

SOUTH DAKOTA WATER WELL COMPLETION REPORT

1597-1
07-92

Well # 2
 Location 1/4 NW 1/4 Sec 28 Twp 3N Rg 7E
 County Meade
 Please mark well location with an "X"
 Well Completion Date 7/14/00
 North
 W E
 1 Mile

Well Owner: Crooked Oaks Homeowners Assoc.
 Business Name: _____
 Address: HC 80 Box 694
Piedmont SD 57769

WELL LOG: FORMATION	DEPTH	
	FROM	TO
soil	0	20
gray clay	20	50
sandstone	50	60
grey shale (hard)	60	100
grey shale & sandstone	100	160
white sandstone	160	195
grey and green shale	195	230
white sandstone	230	350
fine sandstone	350	400

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

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

METHOD OF DRILLING:
Rotary Air

CASING DATA: ☒ Steel ☐ Plastic ☐ Other
 If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>24</u> LB/FT	<u>6</u> IN	<u>0</u> FT	<u>224</u> FT	<u>8</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA
 Grout Type cement & Bentonite No. of Sacks 20 Grout Weight _____ lb./gal From 10 ft. To 224 ft.
 Describe grouting procedure _____

SCREEN: ☐ Perforated pipe ☒ Manufactured
 Diameter 4 IN Length 55' FEET
 Material Plastic
 Slot Size 020 Set From 345 Feet to 400 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? Pump installer
 Laboratory sent to for water quality analysis _____

STATIC WATER LEVEL _____ Feet
 If flowing: closed in pressure _____ PSI
 GPM flow 3 through _____ 6" inch pipe
 Controlled by ☒ Valve ☐ Reducers ☐ Other _____
 Reduced Flowrate _____ GPM
 Can well be completely shut in? _____

WELL TEST DATA:
☒ Pumped Describe: 40 GPM
☐ Bailed _____
☐ Other _____
 Pumping Level Below Land Surface
200 ft. After _____ Hrs. pumped _____ GPM
 _____ ft. After _____ Hrs. pumped _____ GPM
 If pump installed, pump rate _____ GPM

REMARKS

This well was drilled under license # 38
 And this report is true and accurate.
 Drilling firm Downen Drilling Co
 Signature of License Representative: Warren Downen
 Signature of Well Owner or Equitable Property Holder: _____
 Date: _____

