

RECEIVED

JAN 08 2026

Water Rights Program

Mail to: SD DANR, Water Rights 523 E Capitol Ave Pierre, SD 57501-3182 ph. (605) 773-3352	No. <u>9027-3</u> Hydrologic Unit <u>10170203</u>
	Basin <u>Lower Big Sioux</u>
	Newspaper <u>Sioux Falls Argus Leader</u> <u>Hartford Minnehaha Messenger</u> (office use only)

Application for Permit to Appropriate Water in South Dakota

Check use(s) of water:

<input type="checkbox"/> Municipal	<input 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 checked="" 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.)

- Name to Appear on Water Permit Fermented Feed Group, LLC Fermentation Experts USA, LLC
 Mailing Address 1201 North Ellis RD Sioux Falls SD 57107
(Address) (City) (State) (Zip Code)
 Phone (605)338-9775 Mobile (605)860-0005 Email Brandon@Fermexusa.com
- Amount of water claimed 0.064 *CFS or 28.75 **GPM and 46 ***AF or _____ 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)
- Source of water supply Big Sioux : SSC Auqifer (SE 1/4 SE 1/4)
- Location of point of diversion 1 well in Lot 1 Tract 1 SE1/4 9 101 50 Wayne Township County Minnehaha
(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)
- County or counties where water will be used Minnehaha
- Annual period during which water is to be used Year Round Constant
- 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)

I, Belle Dickson Controller, 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.

2021-08

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)

43.56024/-96.83166

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Water Rights Program

Form 2A
(Complete applicable portions only)

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 1 Have test holes been drilled? Yes No Drilled by Putzke Well Driller
(if yes, please provide copies of logs)

b) If existing wells, how many _____ Provide copy of log(s), if available. Drilled by _____

For either existing or proposed wells:

c) Well Depth (required) 27 Depth to Top of Water Bearing Material 12 Depth to Water from Surface 8

d) Distance to nearest domestic well on applicant's property .5 miles Property owned by others _____

2. Wastewater Disposal System Information

a) Type of System (i.e. septic tank, drain field) Septic Tank

b) System Capacity (gallons) 1000 Year Constructed Not sure

c) Connected to the City of _____ Sanitary System

3. Dugout Information

a) Surface Dimensions _____ Depth _____

b) Depth to water (ground surface to water level) _____

4. Water Storage Dams

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)

