

Well Log Number

Ohio Department of Natural Resources
Division of Water, 2045 Morse Road, Columbus, Ohio 43229-6605
Voice (614) 265-6740 Fax (614) 265-6767

Page ____ of ____ for this record.

WELL LOCATION		CONSTRUCTION DETAILS																																									
County _____ Township _____		Drilling Method: _____																																									
Owner/Builder _____		BOREHOLE/CASING (Measured from ground surface)																																									
Address of Well Location _____		1 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																									
City _____ Zip Code +4 _____		2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																									
Permit No. _____ Section; _____ and/or Lot No. _____		Casing Height Above Ground _____ ft.																																									
Use of Well _____		Type { 1: _____ 2: _____																																									
Coordinates of Well (Use only one of the below coordinate systems)		Joints { 1: _____ 2: _____																																									
<u>State Plane Coordinates</u>		SCREEN																																									
N ☐ X _____ +/- _____ ft.		Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																									
S ☐ Y _____ +/- _____ ft.		Type _____ Material _____																																									
<u>Latitude, Longitude Coordinates</u>		Set Between _____ ft. and _____ ft.																																									
Latitude: _____ Longitude: _____		GRAVEL PACK (Filter Pack)																																									
Elevation of Well in feet: _____ +/- _____ ft.		Material/Size _____ Vol/Wt. _____																																									
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source _____		Method of Installation _____																																									
Source of Coordinates: _____		Depth: Placed From: _____ ft. To: _____ ft.																																									
Well location written description: _____		GROUT																																									
Comments on water quality/quantity and well construction: _____		Material _____ Vol/Wt. _____																																									
		Method of Installation _____																																									
		Depth: Placed From: _____ ft. To: _____ ft.																																									
		DRILLING LOG*																																									
		FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																									
		<table><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>BROWN</td><td>DIRTY</td><td>SOIL</td><td>0</td><td>3</td></tr><tr><td>GRAY-BROWN</td><td>CLAYEY</td><td>CLAY</td><td>3</td><td>17</td></tr><tr><td>GRAY</td><td>CLAYEY</td><td>CLAY</td><td>17</td><td>25</td></tr><tr><td>GRAY</td><td>CLAYEY</td><td>CLAY & GRAVEL</td><td>25</td><td>48</td></tr><tr><td>DARK</td><td>SOFT AND SANDY</td><td>SAND AND GRAVEL</td><td>48</td><td>56</td></tr><tr><td>LIME</td><td>LIMEY</td><td>LIMESTONE</td><td>56</td><td>60</td></tr><tr><td colspan="3">Water Encountered At</td><td>57</td><td>60</td></tr></tbody></table>		Color	Texture	Formation	From	To	BROWN	DIRTY	SOIL	0	3	GRAY-BROWN	CLAYEY	CLAY	3	17	GRAY	CLAYEY	CLAY	17	25	GRAY	CLAYEY	CLAY & GRAVEL	25	48	DARK	SOFT AND SANDY	SAND AND GRAVEL	48	56	LIME	LIMEY	LIMESTONE	56	60	Water Encountered At			57	60
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WELL TEST *																																											
Pre-Pumping Static Level _____ ft. Date _____																																											
Measured from _____																																											
Pumping test method _____																																											
Test Rate _____ gpm Duration of Test _____ hrs.																																											
Feet of Drawdown _____ ft. Sustainable Yield _____ gpm																																											
*(Attach a copy of the pumping test record, per section 1521.05, ORC)																																											
Is Copy Attached? ☐ Yes ☐ No Flowing Well? ☐ Yes ☐ No																																											
PUMP/PITLESS																																											
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 _____																																											
Address _____																																											
City, State, Zip _____																																											
Signed _____ Date _____																																											
ODH Registration Number _____		Aquifer Type (Formation producing the most water.) _____																																									
		Date of Well Completion _____ Total Depth of Well _____ ft.																																									

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.
Distribute copies of this record to Customer, and Local Health Department.