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.

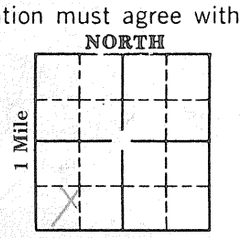
1. WELL OWNER

Name: Jim Morgeson

Address: Rolette No Dak

2. WELL LOCATION

Sketch map location must agree with written location.



County: Rolette

SW ¼ ___ ¼ ___ ¼ Sec. 10 Twp. 161 N. Rg. 71 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

Bacteriological Analysis? ☐ Yes ☐ No

If so, to what laboratory was it sent ___

6. WELL CONSTRUCTION

Diameter of hole 5 inches. Depth 35 feet.

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

If other, specify ___

Pipe Weight:	Diameter:	From:	To:
200 lb/ft.	5 inches	+1 feet	35 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: plastic (stainless steel, bronze, etc.) Diameter 5 inches

Slot size 30 set from 15 feet to 35 feet

Slot size ___ set from ___ feet to ___ feet

Was a packer or seal used? ☐ Yes ☒ No

If so, what material ___ Depth ___ Ft.

Type of well: Straight screen ☐ Gravel packed ☒

Depth grouted: From 14' To 8'

Grouting Material: Cement ___ Other Laonite

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 11 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:

20 ft. after 1 hrs. pumping 15 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
Sandy yellow	1	11
Gravely blue	11	16
Coarse sand	16	35

(Use separate sheet if necessary.)

10. DATE COMPLETED 9-3-91

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.

Lee's Well Drilling 115

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

Rolette No Dak

Address

Leland Schunk 9-19-91

Signed by — Date

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