

## 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 _____                                                                                                                               | <b>BOREHOLE/CASING</b> (Measured from ground surface)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Address of Well Location _____                                                                                                                    | 1 { Borehole Diameter _____ inches Depth _____ ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| City _____ Zip Code +4 _____                                                                                                                      | 2 { Borehole Diameter _____ inches Depth _____ ft.<br>Casing Diameter _____ in. Length _____ ft. Thickness _____ in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Permit No. _____ Section; _____ and/or Lot No. _____                                                                                              | Casing Height Above Ground _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Use of Well _____                                                                                                                                 | Type { 1: _____<br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| <b>Coordinates of Well</b> (Use only one of the below coordinate systems)                                                                         | Joints { 1: _____<br>2: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| <u>State Plane Coordinates</u>                                                                                                                    | <b>SCREEN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| N <input type="checkbox"/> X _____ +/- _____ ft.                                                                                                  | Diameter _____ in. Slot Size _____ in. Screen Length _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| S <input type="checkbox"/> Y _____ +/- _____ ft.                                                                                                  | Type _____ Material _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| <u>Latitude, Longitude Coordinates</u>                                                                                                            | Set Between _____ ft. and _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Latitude: _____ Longitude: _____                                                                                                                  | <b>GRAVEL PACK</b> (Filter Pack)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Elevation of Well in feet: _____ +/- _____ ft.                                                                                                    | Material/Size _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Datum Plane: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source _____                                                 | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Source of Coordinates: _____                                                                                                                      | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Well location written description: _____                                                                                                          | <b>GROUT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   | Material _____ Vol/Wt. Used _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   | Method of Installation _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   | Depth: Placed From: _____ ft. To: _____ ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   | <b>DRILLING LOG*</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| Comments on water quality/quantity and well construction: _____                                                                                   | FORMATIONS INCLUDE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Color</th> <th style="width: 30%;">Texture</th> <th style="width: 30%;">Formation</th> <th style="width: 10%;">From</th> <th style="width: 10%;">To</th> </tr> </thead> <tbody> <tr> <td>YELLOW</td> <td></td> <td>CLAY</td> <td>0</td> <td>8</td> </tr> <tr> <td>LT. GRAY</td> <td>SOFT</td> <td>SANDSTONE</td> <td>8</td> <td>18</td> </tr> <tr> <td>LT. GRAY</td> <td></td> <td>VOID</td> <td>18</td> <td>19</td> </tr> <tr> <td>WHITE</td> <td></td> <td>SANDSTONE</td> <td>19</td> <td>118</td> </tr> <tr> <td>GRAY</td> <td></td> <td>SHALE</td> <td>118</td> <td>120</td> </tr> <tr> <td></td> <td></td> <td>Water Encountered At</td> <td>52</td> <td>56</td> </tr> <tr> <td></td> <td></td> <td></td> <td>79</td> <td>105</td> </tr> </tbody> </table> | Color                | Texture | Formation | From | To | YELLOW |  | CLAY | 0 | 8 | LT. GRAY | SOFT | SANDSTONE | 8 | 18 | LT. GRAY |  | VOID | 18 | 19 | WHITE |  | SANDSTONE | 19 | 118 | GRAY |  | SHALE | 118 | 120 |  |  | Water Encountered At | 52 | 56 |  |  |  | 79 | 105 |
| Color                                                                                                                                             | Texture                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Formation            | From    | To        |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| YELLOW                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CLAY                 | 0       | 8         |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| LT. GRAY                                                                                                                                          | SOFT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SANDSTONE            | 8       | 18        |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| LT. GRAY                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VOID                 | 18      | 19        |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| WHITE                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SANDSTONE            | 19      | 118       |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| GRAY                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SHALE                | 118     | 120       |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Water Encountered At | 52      | 56        |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 79      | 105       |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| <b>WELL TEST *</b>                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Flowing Well? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| <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 _____                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |         |           |      |    |        |  |      |   |   |          |      |           |   |    |          |  |      |    |    |       |  |           |    |     |      |  |       |     |     |  |  |                      |    |    |  |  |  |    |     |
| 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.