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

824815

Permit Number 3714

COUNTY MAHONING TOWNSHIP AUSTINTOWN SECTION/LOT No. (Circle One) N-W CORNER

OWNER/BUILDER (Circle One) KOCH CONST CO. PROPERTY ADDRESS (Address of well location) 10 DRAUIS - AUSTINTOWN . O
First Last Number Street City

LOCATION OF PROPERTY NORTH SIDE OF DRAUIS - 1ST HOUSE EAST OF OHLETOWN RD. 44515 Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 6" in.

[1] Diameter 6-5/8" OD in. Length 30'-6" ft. Wall Thickness .188 in.

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

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

Joints: [1] [2] Threaded [X] [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 ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

GRAVEL PACK (Filter Pack)

Material ____ Volume used ____

Method of installation ____

Depth: placed from ____ ft. to ____ ft.

Pitless Device [X] Adapter [ ] Preassembled unit

Use of Well DOMESTIC

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

Date of Completion DEC 3, 1996

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	5'	BROWN SANDY LOAM
5'	13'	YELLOW SANDROCK
13'	19'	RED-YELLOW SANDROCK
19'	30'	GREY SHALE
30'	37'	HARD SANDY GREY SHALE
37'	40'	GREY SHALE
40'	44'-6"	GREY SANDROCK
44'-6"	60'	GREY SHALE

1ST WATER 35'

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

WELL TEST

[ ] Bailing [ ] Pumping* [ ] Other AIR LIFT.

Test rate 20 gpm Duration of test 1½ HRS hrs.

Drawdown COMPLETE ft.

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

Static Level (depth to water) 134'7" ft. Date: 12/3/96

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 50' ft.

Pump installed by LEYDEN MGMT.

WELL LOCATION

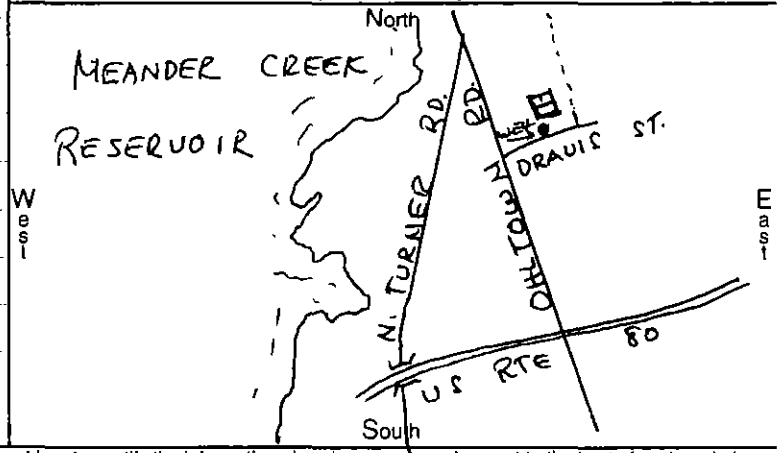
Location of well in State Plane coordinates, if available:

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.



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

Drilling Firm LEYDEN MGMT.

Signed ____ AGENT

Address P.O. BOX 18

Date DEC. 5, 1996

City, State, Zip NORTH LIMA, OHIO 44452 ODH Registration Number 1440

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