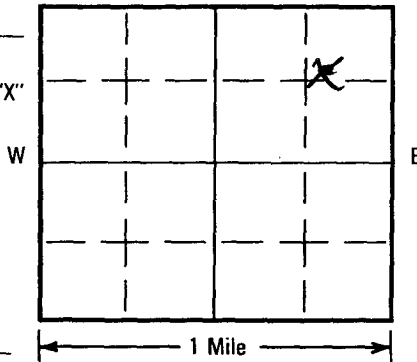


SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location SW 1/4 SE 1/4 Sec 35 Twp 3N Rg 3E
County Lawrence

Please mark well location with an "X"



Well Completion Date

7-18-08

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? 200 ft. from Fecr lot (identify source).

PROPOSED USE:

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

METHOD OF DRILLING:

Cable ToolCASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>200</u> LB/FT	<u>5</u> IN	<u>1</u> FT	<u>30</u> FT	<u>10</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>Volckey</u>	<u>8</u>	<u>11</u> lb./gal	<u>0</u> ft	<u>18</u> ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure TremiSCREEN: ☒ Perforated pipe ☐ ManufacturedDiameter 5" IN Length 8 FEETMaterial PVCSlot Size 3/8 Set From 22 Feet to 30 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:HTH

Laboratory sent to for water quality analysis

_____ NO, Why Not? _____

 Well Owner: Linda Meyen
 Business Name: _____
 Address: 22177 Minnesota Ridge
Lead SD 57754

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>Clay</u>	<u>0</u>	<u>11</u>
<u>grey-green shale</u>	<u>11</u>	<u>16</u>
<u>Black slate</u>	<u>16</u>	<u>24</u>
<u>Broken Voids</u>	<u>24</u>	<u>26</u>
<u>Hard Black</u>	<u>26</u>	<u>30</u>

STATIC WATER LEVEL 12 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: Hold 13 FT water☒ Bailed@ 12 gpm☐ Other _____

Pumping Level Below Land Surface

_____ ft. After _____ Hrs. pumped _____ GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

RECEIVED

JUL 21 2008

WATER RIGHTS PROGRAM

This well was drilled under license # 492

And this report is true and accurate.

Drilling firm Lewis Drilling

Signature of License Representative:

Dwaine Lewis

Signature of Well Owner or Equitable Property Holder:

Date: _____