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: Ellef Severson

Address: Pollock, SD

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

Test Hole #2

Sec. (1 mile) _____

County: Emmons

NW ¼ SW ¼ SW ¼ Sec. 7 Twp. 129 N. Rg 78 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:

Chemcial Analysis? ☐ Yes ☒ No

Bacteriological Analysis? ☐ Yes ☒ No

If so, to what laboratory was it sent? _____

6. WELL CONSTRUCTION

Diameter of hole 4 3/4 inches. Depth 120 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 _____ ft to _____ feet

Was casing left open end? ☐ Yes ☐ No

Was a well screened installed? ☐ Yes ☐ No

Material _____ Diameter _____ inches

Slot Size _____ set from _____ feet to _____ 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 _____ To _____

Grouting Material: Cement _____ Other _____

If other explain: _____

Well head completion: Pitless unit _____

12" above grade _____ Other _____

If other, specify _____

Was pump installed: ☐ Yes ☐ No

Was well disinfected upon completion? ☐ Yes ☐ No

7. WATER LEVEL

Static water level _____ 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:

____ 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
silt sandy med Brown	0	4
Clay sandy silty Brown	4	15
Sand & sandstone	15	16
Clay sandy silty Brown	16	20
Sand silt 20% clay	20	23
Clay med Grey Bld Rock	23	43
Sand	43	44
Clay med green to Blue Grey	44	120

(Use separate sheet if necessary)

10. DATE COMPLETED 9-12-02

11. WAS WELL PLUGGED OR ABANDONED?

☒ Yes ☐ No

If so, how with cuttings

12. REMARKS:

13. DRILLER'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

Water Supply Inc. 16

Driller's or Firm's Name Certificate No

Box 1191 Bis, ND. 58502

Address

Joe Reed 9-12-02

Signed by Date

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