

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.																																																																																					
	DRILLING LOG*																																																																																					
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>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>BROWN</td><td></td><td>SOIL</td><td>0</td><td>2</td></tr><tr><td>RED</td><td></td><td>CLAY AND SANDSTONE</td><td>2</td><td>25</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>25</td><td>39</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>39</td><td>45</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>45</td><td>73</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>73</td><td>80</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>80</td><td>100</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>100</td><td>110</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>110</td><td>140</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>140</td><td>165</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>165</td><td>200</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>200</td><td>212</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>212</td><td>240</td></tr><tr><td>RED</td><td></td><td>SHALE</td><td>240</td><td>245</td></tr><tr><td>GRAY</td><td></td><td>SHALE</td><td>245</td><td>250</td></tr><tr><td></td><td></td><td>Water Encountered At</td><td>112</td><td>140</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN		SOIL	0	2	RED		CLAY AND SANDSTONE	2	25	GRAY		SHALE	25	39	RED		SHALE	39	45	GRAY		SHALE	45	73	RED		SHALE	73	80	GRAY		SHALE	80	100	RED		SHALE	100	110	GRAY		SHALE	110	140	RED		SHALE	140	165	GRAY		SHALE	165	200	RED		SHALE	200	212	GRAY		SHALE	212	240	RED		SHALE	240	245	GRAY		SHALE	245	250			Water Encountered At	112	140
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		Water Encountered At	112	140																																																																																		
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.