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 John Gravesdahl

Address Warwick, N.D.

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

Sec. (1 mile) ____

County Eddy

NW¼SW¼ ¼ Sec. 3 Twp. 150 N.Rg 63 W.

3. PROPOSED USE

- [x] Domestic
- [ ] Stock
- [ ] Geothermal
- [ ] Irrigation
- [ ] Municipal
- [ ] Monitoring
- [ ] Industrial
- [ ] Test Hole

4. METHOD DRILLED

- [ ] Cable
- [x] Forward Rotary
- [ ] Reverse Rotary
- [ ] Jetted
- [ ] Bored
- [ ] Auger

If other, specify ____

5. WATER QUALITY

Was a water sample collected for:

Chemcial Analysis? [ ] Yes [x] No

Bacteriological Analysis? [ ] Yes [x] No

If so, to what laboratory was it sent? ____

25 gr. hard
1 ppm iron
8.5 PH
0 Nitrate

6. WELL CONSTRUCTION

Diameter of hole 8½ inches. Depth 41 feet.

Casing: [ ] Steel [x] Plastic [ ] Concrete [ ] Threaded [x] Welded [ ] Other

If other, specify ____

Pipe Weight:	Diameter:	From:	To:
2.8 lb/ft	5 inches	+1 feet	37 feet
____ lb/ft	____ inches	____ feet	____ feet
____ lb/ft	____ inches	____ feet	____ feet

Was perforated pipe used? [ ] Yes [x] No

Perforated pipe set from ____ ft to ____ feet

Was casing left open end? [ ] Yes [x] No

Was a well screened installed? [x] Yes [ ] No

Material Stainless Steel Diameter 5" tel inches

Slot Size 18 set from 37 feet to 41 feet

Slot Size ____ set from ____ feet to ____ feet

Was packer or seal used? [ ] Yes [x] No

If so, what material ____ Depth ____ ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen [ ] Gravel packed [x]

Depth grouted: From 8' To 30'

Grouting Material: Cement ____ Other x

If other explain: envirosplug

Well head completion: Pitless unit ____

12" above grade x Other ____

If other, specify ____

Was pump installed: [ ] Yes [x] No

Was well disinfected upon completion? [x] Yes [ ] No

7. WATER LEVEL

Static water level 8 feet below 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 [x] Other air

Pumping level below land surface:

25 ft. after 1 hrs. pumping 50 gpm

____ ft. after ____ hrs. pumping ____ gpm

____ ft. after ____ hrs. pumping ____ gpm

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
Sod	0	8"
fine gray sands	8"	12'
Brown sands	12'	28'
fine sands + lignite	28'	30'
Med gray sands + shale	30	41

(Use separate sheet if necessary)

10. DATE COMPLETED 11-29-00

11. WAS WELL PLUGGED OR ABANDONED?

[ ] Yes [x] 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.

Holbeck Water Well Service Inc. 148

Driller's or Firm's Name Certificate No

8353 Hwy 2 - Devils Lake ND 58301

Address

Edward T Kraft 11-30-00

Signed by Date

WHITE-DRILLER'S COPY YELLOW-BOARD'S COPY PINK-CUSTOMER'S COPY