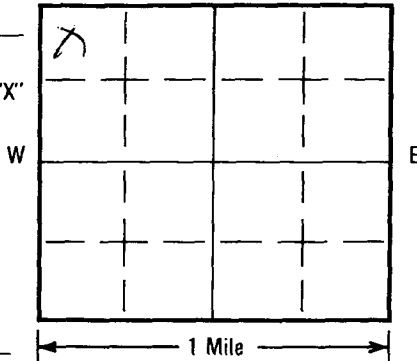


SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location NE 1/4 Sec 2 Twp 15 Rg RUE
 County Custer
 North

Please mark well location with an "X"



Well-Completion Date

7-29-2011

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? none ft. from _____ (identify source).

PROPOSED USE:

☒ Domestic/Stock ☒ Municipal ☐ Business ☐ Test Holes
☐ Irrigation ☐ Industrial ☐ Institutional ☐ Monitoring well

METHOD OF DRILLING:

Boring

CASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>80 solid</u> LB/FT	<u>15</u> IN	<u>0</u> FT	<u>20</u> FT	<u>18</u> IN
<u>percs</u> LB/FT	<u>15</u> IN	<u>20</u> FT	<u>50</u> FT	<u>18</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>benonite</u>	<u>16</u>	<u>100</u> lb./gal	<u>0</u> ft	<u>20</u> ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure _____

SCREEN: ☒ Perforated pipe ☐ Manufactured

Diameter 15 IN Length 30 FEET

Material plasti

Slot Size 1/8 Set From 20 Feet to 50 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☐ YES ☒ NO

If so, what material? _____

Describe packer(s) and location? _____

DISINFECTION: Was well disinfected upon completion?

_____ YES, How: _____

_____ NO, Why Not? _____

Laboratory sent to for water quality analysis

owners installed pump

Well Owner: Folsom Fire Department
 Business Name: _____
 Address: _____

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>topsoil</u>	<u>0</u>	<u>2</u>
<u>Clay</u>	<u>2</u>	<u>16</u>
<u>Gravel & boulders</u>	<u>16</u>	<u>26</u>
<u>Shale</u>	<u>26</u>	<u>50</u>

STATIC WATER LEVEL 18 feet

If flowing: closed in pressure _____ PSI

GPM flow _____ through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other _____

Reduced Flowrate _____ GPM

Can well be completely shut in? _____

WELL TEST DATA:

☒ Pumped

Describe: Well test @

☐ Bailed

8 Gpm

☐ Other

RECEIVED

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

benonite seal
0 - 20

This well was drilled under license # 257

And this report is true and accurate.

Drilling firm Hickey Well Drilling

Signature of License Representative

Roland Hickey

Signature of Well Owner or Equitable Property Holder

Date: _____

JAN 21 2011

WATER RIGHTS PROGRAM

1-21-11