

381-5998

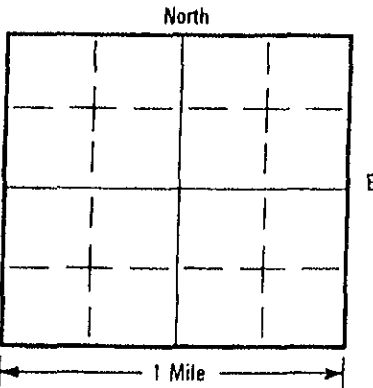
08PL042

SOUTH DAKOTA WATER WELL COMPLETION REPORT

341-5998 07-92

Location S 24 SW 1/4 Sec 14 Twp _____ Rg _____

County Pennington



Please mark well location with an "X"

Well Completion Date

5-20-04

Well Owner: Hewey Clemmens
 Business Name: L&S Building Systems
 Address: 6299 E Hwy 40
Rapid City, S.D.

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
<u>Toppis</u>	<u>0</u>	<u>4</u>
<u>Coale</u>	<u>4</u>	<u>15</u>
<u>Shale</u>	<u>15</u>	<u>31</u>

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

PROPOSED USE:

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

METHOD OF DRILLING: Auger

CASING DATA: Steel Plastic Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>old</u> LB/FT	<u>16</u> IN	<u>72</u> FT	<u>8</u> FT	<u>30</u> IN
<u>both</u> LB/FT	<u>16</u> IN	<u>8</u> FT	<u>31</u> FT	<u>24</u> IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No of Sacks	Grout Weight	From	To
<u>Portland</u>	<u>3</u>	<u>27</u> lb./gal	_____ ft	_____ ft
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure _____

SCREEN: Perforated pipe Manufactured

Diameter _____ IN 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? with Chlorine

Laboratory sent to for water quality analysis _____

STATIC WATER LEVEL _____ 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 Repeated

Bailed

Other _____

Pumping Level Below Land Surface

_____ ft After _____ Hrs pumped _____ GPM

_____ ft After _____ Hrs pumped _____ GPM

If pump installed, pump rate _____ GPM

REMARKS

Calc. 20 GPM

This well was drilled under license # 195

And this report is true and accurate

Drilling firm B&S Foundation Services

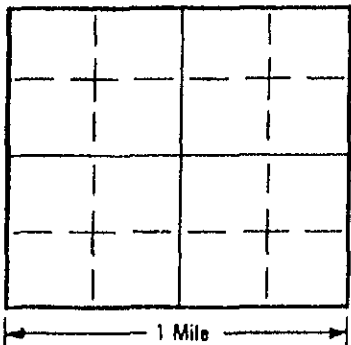
Signature of License Representative [Signature]

Signature of Well Owner or Equitable Property Holder _____

Date 5/20/04

Location 5 1/2 SW 1/4 Sec 14 Twp 1N Rg 8E

County Penn.



Please mark well location with an "X"

Well Completion Date

11-07-02

LOCATION:

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

PROPOSED USE:

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

METHOD OF DRILLING:

Auger

CASING DATA: Steel Plastic Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
_____ LB/FT	<u>16" IN</u>	<u>2 ABOVE GRAVEL</u>	<u>38</u> FT	<u>24</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>Benzite</u>	<u>6</u>	<u>50</u> lb./gal	<u>6</u> ft	<u>7</u> ft
<u>Cement</u>	<u>3</u>	<u>100</u> lb./gal	<u>5</u> ft	<u>6</u> ft

Describe grouting procedure Rock over Water
grout over Rock Cement over Benzite

SCREEN: Perforated pipe Manufactured

Diameter _____ IN 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. Water well Chlorine

Laboratory sent to for water quality analysis

Well Owner: Hewey Clemmons

Business Name: _____

Address: PO Box 2213
Ac. 20 57709

WELL LOG:	FORMATION	DEPTH	
		FROM	TO
	<u>Topsoil</u>	<u>0</u>	<u>1</u>
	<u>Clay</u>	<u>1</u>	<u>8</u>
	<u>Gravel</u>	<u>8</u>	<u>18</u>
	<u>Shale</u>	<u>18</u>	<u>38</u>

STATIC WATER LEVEL 8' Feet

If flowing: closed in pressure _____ PSI

GPM flow 3105 through _____ inch pipe

Controlled by Valve Reducers Other _____

Reduced Flowrate _____ GPM

Can well be completely shut in? _____

WELL TEST DATA:

- Pumped
- Bailed Describe: Bailed water Down & Repeated
- 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 # 195

And this report is true and accurate.

Drilling firm S Bice Drilling

Signature of License Representative: _____

Signature of Well Owner or Equitable Property Holder: _____

Date: _____