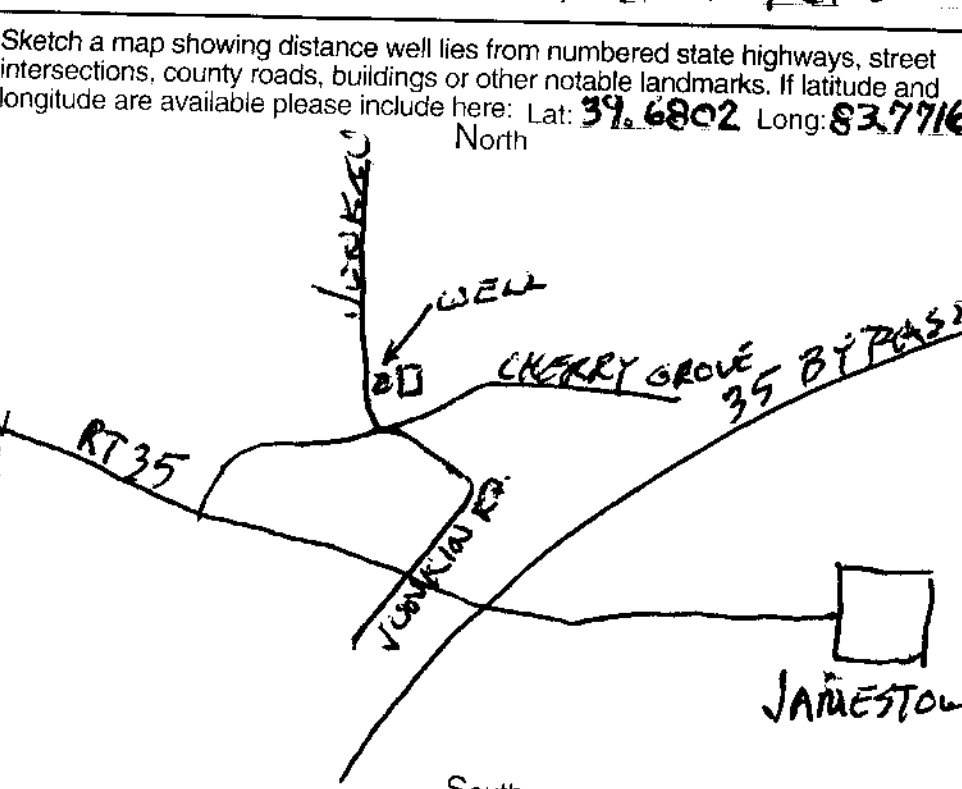


# WELL LOG AND DRILLING REPORT

Ohio Department of Natural Resources  
Division of Water, 1939 Fountain Square Drive  
Columbus, Ohio 43224-9971 Voice (614) 265-6740 Fax (614) 265-6767