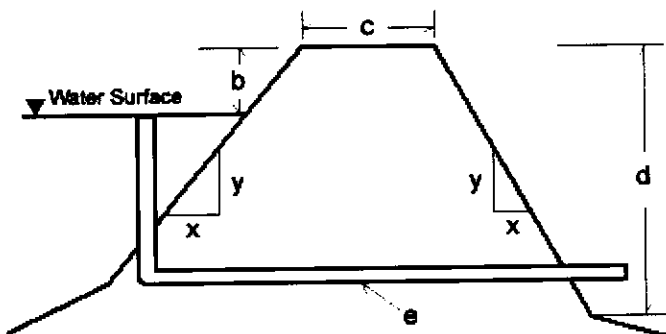
Upstream _____

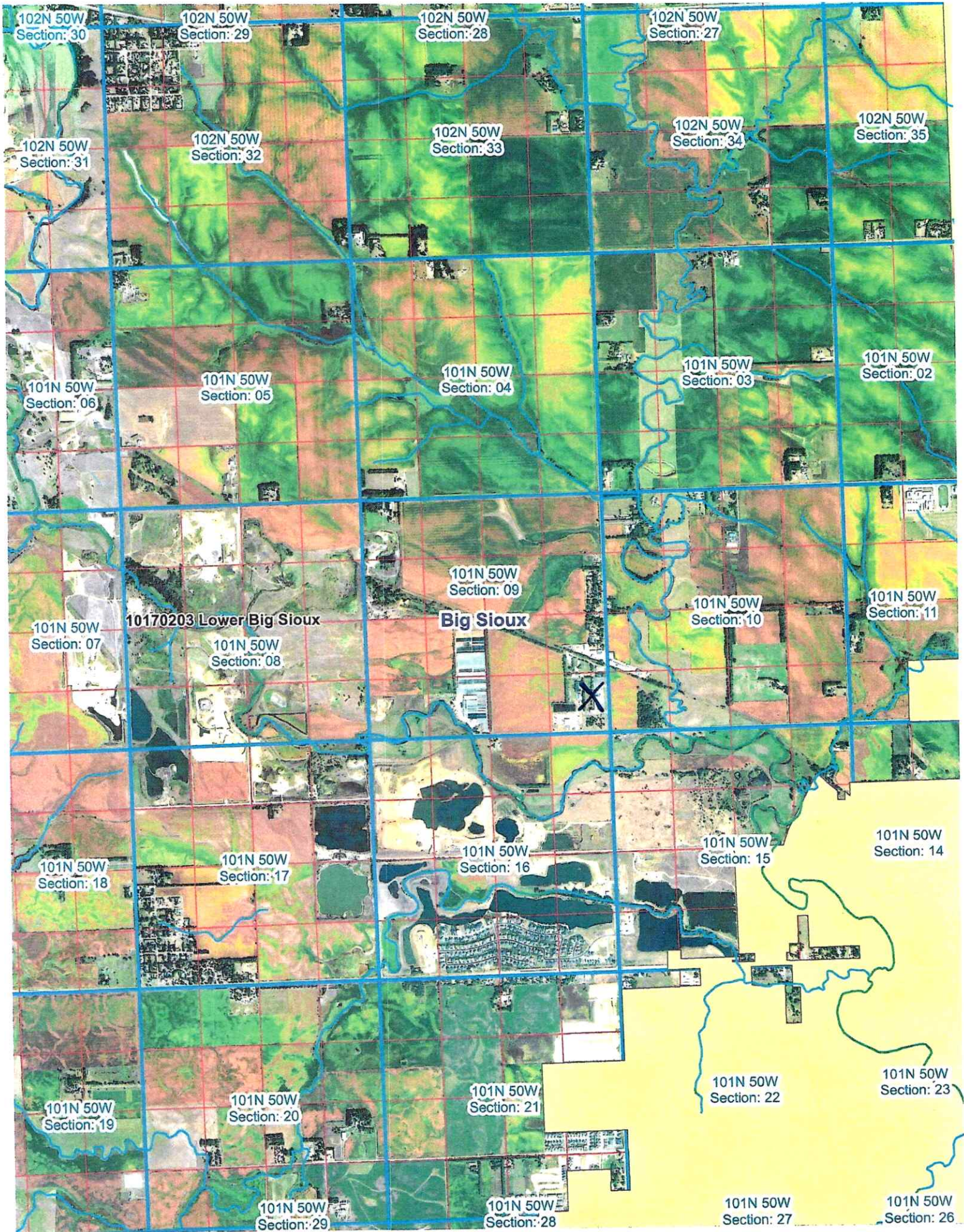
Downstream _____

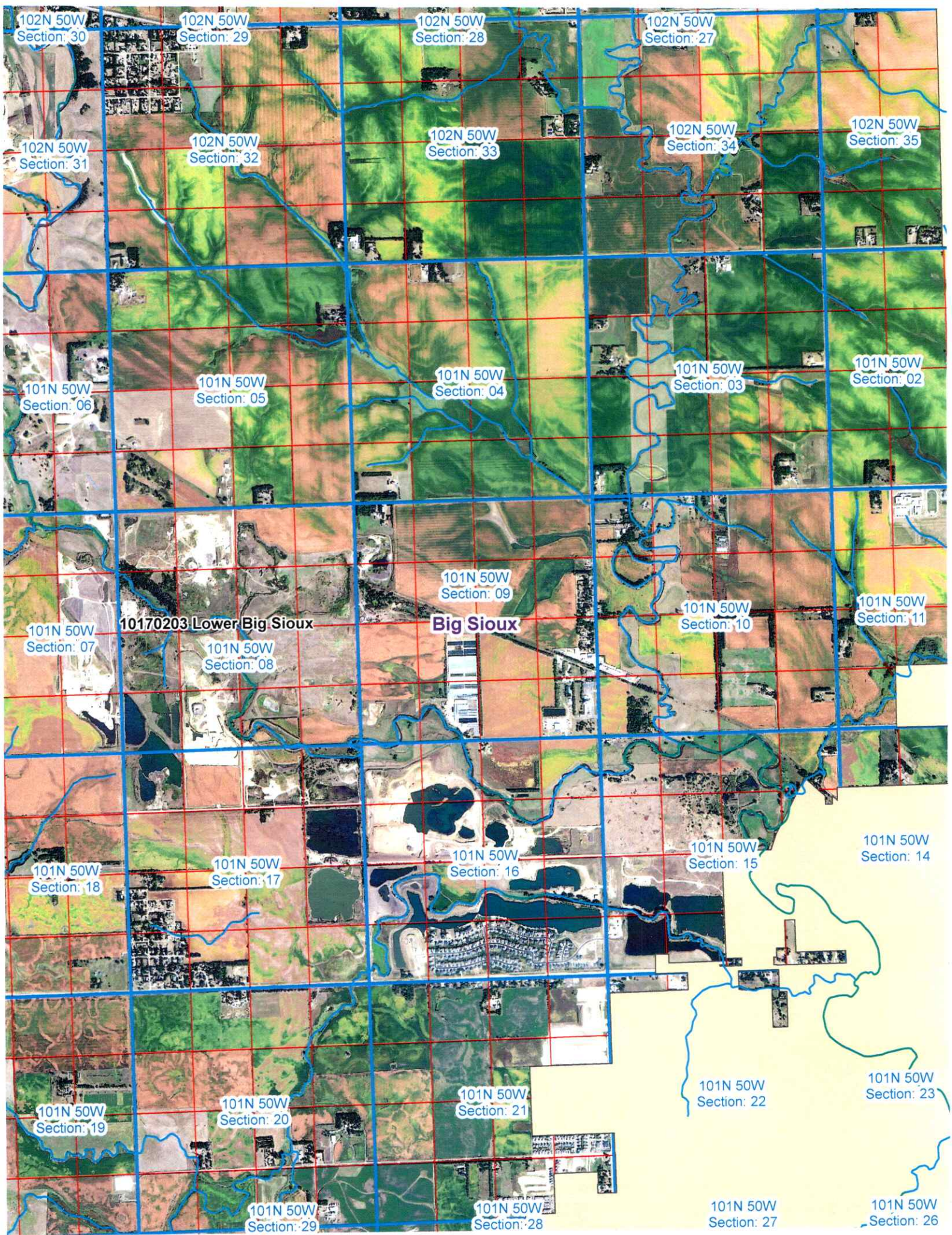
h) Area of Impoundment _____

i) Storage _____ Acre Feet

j) Drainage Area Above Dam _____ Acres







102N 50W
Section: 30

102N 50W
Section: 29

102N 50W
Section: 28

102N 50W
Section: 27

102N 50W
Section: 31

102N 50W
Section: 32

102N 50W
Section: 33

102N 50W
Section: 34

102N 50W
Section: 35

101N 50W
Section: 06

101N 50W
Section: 05

101N 50W
Section: 04

101N 50W
Section: 03

101N 50W
Section: 02

101N 50W
Section: 07

10170203 Lower Big Sioux

Big Sioux

101N 50W
Section: 08

101N 50W
Section: 10

101N 50W
Section: 11

101N 50W
Section: 18

101N 50W
Section: 17

101N 50W
Section: 16

101N 50W
Section: 15

101N 50W
Section: 14

101N 50W
Section: 19

101N 50W
Section: 20

101N 50W
Section: 21

101N 50W
Section: 22

101N 50W
Section: 23

101N 50W
Section: 29

101N 50W
Section: 28

101N 50W
Section: 28

101N 50W
Section: 27

101N 50W
Section: 26

JAN 16 2026

SOUTH DAKOTA WELL AND TEST HOLE

Lot 1, Tract 1
