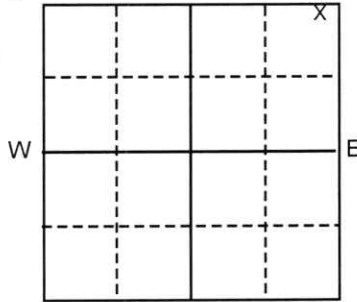


SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location NE ¼ NE ¼ Sec 5 Twp 106 Rg 56County Miner

North

Please mark well
location with an "X"

Well Completion Date

10/11/24

1 Mile

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

PROPOSED USE:

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

METHOD OF DRILLING:

Forward

CASING DATA:

☐ Steel ☒ Plastic ☐ Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
21.0 LB/FT	5.00 IN	0.0 FT	160.0 FT	8.75 IN
17.0 LB/FT	5.00 IN	160.0 FT	360.0 FT	8.75 IN
LB/FT	IN	FT	FT	IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
DF	35	Lb/gal	0.0 Ft	350.0 Ft
		Lb/gal	Ft	Ft

Describe grouting procedure
Line

SCREEN:

☐ Perforated pipe ☒ Manufactured
Diameter 5.00 Inches Length 40.0 FeetMaterial PVCSlot Size .16 Set From 360.0 Feet to 400.0 Feet

Other information _____

WAS A PACKER OR SEAL USED?

☒ Yes ☐ NoIf so, what material? Sand

Describe packer(s) and location

@350 to 400

DISINFECTION: Was well disinfected upon completion?

☒ Yes, How? Chlorine Granules☐ No, Why Not?Lab to which water
quality sample sent for analysisWell Owner: Richard Schmidt

Business Name: _____

Address: 3225 432nd AveCity, State, Zip: Howard SD 57349

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
Yellow Clay	0	40
Blue Clay	40	120
Chalk	120	360
sand	360	400

STATIC WATER LEVEL 150.0 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: w/air
☐ 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 # 440 and this
report is true and accurate.Drilling firm: Pullman Well Drilling Inc

Signature of License Representative:

Signature of Well Owner or Equitable Property Holder:

Date: _____

RECEIVED

OCT 24 2024

OFFICE OF
WATER