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: Ted PeTons

Address: Mandan Anderson Marina

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 Mile

County: Morton

___ ¼ ___ ¼ ___ ¼ Sec. 31 Twp. 139 N. Rg. 81 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 7 7/8 inches. Depth 60 feet.

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

If other, specify ___

Pipe Weight:	Diameter:	From:	To:
200 lb/ft.	inches	0 feet	60 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 PVC Diameter 4 inches
(stainless steel, bronze, etc.)

Slot size 8 set from 55 feet to 60 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? 11-20 feet

Material used in grouting Cement

Well head completion: Pitless adapter yes

12" above grade yes Other ___

If other, specify ___

Was well disinfected upon completion? ☒ Yes ☐ No

7. WATER LEVEL

Static water level 13 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 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	2
silt	2	20
Sin. Dirty Sand	20	50
Sand Sine	50	60

(Use separate sheet if necessary.)

10. DATE COMPLETED 7-1-83

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.

H.L. McLean Drilling 65
Driller's or Firm's Name Certificate No.

Route 4 S Bismarck
Address

[signature] 12-29-83
Signed by Date

DUPLICATE — BOARD'S COPY