



**WELL DRILLER'S REPORT**  
 NORTH DAKOTA BOARD OF WATER WELL CONTRACTORS  
 STATE OF NORTH DAKOTA  
 SFN 60273 (11/2013)

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.

<b>WELL OWNER</b>		Name		Was pump installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>WELL LOCATION</b> Sketch map location must agree with written location.		Address		Was well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	County		GPS		
	1/4	1/4	1/4		
	Township		Range	Section	
<b>PROPOSED USE</b>		<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			
<b>METHOD DRILLED</b>		<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 _____			
<b>WATER QUALITY</b> Was a water sample collected for		Chemical Analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No Bacteriological Analysis? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, to what laboratory was it sent?			
<b>WELL CONSTRUCTION</b>		Diameter of hole in inches    Depth in feet Casing: <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 _____			
Pipe Weight	Diameter	From	To		
lb/ft	inches	feet	feet		
lb/ft	inches	feet	feet		
lb/ft	inches	feet	feet		
Was perforated pipe used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Perforated pipe set from in feet    To in feet			
Was casing left open end? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was a well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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		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:			
Well head completion: Pitless unit		<b>DRILLER'S CERTIFICATION</b>			
12" above grade    Other		This well was drilled under my jurisdiction and this report is true to the best of my knowledge.			
If other, specify		Driller's or Firm's Name		Certificate Number	
		Address			
		Signed by		Date	