



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.

STATE WATER COMMISSION

1. WELL OWNER Name <u>Cole Reumann</u> Address <u>Braddock, ND</u>	7. WATER LEVEL Static water level <u>24'5"</u> feet below surface If flowing: closed-in pressure _____ psi GPM flow _____ through _____ inch pipe Controlled by: ☐ Valve ☐ Reducers ☐ Other If other, specify _____																																			
2. WELL LOCATION Sketch map location must agree with written location. GPS _____ EL _____ County <u>EMMONS</u> <u>SE</u> 1/4 <u>NE</u> 1/4 <u>NE</u> 1/4 Sec. <u>14</u> Twp. <u>135</u> N. Rg. <u>75</u> W. NORTH 1 MILE Sec. (1 mile)	8. WELL TEST DATA ☒ Pump ☐ Bailer ☐ Other Pumping level below land surface: <u>148'</u> ft. after <u>10</u> hrs. pumping <u>1</u> gpm _____ ft. after _____ hrs. pumping _____ gpm _____ ft. after _____ hrs. pumping _____ gpm																																			
3. PROPOSED USE ☒ Domestic ☐ Geothermal ☐ Monitoring ☐ Stock ☐ Irrigation ☐ Industrial ☐ Municipal ☐ Test Hole	9. WELL LOG <table border="1"><thead><tr><th rowspan="2">Formation</th><th colspan="2">Depth (ft.)</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>Silt Dark Brown</td><td>0</td><td>1</td></tr><tr><td>clay silty to sandy w/ gravel</td><td>1</td><td>13</td></tr><tr><td>clay silty sandy med brown</td><td>13</td><td>47</td></tr><tr><td>clay silty sandy med grey</td><td>47</td><td>96</td></tr><tr><td>silt med. grey</td><td>96</td><td>111</td></tr><tr><td>clay med grey</td><td>111</td><td>169</td></tr><tr><td>silt very fine sand lenses</td><td>169</td><td>188</td></tr><tr><td>clay med grey</td><td>188</td><td>225</td></tr><tr><td>Rock</td><td>225</td><td>226</td></tr><tr><td>clay HARD Dark grey</td><td>226</td><td>300</td></tr></tbody></table>	Formation	Depth (ft.)		From	To	Silt Dark Brown	0	1	clay silty to sandy w/ gravel	1	13	clay silty sandy med brown	13	47	clay silty sandy med grey	47	96	silt med. grey	96	111	clay med grey	111	169	silt very fine sand lenses	169	188	clay med grey	188	225	Rock	225	226	clay HARD Dark grey	226	300
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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>190</u> feet. Casing: ☐ Steel ☒ Plastic ☐ Concrete ☐ Threaded ☒ Welded ☐ Other If other, specify _____ Pipe Weight: Diameter: From: To: <u>SDR 21</u> lb/ft <u>4</u> inches <u>+1.5</u> feet <u>168</u> 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 <u>PVC</u> Diameter _____ inches Slot Size <u>.016</u> set from <u>168</u> feet to <u>188</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 ☐ Gravel packed ☒ Depth grouted: From <u>118'</u> To <u>132'</u> Grouting Material: Cement _____ Other <u>X</u> If other, explain: <u>Med. Bent. Chips</u> Well head completion: Pitless unit <u>X</u> 12" above grade _____ Other _____ If other, specify _____ Was pump installed? ☒ Yes ☐ No Was well disinfected upon completion? ☒ Yes ☐ No																																				
	10. DATE COMPLETED <u>6-29-18</u>																																			
	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. <u>REPDWELL Service LLC</u> # <u>96</u> Driller's or Firm's Name <u>1511st Ave SE Moffitt, ND</u> License No Address <u>58560</u> <u>Don O'Sullivan</u> 7-18-18 Signed by Date																																			