

SOUTH DAKOTA WATER WELL COMPLETION REPORT

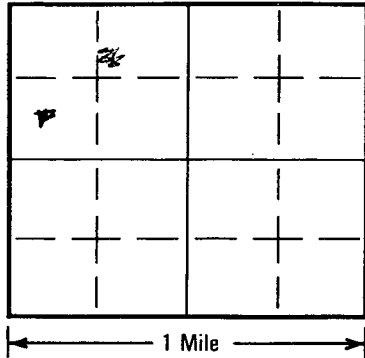
07-92

Location SW NE 1/4 NW 1/4 Sec 10 Twp 38N Rg 27
 County Todd North

Please mark well location with an "X"

correct → W

Well-Completion Date

8/8/21

LOCATION:

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

PROPOSED USE:

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

METHOD OF DRILLING:

RotaryCASING DATA: ☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>200</u> LB/FT	<u>4.5</u> IN	<u>0</u> FT	<u>40</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>Type A</u>	<u>3</u>	<u>15</u> lb./gal	<u>0</u> ft	<u>20</u> ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure trime pipeSCREEN: ☐ Perforated pipe ☒ ManufacturedDiameter 5 IN Length 20 FEETMaterial PVCSlot Size 10/16 Set From 40 Feet to 60 Feet

Other information _____

WAS A PACKER OR SEAL USED? ☒ YES ☐ NOIf so, what material? cement 0-20

Describe packer(s) and location? _____

DISINFECTION: Was well disinfected upon completion?

YES, How: _____

Laboratory sent to for water quality analysis

_____ NO, Why Not? _____

later datecirculate thru
trime pipeWell Owner: Laurie Chauncey

Business Name: _____

Address: P.O. Box 1565
Mission SD 57555

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>2</u>
<u>Sandstone - sand</u>	<u>2</u>	<u>15</u>
<u>Sand</u>	<u>15</u>	<u>25</u>
<u>Sandstone Sand</u>	<u>25</u>	<u>50</u>
<u>TD</u>	<u>50</u>	

STATIC WATER LEVEL 8 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: submersible☐ Bailed☐ Other

Pumping Level Below Land Surface

10 ft. After 1 Hrs. pumped 10 GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

This well was drilled under license # 546

And this report is true and accurate.

Drilling firm Bill Frew Dig

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: 9/1/21

RECEIVED

SEP 07 2021

WATER RIGHTS
PROGRAM