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: Adolph Fricke

Address: Rt 3 Box 119 A Dickinson

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

Sec. (1 mile) _____

County: Stark

NE ¼ ___ ¼ ___ ¼ Sec. 30 Twp. 140 N. Rg 96 W.

3. PROPOSED USE

- [x] Domestic
- [ ] Stock
- [ ] Geothermal
- [ ] Irrigation
- [ ] Municipal
- [ ] Monitoring
- [ ] Industrial
- [ ] Test Hole

4. METHOD DRILLED

- [ ] Cable
- [x] Forward Rotary
- [ ] Reverse Rotary
- [ ] Jetted
- [ ] Bored
- [ ] Auger

If other, specify _____

5. WATER QUALITY

Was a water sample collected for:

Chemcial Analysis? [ ] Yes [x] No

Bacteriological Analysis? [ ] Yes [x] No

If so, to what laboratory was it sent? _____

6. WELL CONSTRUCTION

Diameter of hole 8 3/4 inches. Depth 158 feet.

Casing: [ ] Steel [x] Plastic [ ] Concrete [ ] Threaded [ ] Welded [ ] Other

If other, specify _____

Pipe Weight:	Diameter:	From:	To:
250 lb/ft	4 1/2 inches	0 feet	157 feet
___ lb/ft	___ inches	___ feet	___ feet
___ lb/ft	___ inches	___ feet	___ feet

Was perforated pipe used? [x] Yes [ ] No

Perforated pipe set from 117 ft to 157 feet

Was casing left open end? [ ] Yes [x] No

Was a well screened installed? [ ] Yes [x] No

Material _____ Diameter _____ inches

Slot Size 035 set from _____ feet to _____ feet

Slot Size _____ set from _____ feet to _____ feet

Was packer or seal used? [ ] Yes [x] No

If so, what material _____ Depth _____ ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen [ ] Gravel packed [x]

Depth grouted: From 90 To 0

Grouting Material: Cement Bentonite Other _____

If other explain: _____

Well head completion: Pitless unit cupped

12" above grade yes Other _____

If other, specify _____

Was pump installed: [x] Yes [ ] No

Was well disinfected upon completion? [x] Yes [ ] No

7. WATER LEVEL

Static water level 77 feet below surface

If flowing: closed-in pressure _____ psi

GPM flow 10 through _____ inch pipe

Controlled by: [ ] Valve [ ] Reducers [ ] Other

If other, specify _____

8. WELL TEST DATA

[ ] Pump [ ] Bailer [ ] Other

Pumping level below land surface:

92 ft. after	1 hrs. pumping	10 gpm	
___ ft. after	___ hrs. pumping	___ gpm	
___ ft. after	___ hrs. pumping	___ gpm	

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
Top soil sandy	0	5
sandy Clay	5	42
lig trace	42	43
Clay	43	85
sandy Clay	85	95
sandy	95	105
lig	105	110
sandy	110	135
lig	135	140
sandy	140	158

(Use separate sheet if necessary)

10. DATE COMPLETED 11-14-92

11. WAS WELL PLUGGED OR ABANDONED?

[ ] Yes [x] 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.

Work Drilling — 22

Driller's or Firm's Name — Certificate No

Rt 1 Box 143 Dickinson

Address

William J Work — 11-20-92

Signed by — Date

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