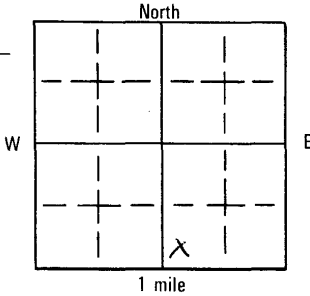


SOUTH DAKOTA WATER WELL COMPLETION REPORT

10-85

Location S 1/4 E 1/4 Sec 25 Twp 115 Rg 65

County

SpinkPlease mark well
location with
an "X"Well Completion Date Oct 10 1986

PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Test Holes
☐ Irrigation ☐ Industrial ☐ Stock

Method of Drilling:

forward rotary

CASING DATA:

☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
_____ LB/FT	<u>5</u> IN	_____ FT	_____ FT	<u>10</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUT:

Was the well grouted? ☐ YES ☒ NO

To what depth? _____ FEET

What is grouting material? _____

If cement, number of sacks? _____

Describe grouting procedure _____

What was grout weight? _____ LB/GAL

SCREEN: ☐ Perforated pipe ☒ ManufacturedDiameter 5 IN Length 20 FEETMaterial Plastic

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Other information _____

Was a packer or seal used? ☐ YES ☒ NO

If so, what material? _____

Describe packer(s) and location? _____

Was well disinfected upon completion? ☐ YES ☐ NO

Explain _____

Bacteriological analysis ☐ YES ☐ NO

Laboratory sent to _____

Well Owner:

Name Dick Anderson
1004 S MainAddress Redfield, South Dak. 57469

Well Log:

Depth

Formation

From

To

<u>yellow clay</u>	<u>0</u>	<u>20</u>
<u>blue clay</u>	<u>27</u>	<u>35</u>
<u>sand & gravel</u>	<u>35</u>	<u>45</u>
<u>blue clay</u>	<u>45</u>	<u>65</u>
<u>shale</u>	<u>65</u>	<u>83</u>

Well 53 feetgravel packed

STATIC WATER LEVEL _____ Feet

If flowing: closed in pressure _____ PSI

GPM flow _____ through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other

If other; specify _____

Can well be completely shut in? _____

WELL TEST DATA:

☐ Pumped _____☐ Bailed Describe: _____☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

REMARKS:

This well was drilled under license # 188

And this report is true and accurate.

Drilling firm Cary Larsen Well Drilling

Signature of License Representative:

Cary Larsen

Signature of Well Owner:

Date Oct 28 198611-17-86