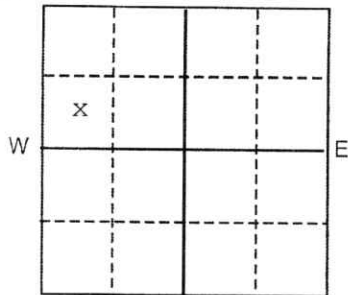


SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location SE 1/4 NW 1/4 Sec 18 Twp 6N Rg 5ECounty Meade

North

Please mark well
location with an "X"

Well Completion Date

12-12-2023

1 Mile

Distance to nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)?

200 ft. from Septic System (identify source)

PROPOSED USE:

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

METHOD OF DRILLING:

Rotary Air Hammer

CASING DATA:

☒ Steel ☐ Plastic ☐ Other

If other describe

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>23</u> LB/FT	<u>7</u> IN	<u>0</u> FT	<u>190</u> FT	<u>8.75</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>Cement</u>	<u>8ft³</u>	<u>15</u> Lb/gal	<u>0</u> Ft	<u>40</u> Ft
<u>Bentonite</u>	<u>24ft³</u>	<u>9</u> Lb/gal	<u>40</u> Ft	<u>180</u> Ft

Describe grouting procedure

Tremmie

SCREEN:

☒ Perforated pipe ☐ ManufacturedDiameter 7 Inches Length 80 FeetMaterial Perforated Steel PipeSlot Size .25 Set From 190 Feet to 270 Feet

Other information

Gravel Packed 3/8 washed pea from 190 to 270 ft.

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? Chlorine Tabs☐ No, Why Not?Lab to which water
quality sample sent for analysisWell Owner: Steve Scudder

Business Name:

Address: 25733 100th St.City, State, Zip: Salem, WI 53168

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
Topsoil	0	5
Black Shale	5	130
Grey Shale Clay Stringers	130	190
Grey Sand Water Bearing	190	265
Grey Shale	265	270

STATIC WATER LEVEL 6 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:☐ Bailed☒ Other Air Developed 40gpm from 100ft.

Pumping Level Below Land Surface

_____ Ft. After _____ Hrs. pumped _____ GPM

_____ Ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate: _____ GPM

REMARKS

This well was drilled under license # 205 and this report is true and accurate.

TIM BARRITT, LLC/

Drilling firm: Tyvo Drilling, LLC

Signature of License Representative:

Signature of Well Owner or Equitable Property Holder:

Date:

RECEIVED

JAN 04 2024

OFFICE OF
WATER