

Mail to: SD DANR, Water Rights 523 E Capitol Ave Pierre, SD 57501-3182 ph. (605) 773-3352	No. <u>9025-3</u> Hydrologic Unit <u>10170202</u>	OFFICE OF WATER
	Basin <u>Middle Big Sioux</u>	
	Newspaper <u>Hayti Hamlin County Herald Enterprise</u>	
	<u>Watertown Public Opinion</u> (office use only)	

PAID
 FEB 13 2026
 Ck# 028095
 Rec't# _____

Application for Permit to Appropriate Water in South Dakota

Check use(s) of water:

<input checked="" type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Water Distribution System	<input type="checkbox"/> Recreational	<input type="checkbox"/> Institutional
<input type="checkbox"/> Rural Water System	<input type="checkbox"/> Commercial	<input type="checkbox"/> Fish & Wildlife	<input type="checkbox"/> Geothermal
<input type="checkbox"/> Domestic (over 18 gpm)	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other _____	

Type of Application:
(check one)

New
 Vested Right (Use predates Mar 2, 1955)
 Future Use Reservation
 Place to Beneficial Use Water Reserved by Future Use Permit No. _____
 Amendment/Correction to Permit No. _____

Description of amendment/correction: (i.e. change diversion point(s), add diversion point(s), change use, etc.)

A request to increase appropriation of Permit No. 8433-3 from 967 acre-feet annually to 1,277 AF and a maximum pump rate from 1.34 cubic feet per second (cfs) to 2.11 cfs

1. Name to Appear on Water Permit City of Lake Norden

Mailing Address PO Box 213 Lake Norden SD 57108
(Address) (City) (State) (Zip Code)
 Phone 605.785.3602 Mobile _____ Email cityln@itctel.com

2. Amount of water claimed 0.77 *CFS or ~350 **GPM and 310 ***AF or 101,013.8 Gallons
Flow rate and volume are both required. (*Cubic Feet per Second) (**Gallons per Minute) (***)Acre Feet - storage capacity of dam/dugout or annual use)

3. Source of water supply Wells L1, L2, L3 located in Prairie Coteau Aquifer (authorized by 8433-3)

4. Location of point of diversion S 1/2 SW 1/4 Sec 15-T113N-R53W Hamlin County
(example - 3 wells in SW1/4 NE1/4 section 12-T104N-R53W)

If not a public water supply (e.g. municipal), will water be used outside of the area described above? Yes No

If "Yes," where will water be used? _____
(example - NW1/4 section 12-T104N-R53W)

5. County or counties where water will be used Hamlin

6. Annual period during which water is to be used Jan. 1 - Dec. 31

7. Give a description of the project. When available include any preliminary engineering report or other reports or information that will help explain the project. (Attach sheet if more space is needed)

WR No. 8433-3 authorizes appropriation of 967 ac-ft annually @ 1.34 cfs from 3 City wells (L1, L2, & L3). The City is requesting to appropriate an additional 310 ac-ft and increase the pump rate by an additional 0.77 cfs. If approved, this application & WR No. 8433-3 would authorize a combined appropriation of 1277 ac-ft @ 2.11 cfs from the 3 existing wells.

I, Timberly A. Pheasant Mayor, the applicant, certify under
Name of Person Title (if applicable)

penalty of perjury that I have read this application, examined the attached map, and that the matters stated are true. I further certify, if acting on behalf of an entity or individual other than myself, that I am authorized to submit this application.

Attachments: Attach Form 2A if diversion is from a well or dugout, or if storage of water is proposed. Also, attach map and any other technical information. (see instructions)

Supplemental Information

(type or print)

- 1. Well Information** (check one or both as applicable) Drilling new well(s) Using existing well(s)
- a) If new wells, how many _____ Have test holes been drilled? Yes No Drilled by _____
(if yes, please provide copies of logs)

b) If existing wells, how many 3 Provide copy of log(s), if available. Drilled by Kaiser Well Drilling

For either existing or proposed wells: (see 8433-3)

- c) Well Depth (required) ~107' Depth to Top of Water Bearing Material _____ Depth to Water from Surface _____
- d) Distance to nearest domestic well on applicant's property N/a Property owned by others unknown

2. Wastewater Disposal System Information

- a) Type of System (i.e. septic tank, drain field) Private industrial WW treatment & Municipal Lagoons located ~1.5 miles SW
- b) System Capacity (gallons) _____ Year Constructed _____
- c) Connected to the City of _____ Sanitary System

