

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location SE 1/4 SE 1/4 Sec 12 Twp 25 Rg 24E
County Jackson

Please mark well location with an "X"

W

E

Well Completion Date

10-15-02

1 Mile

Well Owner: Mike Blom

Business Name:

Address: Box 199 Belvidere, SD 57521

WELL LOG:

DEPTH

FORMATION

FROM

TO

2 ft. top soil
28 ft. gumbo
30 ft. yellow shale
10 ft. blue shale
70 feet

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:

BoiledCASING DATA: ☐ Steel ☐ Plastic ☒ OtherIf other describe 24 in cement tile

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
_____ LB/FT	<u>24</u> IN	_____ FT	_____ FT	_____ IN
_____ 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>	_____	_____ lb./gal	<u>0</u> ft.	<u>8</u> ft.
_____	_____	_____ lb./gal	_____ ft.	_____ ft.

Describe grouting procedure _____

SCREEN: ☐ Perforated pipe ☐ Manufactured

Diameter _____ IN Length _____ FEET

Material _____

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? _____

DISINFECTION: Was well disinfected upon completion?

_____ YES, How: _____

_____ NO, Why Not? _____

Laboratory sent to for water quality analysis _____

STATIC WATER LEVEL 40 feet 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: _____☐ Bailed _____☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

RECEIVED

NOV 08 2002

WATER RIGHTS PROGRAM

This well was drilled under license # 318

And this report is true and accurate.

Drilling firm Summers Drilling

Signature of license Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: 10-15-02