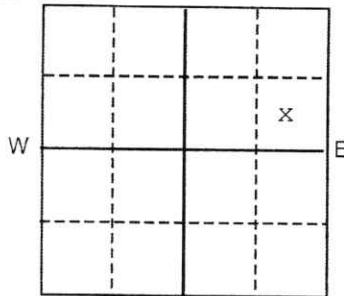


SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location SE $\frac{1}{4}$ NE $\frac{1}{4}$ Sec 13 Twp 6N Rg 4ECounty Lawrence

North

Please mark well
location with an "X"

Well Completion Date

12-06-2023

1 Mile

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

n/a ft. from _____ (identify source)

PROPOSED USE:

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

METHOD OF DRILLING:

Rotary Air HammerCASING DATA: ☒ Steel ☐ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>15.5</u> LB/FT	<u>5.5</u> IN	<u>0</u> FT	<u>80</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>Bentonite</u>	<u>10ft³</u>	<u>9</u> Lb/gal	<u>35</u> Ft	<u>70</u> Ft
<u>Cement</u>	<u>10ft³</u>	<u>15</u> Lb/gal	<u>0</u> Ft	<u>35</u> Ft

Describe grouting procedure

Tremmie

SCREEN:

☒ Perforated pipe ☐ Manufactured
 Diameter 7 Inches Length 50 Feet
Material Perforated Steel PipeSlot Size .25 Set From 80 Feet to 130 Feet

Other information

Gravel Packed 3/8 washed peaFrom 70 to 130WAS 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 Tablets☐ No, Why Not? _____Lab to which water
quality sample sent for analysis _____Well Owner: Vaughn Boyd

Business Name: _____

Address: 1194 Oak DriveCity, State, Zip: Whitewood, SD 57793

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
Top Soil	0	10
Grey Shale	10	80
Grey Sand (Water Bearing)	80	120
Sandy Grey Shale	120	130

STATIC WATER LEVEL 0 FEETIf flowing: closed in pressure 2 PSIGPM flow 7 through 5.5 Inch pipeControlled by ☐ Valve ☒ Reducers ☐ Other _____Reduced flow rate 5.5 GPM

Can well be completely shut in?

Yes

WELL TEST DATA:

N/A☐ Pumped Describe: _____☐ Bailed☐ Other _____

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.Drilling firm: TIM BARRITT, LLC/ Tyvo Drilling, LLC

Signature of License Representative:

Signature of Well Owner or Equitable Property Holder: _____

Date: _____

RECEIVED

JAN 02 2024

OFFICE OF
WATER