

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location $\frac{1}{4}$ SW $\frac{1}{4}$ Sec 8 Twp 110 Rg 50

County North

Brookings

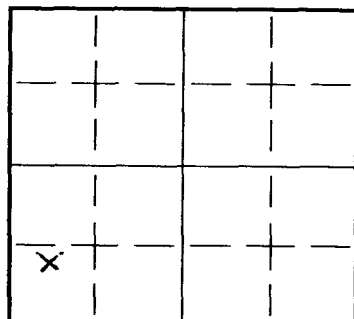
Please mark well location with an "X"

W

E

Well Completion Date

10-5-99



1 Mile

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 200 ft. from Septic (identify source).

PROPOSED USE:

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

METHOD OF DRILLING:

Rotary Mud

CASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
220 LB/FT	5 IN	105 FT	120 FT	8 IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
Cement	9	_____ lb./gal	0 ft	100 ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure Tremie Method

SCREEN: ☐ Perforated pipe ☒ Manufactured

Diameter 5 IN Length 15 FEET

Material PLASTIC

Slot Size 10 Set From 105 Feet to 120 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? $\frac{1}{8} \times \frac{3}{16}$ gravel

Describe packer(s) and location? 100-120

DISINFECTION: Was well disinfected upon completion?

YES, How: Chlorine

NO, Why Not? Owner

would do after

used for a while.

Laboratory sent to for water quality analysis

Well Owner: Don Bingham

Business Name: _____

Address: 46152 210th

Volga, S.D. 57071

WELL LOG:

DEPTH

FORMATION

FROM

TO

yellow clay

0

30

Blue clay

30

85

Pine Sand

85

100

Good Sand

100

120

Blue clay

120

122

STATIC WATER LEVEL

60

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: Sub Pump

☐ Bailed☐ Other

Pumping Level Below Land Surface

70

ft. After

10 Hrs. pumped

15

GPM

_____ ft. After

_____ Hrs. pumped

GPM

If pump installed, pump rate _____

GPM

REMARKS

This well was drilled under license # 46

And this report is true and accurate.

Drilling firm Torqued Well Drilling

Signature of License Representative:

Rodney D. Torqued

Signature of Well Owner or Equitable Property Holder:

Date:

