# SOUTH DAKOTA WATER WELL COMPLETION REPORT

11-02

Location NW ¼ NW ¼ Sec 21 Twp 125 Rg 76 W

County: Campbell

North

Please mark well location with an "X"

W E

1 Mile

Well completion Date: 10-16-13

Distance from nearest potential pollution source (Septic tank, abandoned well, feed lot, etc.)

? 5000 ft. from Septic system (identify source)

**PROPOSED USE:**
☐ Domestic/Stock ☐ Municipal ☐ Business ☒ Test Holes
☐ Irrigation ☐ Industrial ☐ Institutional ☐ Monitoring well

**METHOD OF DRILLING:** Forward Rotary

**CASING DATA:** ☐ Steel ☐ Plastic ☒ Other

If other describe: None Installed

| 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 |
|---|---|---|---|---|
| Hol Solids | 9 | 9.5 Lb/gal | 0 Ft | 200 Ft |
| Bentonite | | Lb/gal | Ft | Ft |

Describe grouting procedure: Tremie line

**SCREEN:** ☐ Perforated pipe ☐ Manufactured

Diameter _____ Inches Length _____ Feet

Material _____

Slot Size _____ Set From _____ Feet to _____ Feet

Other information: None Installed

**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 sample sent to for water quality analysis _____

Well Owner: Phil Witte

Business Name: _____

Address1: 7300 Cornelia Drive

Address2: _____

City, State, Zip: Edina MN 55435

**WELL LOG:**

| FORMATION | DEPTH FROM | DEPTH TO |
|---|---|---|
| Top Soil | 0 | 2 |
| Yellow Sand Gravel & Clay | 2 | 21 |
| Blue clay | 21 | 26 |
| Grey Sand & Gravel | 26 | 49 |
| Blue clay | 49 | 110 |
| Fine To Medium Sand | 110 | 205 |
| Coarse Sand | 205 | 250 |
| Blue clay | 250 | 255 |
| Gravel, Sand & Clay mixture | 255 | 275 |

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:** Test hole plugged
Future site of Production well

This well was drilled under license # 285

And this report is true and accurate.

Drilling firm: Manikowski Well Drilling, Inc

Signature of License Representative: By Manikowski

Signature of Well Owner or Equitable Property Holder: _____

Date: _____

**Please return White Copy to DENR Water Rights 523 E. Capitol Ave., Pierre SD 57501**

RECEIVED
DEC 30 2013
WATER RIGHTS PROGRAM