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 Dawson

Address Lemmon S.D.

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 Mile

Sec. [1 Mile]

County Adams

___ ¼ ___ ¼ NW ¼ Sec. 23 Twp. 130 N. Rg. 98 W.

3. PROPOSED USE

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

4. METHOD DRILLED

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

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 6 inches. Depth 70 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 50 ft to 70 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

Was a packer or seal used? ☒ Yes ☐ No

If so, what material plus Depth 20 Ft.

Type of well: Straight screen ☒ Gravel packed ☐

Depth grouted: From 0 To 20

Grouting Material: Cement X Other ___

If other explain: ___

Well head completion: Pitless unit ___

12" above grade X Other ___

If other, specify ___

Was pump installed: ☐ Yes ☒ No

Was well disinfected upon completion? ☐ Yes ☐ No

7. WATER LEVEL

Static water level ___ 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	2
Sand	2	18
Shale	18	55
Sand	55	70

(Use separate sheet if necessary.)

10. DATE COMPLETED Oct 87

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.

Main Drilling — 41

Driller's or Firm's Name — Certificate No.

Lemmon S.D.

Address

William Main — 10/27/87

Signed by — Date

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