

WELL LOG AND DRILLING REPORT

DNR 7802.05e

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 _____																																								
	Method of Installation _____																																								
	Depth: Placed From: _____ ft. To: _____ ft.																																								
Comments on water quality/quantity and well construction: _____	DRILLING LOG*																																								
	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>RED</td><td>SOFT</td><td>CLAY</td><td>0</td><td>10</td></tr><tr><td>GRAY</td><td>MEDIUM</td><td>SANDCLAYGRAVEL</td><td>10</td><td>25</td></tr><tr><td>RED</td><td>SOFT</td><td>SHALE</td><td>25</td><td>45</td></tr><tr><td>WHITE</td><td>MEDIUM</td><td>SANDSTONE</td><td>45</td><td>55</td></tr><tr><td>WHITE</td><td>MEDIUM</td><td>SHALE</td><td>55</td><td>75</td></tr><tr><td>WHITE</td><td>HARD</td><td>LIMESTONE</td><td>75</td><td>85</td></tr><tr><td></td><td></td><td>Water Encountered At</td><td>45</td><td>55</td></tr></tbody></table>	Color	Texture	Formation	From	To	RED	SOFT	CLAY	0	10	GRAY	MEDIUM	SANDCLAYGRAVEL	10	25	RED	SOFT	SHALE	25	45	WHITE	MEDIUM	SANDSTONE	45	55	WHITE	MEDIUM	SHALE	55	75	WHITE	HARD	LIMESTONE	75	85			Water Encountered At	45	55
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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.