



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

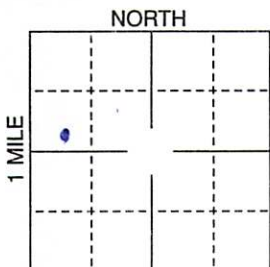
Name Kirk Opstedal
Address 2951 31st Ave NE
Rollette ND 58366

2. WELL LOCATION

Sketch map location must agree with written location.

GPS

EL _____



County Rollette
SW 1/4 NW 1/4 1/4 Sec. 30 Twp. 159 N. Rg. 72 W.

3. PROPOSED USE

☒ Domestic ☐ Geothermal ☐ Monitoring
☐ Stock ☐ Irrigation ☐ Industrial
☐ 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? Costner

6. WELL CONSTRUCTION

Diameter of hole 9" inches. Depth 77 feet.

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

If other, specify _____

Pipe Weight: Diameter: From: To:
SDR21 lb/ft 4.5 inches +2 feet 72 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 SS Diameter 4 inches

Slot Size .018 set from 72 feet to 77 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 65 To Surface

Grouting Material: Cement _____ Other X

If other, explain: Enviroplug & Cuttings

Well head completion: Pitless unit NO

12" above grade YES Other _____

If other, specify _____

Was pump installed? ☒ Yes ☐ No

Was well disinfected upon completion? ☒ Yes ☐ No

7. WATER LEVEL

Static water level 48 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:

68 ft. after 6 hrs. pumping 5.5 gpm

_____ ft. after _____ hrs. pumping _____ gpm

_____ ft. after _____ hrs. pumping _____ gpm

9. WELL LOG

Formation

Depth (ft.)

From

To

Top Soil	0	1
Brown Clay	1	4
Gravel	4	14
Coarse Sand	14	50
Grey Clay	50	55
Sand Corse	55	77
Clay/Rock	77	79

(Use separate sheet if necessary)

10. DATE COMPLETED 7-24-15

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.

Lakeview Drilling Inc #99

Driller's or Firm's Name

License No

Kenmare ND

Address

Roy Stuebel
Signed by

7-24-15
Date