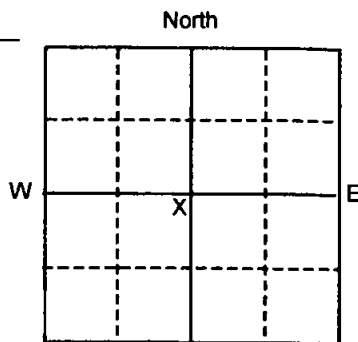


SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location NE 1/4 SW 1/4 Sec 4 Twp 14 Rg 17County PerkinsPlease mark well
location with an "X"

Well Completion Date

1/19/2019

1 Mile

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

PROPOSED USE:

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

METHOD OF DRILLING:

FORWARD ROTARY

CASING DATA:

☐ Steel ☒ Plastic ☐ Other
 If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
SDR 17 LB/FT	5 IN	+2 FT	200 FT	8 3/4 IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
BENTONITE	9	50 Lb/gal	10 Ft	60 Ft
GROUT	6	Lb/gal	90 Ft	140 Ft

 Describe grouting procedure
 TREMIE

SCREEN:

☐ Perforated pipe ☒ Manufactured
 Diameter 5 Inches Length 160 Feet
 Material PVC
 Slot Size .025 Set From 200 Feet to 360 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? _____

 Lab to which water ☐ No, Why Not? TREMIE
 quality sample sent for analysis
Well Owner: KEVIN & GZELLE GROVES

Business Name: _____

Address: 19883 ARROWHEAD ROADCity, State, Zip: Faith SD 57626

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
FINE SAND	0	36
GRAY SANDY CLAY	36	174
FINE & MED SAND	174	198
RED ROCK	198	360

STATIC WATER LEVEL 21 FEET

If flowing: closed in pressure _____ PSI

GPM flow _____ through _____ Inch pipe

Controlled by ☐ Valve ☐ Reducers ☐ Other _____

Reduced flow rate _____ GPM

Can well be completely shut in?

WELL TEST DATA:

☐ Pumped Describe: SUBMERSIBLE PUMP
☐ Bailed
☒ Other

Pumping Level Below Land Surface

140 Ft. After 4 Hrs. pumped 6 GPM

_____ Ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate: _____ GPM

REMARKS

This well was drilled under license # 642 and this report is true and accurate.Drilling firm: ADAIR DRILLING

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

RECEIVED

Date: _____

JAN 31 2019

WATER RIGHTS
PROGRAM