

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>BROWN</td><td>STIFF</td><td>FILL MATERIAL</td><td>0</td><td>50</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SAND</td><td>GRAVELBOULDERS</td><td>50</td><td>90</td></tr><tr><td>GRAY</td><td>STIFF</td><td>CLAYSANDGRAVEL</td><td>90</td><td>91</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SAND AND GRAVEL</td><td></td><td>91</td><td>100</td></tr><tr><td>GRAY</td><td>MEDIUM</td><td>SAND</td><td>100</td><td>105</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SILTSANDGRAVEL</td><td></td><td>105</td><td>120</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SANDGRAVELBOULDERS</td><td></td><td>120</td><td>140</td></tr><tr><td>DARK GRAY</td><td>FINE TO COARSE SILTSANDGRAVEL</td><td></td><td>140</td><td>145</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SANDGRAVELBOULDERS</td><td></td><td>145</td><td>165</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SILTSANDGRAVEL</td><td></td><td>165</td><td>180</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SANDGRAVELBOULDERS</td><td></td><td>180</td><td>185</td></tr><tr><td>GRAY</td><td>FINE TO COARSE SILTSANDGRAVEL</td><td></td><td>185</td><td>200</td></tr><tr><td></td><td></td><td>Water Encountered At</td><td>32</td><td>200</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN	STIFF	FILL MATERIAL	0	50	GRAY	FINE TO COARSE SAND	GRAVELBOULDERS	50	90	GRAY	STIFF	CLAYSANDGRAVEL	90	91	GRAY	FINE TO COARSE SAND AND GRAVEL		91	100	GRAY	MEDIUM	SAND	100	105	GRAY	FINE TO COARSE SILTSANDGRAVEL		105	120	GRAY	FINE TO COARSE SANDGRAVELBOULDERS		120	140	DARK GRAY	FINE TO COARSE SILTSANDGRAVEL		140	145	GRAY	FINE TO COARSE SANDGRAVELBOULDERS		145	165	GRAY	FINE TO COARSE SILTSANDGRAVEL		165	180	GRAY	FINE TO COARSE SANDGRAVELBOULDERS		180	185	GRAY	FINE TO COARSE SILTSANDGRAVEL		185	200			Water Encountered At	32	200
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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.