

WELL LOG AND DRILLING REPORT

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 _____																																																																																																																																		
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	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>DENSE</td><td>CLAY</td><td>0</td><td>5</td></tr> <tr><td>RED</td><td>SOFT AND SANDY</td><td>CLAYSANDSILT</td><td>5</td><td>10</td></tr> <tr><td>BROWN</td><td>CRUMBLY</td><td>SANDSTONE</td><td>10</td><td>15</td></tr> <tr><td>BROWN</td><td>MIXED</td><td>SHALE AND CLAY</td><td>15</td><td>22</td></tr> <tr><td>RED</td><td>CRUMBLY</td><td>SHALE AND CLAY</td><td>22</td><td>25</td></tr> <tr><td>GRAY</td><td>SOFT AND SANDY</td><td>SANDSTONE</td><td>25</td><td>26</td></tr> <tr><td>LT. GRAY</td><td>MIXED</td><td>CLAY AND SANDSTONE</td><td>26</td><td>34</td></tr> <tr><td>BROWN</td><td>HARD</td><td>SANDSTONE</td><td>34</td><td>45</td></tr> <tr><td>BROWN-GRAY</td><td>TOUGH</td><td>CLAY AND SHALE</td><td>45</td><td>49</td></tr> <tr><td>BROWN</td><td>GRITTY</td><td>SHALE</td><td>49</td><td>50</td></tr> <tr><td>RED</td><td>DRY</td><td>CLAY AND SHALE</td><td>50</td><td>54</td></tr> <tr><td>DARK GRAY</td><td>MIXED</td><td>CLAY AND SHALE</td><td>54</td><td>67</td></tr> <tr><td>RED</td><td>DRY</td><td>CLAY AND SHALE</td><td>67</td><td>70</td></tr> <tr><td>GRAY-BROWN</td><td>MEDIUM</td><td>SANDSTONE AND SHALE</td><td>70</td><td>85</td></tr> <tr><td>GREEN</td><td>FINE</td><td>SHALE</td><td>85</td><td>89</td></tr> <tr><td>DARK GRAY</td><td>MIXED</td><td>SHALE AND CLAY</td><td>89</td><td>100</td></tr> <tr><td>BROWN</td><td>SOFT AND SANDY</td><td>SHALE AND CLAY</td><td>100</td><td>109</td></tr> <tr><td>RED</td><td>DRY</td><td>SHALE AND CLAY</td><td>109</td><td>115</td></tr> <tr><td>GRAY</td><td>HARD</td><td>LIMESTONE AND SHALE</td><td>115</td><td>125</td></tr> <tr><td>LT. GRAY</td><td>HARD</td><td>SANDSTONE</td><td>125</td><td>130</td></tr> <tr><td>RED</td><td>DRY</td><td>SHALE AND CLAY</td><td>130</td><td>134</td></tr> <tr><td>GRAY</td><td>MIXED</td><td>SANDSTONE AND SHALE</td><td>134</td><td>140</td></tr> <tr><td>BROWN</td><td>HARD</td><td>SANDSTONE</td><td>140</td><td>148</td></tr> <tr><td colspan="3">Water Encountered At</td><td>60</td><td>61</td></tr> <tr><td colspan="3"></td><td>85</td><td>86</td></tr> </tbody> </table>	Color	Texture	Formation	From	To	BROWN	DENSE	CLAY	0	5	RED	SOFT AND SANDY	CLAYSANDSILT	5	10	BROWN	CRUMBLY	SANDSTONE	10	15	BROWN	MIXED	SHALE AND CLAY	15	22	RED	CRUMBLY	SHALE AND CLAY	22	25	GRAY	SOFT AND SANDY	SANDSTONE	25	26	LT. GRAY	MIXED	CLAY AND SANDSTONE	26	34	BROWN	HARD	SANDSTONE	34	45	BROWN-GRAY	TOUGH	CLAY AND SHALE	45	49	BROWN	GRITTY	SHALE	49	50	RED	DRY	CLAY AND SHALE	50	54	DARK GRAY	MIXED	CLAY AND SHALE	54	67	RED	DRY	CLAY AND SHALE	67	70	GRAY-BROWN	MEDIUM	SANDSTONE AND SHALE	70	85	GREEN	FINE	SHALE	85	89	DARK GRAY	MIXED	SHALE AND CLAY	89	100	BROWN	SOFT AND SANDY	SHALE AND CLAY	100	109	RED	DRY	SHALE AND CLAY	109	115	GRAY	HARD	LIMESTONE AND SHALE	115	125	LT. GRAY	HARD	SANDSTONE	125	130	RED	DRY	SHALE AND CLAY	130	134	GRAY	MIXED	SANDSTONE AND SHALE	134	140	BROWN	HARD	SANDSTONE	140	148	Water Encountered At			60	61				85	86
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	Aquifer Type (Formation producing the most water.) _____																																																																																																																																		
	Date of Well Completion _____ Total Depth of Well _____ ft.																																																																																																																																		
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 _____																																																																																																																																			

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.

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