131-59-13

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

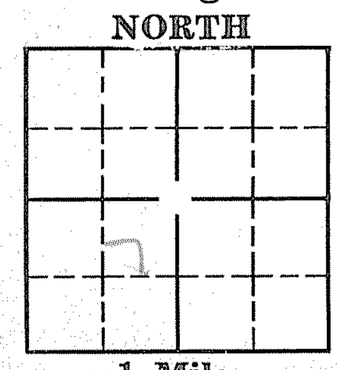
Name Knutson Brothers

Address Oakes N.D.

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH



1 Mile

County Dickey

____¼____¼____¼ Sec. 13 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 16 inches. Depth 40 feet.

Casing: ☐ Steel ☐ Plastic ☐ Concrete
☒ Threaded ☐ Welded ☒ Other

If other, specify Fiberglass

Pipe Weight:	Diameter:	From:	To:
____lb/ft.	____inches	____feet	____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 Fiberglass Diameter 16 inches
(stainless steel, bronze, etc.)

Slot size _____ set from _____ feet to _____ 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
Gray Till	2	16
Sand & Gravel	16	40

(Use separate sheet if necessary.)

10. DATE COMPLETED _____

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, S.D. 57440
Address

[signature] 1-23-76
Signed by — Date

DUPLICATE — BOARD'S COPY