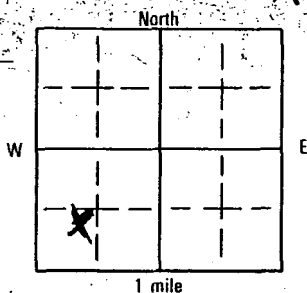


SOUTH DAKOTA WATER WELL COMPLETION REPORT

10-85

Location SW SW 1/4 Sec 4 Twp 128 Rg 47 2County
RobertsPlease mark well
location with
an "X"Well Completion Date 15 Sept 00

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>4</u>	IN <u>0</u>	FT <u>50</u>	FT <u>9 1/2</u>	IN <u>9 1/2</u>
LB/FT <u>30</u>	IN <u>30</u>	FT <u>58</u>	FT <u>6 3/4</u>	IN <u>6 3/4</u>

GROUT:

Was the well grouted? ☒ YES ☐ NOTo what depth? 30' FEETWhat is grouting material? neat cementIf cement, number of sacks? 4Describe grouting procedure Tremie line methodWhat was grout weight? 18.5 LB/GALSCREEN: ☐ Perforated pipe ☒ ManufacturedDiameter 3 IN Length 4' FEETMaterial stainless steelSlot Size 12 Set From 50 Feet To 54 Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Slot Size _____ Set From _____ Feet To _____ Feet

Other information _____

Was a packer or seal used? ☒ YES ☐ NOIf so, what material? K-PackerDescribe packer(s) and location? 50'Was well disinfected upon completion? ☒ YES ☐ NOExplain chlorine jette into wellBacteriological analysis ☐ YES ☒ NO

Laboratory sent to _____

Well Owner:

Name RNLS FarmsAddress Rosholt, South Dakota

Well Log:

Depth

Formation

From

To

Topsoil01Gravel114Brown clay soft1437Fine gray sand3745Medium course gray sand4558STATIC WATER LEVEL 22' 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? yes

WELL TEST DATA:

☐ Pumped☐ BailedDescribe: Air compressor☒ 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 by
Nate Falk under my supervisionThis well was drilled under license # 336

And this report is true and accurate.

Drilling firm Falk Bros Well Drilling

Signature of License Representative:

Signature of Well Owner:

Date _____

