

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

3030910Page 1 of 2 for this record.

WELL LOCATION	CONSTRUCTION DETAILS																																													
County <u>MONTGOMERY</u> Township <u>PERRY</u>	Drilling Method: <u>CABLE TOOL</u>																																													
<u>JAKE</u> <u>DULL / KD316</u> Owner/Builder	BOREHOLE/CASING (Measured from ground surface)																																													
<u>PROVIDENCE RD</u> Address of Well Location	1 { Borehole Diameter <u>7.5</u> inches Depth <u>35</u> ft. Casing Diameter <u>6</u> in. Length <u>35.5</u> ft. Thickness <u>0.188</u> in.																																													
City <u>WEST ALEXANDRIA</u> Zip Code +4 <u>45381</u>	2 { Borehole Diameter <u>6</u> inches Depth <u>52</u> ft. 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>AGRIC/IRRIG</u>	Type { 1: <u>STEEL</u> 2: _____																																													
Coordinates of Well (Use only one of the below coordinate systems)	Joints { 1: <u>WELDED</u> 2: _____																																													
Latitude, Longitude Coordinates	SCREEN																																													
Latitude: <u>39.810116</u> Longitude: <u>-84.452646</u>	Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																													
Elevation of Well in feet: <u>1021.5</u> +/- _____ ft.	Type _____ Material _____																																													
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source <u>DIGITAL MAP</u>	Set Between _____ ft. and _____ ft.																																													
Source of Coordinates: <u>DIGITAL MAP</u>	GRAVEL PACK (Filter Pack)																																													
Well location written description:	Material/Size _____ Vol/Wt. Used _____																																													
<u>Between Sulhpur Springs and Crawford Toms Run Rd</u>	Method of Installation _____																																													
	Depth: Placed From: _____ ft. To: _____ ft.																																													
	GROUT																																													
	Material <u>BENTONITE DRY GRANULA</u> Vol/Wt. Used <u>45 LBS</u>																																													
	Method of Installation <u>DRY-DRIVEN</u>																																													
	Depth: Placed From: <u>0</u> ft. To: <u>35.5</u> ft.																																													
	DRILLING LOG*																																													
Comments on water quality/quantity and well construction:	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																													
<u>Clear , small hint of Sulphur but manageable</u>	<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>BROWN</td><td></td><td>CLAY</td><td>0</td><td>14</td></tr><tr><td>GRAY</td><td></td><td>CLAY</td><td>14</td><td>22</td></tr><tr><td>GRAY</td><td>GRAVELLY</td><td>CLAY/SAND/GRAVEL</td><td>22</td><td>34.5</td></tr><tr><td>GRAY-BROWN</td><td>BROKEN</td><td>LIMESTONE</td><td>34.5</td><td>35.5</td></tr><tr><td>GRAY-WHITE</td><td></td><td>LIMESTONE</td><td>35.5</td><td>42</td></tr><tr><td>BLUE</td><td></td><td>SHALE</td><td>42</td><td>45</td></tr><tr><td>GRAY-WHITE</td><td></td><td>LIMESTONE & SHALE</td><td>45</td><td>52</td></tr><tr><td></td><td></td><td>WATER AT</td><td>34</td><td>36</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN		CLAY	0	14	GRAY		CLAY	14	22	GRAY	GRAVELLY	CLAY/SAND/GRAVEL	22	34.5	GRAY-BROWN	BROKEN	LIMESTONE	34.5	35.5	GRAY-WHITE		LIMESTONE	35.5	42	BLUE		SHALE	42	45	GRAY-WHITE		LIMESTONE & SHALE	45	52			WATER AT	34	36
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WELL TEST *																																														
Pre-Pumping Static Level <u>3</u> ft. Date <u>6/16/2026</u>																																														
Measured from <u>GROUND LEVEL</u>																																														
Pumping test method <u>PUMPING</u>																																														
Test Rate <u>15</u> gpm Duration of Test <u>3</u> hrs.																																														
Feet of Drawdown <u>25</u> ft. Sustainable Yield <u>12</u> gpm																																														
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																														
Is Copy Attached? ☐ Yes ☒ No	Flowing Well? ☐ Yes ☒ No																																													
PUMP/PITLESS																																														
Type of pump _____ Capacity _____ gpm																																														
Pump set at _____ ft. Pitless Type _____																																														
Pump installed by _____																																														
I hereby certify the information given is accurate and correct to the best of my knowledge.																																														
Drilling Firm <u>HALL AND JENKINS WELL DRILLING</u>																																														
Address <u>5120 S DAYTON-BRANDT RD</u>																																														
City, State, Zip <u>NEW CARLISLE OH 45344</u>																																														
Signed <u>ROD E. JENKINS</u> Date <u>6/17/2026</u>																																														
(Filed Electronically)																																														
ODH Registration Number <u>002392</u>	Aquifer Type (Formation producing the most water.) <u>LIMESTONE</u>																																													
Last Revised on <u>7/1/2026</u>	Date of Well Completion <u>06/16/2026</u> Total Depth of Well <u>52</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.

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3030910Page 2 of 2 for this record.