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 John Meckel
Address 9982 99th Ave SE
Oakes, N.D. 58474

2. WELL LOCATION
Sketch map location must agree with written location.

NORTH

1 MILE

X

Sec. (1 mile)_____

County Dickey

~~SW~~ 1/4 ~~SW~~ 1/4 SW 1/4 Sec. 22 Twp. 129 N. Rg. 62 W.

3. PROPOSED USE
☑ Geothermal ☐ Monitoring
☐ Domestic ☐ Irrigation ☐ Industrial
☐ Stock ☐ Municipal ☐ Test Hole

4. METHOD DRILLED
☐ Cable ☐ Reverse Rotary ☐ Bored
☐ Forward Rotary ☐ Jetted ☑ 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 3 inches. Depth 200 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 _____ 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
Yellow clay		
Silt	0	60
Gravel Sandy	60	120
Silt	120	200

(Use separate sheet if necessary)

10. DATE COMPLETED Nov-7-12

11. WAS WELL PLUGGED OR ABANDONED?
☐ Yes ☐ No
If so, how _____

12. REMARKS:
6 wells

13. DRILLER'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

TW Drilling
LENIUS WELL DRILLING 118
Driller's or Firm's Name Certificate No.

BRITTON, S.D. 57430
Address

Walter Lenius 11-15-12
Signed by Date

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