

SOUTH DAKOTA WELL REHABILITATION REPORT

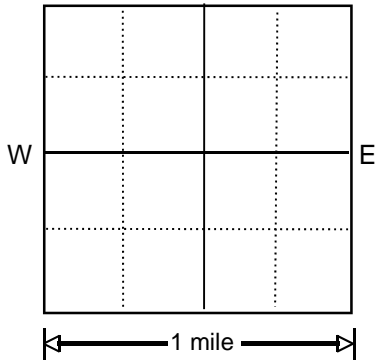
11-02

Location _____ ¼ _____ ¼ Sec _____ Twp _____ Rg _____

County _____

North

Please mark well location with an "X"



Well owner:

Name _____

Address _____

City, State, Zip _____

Describe original construction if possible.
(Attach original log if available)

Rehabilitation Completion Date _____

PROPOSED USE:

- Domestic Municipal Stock
 Irrigation Industrial

Description of condition of well before rehabilitation:

Description of rehabilitation work completed:

Recasing information: Material _____ Diameter _____ Inches Depth _____ Feet

Describe screen or perforations _____ Screen Location From _____ To _____
From _____ To _____

Grout: YES Describe grouting procedure and grout:
 NO

Well Test Data: Specific capacity _____ Static water level _____
If a flowing well _____ GPM Shut in _____ PSI

This well rehabilitation was completed under license # _____ and this report is true and accurate.

Drilling firm: _____

Signature of Licensed Representative: _____

Signature of Well Owner: _____

Date: _____