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 DAVID LEN

Address SAVAGE MONT.

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

LOT 2 BLOCK 6 TOBACCO GARDEN RESORT

County McKENZIE Sec. (1 mile) _____

SE 1/4 SE 1/4 SE 1/4 Sec. 2 Twp. 153 N.Rg 97 W.

3. PROPOSED USE

☐ Geothermal ☐ Monitoring
☑ Domestic ☐ Irrigation ☐ Industrial
☐ Stock ☐ Municipal ☐ Test Hole

4. METHOD DRILLED

☐ Cable ☐ Reverse Rotary ☐ Bored
☑ Forward Rotary ☐ Jetted ☐ Auger

If other, specify _____

5. WATER QUALITY

Was a water sample collected for:

Chemcial Analysis? ☐ Yes ☑ No

Bacteriological Analysis? ☐ Yes ☑ No

If so, to what laboratory was it sent? _____

6. WELL CONSTRUCTION

Diameter of hole 8.75 inches. Depth 65 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

Was perforated pipe used? ☑ Yes ☐ No

Perforated pipe set from 60 ft to 50 feet

Was casing left open end? ☑ Yes ☐ No

Was a well screened installed? ☐ Yes ☐ No

Material _____ Diameter _____ inches

Slot Size .020 set from 50 feet to 40 feet

Slot Size _____ set from _____ feet to _____ feet

Was packer or seal used? ☐ Yes ☐ No

If so, what material _____ Depth _____ ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen ☐ Gravel packed ☑

Depth grouted: From 40 To SURFACE

Grouting Material: Cement _____ Other HY BENTONITE

If other explain: _____

Well head completion: Pitless unit _____

12" above grade _____ Other _____

If other, specify SANITARY CAP

Was pump installed: ☑ Yes ☐ No

Was well disinfected upon completion? ☑ Yes ☐ No

7. WATER LEVEL

Static water level 21 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 ☑ Other

Pumping level below land surface:

40 ft. after 2 hrs. pumping 40 gpm

____ ft. after ____ hrs. pumping ____ gpm

____ ft. after ____ hrs. pumping ____ gpm

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
TOP SOIL	0	1
GREASEY CLAY	1	50
BLUE SAND	50	64
CLAY	64	66

(Use separate sheet if necessary)

10. DATE COMPLETED 6-12-01

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.

DENNIS J. BINGEMAN

Driller's or Firm's Name BOX 412 WATFORD CITY, N.D. 58854 Certificate No 168

Address

Signed by _____ Date 7-22-01

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