

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

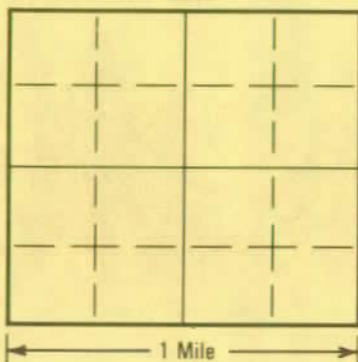
Location NE 1/4 NW 1/4 Sec 25 Twp 96 Rg 59County DON HOMME North

Please mark well location with an "X"

W

E

Well Completion Date

10-5-05

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 150 ft. from SEPTIC (identify source)

PROPOSED USE:

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

METHOD OF DRILLING:

FORWARD MUD ROTARYCASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>250</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>243</u> FT	<u>8 3/4</u> 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>	<u>8</u>	_____ lb./gal	<u>12</u> ft.	<u>50</u> ft.
<u>BENTONITE</u>	<u>9</u>	_____ lb./gal	<u>50</u> ft.	<u>170</u> ft.

Describe grouting procedure THROUGH TREMIESCREEN: ☒ Perforated pipe ☐ ManufacturedDiameter 5 IN Length 40 FEETMaterial PVCSlot Size 3/32 Set From 203 Feet to 243 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? 3/8 PEA ROCKDescribe packer(s) and location? AROUND SCREENDISINFECTION: Was well disinfected upon completion? TABS WELL PAC
☒ YES, How: POURED CLOROX

Laboratory sent to for water quality analysis _____

NO, Why Not? _____

Well Owner: FRANK PRAVACEK

Business Name: _____

Address: 42127 295 ST
SCOTLAND SD 57059

WELL LOG:

DEPTH

FORMATION

FROM

TO

<u>TOPSOIL</u>	<u>0</u>	<u>2</u>
<u>YELLOW CLAY w/ROCK</u>	<u>2</u>	<u>60</u>
<u>TRANSITION MIX</u>	<u>60</u>	<u>80</u>
<u>CHALK</u>	<u>80</u>	<u>170</u>
<u>HARD</u>	<u>170</u>	<u>185</u>
<u>COLELL SANDSTONE</u>	<u>185</u>	<u>243</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:

☒ PumpedDescribe: W/ AIRLIFT☐ Bailed☐ Other

Pumping Level Below Land Surface

231 ft. After 5 Hrs. pumped 20 GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate 16 GPM

REMARKS

This well was drilled under license # 590

And this report is true and accurate.

Drilling firm WELL DOCTOR & REPAIRSignature of License Representative: Robert Anderson

Signature of Well Owner or Equitable Property Holder: _____

RECEIVED

APR 28 2006

Date: OCT 5-05

WATER RIGHTS PROGRAM