DNR 7802.94
TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

799176

Permit Number 163979

COUNTY Tuscarawas TOWNSHIP Union SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) First James Last Patterson PROPERTY ADDRESS (Address of well location) Number 3527 Street Pleasant Valley Rd. City S.E.

LOCATION OF PROPERTY Pennisen. Oh.o Zip Code + 4 44621

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter Drive Pipe in.

1. Diameter 6" in. Length* 100' ft. Wall Thickness ____ 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 [X] 2 Welded [1] 2 Solvent [1] [2] Other ____

Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN

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

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material Bensea l Volume used 2 Sacks

Method of installation Poured Around Casing

Depth: placed from Surface ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [ ] Adapter [ ] Preassembled unit

Use of Well ____

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

Date of Completion January 31, 1995

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
Sand, Mud, Gravel	0	100'

WELL TEST

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

Test rate 15 gpm Duration of test ½ hrs.

Drawdown 15' ft.

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

Static Level (depth to water) 2' ft. Date: ____

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump D.D Not Install Capacity ____ gpm

Pump set at ____ ft.

Pump installed by ____

WELL LOCATION

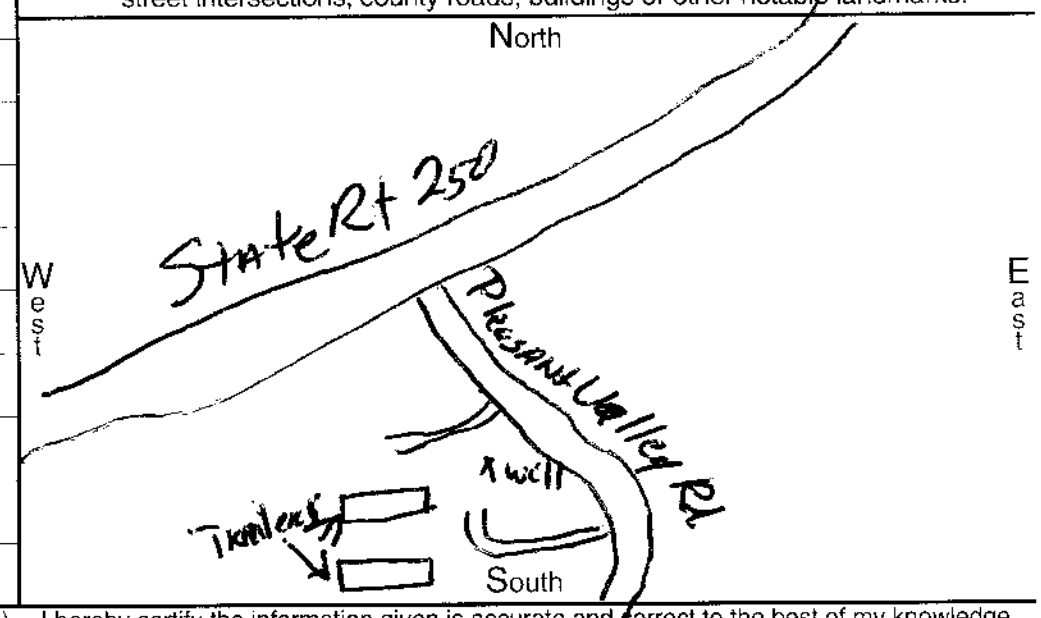
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well ____ ft./m. Datum plain: [ ] NAD27 [ ] NAD83

Source of coordinates: [ ] GPS [ ] Survey [ ] Other ____

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



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

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

Drilling Firm D.M. Waltz Drilling Inc Signed D.M. Waltz Drilling Co Inc.

Address 221 5th St SW. 5331 Date Jan. 31, 1995

City, State, Zip Strasburg, Oh.o 44680 ODH Registration Number 820

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