

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location 1/4 1/4 Sec 25 Twp 15E Rg 2N
County PENNINGTON North

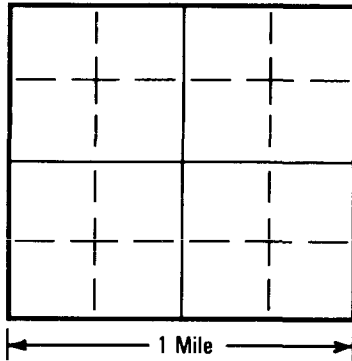
Please mark well location with an "X"

W

E

Well Completion Date

12-13-02



LOCATION:

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

PROPOSED USE:

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

METHOD OF DRILLING:

AUGER

CASING DATA:

☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>LB/FT</u>	<u>16</u> IN	<u>2' above ground</u>	<u>59</u> FT	<u>24</u> IN
<u>LB/FT</u>	<u>IN</u>	<u>FT</u>	<u>FT</u>	<u>IN</u>
<u>LB/FT</u>	<u>IN</u>	<u>FT</u>	<u>FT</u>	<u>IN</u>

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>bentonite</u>	<u>6</u>	<u>50</u> lb./gal	<u>20</u> ft.	<u>21</u> ft.
<u>cement</u>	<u>3</u>	<u>100</u> lb./gal	<u>19</u> ft.	<u>20</u> ft.

Describe grouting procedure rock above water-
bentonite over rock, cement over bent.

SCREEN: ☐ Perforated pipe ☐ Manufactured

Diameter IN Length FEET

Material _____

Slot Size .002 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

water well chlorine

Well Owner: KATHLEEN NAESCHER

Business Name: _____

Address: 22731 190TH AVE.

WALL, SD 57790

WELL LOG:

DEPTH

FORMATION	FROM	TO
TOPSOIL	0	1
CLAY	1	22
SAND STONE	22	30
SHALE	30	59

STATIC WATER LEVEL 22 Feet

If flowing: closed in pressure _____ PSI

GPM flow 2 through _____ inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other _____

Reduced Flowrate _____ GPM

Can well be completely shut in? _____

WELL TEST DATA:

☐ Pumped Describe: Bailed water down

☒ Bailed let fill & repeated

☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

Driller: Harley Larson

RECEIVED

DEC 23 2002

This well was drilled under license # 195 WATER RIGHTS PROGRAM

And this report is true and accurate.

Drilling firm S. Bice Drilling Co., Inc.

Signature of License Representative:

Harley E. Larson

Signature of Well Owner or Equitable Property Holder:

Kathleen P. Naescher

Date: 12-13-02