131-59-4SE

STATE OF NORTH DAKOTA

BOARD OF WATER WELL CONTRACTORS

900 E. BOULEVARD • BISMARCK, NORTH DAKOTA 58501

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

1. WELL OWNER

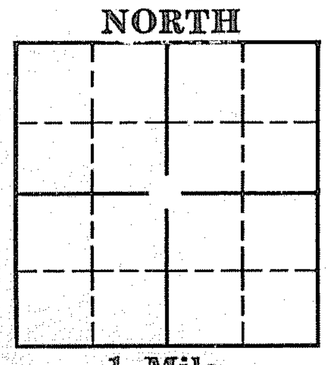
Name Kurt Knutson

Address Oakes, N.D. 58474

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH



1 Mile

County Dickey

___ ¼ ___ ¼ SE ¼ Sec. 4 Twp. 131 N. Rg. 59 W.

3. PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Industrial

☐ Stock ☐ Municipal ☐ Test Hole

4. METHOD DRILLED

☐ Cable ☒ Reverse Rotary ☐ Bored

☐ Forward Rotary ☐ Jetted ☐ Other

If other, specify ___

5. WATER QUALITY

Was a water sample collected for chemical analysis?

☐ Yes ☒ No

If so, to what laboratory was it sent ___

6. WELL CONSTRUCTION

Diameter of hole 30 inches. Depth 27 feet.

Casing: ☒ Steel ☐ Plastic ☐ Concrete

☐ Threaded ☒ Welded ☐ Other

If other, specify ___

Pipe Weight:	Diameter:	From:	To:
___ lb/ft.	8 inches	0 feet	12 feet
___ lb/ft.	___ inches	___ feet	___ feet
___ lb/ft.	___ inches	___ feet	___ feet
___ lb/ft.	___ inches	___ feet	___ feet

Was perforated pipe used? ☐ Yes ☐ No

Length of pipe perforated ___ feet

Was casing left open end? ☐ Yes ☒ No

Was a well screened installed? ☒ Yes ☐ No

Material S. Steel Diameter 8 inches
(stainless steel, bronze, etc.)

Slot size ___ set from 12 feet to 27 feet

Slot size ___ set from ___ feet to ___ feet

Slot size ___ set from ___ feet to ___ feet

Slot size ___ set from ___ feet to ___ feet

Was a packer or seal used? ☐ Yes ☐ No

If so, what material ___

Type of well: Straight screen ☐ Gravel packed ☒

Was the well grouted? Yes ☐ No ☒

To what depth? ___ feet

Material used in grouting ___

Well head completion: Pitless adapter ___

12" above grade ___ Other ___

If other, specify ___

Was well disinfected upon completion? ☐ Yes ☒ No

7. WATER LEVEL

Static water level ___ feet below land surface

If flowing: closed-in pressure ___ psi

GPM flow ___ through ___ inch pipe

Controlled by: ☐ Valve ☐ Reducers ☐ Other

If other, specify ___

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Other

Pumping level below land surface:

___ ft. after ___ hrs. pumping ___ gpm

___ ft. after ___ hrs. pumping ___ gpm

___ ft. after ___ hrs. pumping ___ gpm

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
top soil	0	2
sand, gravel, shale	2	27
clay	27-	

(Use separate sheet if necessary.)

10. DATE COMPLETED 11-6-76

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No

If so, how ___

12. REMARKS:

13. DRILLER'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

Empire Irrigation Drilling Co.

Driller's or Firm's Name Certificate No.

Frankfort, SD 57440

Address

[signature] 11-23-76

Signed by Date

LICATE — BOARD'S COPY