3. Dugout Information N/a

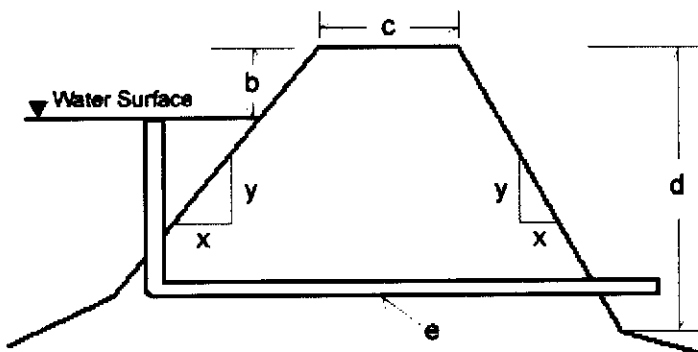
- a) Surface Dimensions _____ Depth _____
- b) Depth to water (ground surface to water level) _____

4. Water Storage Dams N/a

If the proposed water use system contains one or more storage dams, please furnish the information requested below for each dam. The locations of the dams need to be shown on the map submitted with the application.

- a) If a private engineering firm or government agency was involved in the design of this dam, please give their name and address:

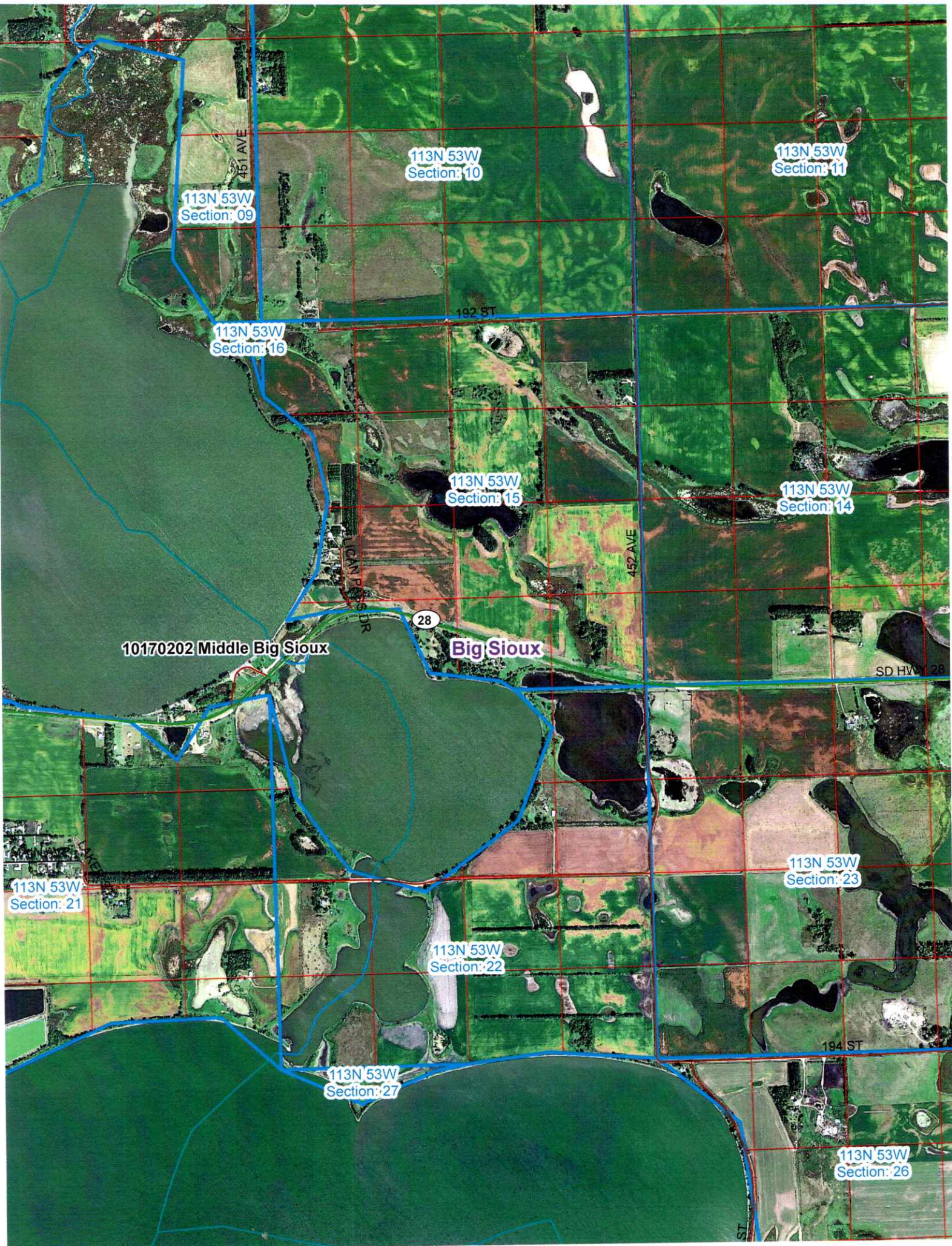
- b) Freeboard _____
- c) Crest Width _____
 Crest Length _____
- d) Height _____
- e) Primary Outlet Capacity _____
 If pipe, diameter _____
- f) Secondary Spillway Capacity _____
 Spillway Width _____
- g) X & Y Slope (e.g. 3 to 1 is a typical slope)
 Upstream _____
 Downstream _____
- h) Area of Impoundment _____
- i) Storage _____ Acre Feet
- j) Drainage Area Above Dam _____ Acres





