

## Well Log Number

DNR 7802.05e

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

3032070

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| WELL LOCATION                                                                                                                                                           |         | CONSTRUCTION DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------|---------|-----------|------|----|------------|--|-------|---|----|------------|-------|-------|----|----|------|-------|-------|----|----|------|-------|-------------------|----|-----|------|-------|-------|-----|-----|------------|--|-----------|-----|-----|--|--|----------|-----|-----|
| County <u>CARROLL</u> Township <u>LOUDON</u>                                                                                                                            |         | Drilling Method: <u>AIR ROTARY</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Owner/Builder <u>HARVEY STUTZMAN</u>                                                                                                                                    |         | <b>BOREHOLE/CASING</b> (Measured from ground surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| 5151 <u>GERMANO RD</u><br>Address of Well Location                                                                                                                      |         | 1 { Borehole Diameter <u>9</u> inches Depth <u>158</u> ft.<br>Casing Diameter <u>5</u> in. Length <u>159</u> ft. Thickness <u>0.265</u> in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| City <u>CARROLLTON</u> Zip Code +4 <u>44615</u>                                                                                                                         |         | 2 { Borehole Diameter <u>5</u> inches Depth <u>198</u> ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Permit No. <u>32-2026</u> Section; <u>19</u> and/or Lot No. _____                                                                                                       |         | Casing Height Above Ground <u>1</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Use of Well <u>DOMESTIC</u>                                                                                                                                             |         | Type { 1: <u>PVC</u><br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| <b>Coordinates of Well</b> (Use only one of the below coordinate systems)                                                                                               |         | Joints { 1: <u>O-RING</u><br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Latitude, Longitude Coordinates                                                                                                                                         |         | <b>SCREEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Latitude: <u>40.49081</u> Longitude: <u>-81.0316</u>                                                                                                                    |         | Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Elevation of Well in feet: <u>1321.9</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>GPS</u>                                                                                                                                       |         | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Well location written description:                                                                                                                                      |         | Material/Size _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Property is located .27 miles south of Pledge Rd., south side of Germano Rd.                                                                                            |         | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | <b>GROUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | Material <u>BENTONITE SLURRY</u> Vol/Wt. Used <u>572 GAL / 1300 LBS</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | Method of Installation <u>PUMPED WITH TREMIE PIPE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | Depth: Placed From: <u>0</u> ft. To: <u>158</u> ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Comments on water quality/quantity and well construction:                                                                                                               |         | <b>DRILLING LOG*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | <table><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>BROWN-GRAY</td><td></td><td>SHALE</td><td>0</td><td>14</td></tr><tr><td>BROWN-GRAY</td><td>SANDY</td><td>SHALE</td><td>14</td><td>33</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SHALE</td><td>33</td><td>54</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SANDSTONE &amp; SHALE</td><td>54</td><td>132</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SHALE</td><td>132</td><td>174</td></tr><tr><td>GRAY-WHITE</td><td></td><td>SANDSTONE</td><td>174</td><td>198</td></tr><tr><td></td><td></td><td>WATER AT</td><td>174</td><td>198</td></tr></tbody></table> |      | Color | Texture | Formation | From | To | BROWN-GRAY |  | SHALE | 0 | 14 | BROWN-GRAY | SANDY | SHALE | 14 | 33 | GRAY | SANDY | SHALE | 33 | 54 | GRAY | SANDY | SANDSTONE & SHALE | 54 | 132 | GRAY | SANDY | SHALE | 132 | 174 | GRAY-WHITE |  | SANDSTONE | 174 | 198 |  |  | WATER AT | 174 | 198 |
| Color                                                                                                                                                                   | Texture | Formation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | From | To    |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| BROWN-GRAY                                                                                                                                                              |         | SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 0    | 14    |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| BROWN-GRAY                                                                                                                                                              | SANDY   | SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14   | 33    |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| GRAY                                                                                                                                                                    | SANDY   | SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 33   | 54    |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| GRAY                                                                                                                                                                    | SANDY   | SANDSTONE & SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 54   | 132   |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| GRAY                                                                                                                                                                    | SANDY   | SHALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 132  | 174   |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| GRAY-WHITE                                                                                                                                                              |         | SANDSTONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 174  | 198   |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | WATER AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 174  | 198   |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| <b>WELL TEST *</b>                                                                                                                                                      |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Pre-Pumping Static Level <u>143</u> ft. Date <u>8/6/2026</u>                                                                                                            |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Measured from <u>GROUND LEVEL</u>                                                                                                                                       |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Pumping test method <u>AIR</u>                                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Test Rate <u>12</u> gpm Duration of Test <u>0.5</u> hrs.                                                                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Feet of Drawdown <u>0</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 _____ Capacity _____ gpm                                                                                                                                   |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Pump set at _____ ft. Pitless Type _____                                                                                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Pump installed by <u>OTHERS</u>                                                                                                                                         |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                                                                             |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Drilling Firm <u>FLINNER DRILLING INC</u>                                                                                                                               |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Address <u>2031 MILLERSBURG ROAD</u>                                                                                                                                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| City, State, Zip <u>WOOSTER OH 44691</u>                                                                                                                                |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| Signed <u>ED FLINNER</u> Date <u>8/11/2026</u>                                                                                                                          |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| (Filed Electronically)                                                                                                                                                  |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
| ODH Registration Number <u>00120</u> Last Revised on <u>8/11/2026</u>                                                                                                   |         | Aquifer Type (Formation producing the most water.) <u>SANDSTONE</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |       |         |           |      |    |            |  |       |   |    |            |       |       |    |    |      |       |       |    |    |      |       |                   |    |     |      |       |       |     |     |            |  |           |     |     |  |  |          |     |     |
|                                                                                                                                                                         |         | Date of Well Completion <u>08/06/2026</u> Total Depth of Well <u>198</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

**3032070**Page 2 of 2 for this record.