

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>FINE</td><td>FILL MATERIAL</td><td>0</td><td>7</td></tr><tr><td>BROWN</td><td>FINE</td><td>SAND AND CLAY</td><td>7</td><td>12</td></tr><tr><td>BROWN</td><td>FINE</td><td>SAND</td><td>12</td><td>35</td></tr><tr><td>BROWN</td><td>HARD</td><td>BOULDERS</td><td>35</td><td>37</td></tr><tr><td>BROWN</td><td>MEDIUM</td><td>SAND AND CLAY</td><td>37</td><td>40</td></tr><tr><td>BROWN</td><td>HEAVY</td><td>SAND</td><td>40</td><td>62</td></tr><tr><td>BROWN</td><td>CLAYEY</td><td>SAND AND CLAY</td><td>62</td><td>63</td></tr><tr><td>DARK BROWN</td><td>MEDIUM</td><td>SILTSANDGRAVEL</td><td>63</td><td>70</td></tr><tr><td>BROWN-GRAY</td><td>COARSE/GRAVEL</td><td>SAND AND GRAVEL</td><td>70</td><td>82</td></tr></tbody></table>	Color	Texture	Formation	From	To	BROWN	FINE	FILL MATERIAL	0	7	BROWN	FINE	SAND AND CLAY	7	12	BROWN	FINE	SAND	12	35	BROWN	HARD	BOULDERS	35	37	BROWN	MEDIUM	SAND AND CLAY	37	40	BROWN	HEAVY	SAND	40	62	BROWN	CLAYEY	SAND AND CLAY	62	63	DARK BROWN	MEDIUM	SILTSANDGRAVEL	63	70	BROWN-GRAY	COARSE/GRAVEL	SAND AND GRAVEL	70	82
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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.