Architecture + Engineering + Environmental + Planning
 ISGInc.com

LAKE NORDEN WELL APPLICATION
 LAKE NORDEN, SOUTH DAKOTA - 11/23/2025
 ISG PROJECT NO. 25-32333



113N 53W
Section: 09

113N 53W
Section: 10

113N 53W
Section: 11

113N 53W
Section: 16

192 ST

113N 53W
Section: 15

113N 53W
Section: 14

10170202 Middle Big Sioux

Big Sioux

28

SD HWY 28

113N 53W
Section: 21

113N 53W
Section: 23

113N 53W
Section: 22

194 ST

113N 53W
Section: 27

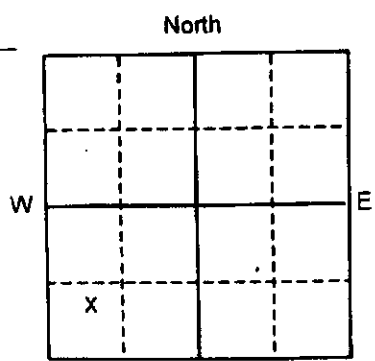
113N 53W
Section: 26

ST

Location 1/4 SW 1/4 Sec 15 Twp 113N Rg 53W

County HAMLIN

Please mark well location with an "X"



Well Completion Date

10-1-2018



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:
DIRECT ROTARY

CASING DATA: Steel Plastic Other

If other describe

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>40.0 LB/FT</u>	<u>10.00 IN</u>	<u>0.0 FT</u>	<u>83.0 FT</u>	<u>16.00 IN</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
<u>GRTWELDF</u>	<u>32</u>	<u>54.0 Lb/gal</u>	<u>0.0 Ft</u>	<u>80.0 Ft</u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Describe grouting procedure

SCREEN: Perforated pipe Manufactured

Diameter 10.00 Inches Length 20.0 Feet

Material SS

Slot Size .30 Set From 83.0 Feet to 97.0 Feet

Other information

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?

No, Why Not?

Lab to which water quality sample sent for analysis

Well Owner: CITY OF LAKE NORDEN

Business Name: City well # JL#1

Address: PO BOX 213

City, State, Zip: LAKE NORDEN SD 57248

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
TOP SOIL	0	2
YELLOW MIXED SAND fine-med	2	18
BLUE CLAY	18	24
GREY FINE SAND	24	29
BLUE CLAY soft	29	35
GREY MED-COURSE	35	57
BLUE CLAY SOFT	57	83
YELLOW MED-COURSE	83	97

STATIC WATER LEVEL FEET

If flowing: closed in pressure PSI

GPM flow 40 through 10 Inch pipe

Controlled by Valve Reducers Other

Reduced flow rate GPM

Can well be completely shut in?

WELL TEST DATA:

Pumped Describe:

Bailed

Other

Pumping Level Below Land Surface

Ft. After	Hrs. pumped	GPM
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

If pump installed, pump rate: GPM

REMARKS JL#1

well on west side of Pelican Pass

This well was drilled under license # 689 and this report is true and accurate.

