DNR 7802.93
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

791686

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 163904

COUNTY Tuscarawas TOWNSHIP Jefferson SECTION/LOT No. 15 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) James R. Mattison PROPERTY ADDRESS 5564 St. Jacobs Ridge Rd SW (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY Stonecreek, Ohio 43840

CONSTRUCTION DETAILS

CASING Borehole Diameter 6 in.

1 Diameter 7 in. Length 28 ft. Wall Thickness 1/4 in.

2 Diameter ____ in. Length ____ ft. Wall Thickness ____ in.

Type: [X] 2 Steel [ ] 1 2 Galv. [ ] 1 2 PVC [ ] 1 2 Other ____

Joints: [X] 2 Threaded [ ] 1 2 Welded [ ] 1 2 Solvent [ ] 1 2 Other ____

Liner: Length 140' Type Plastic Wall Thickness 1/4 in.

SCREEN

Type (wire wrapped, louvered, etc.) ____ Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Fire clay Volume used ____

Method of installation ____

Depth: placed from 0 ft. to 26 ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well Domestic

[ ] Rotary [X] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other ____

Date of Completion 10-1-94

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
Light grey clay	0	8
Sandstone	8	40
Light grey shale	40	85
Sandstone	85	100
Dark grey shale	100	110
Water	110	
Light grey shale	110	150

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DIVISION OF WATER

*If additional space is needed to complete well log, use next consecutively numbered form.

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other ____

Test rate 8 gpm Duration of test 2 hrs.

Drawdown ____ ft.

Measured from: [ ] top of casing [X] ground level [ ] Other ____

Static Level (depth to water) 40 ft. Date: 10-1-94

Quality (clear, cloudy, taste, odor) Clear

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

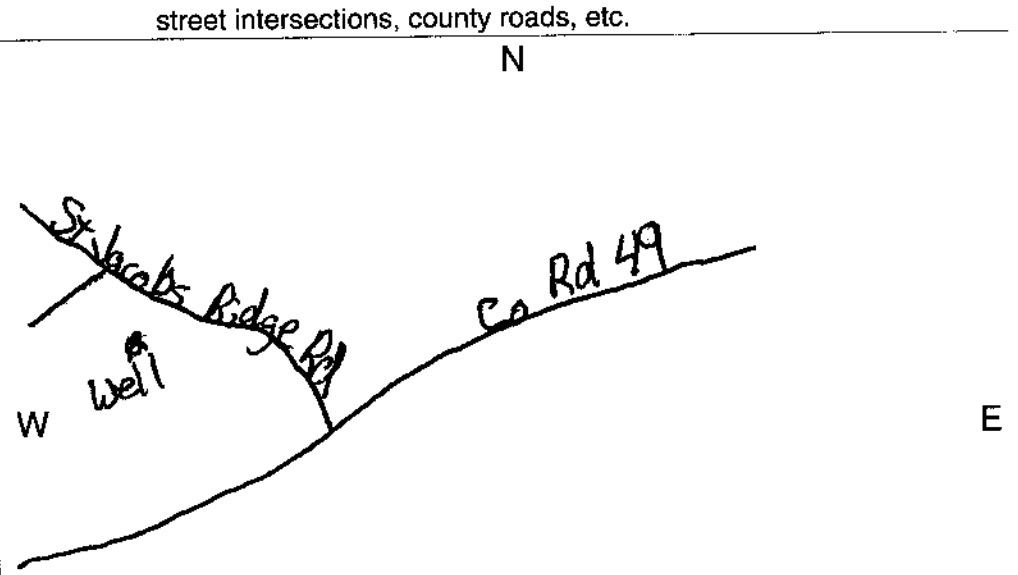
Type of pump ____ Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways, street intersections, county roads, etc.



I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm Scott A. Welch Water Well Drilling

Signed Scott A Welch

Address 16488 Redigh Hollow Rd

Date 10-1-94

City, State, Zip Newcomerstown, Oh 43832

ODH Registration Number 7215

7109

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

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