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

823601

Permit Number 3593

COUNTY Muskingum TOWNSHIP Poland SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Edward Bright (First / Last) PROPERTY ADDRESS (Address of well location) 5219 (Number) Arrel Rd (Street) Poland (City)

LOCATION OF PROPERTY 3/4 mi east of Struthers Rd. (south side) 44514 (Zip Code + 4)

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.

[1] Diameter 6 in. Length* 31 ft. Wall Thickness .188 in.

[2] Diameter ____ in. Length* ____ ft. Wall Thickness ____ in.

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

Joints: [1][2] Threaded [1][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 Envirosplus Volume used 100 lbs

Method of installation Tremmie

Depth: placed from 3 ft. to 20 ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [1][2] Adapter [1][2] Preassembled unit

Use of Well Home

[1][2] Rotary [1][2] Cable [1][2] Augered [1][2] Driven [1][2] Dug [1][2] Other ____

Date of Completion 7/20/96

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	
0	15	Clay & Sand
15	46	Sandstone (1GPM)
46	62	Sandy shale
62	70	shale
70	74	Coal
74	78	shale
78	81	Sandy shale (3GPM)
81	110	shale
110	123	Hard shale & Limestone (3GPM)
123	134	shale (3GPM)
134	135	Coal
135	142	wh. shale

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

WELL TEST

[1] Bailing [2] Pumping* [2] Other ____

Test rate 10 gpm, Duration of test 2 hrs.

Drawdown 100 ft.

Measured from: [2] top of casing [1] ground level [2] Other ____

Static Level (depth to water) 30 ft. Date: 7/20/96

Quality (clear, cloudy, taste, odor) ____

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

PUMP

Type of pump 1/2 HP sub Capacity 10 gpm

Pump set at 135 ft.

Pump installed by Berry

WELL LOCATION

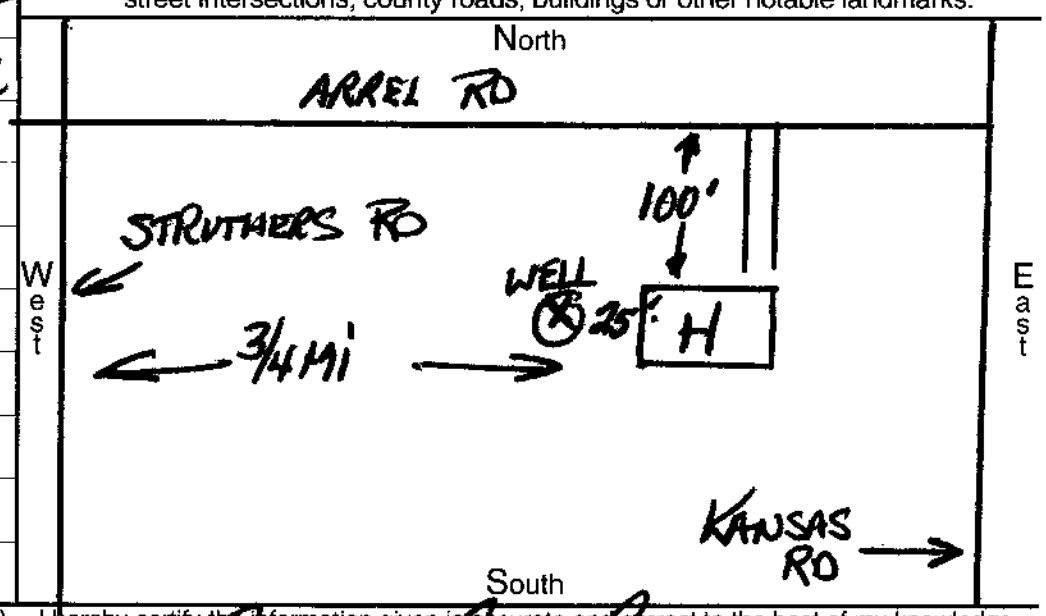
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

Elevation of well ____ ft./m. Datum plain: [2] NAD27 [2] NAD83

Source of coordinates: [2] GPS [2] Survey [2] Other ____

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



Drilling Firm BERRY WELL DRILLING
Address P.O. BOX 217
City, State, Zip PETERSBURG, OH 44454

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

Signed Gary L. Berry
Date 7/23/96
ODH Registration Number 1362

5049

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