

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: _____ BOREHOLE/CASING (Measured from ground surface)																																								
Owner/Builder _____	1 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																								
Address of Well Location _____	2 { Borehole Diameter _____ inches Depth _____ ft. Casing Diameter _____ in. Length _____ ft. Thickness _____ in.																																								
City _____ Zip Code +4 _____	Casing Height Above Ground _____ ft.																																								
Permit No. _____ Section; _____ and/or Lot No. _____	Type { 1: _____ 2: _____																																								
Use of Well _____	Joints { 1: _____ 2: _____																																								
Coordinates of Well (Use only one of the below coordinate systems) <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. Used _____																																								
Datum Plane: ☐ NAD27 ☐ NAD83 Elevation Source _____	Method of Installation _____																																								
Source of Coordinates: _____	Depth: Placed From: _____ ft. To: _____ ft.																																								
Well location written description:	GROUT																																								
	Vol/Wt. Used _____																																								
	Material _____																																								
	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 style="text-align: center;">Color</th><th style="text-align: center;">Texture</th><th style="text-align: center;">Formation</th><th style="text-align: center;">From</th><th style="text-align: center;">To</th></tr> </thead> <tbody> <tr> <td>YELLOW</td><td></td><td>CLAY</td><td>0</td><td>12</td></tr> <tr> <td>GRAY</td><td></td><td>CLAY</td><td>12</td><td>97</td></tr> <tr> <td>GRAY</td><td>FINE</td><td>SAND</td><td>97</td><td>100</td></tr> <tr> <td>GRAY</td><td></td><td>CLAY</td><td>100</td><td>120</td></tr> <tr> <td>GRAY</td><td>MEDIUM</td><td>SAND</td><td>120</td><td>140</td></tr> <tr> <td></td><td></td><td>SAND AND GRAVEL</td><td>140</td><td>151</td></tr> <tr> <td></td><td></td><td>Water Encountered At</td><td>148</td><td>151</td></tr> </tbody> </table>	Color	Texture	Formation	From	To	YELLOW		CLAY	0	12	GRAY		CLAY	12	97	GRAY	FINE	SAND	97	100	GRAY		CLAY	100	120	GRAY	MEDIUM	SAND	120	140			SAND AND GRAVEL	140	151			Water Encountered At	148	151
Color	Texture	Formation	From	To																																					
YELLOW		CLAY	0	12																																					
GRAY		CLAY	12	97																																					
GRAY	FINE	SAND	97	100																																					
GRAY		CLAY	100	120																																					
GRAY	MEDIUM	SAND	120	140																																					
		SAND AND GRAVEL	140	151																																					
		Water Encountered At	148	151																																					
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.