Drilling firm: KAISER WELL DRILLING INC

Signature of License Representative: [Signature]

Signature of Well Owner or Equitable Property Holder: [Signature]

Date:

SOUTH DAKOTA WATER WELL COMPLETION REPORT

11- UZ

Location ¼ SW ¼ Sec 15 Twp 113N Rg 53W

Well Owner: City of Lake Norden

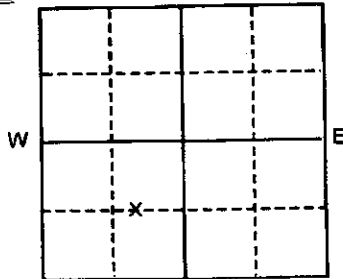
County HAMLIN North

Business Name: City well # JL#2

Address: PO Box 213

City, State, Zip: Lake Norden SD 57248

Please mark well location with an "X"



Well Completion Date

5-8-2018

← 1 Mile →

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

PROPOSED USE:

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

METHOD OF DRILLING:

DIRECT ROTARY

CASING DATA:

- Steel
 Plastic
 Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
Sch40 LB/FT	10 IN	+2 FT	83 FT	11 3/4 IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
GrtwelDF	30	54 Lb/gal	0 Ft	80 Ft
		Lb/gal	Ft	Ft

Describe grouting procedure _____

SCREEN:

- Perforated pipe
 Manufactured

Diameter 10 inches Length 20 Feet

Material Stainless Steel

Slot Size 30 Set From 83 Feet to 103 Feet

Other information _____

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? HTH

- No, Why Not? _____

Lab to which water quality sample sent for analysis

SDPHL

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
TOP SOIL	0	1
YELLOW SANDYCLAY	1	3
YELLOW SAND	3	8
YELLOW CLAY	8	10
YELLOW SAND	10	13
BLUE CLAY	13	34
YELLOW CLAY	34	85
GREY SAND FINE	85	103
BLUE CLAY	103	

STATIC WATER LEVEL

5 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

51.7 Ft. After 26 Hrs. pumped 500 GPM

_____ Ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate: _____ GPM

REMARKS

well #1 east side of Pelican Pass

JL#2

This well was drilled under license # 689 and this report is true and accurate.

Drilling firm: Kaiser Well Drilling Inc.

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: _____

SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location 1/4 SW 1/4 Sec 15 Twp 113N Rg 53W

Well Owner: CITY OF LAKE NORDEN

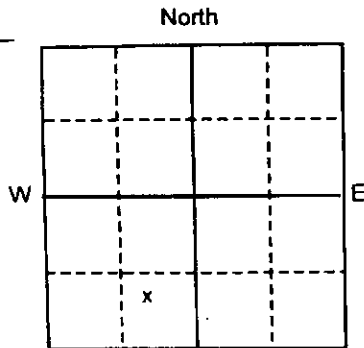
County HAMLIN

Business Name: City well # JL # 3

Address: PO BOX 213

City, State, Zip: LAKE NORDEN SD 57248

Please mark well location with an "X"



Well Completion Date

10-17-2018



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

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
TOP SOIL	0	2
SAND MIXED	2	18
GRAVEL MED-COURSE	18	20
BLUE CLAY	20	40
YELLOW CLAY	40	78
BLUE CLAY	78	87
SAND MED-FINE	87	101

PROPOSED USE:

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

METHOD OF DRILLING:
DIRECT ROTARY

CASING DATA: Steel Plastic Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
40.0 LB/FT	10.00 IN	0.0 FT	87.0 FT	16.00 IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
GRTWELDF	32	54.0 Lb/gal	0.0 Ft	84.0 Ft

Describe grouting procedure
pressure pull method

SCREEN: Perforated pipe Manufactured

Diameter 10.00 Inches Length 20.0 Feet
Material SS
Slot Size .30 Set From 87.0 Feet to 107.0 Feet
Other information _____

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? _____
 No, Why Not? _____
 Lab to which water quality sample sent for analysis _____

STATIC WATER LEVEL 8 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: 300 GPM - Sub. Pump
 Bailed
 Other
 Pumping Level Below Land Surface
 _____ Ft. After _____ Hrs. pumped _____ GPM
 _____ Ft. After _____ Hrs. pumped _____ GPM
 If pump installed, pump rate: _____ GPM

REMARKS JL # 3

2nd Well East side Pelican Pass

This well was drilled under license # 689 and this report is true and accurate.

Drilling firm: KAISER WELL DRILLING INC

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: _____