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

824277

Permit Number 2628

COUNTY STARK TOWNSHIP NIMISHILLEN SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Richardson Dont PROPERTY ADDRESS (Address of well location) 5625 Number MAPLEGROVE Street LOUISVILLE City

LOCATION OF PROPERTY 1 MILE NORTH OF ST RT 153 ON MAPLEGROVE 44706 Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5 in. Length* 76 ft. Wall Thickness 12 in.

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

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

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

Liner: Length NONE Type ____ Wall Thickness ____ in.

SCREEN

Type (wire wrapped, louvered, etc.) NONE Material ____

Length ____ ft. Diameter ____ in.

Set between ____ ft. and ____ ft. Slot ____

GROUT

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material NONE Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [x] Adapter [ ] Preassembled unit

Use of Well SINGLE FAMILY

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

Date of Completion 11-1-95

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 & GRAVEL	0	55
SOFT SHALE	55	70
SANDY SHALE WATER	70	138

WELL TEST

[x] Bailing [ ] Pumping* [ ] Other

Test rate 20 gpm Duration of test 2 hrs.

Drawdown 0 ft.

Measured from: [ ] top of casing [x] ground level [ ] Other

Static Level (depth to water) 50 ft. Date: 11-1-95

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump SUBMERSIBLE Capacity 7 gpm

Pump set at 84 ft.

Pump installed by McGill Well Drilling

WELL LOCATION

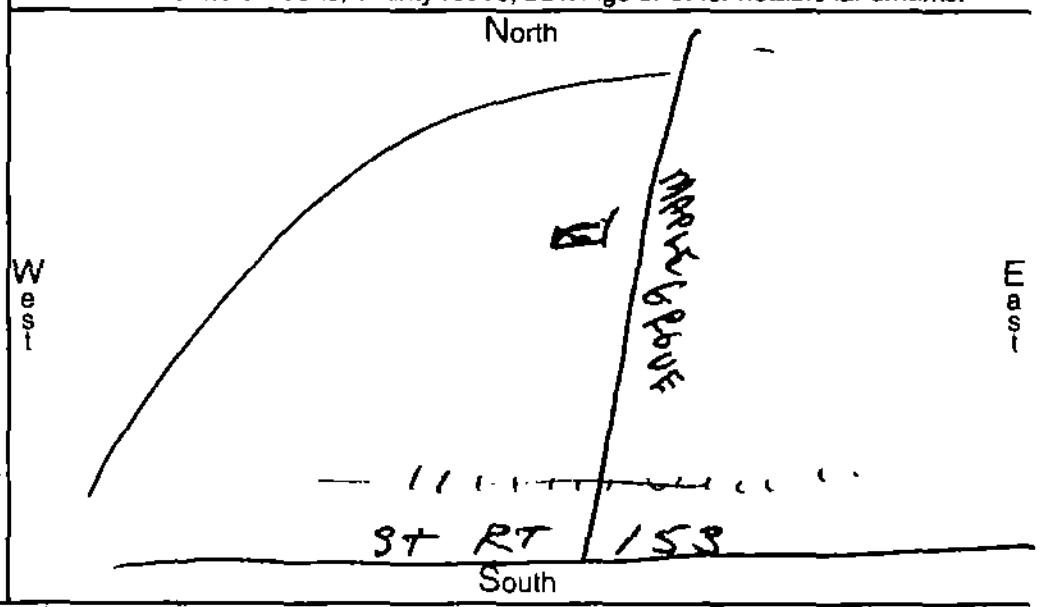
Location of well in State Plane coordinates, if available:

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 McGill Well Drilling

Signed [signature]

Address 861 59th SW

Date 11-18-95

City, State, Zip CANTON OHIO 44706

ODH Registration Number 153

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