982374

| WELL LOCATION                                                                                                                                                                                                                                         |                                                              | CONSTRUCTION DETAILS                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| County <b>GREENE</b>                                                                                                                                                                                                                                  | Township <b>NEW JASPER</b>                                   | Rotary <input checked="" type="checkbox"/> Cable <input checked="" type="checkbox"/> Augered <input type="checkbox"/> Driven <input type="checkbox"/> Other <input type="checkbox"/> |  |
| Owner/Builder (Circle One or Both)<br><b>DAN</b><br>First<br><b>BRAKEALL</b><br>Last                                                                                                                                                                  | Address of Well Location<br><b>JUNKIN RD.</b><br>Street Name | <b>BOREHOLE/CASING</b> (measured from ground surface)                                                                                                                                |  |
| City <b>JAMESTOWN</b>                                                                                                                                                                                                                                 | Zip Code +4 <b>45335</b>                                     | 1 <input checked="" type="checkbox"/> Borehole Diameter <b>5 7/8</b> inches Depth <b>95</b> ft.                                                                                      |  |
| Permit No. <b>29889-90</b>                                                                                                                                                                                                                            | Section/Lot No. (Circle One or Both)                         | Casing Diameter <b>6"OD</b> in. Length <b>29</b> ft. Thickness <b>.187</b> in.                                                                                                       |  |
| Location of Well in State Plane coordinates, if available:                                                                                                                                                                                            | Use of Well <b>RESIDENTIAL</b>                               | 2 <input type="checkbox"/> Borehole Diameter _____ inches Depth _____ ft.                                                                                                            |  |
| N <input checked="" type="checkbox"/> <b>1045</b> +/- _____ ft. or m                                                                                                                                                                                  |                                                              | Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                       |  |
| S <input type="checkbox"/> _____ +/- _____ ft. or m                                                                                                                                                                                                   |                                                              | Casing Height Above Ground <b>15"</b> ft.                                                                                                                                            |  |
| Elevation of Well <b>1045</b> +/- _____ ft. or m                                                                                                                                                                                                      |                                                              | Type 1 <input checked="" type="checkbox"/> Steel 1 <input type="checkbox"/> Galv. 1 <input type="checkbox"/> PVC 1 <input type="checkbox"/> Other                                    |  |
| Datum Plain: <input checked="" type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source <b>TCPO</b>                                                                                                                                    |                                                              | 2 <input type="checkbox"/> Threaded 1 <input checked="" type="checkbox"/> Welded 1 <input type="checkbox"/> Solvent 1 <input type="checkbox"/> Other                                 |  |
| Source of Coordinates: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Survey <input checked="" type="checkbox"/> Other <b>TCPO</b>                                                                                                  |                                                              | <b>SCREEN</b>                                                                                                                                                                        |  |
| Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: <b>39.6802</b> Long: <b>83.7716</b> |                                                              | Diameter _____ Slot Size _____ Screen Length _____ ft.                                                                                                                               |  |
|                                                                                                                                                                     |                                                              | Type _____ Material _____                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                       |                                                              | Set Between _____ ft. and _____ ft.                                                                                                                                                  |  |
|                                                                                                                                                                                                                                                       |                                                              | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                     |  |
|                                                                                                                                                                                                                                                       |                                                              | Material/Size _____ Volume/Weight Used _____                                                                                                                                         |  |
|                                                                                                                                                                                                                                                       |                                                              | Method of Installation _____                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                       |                                                              | Depth: Placed FROM _____ ft. TO _____ ft.                                                                                                                                            |  |
|                                                                                                                                                                                                                                                       |                                                              | <b>GROUT</b>                                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                       |                                                              | Material <b>GRANULAR BENTONITE</b> Volume/Weight Used <b>45#</b>                                                                                                                     |  |
|                                                                                                                                                                                                                                                       |                                                              | Method of Installation <b>DRIVEN</b>                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                       |                                                              | Depth: Placed FROM <b>0</b> ft. TO <b>29</b> ft.                                                                                                                                     |  |
|                                                                                                                                                                                                                                                       |                                                              | <b>DRILLING LOG*</b>                                                                                                                                                                 |  |
|                                                                                                                                                                                                                                                       |                                                              | 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 & gravel 0 11                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                       |                                                              | Gray clay & gravel 11 28                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                       |                                                              | Gray limestone (water) 28 95                                                                                                                                                         |  |
| <b>WELL TEST*</b>                                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                      |  |
| Pre-Pumping Static Level <b>12</b> ft. Date <b>3-12-05</b>                                                                                                                                                                                            |                                                              |                                                                                                                                                                                      |  |
| Measured from: Top of Casing <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                                 |                                                              |                                                                                                                                                                                      |  |
| Air <input checked="" type="checkbox"/> Bailing <input type="checkbox"/> Pumping* <input type="checkbox"/> Other <input type="checkbox"/>                                                                                                             |                                                              |                                                                                                                                                                                      |  |
| Test Rate <b>10</b> gpm Duration of Test <b>1</b> hrs.                                                                                                                                                                                                |                                                              |                                                                                                                                                                                      |  |
| Feet of Drawdown <b>30</b> ft. Sustainable Yield <b>10</b> gpm                                                                                                                                                                                        |                                                              |                                                                                                                                                                                      |  |
| Attach a copy of the pumping test record, per section 1521.05, ORC)                                                                                                                                                                                   |                                                              |                                                                                                                                                                                      |  |
| Copy Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flowing Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                  |                                                              |                                                                                                                                                                                      |  |
| Quality <b>CLOUDY</b>                                                                                                                                                                                                                                 |                                                              |                                                                                                                                                                                      |  |
| <b>PUMP/PITLESS</b>                                                                                                                                                                                                                                   |                                                              |                                                                                                                                                                                      |  |
| Type of pump _____ Capacity _____ gpm                                                                                                                                                                                                                 |                                                              |                                                                                                                                                                                      |  |
| Pump set at _____ ft. Pitless Type _____                                                                                                                                                                                                              |                                                              |                                                                                                                                                                                      |  |
| Pump installed by _____                                                                                                                                                                                                                               |                                                              |                                                                                                                                                                                      |  |
| I hereby certify the information given is accurate and correct to the best of my knowledge.                                                                                                                                                           |                                                              |                                                                                                                                                                                      |  |
| Drilling Firm <b>BRUCE BRAKEALL WELL DRILLING</b>                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                      |  |
| Address <b>3963 SHAWNEE TRAIL</b>                                                                                                                                                                                                                     |                                                              |                                                                                                                                                                                      |  |
| City, State, Zip <b>JAMESTOWN OHIO 45335</b>                                                                                                                                                                                                          |                                                              |                                                                                                                                                                                      |  |
| Signed <b>Bruce Brakeall</b> Date <b>3-14-05</b>                                                                                                                                                                                                      |                                                              |                                                                                                                                                                                      |  |
| OH Registration Number <b>002841</b>                                                                                                                                                                                                                  |                                                              |                                                                                                                                                                                      |  |
|                                                                                                                                                                                                                                                       |                                                              | (If more space is needed to complete drilling log, use next consecutively numbered form.)                                                                                            |  |
|                                                                                                                                                                                                                                                       |                                                              | Date of Well Completion <b>3-12-05</b> Total Depth of Well <b>95</b> ft.                                                                                                             |  |

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 43224-9971**  
 Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy