

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. _____																																														
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>BROWN</td><td>MUDDY</td><td>SOIL</td><td>0</td><td>10</td></tr><tr><td>BROWN</td><td>MEDIUM</td><td>SHALE</td><td>10</td><td>16</td></tr><tr><td>GRAY</td><td>MEDIUM</td><td>SHALE</td><td>16</td><td>22</td></tr><tr><td>GRAY</td><td>HARD</td><td>SHALE</td><td>22</td><td>27</td></tr><tr><td>DARK GRAY</td><td>MEDIUM</td><td>SHALE</td><td>27</td><td>29</td></tr><tr><td>GRAY</td><td>HARD</td><td>SHALE</td><td>29</td><td>41</td></tr><tr><td>DARK GRAY</td><td>MEDIUM</td><td>SHALE</td><td>41</td><td>58</td></tr><tr><td>GRAY</td><td>MEDIUM</td><td>SHALE</td><td>58</td><td>100</td></tr></tbody></table>		Color	Texture	Formation	From	To	BROWN	MUDDY	SOIL	0	10	BROWN	MEDIUM	SHALE	10	16	GRAY	MEDIUM	SHALE	16	22	GRAY	HARD	SHALE	22	27	DARK GRAY	MEDIUM	SHALE	27	29	GRAY	HARD	SHALE	29	41	DARK GRAY	MEDIUM	SHALE	41	58	GRAY	MEDIUM	SHALE	58	100
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WELL TEST *																																																
Pre-Pumping Static Level _____ ft. Date _____		Water Encountered At 27 27																																														
Measured from _____		41 41																																														
Pumping test method _____		80 80																																														
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.