



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 <u>Curtis Fisher</u> Address <u>8665 17th Avenue</u> <u>BISMARCK, ND 58501</u> 2. WELL LOCATION Sketch map location must agree with written location. GPS _____ _____ _____ EL. _____ NORTH 1 MILE Sec. (1 mile) _____ County <u>Burleigh</u> <u>NW 1/4 NW 1/4 NE 1/4 Sec. 33 Twp. 139 N. Rg. 79 W.</u> 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? _____ 6. WELL CONSTRUCTION Diameter of hole <u>7 7/8</u> inches. Depth <u>239</u> feet. Casing: ☐ Steel ☒ Plastic ☐ Concrete ☐ Threaded ☒ Welded ☐ Other If other, specify _____ <table style="width: 100%;"><tr><td>Pipe Weight:</td><td>Diameter:</td><td>From:</td><td>To:</td></tr><tr><td><u>SDR21</u> lb/ft</td><td><u>4</u> inches</td><td><u>+1.5</u> feet</td><td><u>200</u> feet</td></tr><tr><td>_____ lb/ft</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ lb/ft</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></table> 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 <u>PVC</u> Diameter <u>4</u> inches Slot Size <u>.016</u> set from <u>200</u> feet to <u>235</u> 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 ☐ <u>2010 Silica Sand</u> Gravel packed ☒ Depth grouted: From <u>176</u> To <u>195</u> Grouting Material: Cement _____ Other <u>X</u> If other, explain: <u>Med. Bent. Chips</u> Well head completion: Pitless unit _____ 12" above grade _____ Other <u>X</u> If other, specify <u>18" Above Grade</u> Was pump installed? ☐ Yes ☒ No Was well disinfected upon completion? ☒ Yes ☐ No	Pipe Weight:	Diameter:	From:	To:	<u>SDR21</u> lb/ft	<u>4</u> inches	<u>+1.5</u> feet	<u>200</u> feet	_____ lb/ft	_____ inches	_____ feet	_____ feet	_____ lb/ft	_____ inches	_____ feet	_____ feet
Pipe Weight:	Diameter:	From:	To:													
<u>SDR21</u> lb/ft	<u>4</u> inches	<u>+1.5</u> feet	<u>200</u> feet													
_____ lb/ft	_____ inches	_____ feet	_____ feet													
_____ lb/ft	_____ inches	_____ feet	_____ feet													

7. WATER LEVEL
Static water level 115.85 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:
178.45 ft. after 6 1/2 hrs. pumping 7 gpm
_____ ft. after _____ hrs. pumping _____ gpm
_____ ft. after _____ hrs. pumping _____ gpm

9. WELL LOG

Formation	Depth (ft.)	
	From	To
<u>Silt, SANDY Topsoil</u>	<u>0</u>	<u>1</u>
<u>Clay SANDY med. BROWN</u>	<u>1</u>	<u>8</u>
<u>Clay BROWN</u>	<u>8</u>	<u>15</u>
<u>Clay Grey</u>	<u>15</u>	<u>31</u>
<u>Rock sandstone HARD</u>	<u>31</u>	<u>32</u>
<u>Silt Very Fine SAND BROWN</u>	<u>32</u>	<u>58</u>
<u>Clay BROWN to med Grey</u>	<u>58</u>	<u>62</u>
<u>Clay Silty med grey</u>	<u>62</u>	<u>67</u>
<u>Clay Dark to med Grey</u>	<u>67</u>	<u>104</u>
<u>Clay Silty med. Grey</u>	<u>104</u>	<u>121</u>
<u>COAL</u>	<u>121</u>	<u>121.5</u>
<u>Clay DARK Grey</u>	<u>121.5</u>	<u>128</u>
<u>COAL</u>	<u>128</u>	<u>128.5</u>
<u>Clay med. Grey</u>	<u>128.5</u>	<u>153</u>
<u>COAL</u>	<u>153</u>	<u>154</u>
<u>Clay med Grey</u>	<u>154</u>	<u>200</u>
<u>Silt med Grey</u>	<u>200</u>	<u>225</u>
<u>Very Fine SAND Silty Blue</u>	<u>225</u>	<u>233</u>
<u>Clay silty (Use separate sheet if necessary)</u>	<u>233</u>	<u>239</u>
<u>COAL</u>	<u>239</u>	<u>239.5</u>
<u>Clay med. Grey</u>	<u>239.5</u>	<u>243</u>

10. DATE COMPLETED 10-13-17

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.
REED WELL SERVICE LLC #96
Driller's or Firm's Name _____ License No _____
Address 1511 1st Ave SE Moorhead, ND
58560
Signed by _____ Date 10-14-17