Location 1/4 SE 1/4 Sec 9 Twp 101 Rg 50

Well Owner:
Name: Fermentation Experts

OFFICE OF WATER

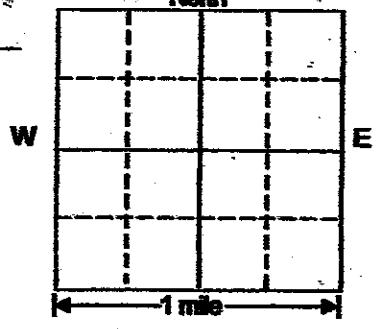
County Minnehaha

(Wayne) North

Address: 1201 North Ellis Rd

City, State, Zip: Sioux Falls SD 57107

Please mark well location with an "X"



Comments:

Plugging Completion Date 1-6-2026

CHECK APPROPRIATE BOX

EXISTING WELL <input type="checkbox"/>	TEST HOLE <input checked="" type="checkbox"/>
Well depth _____	Hole depth <u>27'</u> 22- 27 <u>bluzck</u>
Casing material _____	Hole size <u>4 3/4"</u> 57' <u>granite</u>
Casing size(s) _____	<u>0-2 TOP Soil</u>
Casing condition _____	<u>2-12 Yellow clay</u>
	<u>12-22 Sand</u>

Describe plugging procedure:

Run tri-cm wire line bottom of Test Hole Pump DP Grout TO TOP OF HOLE

Describe grout or plugging material:

Type of non-slip plug: _____

This well or test hole was plugged under license # 4139 and this report is true and accurate.

Drilling firm: Dave Putzke Well Drilling & Repair, Inc

Signature of Licensed Representative: Dave Putzke

Signature of Well Owner: _____

Date: _____

