



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>Andy Wood</u> Address <u>6500 Stone wood way</u> <u>BISMARCK, ND 58504</u>		7. WATER LEVEL Static water level <u>56²⁸</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>Burleigh</u> <u>NW</u> 1/4 <u>SE</u> 1/4 Sec. <u>19</u> Twp. <u>138</u> N. Rg. <u>79</u> W. NORTH 1 MILE Sec. (1 mile)		8. WELL TEST DATA ☒ Pump ☐ Bailer ☐ Other Pumping level below land surface: <u>78²⁶</u> ft. after <u>6</u> hrs. pumping <u>10</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>SAND silty med. Brown</td><td>0</td><td>8</td></tr><tr><td>Clay</td><td>8</td><td>9</td></tr><tr><td>SAND med. Brown</td><td>9</td><td>14</td></tr><tr><td>Clay</td><td>14</td><td>19</td></tr><tr><td>SAND med. Brown</td><td>19</td><td>44</td></tr><tr><td>SAND DARK BROWN w/ coal</td><td>44</td><td>58</td></tr><tr><td>Clay med. Brown</td><td>58</td><td>62</td></tr><tr><td>Clay med. Brown Till</td><td>62</td><td>84</td></tr><tr><td>SAND HARD Blue Grey</td><td>84</td><td>108</td></tr><tr><td>COAL</td><td>108</td><td>108.6</td></tr><tr><td>ORGANICS Clay Black</td><td>108.5</td><td>109</td></tr><tr><td>SAND HARD Blue Grey</td><td>109</td><td>114</td></tr><tr><td>SAND silty med grey</td><td>114</td><td>118</td></tr><tr><td>COAL</td><td>118</td><td>118.5</td></tr><tr><td>Clay DARK Grey</td><td>118.5</td><td>120.13</td></tr></tbody></table>		Formation	Depth (ft.)		From	To	SAND silty med. Brown	0	8	Clay	8	9	SAND med. Brown	9	14	Clay	14	19	SAND med. Brown	19	44	SAND DARK BROWN w/ coal	44	58	Clay med. Brown	58	62	Clay med. Brown Till	62	84	SAND HARD Blue Grey	84	108	COAL	108	108.6	ORGANICS Clay Black	108.5	109	SAND HARD Blue Grey	109	114	SAND silty med grey	114	118	COAL	118	118.5	Clay DARK Grey	118.5	120.13
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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>108</u> feet. Casing: ☐ Steel ☒ Plastic ☐ Concrete ☐ Threaded ☒ Welded ☐ Other <u>Clay</u> If other, specify _____ Pipe Weight: Diameter: From: To: <u>SDR21</u> lb/ft <u>4</u> inches <u>+2</u> feet <u>86</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>86</u> feet to <u>106</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>2095 silica SAND</u> Gravel packed ☒ Depth grouted: From <u>10</u> To <u>38</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>24" ABOVE GRADE</u> Was pump installed? ☐ Yes ☒ No Was well disinfected upon completion? ☒ Yes ☐ No																																																					
		10. DATE COMPLETED <u>7-27-18</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>KEPD WELL SERVICE LLC</u> <u>96</u> Driller's or Firm's Name License No <u>151 1st Ave SE Mott, ND</u> Address <u>58560</u> <u>Paul & Paul</u> <u>7-30-18</u> Signed by Date																																																			