td><td>50</td><td>54</td></tr><tr><td></td><td></td><td>WATER AT</td><td>57</td><td>57</td></tr></tbody></table> | Color            | Texture | Formation | From | To |  |  | CLAY | 0 | 12 |  |  | CLAY/GRAVEL/SILT | 12 | 30 |  |  | CLAY/SILT/SAND | 30 | 49 | BROWN |  | SAND/GRAVEL/CLAY | 49 | 53 |  |  | COAL & CLAY | 53 | 54 | BROWN |  | CLAY & QUICKSAND | 54 | 55 | GRAY |  | SAND & GRAVEL | 55 | 57 |  |  | WATER AT | 12 | 12 |  |  | WATER AT | 50 | 54 |  |  | WATER AT | 57 | 57 |
| Color                                                                                                                       | Texture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Formation        | From    | To        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAY             | 0       | 12        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAY/GRAVEL/SILT | 12      | 30        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAY/SILT/SAND   | 30      | 49        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| BROWN                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SAND/GRAVEL/CLAY | 49      | 53        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | COAL & CLAY      | 53      | 54        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| BROWN                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAY & QUICKSAND | 54      | 55        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| GRAY                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SAND & GRAVEL    | 55      | 57        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WATER AT         | 12      | 12        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WATER AT         | 50      | 54        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
|                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | WATER AT         | 57      | 57        |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| <b>WELL TEST *</b>                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Pre-Pumping Static Level <u>0</u> ft. Date <u>7/17/2024</u>                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Measured from <u>TOP OF CASING</u>                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Pumping test method <u>PUMPING</u>                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Test Rate <u>15</u> gpm Duration of Test <u>2</u> hrs.                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Feet of Drawdown <u>1</u> ft. Sustainable Yield <u>15</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>10</u> gpm                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Pump set at <u>25</u> ft. Pitless Type <u>PULL THROUGH</u>                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Pump installed by _____                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Drilling Firm <u>BLAZEK WELL DRILLING</u>                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Address <u>5713 ALLYN RD</u>                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| City, State, Zip <u>HIRAM OH 44234</u>                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Signed <u>ANDREW BLAZEK</u> Date <u>10/9/2024</u>                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| (Filed Electronically)                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| ODH Registration Number <u>003891</u>                                                                                       | Last Revised on <u>8/1/2025</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Aquifer Type (Formation producing the most water.) <u>SAND &amp; GRAVEL</u>                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |         |           |      |    |  |  |      |   |    |  |  |                  |    |    |  |  |                |    |    |       |  |                  |    |    |  |  |             |    |    |       |  |                  |    |    |      |  |               |    |    |  |  |          |    |    |  |  |          |    |    |  |  |          |    |    |
| Date of Well Completion <u>07/17/2024</u> Total Depth of Well <u>57</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.

**WELL LOG AND DRILLING REPORT**

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

**3018209**Page 2 of 2 for this record.

String: 1

Borehole Depth: 57 ft.

Borehole Diameter: 5.625 in.

Casing Length: 59 ft.

Casing Diameter: 5.625 in.

| Borehole

| Casing

| Grout

| Water At