



WELL DRILLER'S REPORT
 NORTH DAKOTA BOARD OF WATER WELL CONTRACTORS
 STATE OF NORTH DAKOTA
 SFN 60273 (8/2020)

ND Board of Water Well Contractors • 900 E. Boulevard Ave. - Dept. 770 • Bismarck, ND, 58505-0850
 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.

WELL OWNER		Was Pump Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name		Was Well Disinfected Upon Completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Address		WATER LEVEL			
WELL LOCATION Sketch map location must agree with written location.		Static Water Level (In Feet) Below Surface			
	County	GPS			
	1/4	1/4	1/4		
	Township	Range	Section		
PROPOSED USE		If Flowing, Closed-In Pressure In PSI			
<input type="checkbox"/> Domestic <input type="checkbox"/> Geothermal <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Test Hole		GPM Flow _____ Through _____ Inch Pipe			
METHOD DRILLED		Controlled By <input type="checkbox"/> Valve <input type="checkbox"/> Reducers <input type="checkbox"/> Other <input type="checkbox"/> If Other, Specify _____			
<input type="checkbox"/> Cable <input type="checkbox"/> Jetted <input type="checkbox"/> Forward Rotary <input type="checkbox"/> Reverse Rotary <input type="checkbox"/> Bored <input type="checkbox"/> Auger <input type="checkbox"/> If Other, Specify _____		WELL TEST DATA			
WATER QUALITY Was a water sample collected for		<input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other			
Chemical Analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Pumping Level Below Land Surface			
Bacteriological Analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Feet After	Hrs. Pumping		
If So, To What Laboratory Was It Sent?		Feet After	Hrs. Pumping		
WELL CONSTRUCTION		Feet After	Hrs. Pumping		
Diameter Of Hole In Inches		WELL LOG			
Depth In Feet		Formation			
Casing:		Depth (ft.)			
<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Other <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> If Other, Specify _____		From			
Pipe Weight	Diameter	From	To		
lb/ft	inches	feet	feet		
lb/ft	inches	feet	feet		
lb/ft	inches	feet	feet		
Was A Well Screen Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Use Separate Sheet If Necessary			
Was Perforated Pipe Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE COMPLETED			
Screen Or Perforation Interval	From In Feet	To In Feet	WAS WELL PLUGGED OR ABANDONED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Casing Left Open End? <input type="checkbox"/> Yes <input type="checkbox"/> No		If So, How			
Material	Diameter In Inches				
Slot Size	Set From In Feet	To In Feet			
Slot Size	Set From In Feet	To In Feet			
Was Packer Or Seal Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		REMARKS			
If So, What Material	Depth In Feet				
Type Of Well <input type="checkbox"/> Straight Screen <input type="checkbox"/> Gravel Packed					
Depth Grouted				From	To
Grouting Material				Cement	Other
If Other, Explain:		DRILLER'S CERTIFICATION			
Well Head Completion: Pitless Unit		This well was drilled under my jurisdiction and this report is true to the best of my knowledge.			
12" Above Grade	Other (Specify)				
It Other, Specify		Driller's Or Firm's Name			
		Certificate Number			
		Address			
		Signed By			
		Date			