STATE OF NORTH DAKOTA

BOARD OF WATER WELL CONTRACTORS

900 E. BOULEVARD AVE., DEPT. 770 • BISMARCK, NORTH DAKOTA 58505-0850

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: Robert Grinsbo

Address: Paterno, N Dak

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

Sec. (1 mile) _____

County: Mountrail

NW 1/4 NW 1/4 SW 1/4 Sec. 1 Twp. 155 N. Rg. 92 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 9 5/8 inches. Depth 140' feet.

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

If other, specify _____

Pipe Weight:	Diameter:	From:	To:
200 lb/ft	6 inches	0 feet	130 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 screen installed? ☒ Yes ☐ No

Material PVC Diameter 6 inches

Slot Size .025 set from 130 feet to 140 feet

Slot Size _____ set from _____ feet to _____ feet

Was packer or seal used? ☐ Yes ☒ No

If so, what material _____ Depth _____ ft.

Type of well: Straight screen ☐ Gravel packed ☒

Depth grouted: From 0 To 35

Grouting Material: Cement _____ Other ✓

If other, explain: med. bentonite

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 108 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:

112 ft. after 6 hrs. pumping 10 gpm

____ ft. after ____ hrs. pumping ____ gpm

____ ft. after ____ hrs. pumping ____ gpm

9. WELL LOG

Formation	Depth (ft.) From	Depth (ft.) To
topsoil	0	1
brown clay	1	23
brown sandy clay	23	44
rock	44	45
brown clay	45	58
gray clay	58	129
fractured coal & sand	129	140
gray clay	140	142

(Use separate sheet if necessary)

10. DATE COMPLETED 7-28-05

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.

Lien Well Service 167

Driller's or Firm's Name Certificate No.

7913 110th Ave N.W. Tioga

Address

Donald Lien 8-5-05

Signed by Date

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