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 Charles Tracy

Address Mandan - Anderson Marina

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 Mile

County Morton

____ ¼ ____ ¼ ____ ¼ Sec. 36 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 ____ feet.

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

If other, specify

Pipe Weight:	Diameter:	From:	To:
200 lb/ft.	4 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 ____ 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? 15 feet

Material used in grouting Cement

Well head completion: Pitless adapter No

12" above grade Yes Other

If other, specify

Was well disinfected upon completion? ☒ Yes ☐ No

7. WATER LEVEL

Static water level 12 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 30 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
Fine Dirty sand	20	50
Sand fine	50	60

(Use separate sheet if necessary.)

10. DATE COMPLETED 7-2-83

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 Co 65

Driller's or Firm's Name Certificate No.

Route #5 Bismarck

Address

12-29-83

Signed by Date

DUPLICATE — BOARD'S COPY