Read Me First!

SD EForm - 1621LD V1

SOUTH DAKOTA WATER WELL COMPLETION REPORT

11- 02

Location ____ ¼ ____ ¼ Sec ____ Twp ____ Rg ____

County ____

North

Please mark well location with an "X"

W E

1 Mile

Well Completion Date

____

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:

CASING DATA: ☐ Steel ☐ Plastic ☐ Other

If other describe ____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
____ LB/FT	____ IN	____ FT	____ FT	____ IN
____ LB/FT	____ IN	____ FT	____ FT	____ IN
____ LB/FT	____ IN	____ FT	____ FT	____ IN

GROUTING DATA:

Grout Type	No. of Sacks	Grout Weight	From	To
____	____	____ Lb/gal	____ Ft	____ Ft
____	____	____ Lb/gal	____ Ft	____ Ft

Describe grouting procedure

SCREEN: ☐ Perforated pipe ☐ Manufactured

Diameter ____ Inches Length ____ Feet

Material ____

Slot Size ____ Set From ____ Feet to ____ 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: ____

Business Name: ____

Address: ____

City, State, Zip: ____ ____ ____

WELL LOG:

FORMATION	DEPTH FROM	DEPTH TO

STATIC WATER LEVEL ____ 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:
☐ 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 # ____ and this report is true and accurate.

Drilling firm: ____

Signature of License Representative:

Signature of Well Owner or Equitable Property Holder:

Date: ____

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