

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location Emmet 1/4 Sec 10 Twp 11N Rg 51W
 County Brace Add. Lot 12 & 13 North Brace
Brookings

Please mark well location with an "X"

W

E

Well Completion Date

8-11-99

1 Mile

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 300 ft. from Septic (identify source).

PROPOSED USE:

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

METHOD OF DRILLING:

Rotary MudCASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>220 LB/FT</u>	<u>5 IN</u>	<u>40 FT</u>	<u>100 FT</u>	<u>8 IN</u>
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>Cement</u>	<u>8</u>	_____ lb./gal	_____ ft	_____ ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure Tramie MethodSCREEN: ☐ Perforated pipe ☒ ManufacturedDiameter 5 IN Length 10 FEETMaterial PLASTICSlot Size 10 Set From 90 Feet to 100 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? 1/8 x 3/16 gravelDescribe packer(s) and location? 80-100

DISINFECTION: Was well disinfected upon completion?

☒ YES, How: Chlorine☒ NO, Why Not? Well ownerWill sample nextSummer after using

Laboratory sent to for water quality analysis

Well Owner: Kenneth HANSON

Business Name: _____

Address: 913 DOE ST.
Brace, S.D. 57220

WELL LOG:

DEPTH

FORMATION	DEPTH	
	FROM	TO
<u>yellow clay</u>	<u>0</u>	<u>15</u>
<u>Mixed</u>	<u>15</u>	<u>45</u>
<u>Blue clay</u>	<u>45</u>	<u>80</u>
<u>KINE SAND</u>	<u>80</u>	<u>85</u>
<u>SAND</u>	<u>85</u>	<u>100</u>
<u>yellow clay</u>	<u>100</u>	<u>102</u>

STATIC WATER LEVEL 80 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

95 ft. After 8 Hrs. pumped 10 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 Torguade Drilling

Signature of License Representative:

Rodney D. Torguade

Signature of Well Owner or Equitable Property Holder:

Date: _____