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SOUTH DAKOTA WELL AND TEST HOLE

Lot 1, Tract 1
Location 1/4 SE 1/4 Sec 9 Twp 101 Rg 50

Well Owner:

OFFICE OF WATER

County Minnehaha

(Wayne)
North

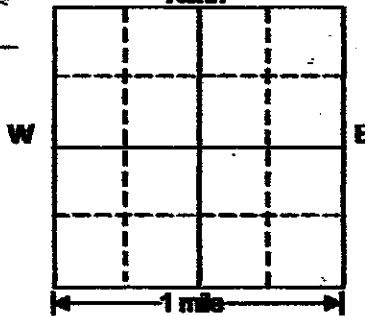
Name: Fermentation Experts

Address: 1201 North Ellis Rd

City, State, Zip: Sioux Falls SD 57107

Comments:

Please mark well location with an "X"



Plugging Completion Date 1-6-2026

CHECK APPROPRIATE BOX

EXISTING WELL

TEST HOLE

Well depth _____

Hole depth 27' 22- 27 blaze

Casing material _____

Hole size 4 3/4" 57' granite

Casing size(s) _____

0-2 TOP Soil

Casing condition _____

2-12 yellow clay

12-22 sand

Describe plugging procedure:

Run tri-cm line bottom of Test Hole Pump DP Grout TO TOP OF HOLE

Describe grout or plugging material:

Type of non-slip plug: _____

This well or test hole was plugged under license # 439 and this report is true and accurate.

Drilling firm: Dave Putzke Well Drilling & Repair, Inc.

Signature of Licensed Representative: Dave Putzke

Signature of Well Owner: _____

Date: _____