

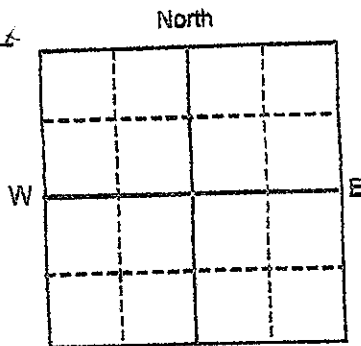
SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location S 1/4 SW 1/4 Sec 2 Twp 96N Rg 64W

County Charles Mix

Please mark well location with an "X"



292 St
390 Ave

Well Completion Date

11-7-25

1 Mile

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

NONE ft. from (Identify source)

PROPOSED USE:

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

METHOD OF DRILLING:

Mud Rotary

CASING DATA:

If other describe

☐ Steel ☒ Plastic ☐ Other

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>300</u> LB/FT	<u>5</u> IN	<u>0</u> FT	<u>190</u> FT	<u>7 7/8</u> IN
<u>230</u> LB/FT	<u>5</u> IN	<u>190</u> FT	<u>230</u> FT	<u>7 7/8</u> IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
<u>#20</u>	<u>8</u>	<u>0</u> Lb/gal	<u>0</u> Ft	<u>185</u> Ft

Describe grouting procedure

Tremie Pipe

SCREEN:

☐ Perforated pipe ☒ Manufactured

Diameter 5 Inches Length 40 Feet

Material PVC

Slot Size 10/32 Set From 190 Feet to 230 Feet

Other information

WAS A PACKER OR SEAL USED? ☒ Yes ☐ No

If so, what material? Epoxy Plug

Describe packer(s) and location above screen

DISINFECTION: Was well disinfected upon completion?

☒ Yes, How? Chlorine

☐ No, Why Not?

Lab to which water quality sample sent for analysis

Well Owner:

Business Name: CHAS SERVICES LLC

Address: 33609 260TH ST.

City, State, Zip: LEMAIRE IA 51031

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>Top Soil</u>	<u>0</u>	<u>5</u>
<u>Yellow Clay</u>	<u>5</u>	<u>25</u>
<u>Blue Clay</u>	<u>25</u>	<u>190</u>
<u>Sand & Gravel</u>	<u>190</u>	<u>230</u>

STATIC WATER LEVEL 102 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

☐ Bailed

☐ Other

Pumping Level Below Land Surface

160 Ft. After 4 Hrs. pumped 15 GPM

_____ Ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate: _____ GPM

REMARKS

This well was drilled under license # 722 and this report is true and accurate.

Drilling firm: Stretch's Well Service Inc.

Signature of License Representative: Tom Hultgen

Signature of Well Owner or Equitable Property Holder: _____

Date: 5/11/26

RECEIVED

MAY 28 2026

OFFICE OF
WATER