

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.																																																																																															
	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>CLAYEY</td><td>CLAY</td><td>0</td><td>3</td></tr><tr><td>BROWN</td><td>HARD</td><td>SANDSTONE</td><td>3</td><td>16</td></tr><tr><td>GRAY-TAN</td><td>SHALEY</td><td>SHALE AND CLAY</td><td>16</td><td>20</td></tr><tr><td>RED</td><td>DRY</td><td>SHALE AND CLAY</td><td>20</td><td>35</td></tr><tr><td>GRAY</td><td>MIXED</td><td>SHALE AND CLAY</td><td>35</td><td>40</td></tr><tr><td>BROWN</td><td>HARD</td><td>SANDSTONE</td><td>40</td><td>48</td></tr><tr><td>GRAY</td><td>MIXED</td><td>SANDSTONE AND SHALE</td><td>48</td><td>57</td></tr><tr><td>GRAY</td><td>DRY</td><td>CLAY</td><td>57</td><td>61</td></tr><tr><td>GRAY</td><td>HARD</td><td>SANDSTONE</td><td>61</td><td>65</td></tr><tr><td>GRAY</td><td>SHALEY</td><td>SHALE</td><td>65</td><td>70</td></tr><tr><td>GRAY</td><td>HARD</td><td>LIMESTONE</td><td>70</td><td>76</td></tr><tr><td>LT. GRAY</td><td>CLAYEY</td><td>CLAY</td><td>76</td><td>82</td></tr><tr><td>BLACK</td><td>SHALEY</td><td>SHALE</td><td>82</td><td>86</td></tr><tr><td>BLACK</td><td>SOFT</td><td>COAL</td><td>86</td><td>88</td></tr><tr><td>GRAY-BROWN</td><td>HARD</td><td>LIMESTONE</td><td>88</td><td>90</td></tr><tr><td>GRAY</td><td>MIXED</td><td>LIMESTONE AND SHALE</td><td>90</td><td>112</td></tr><tr><td>LT. GRAY</td><td>GRITTY</td><td>SANDSTONE</td><td>112</td><td>115</td></tr><tr><td></td><td></td><td>Water Encountered At</td><td>50</td><td>52</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN	CLAYEY	CLAY	0	3	BROWN	HARD	SANDSTONE	3	16	GRAY-TAN	SHALEY	SHALE AND CLAY	16	20	RED	DRY	SHALE AND CLAY	20	35	GRAY	MIXED	SHALE AND CLAY	35	40	BROWN	HARD	SANDSTONE	40	48	GRAY	MIXED	SANDSTONE AND SHALE	48	57	GRAY	DRY	CLAY	57	61	GRAY	HARD	SANDSTONE	61	65	GRAY	SHALEY	SHALE	65	70	GRAY	HARD	LIMESTONE	70	76	LT. GRAY	CLAYEY	CLAY	76	82	BLACK	SHALEY	SHALE	82	86	BLACK	SOFT	COAL	86	88	GRAY-BROWN	HARD	LIMESTONE	88	90	GRAY	MIXED	LIMESTONE AND SHALE	90	112	LT. GRAY	GRITTY	SANDSTONE	112	115			Water Encountered At	50	52
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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.