

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

WELL LOG AND DRILLING REPORT

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

823602

Permit Number 3617

COUNTY Muskingum TOWNSHIP Green SECTION/LOT No. _____
(Circle One)
OWNER/BUILDER Roneer Const. PROPERTY ADDRESS 5600 Middletown Rd. Canfield
(Circle One or Both) First Last (Address of well location) Number Street City
LOCATION OF PROPERTY 3/4 mi west of Green Beaver (north side) Zip Code + 4 44406

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 6 in.
 [1] Diameter 6 in. Length* 60 ft. Wall Thickness .188 in. Material Enviropipe Volume used 50 #
 [2] Diameter 4 in. Length* 80 ft. Wall Thickness .250 in. Method of installation manual
 Type: [1] Steel [1] Galv. [1] PVC [1] [2] Other _____
 Joints: [1] Threaded [1] Welded [1] Solvent [1] [2] Other _____
 Liner: Length _____ Type _____ Wall Thickness _____ in. Depth: placed from _____ ft. to _____ ft.
SCREEN
 Type (wire wrapped, louvered, etc.) _____ Material _____
 Length _____ ft. Diameter _____ in.
 Set between _____ ft. and _____ ft. Slot _____

GROUT

GRAVEL PACK (Filter Pack)
 Material _____ Volume used _____
 Method of installation _____
 Depth: placed from _____ ft. to _____ ft.
Pitless Device [1] Adapter [1] Preassembled unit
Use of Well Home
 [1] Rotary [1] Cable [1] Augered [1] Driven [1] Dug [1] Other _____
 Date of Completion 7/27/96

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
Clay - sand - gravel	0	50
Red sand	50	55
Clay - sand	55	64
Sandy shale (25' GPM)	64	80
Coal	80	81
wh. shale	81	85

WELL TEST

[1] Bailing [1] Pumping* [1] Other _____
 Test rate 25 gpm Duration of test 2 hrs.
 Drawdown 45 ft.
 Measured from: [1] top of casing [1] ground level [1] Other _____
 Static Level (depth to water) 15 ft. Date: 7/27/96
 Quality (clear, cloudy, taste, odor) _____

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

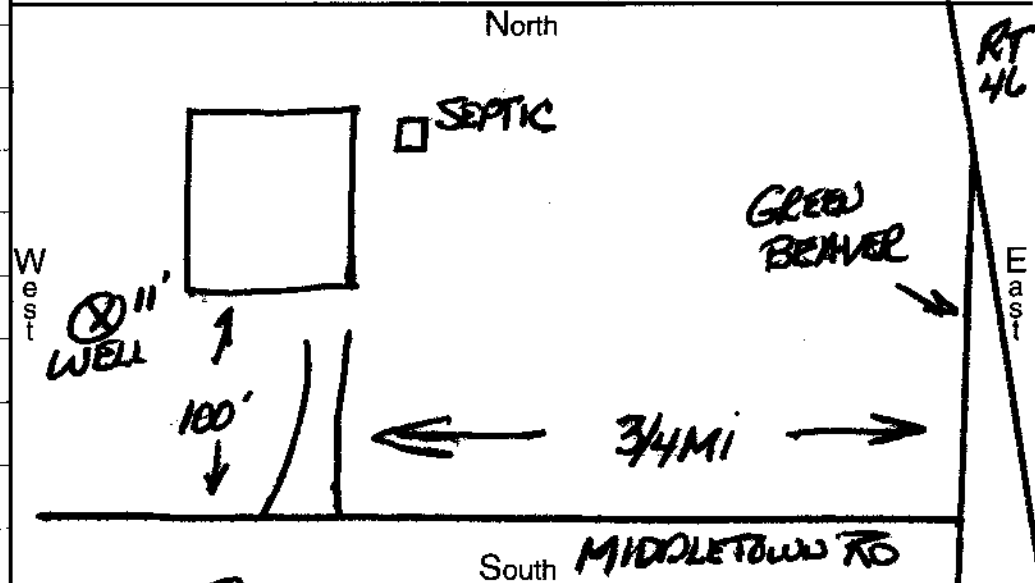
PUMP

Type of pump 3/4 HP sub Capacity 12 gpm
 Pump set at 75 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: [1] NAD27 [1] NAD83
 Source of coordinates: [1] GPS [1] Survey [1] 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 BERRY WELL DRILLING
 Address P.O. BOX 217
PETERSBURG, OH 44454
 City, State, Zip

Signed Cary A. Berry
 Date 7/31/96
 ODH Registration Number 1362

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

5049