

SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

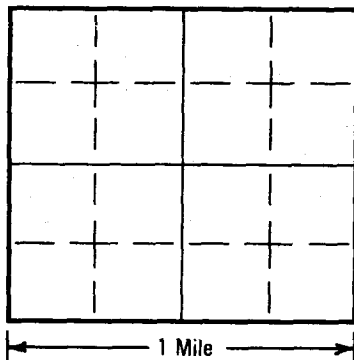
Location SE 1/4 S12 1/4 Sec 3 Twp 94 Rg 57
 County YANKTON
 North

Please mark well location with an "X"

W

E

Well Completion Date

8-20-05

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 ROTARY

CASING DATA:

☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT DIAMETER FROM TO HOLE DIAMETER
250 LB/FT 5 IN 0 FT 168 FT 8 3/4 IN
310 LB/FT 3 IN 165 FT 195 FT 4 3/4 IN
 _____ LB/FT _____ IN _____ FT _____ FT _____ IN

GROUTING DATA

Grout Type No. of Sacks Grout Weight From To
CEMENT 7 _____ lb./gal 10 ft. 45 ft.
BENTONITE 6 _____ lb./gal 45 ft. 120 ft.

Describe grouting procedure THROUGH TREMMIE

SCREEN: ☒ Perforated pipe ☐ Manufactured

Diameter 3 IN Length 30 FEETMaterial PVCSlot Size 3/32 Set From 165 Feet to 195 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NO

If so, what material? O-RING ON 4" COUPLINGDescribe packer(s) and location? 165' BETWEEN CASINGS

DISINFECTION: Was well disinfected upon completion?

☒ YES, How:POURED
CLOROX

Laboratory sent to for water
 quality analysis

NO, Why Not?

Well Owner: TERRY MANAS

Business Name: _____

Address: 43186 304th ST
UTICA / ALSTERVILLE 57040

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>TOPSOIL</u>	<u>0</u>	<u>4</u>
<u>CLAY w/SAND LENSES</u>	<u>4</u>	<u>56</u>
<u>SHALY</u>	<u>56</u>	<u>80</u>
<u>CHALK w/SAND STRAKS</u>	<u>80</u>	<u>195</u>

STATIC WATER LEVEL 90 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: W/AIRLIFT
☐ Bailed
☐ Other

Pumping Level Below Land Surface

185 ft. After 6 Hrs. pumped 45 GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate 10 GPM

REMARKS

DID NOT PUMP AT FIRST
FOR LONG TIME. WAS PLUGGED
WITH CUTTINGS

This well was drilled under license # 590

And this report is true and accurate

Drilling firm WELL DOCTOR + REPAIR

Signature of License Representative:

Robert Anderson
 Signature of Well Owner or Equitable Property Holder:

RECEIVED

APR 28 2006

WATER RIGHTS
PROGRAM

Date:

8-20-05