

Fax 426-6542

SOUTH DAKOTA WATER WELL COMPLETION REPORT

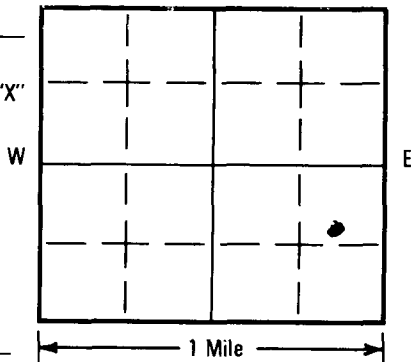
07-92

Location NE 1/4 SE 1/4 Sec 13 Twp 121 Rg 71

County Edmunds

North

Please mark well location with an "X"



Well Completion Date

12/9/02

Well Owner: James Baer

Business Name:

Address: 34190 1458t.

Rose SD.

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>Yellow clay</u>	<u>0</u>	<u>50</u>
<u>Blue clay</u>	<u>50</u>	<u>392</u>
<u>Sand (Slate)</u>	<u>392</u>	<u>418</u>

LOCATION:

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

PROPOSED USE:

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

METHOD OF DRILLING:

Rotary

CASING DATA: Steel Plastic Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
_____ LB/FT	<u>5</u> IN	<u>0</u> FT	<u>390</u> FT	<u>8 3/8</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>15</u>	_____ lb./gal	<u>0</u> ft.	<u>20</u> ft.
<u>Red clay</u>	<u>15</u>	_____ lb./gal	<u>20</u> ft.	<u>380</u> ft.

Describe grouting procedure

line to 380 ft.

SCREEN: Perforated pipe Manufactured

Diameter 5 IN Length 30 FEET

Material PVC

Slot Size .025 Set From 390 Feet to 420 Feet

Other information Gravel Pack

line to bottom 20 Bags 60/65

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: Pallito

_____ NO, Why Not? _____

Laboratory sent to for water quality analysis

STATIC WATER LEVEL 120 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:

- Pumped Describe: 60 gpm
 Bailed Air compressor
 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

Signature of License Representative:

R. E. Kuehl

Signature of Well Owner or Equitable Property Holder:

RECEIVED

JAN 06 2003

WATER RIGHTS PROGRAM

Date: _____