

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																																				
Comments on water quality/quantity and well construction: _____		Material _____ Vol/Wt. _____																																				
		Method of Installation _____																																				
		Depth: Placed From: _____ ft. To: _____ ft.																																				
		DRILLING LOG*																																				
		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></td><td>CLAY</td><td>0</td><td>7</td></tr><tr><td>BROWN</td><td>GRAVELLY</td><td>CLAY</td><td>7</td><td>9</td></tr><tr><td>BROWN</td><td>SANDY</td><td>GRAVEL</td><td>9</td><td>23</td></tr><tr><td>GRAY</td><td></td><td>CLAY</td><td>23</td><td>28</td></tr><tr><td>GRAY</td><td>SANDY</td><td>GRAVEL</td><td>28</td><td>40</td></tr><tr><td colspan="3">Water Encountered At</td><td>28</td><td>40</td></tr></tbody></table>		Color	Texture	Formation	From	To	BROWN		CLAY	0	7	BROWN	GRAVELLY	CLAY	7	9	BROWN	SANDY	GRAVEL	9	23	GRAY		CLAY	23	28	GRAY	SANDY	GRAVEL	28	40	Water Encountered At			28	40
Color	Texture	Formation	From	To																																		
BROWN		CLAY	0	7																																		
BROWN	GRAVELLY	CLAY	7	9																																		
BROWN	SANDY	GRAVEL	9	23																																		
GRAY		CLAY	23	28																																		
GRAY	SANDY	GRAVEL	28	40																																		
Water Encountered At			28	40																																		
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.