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

824298

Permit Number 4454

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

OWNER/BUILDER (Circle One or Both) GARY (First) FLEISCHMAN (Last) PROPERTY ADDRESS (Address of well location) 9030 (Number) RIDGE (Street) EAST SPARTA (City)

LOCATION OF PROPERTY ON RIDGE BETWEEN DOWNING & FARBER Zip Code + 4

CONSTRUCTION DETAILS

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

[1] Diameter 5" in. Length* 343 ft. Wall Thickness .12" in.

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

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

Joints: [1] Threaded [2] Welded [1] Solvent [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 BENTINITE CLAY Volume used 1100 LB

Method of installation SLURRY

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 [1] Adapter [2] Preassembled unit

Use of Well SINGLE FAMILY

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

Date of Completion 6-30-97

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
SHALE	0	15
COAL & CLAY	15	21
SHALE	21	104
LIMESTONE	104	108
COAL & CLAY	108	115
SHALE	115	144
LIMESTONE	144	148
COAL & CLAY	148	152
SHALE	152	168
LIMESTONE	168	171
COAL & CLAY	171	179
SHALE	179	201
COAL & CLAY	201	205
SHALE	205	240
SANDSTONE	240	252
SHALE	252	288
SANDSTONE	288	300
SHALE	300	351
SANDSTONE BROKEN	351	361
SHALE	361	434
WATER SANDSTONE	434	444

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

WELL TEST

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

Test rate 12 gpm Duration of test 2 hrs.

Drawdown 35 ft.

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

Static Level (depth to water) 205 ft. Date: ____

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 13 gpm

Pump set at 328' ft.

Pump installed by McGill Well Drilling

WELL LOCATION

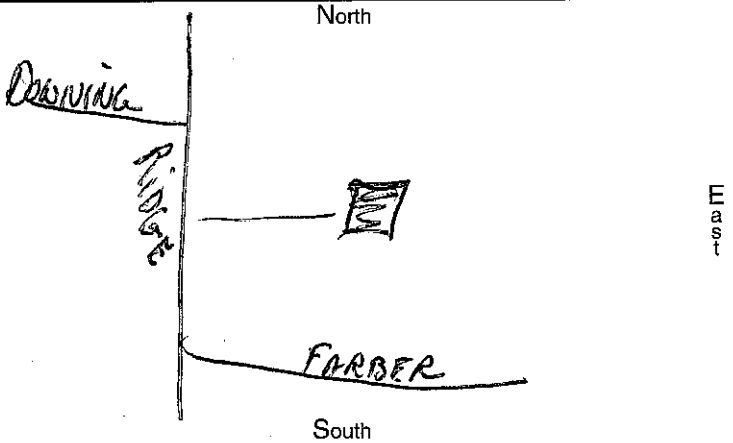
Location of well in State Plane coordinates, if available:

Zone ____ x ____ y ____

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



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

Drilling Firm McGILL WELL Drilling

Signed Jed McGill

Address 801 39th S.W.C.

Date 6-30-97

City, State, Zip CANTON OHIO 44706

ODH Registration Number 152

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