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

824529
Permit Number 187097

COUNTY MUSKINGUM TOWNSHIP MUSKINGUM SECTION (Circle One) LOT No. 7

OWNER/BUILDER (Circle One or Both) DONALD F. MORAN First Last PROPERTY ADDRESS (Address of well location) 4325 Number FAWN DR. Street DRESDEN, OHIO City 43821 Zip Code + 4

LOCATION OF PROPERTY 0.2 MILE WEST RT 60, NORTH FAWN DR,

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 in.
[X] Diameter 6 in. Length 115 ft. Wall Thickness 0.327 in.
[2] Diameter ____ in. Length ____ ft. Wall Thickness ____ in.
Type: [1] Steel [1] Galv. [X] PVC [1] [2] Other
Joints: [1] Threaded [1] Welded [X] Solvent [1] [2] Other
Liner: Length ____ Type ____ Wall Thickness ____ in.

SCREEN
Type (wire wrapped, louvered, etc.) ____ Material ____
Length ____ ft. Diameter ____ in. Slot ____
Set between ____ ft. and ____ ft.

GROUT Material FIRE CLAY / BENTONITE / BENSEAL Volume used 100 LBS / 50 LBS / 50 LBS
Method of installation SLURRY
Depth: placed from 32 ft. to 0 ft.

GRAVEL PACK (Filter Pack)
Material ____ Volume used ____
Method of installation ____
Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit
~~Manufacturer~~ DATE COMPLETION JULY 5, 1996
[ ] Rotary [X] Cable [ ] Augered [ ] Driven [X] Dug [ ] Other
USE OF WELL SINGLE-FAMILY DWELLING

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	1	TOP SOIL
1	20	YELLOW CLAY
20	28	MUDDY GRAY SHALE
28	33	GRAY SHALE
33	36	WATER SAND
36	44	GRAY SHALE
44	50	DARK GRAY SHALE
50	85	BROKEN SAND & GRAY SHALE
85	115	DARK GRAY SHALE
115'		TOTAL DEPTH
		WATER @ 33-36 2 GALS PER MIN
		WATER @ 50-56 8 GALS PER MIN
		WATER @ 65-85 7 GALS PER MIN

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

WELL TEST

[ ] Bailing [X] Pumping* [ ] Other
Test rate 15 gpm Duration of test 2 hrs.
Drawdown 0 ft.
Measured from: [ ] top of casing [X] ground level [ ] Other
Static Level (depth to water) 32 ft. Date 9/6/96
Quality (clear, cloudy, taste, odor) ____

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

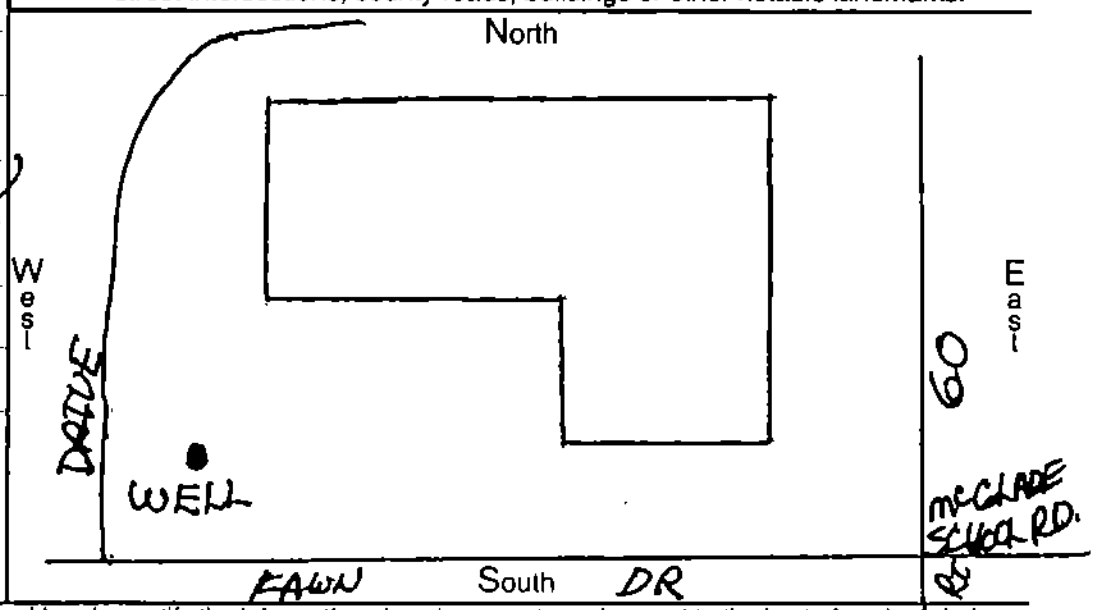
PUMP

Type of pump SUBMERSIBLE Capacity 10 gpm
Pump set at 95 ft.
Pump installed by JIM MORAN - KEVIN MORAN

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.



Drilling Firm JAMES R. MORAN DRILLING INC.
Address 64 SO. STATE ST, POBOX 296
City, State, Zip FRAZEYSBURG, OHIO 43822

I hereby certify the information given is accurate and correct to the best of my knowledge.
Signed James R. Moran
Date July 12, 1996
ODH Registration Number 2061

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