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: Bottineau Ambulance

Address: Bottineau N.D.

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE — 25

Sec. (1 mile) _____

County: Bottineau

SW 1/4 SW 1/4 NE 1/4 Sec. 25 Twp. 162 N. Rg 76 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 4 3/4 inches. Depth 205 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 screen 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.

Type of well: Straight screen ☐ Gravel packed ☐

Depth grouted: From 205 To Surface

Grouting Material: Cement _____ Other _____

If other, explain: Sand & grout

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
Yellow Clay	0	18
Silty Sandy Clay	18	120
Clay	120	205

(Use separate sheet if necessary)

10. DATE COMPLETED 6-28-07

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☐ No

If so, how _____

12. REMARKS:

14 GSHP wells - Closed loop System

13. DRILLER'S CERTIFICATION

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

Kamrud Drlg — 152

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

Address

Signed by — Date

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