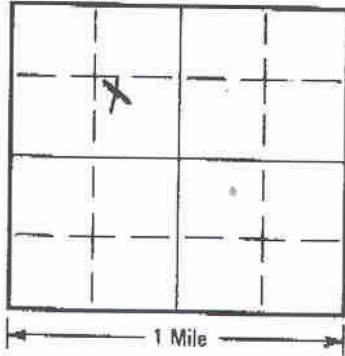


SOUTH DAKOTA WATER WELL COMPLETION REPORT

07-92

Location SW 1/4 NE 1/4 Sec 15 Twp 4N Rg 3E

County Lawrence



Please mark well location with an "X"

Well Completion Date

7-20-05

Well Owner: Kevin Wilson

Business Name: _____

Address: 26794 Meadow Lane
Sioux Falls, SD 57106

WELL LOG:

FORMATION	DEPTH	
	FROM	TO
clay brown	0	35
dolomite tan white ^{red p}	35	160
SS red + brown	160	186
SS dark red	186	204
schist lt. gray	204	525

LOCATION:

Distance from nearest potential pollution source (septic tank, abandoned well, feed lot, etc.)? >100 ft. from _____ (identify source).

PROPOSED USE:

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

METHOD OF DRILLING:

Air rotary DHH

STATIC WATER LEVEL 85 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? _____

CASING DATA: Steel Plastic Other

If other describe _____

PIPEWEIGHT	DIAMETER	FROM	TO	HOLE DIAMETER
<u>15.50 LB/FT</u>	<u>5 1/2 IN</u>	<u>0 FT</u>	<u>188 FT</u>	<u>6 1/4 IN</u>
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN
_____ LB/FT	_____ IN	_____ FT	_____ FT	_____ IN

GROUTING DATA

Grout Type	No. of Sacks	Grout Weight	From	To
<u>Cement</u>	<u>10</u>	<u>15 lb./gal</u>	<u>0 ft</u>	<u>188 ft</u>
_____	_____	_____ lb./gal	_____ ft	_____ ft

Describe grouting procedure pressure grouted through casing

WELL TEST DATA:

Pumped Describe: _____

Bailed _____

Other air developed

Pumping Level Below Land Surface

525 ft. After 8 Hrs. pumped 3 GPM

_____ ft. After _____ Hrs. pumped _____ GPM

If pump installed, pump rate _____ GPM

SCREEN: Perforated pipe Manufactured

Diameter _____ IN Length _____ FEET

Material _____

Slot Size _____ Set From _____ Feet to _____ Feet

Other information _____

REMARKS

This well was drilled under license # 331

And this report is true and accurate.

Drilling firm Taylor Drilling Co.

Signature of License Representative:

Ralph Taylor

Signature of Well Owner or Equitable Property Holder

Date: 8-3-05

Or call: _____

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: chlorine solution

NO, Why Not? _____

Laboratory sent to for water quality analysis