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

827018
Permit Number 93026

COUNTY SUMMIT TOWNSHIP RICHFIELD SECTION/LOT No. (Circle One)

OWNER/BUILDER (Circle One or Both) Buckeye Freight Liner First Last PROPERTY ADDRESS (Address of well location) 2636 Brecksville Rich Field Number Street City 44286 Zip Code + 4

LOCATION OF PROPERTY

CONSTRUCTION DETAILS

CASING *(Length below grade)* Borehole Diameter 5 in.
[1] Diameter 5 in. Length 68 ft. Wall Thickness 15LB in.
[2] Diameter ___ in. Length ___ ft. Wall Thickness ___ in.
Type: [X] [2] Steel [1] [2] Galv. [1] [2] PVC [1] [2] Other
Joints: [X] [2] Threaded [1] [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 Truck Stop
[ ] Rotary [X] Cable [ ] Augered [ ] Driven [ ] Dug [ ] Other
Date of Completion SEPT 20-96

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
YELLOW CLAY	0	20
BLUE CLAY	20	40
SOFT SHALE	40	68
SHALE	68	108

WELL TEST

[X] Bailing [ ] Pumping* [ ] Other
Test rate 14+ gpm Duration of test 1/2 hrs.
Drawdown 20 ft.
Measured from: [ ] top of casing [X] ground level [ ] Other
Static Level (depth to water) 48 ft. Date: SEPT 20-96
Quality (clear, cloudy, taste, odor) CLEAR

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

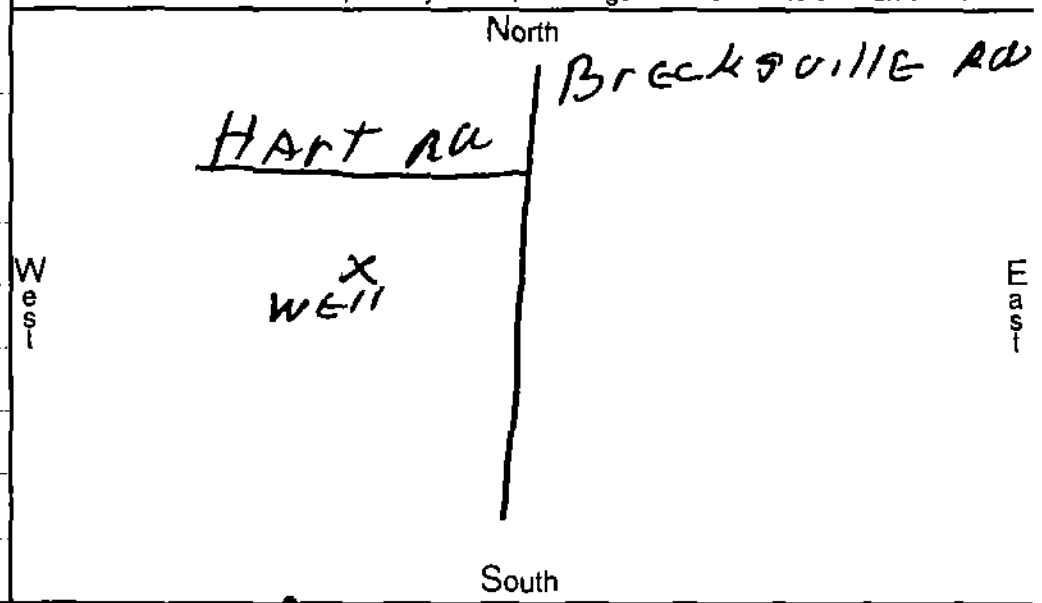
PUMP

Type of pump ___ Capacity ___ gpm
Pump set at ___ ft.
Pump installed by ___

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 Philip Urban
Address 4683 Quick Road
City, State, Zip PENINSULA OHIO 44264
Signed Philip Urban
Date Sept 24-96
ODH Registration Number 494

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