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

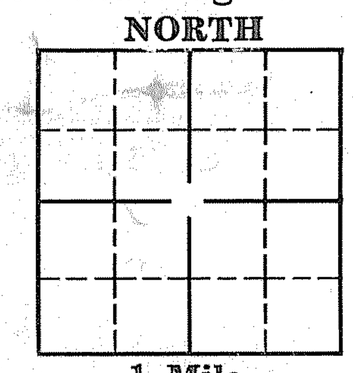
Name Lawrence Packter

Address Streeter

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH



1 Mile

County Logan

___ ¼ ___ ¼ SW ¼ Sec. 10 Twp. 136 N. Rg. 69 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 24 inches. Depth 46 feet.

Casing: ☐ Steel ☐ Plastic ☒ Concrete

☐ Threaded ☐ Welded ☐ Other

If other, specify

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 ___ Diameter ___ 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 8 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	3
Gravel &	3	20
Sand Clay	20	40
Sand &	40	46

(Use separate sheet if necessary.)

10. DATE COMPLETED 9-20-74

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.

Jacob Thum 64

Driller's or Firm's Name Certificate No.

Wishek N. Dak.

Address

Jacob Thum 9-20-74

Signed by Date

DUPLICATE — BOARD'S COPY