

WELL LOG AND DRILLING REPORT

DNR 7802.05e

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

Well Log Number

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: _____																																																																																																																																		
State Plane Coordinates	SCREEN																																																																																																																																		
N ☐ X _____ +/- _____ ft.	Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.																																																																																																																																		
S ☐ Y _____ +/- _____ ft.	Type _____ Material _____																																																																																																																																		
Latitude, Longitude Coordinates	Set Between _____ ft. and _____ ft.																																																																																																																																		
Latitude: _____ Longitude: _____	GRAVEL PACK (Filter Pack)																																																																																																																																		
Elevation of Well in feet: _____ +/- _____ ft.	Material/Size _____ Vol/Wt. Used _____																																																																																																																																		
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source _____	Method of Installation _____																																																																																																																																		
Source of Coordinates: _____	Depth: Placed From: _____ ft. To: _____ ft.																																																																																																																																		
Well location written description: _____	GROUT																																																																																																																																		
	Material _____ Vol/Wt. Used _____																																																																																																																																		
	Method of Installation _____																																																																																																																																		
	Depth: Placed From: _____ ft. To: _____ ft.																																																																																																																																		
Comments on water quality/quantity and well construction: _____	DRILLING LOG*																																																																																																																																		
	FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.																																																																																																																																		
	<table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th style="width:20%;">Color</th><th style="width:20%;">Texture</th><th style="width:40%;">Formation</th><th style="width:10%;">From</th><th style="width:10%;">To</th></tr></thead><tbody><tr><td></td><td></td><td>CLAY</td><td>0</td><td>5</td></tr><tr><td>BROWN</td><td>SANDY</td><td>SHALE</td><td>5</td><td>24</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SHALE</td><td>24</td><td>34</td></tr><tr><td></td><td>BROKEN</td><td>LIMESTONE</td><td>34</td><td>38</td></tr><tr><td></td><td></td><td>CLAY</td><td>38</td><td>44</td></tr><tr><td></td><td></td><td>SHALE AND CLAY</td><td>44</td><td>73</td></tr><tr><td></td><td>SANDY</td><td>SHALE</td><td>73</td><td>86</td></tr><tr><td></td><td></td><td>SHALE</td><td>86</td><td>92</td></tr><tr><td></td><td></td><td>COAL AND CLAY</td><td>92</td><td>98</td></tr><tr><td></td><td></td><td>SHALE AND CLAY</td><td>98</td><td>105</td></tr><tr><td></td><td></td><td>LIMESTONE</td><td>105</td><td>107</td></tr><tr><td></td><td></td><td>SHALE</td><td>107</td><td>109</td></tr><tr><td>GRAY</td><td></td><td>SANDSTONE</td><td>109</td><td>115</td></tr><tr><td></td><td></td><td>SHALE AND CLAY</td><td>115</td><td>130</td></tr><tr><td></td><td></td><td>LIMESTONE</td><td>130</td><td>135</td></tr><tr><td></td><td></td><td>COAL AND CLAY</td><td>135</td><td>137</td></tr><tr><td>LIGHT</td><td></td><td>SHALE</td><td>137</td><td>139</td></tr><tr><td>GRAY</td><td>SANDY</td><td>SANDSTONE AND SHALE</td><td>139</td><td>142</td></tr><tr><td>GRAY</td><td></td><td>SANDSTONE</td><td>142</td><td>195</td></tr><tr><td></td><td>SANDY</td><td>SHALE</td><td>195</td><td>212</td></tr><tr><td></td><td></td><td>SHALE AND CLAY</td><td>212</td><td>219</td></tr><tr><td></td><td>SANDY</td><td>SHALE</td><td>219</td><td>228</td></tr><tr><td>GRAY</td><td></td><td>SANDSTONE</td><td>228</td><td>233</td></tr><tr><td></td><td></td><td>SHALE AND COAL</td><td>233</td><td>240</td></tr><tr><td></td><td>SANDY</td><td>SHALE</td><td>240</td><td>245</td></tr></tbody></table>	Color	Texture	Formation	From	To			CLAY	0	5	BROWN	SANDY	SHALE	5	24	GRAY	SANDY	SHALE	24	34		BROKEN	LIMESTONE	34	38			CLAY	38	44			SHALE AND CLAY	44	73		SANDY	SHALE	73	86			SHALE	86	92			COAL AND CLAY	92	98			SHALE AND CLAY	98	105			LIMESTONE	105	107			SHALE	107	109	GRAY		SANDSTONE	109	115			SHALE AND CLAY	115	130			LIMESTONE	130	135			COAL AND CLAY	135	137	LIGHT		SHALE	137	139	GRAY	SANDY	SANDSTONE AND SHALE	139	142	GRAY		SANDSTONE	142	195		SANDY	SHALE	195	212			SHALE AND CLAY	212	219		SANDY	SHALE	219	228	GRAY		SANDSTONE	228	233			SHALE AND COAL	233	240		SANDY	SHALE	240	245
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	SANDY	SHALE	240	245																																																																																																																															
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.

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[illegible]

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