

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. 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><thead><tr><th>Color</th><th>Texture</th><th>Formation</th><th>From</th><th>To</th></tr></thead><tbody><tr><td></td><td></td><td>EXISTING WELL</td><td>0</td><td>178</td></tr><tr><td>GRAY</td><td>HARD</td><td>SHALE</td><td>178</td><td>200</td></tr><tr><td>GRAY</td><td>HARD</td><td>SANDSTONE</td><td>200</td><td>205</td></tr><tr><td>GRAY</td><td>GRITTY</td><td>SANDSTONE</td><td>205</td><td>220</td></tr><tr><td>GRAY</td><td>COARSE</td><td>SANDSTONE</td><td>220</td><td>262</td></tr><tr><td></td><td></td><td>Water Encountered At</td><td>210</td><td>230</td></tr><tr><td></td><td></td><td></td><td>230</td><td>242</td></tr><tr><td></td><td></td><td></td><td>242</td><td>262</td></tr></tbody></table>		Color	Texture	Formation	From	To			EXISTING WELL	0	178	GRAY	HARD	SHALE	178	200	GRAY	HARD	SANDSTONE	200	205	GRAY	GRITTY	SANDSTONE	205	220	GRAY	COARSE	SANDSTONE	220	262			Water Encountered At	210	230				230	242				242	262
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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.