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

839577

Permit Number W-84-96

COUNTY WAYNE TOWNSHIP CHIPPEWA (SECTION) LOT No. 15
(Circle One)

OWNER/BUILDER (Circle One or Both) MARTHA GALEHOUSE (First Last) PROPERTY ADDRESS (Address of well location) 15975 McCALLUM DR., DOYLESTOWN (Number Street City) 44230

LOCATION OF PROPERTY 1/10 MI W OF COAL BANK RD, S SIDE OF McCALLUM DR Zip Code + 4

CONSTRUCTION DETAILS

CASING *(Length below grade) Borehole Diameter 8 X 5 in.

[1] Diameter 5 in. Length 138 ft. Wall Thickness SDR21 in.
[2] Diameter ___ in. Length* ___ ft. Wall Thickness ___ in.

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

Joints: [1] Threaded [2] [1] Welded [2] X [1] Solvent [2] [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 BENSEAL Volume used 650 lbs

Method of installation PRESSURE THRU TREMIE PIPE

Depth: placed from 137 ft. to SURFACE 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 SINGLE-FAMILY DWELLING

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

Date of Completion JULY 30, 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	
BROWN CLAY	0	13	
GRAY CLAY	13	26	
GRAVEL/CLAY	26	28	17 GPG HARD, 1.0 PPM IRON, 7.6 PH
SANDY GRAY CLAY	28	39	
GRAY CLAY	39	48	
BROWN/GRAY SANDSTONE	48	53	
BROWN SANDSTONE	53	94	
BROWN CONGLOMERATE S.S.	94	150	

WELL TEST

[ ] Bailing [ ] Pumping* X [ ] Other AIR

Test rate 12 gpm Duration of test 1/2 hrs.

Drawdown ___ ft.

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

Static Level (depth to water) 70 ft. Date 5/13/96

Quality (clear, cloudy, taste, odor) CLEAR

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

PUMP

Type of pump 1/2 HP SUBM. Capacity 7 gpm

Pump set at 135 ft.

Pump installed by FRONTZ DRILLING, INC.

WELL LOCATION

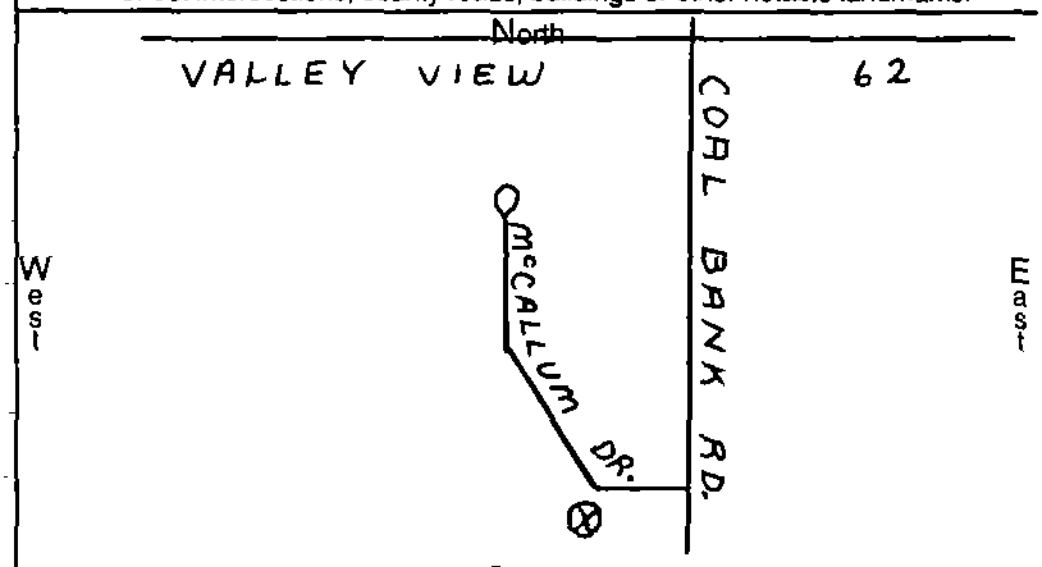
Location of well in State Plane coordinates, if available:

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 FRONTZ DRILLING INC.

Address 2031 MILLERSBURG ROAD

City, State, Zip WOOSTER, OHIO 44691

Signed Steve Frontz

Date JULY 31, 1996

ODH Registration Number 120

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