SD EForm - 1621 V1 Complete and use the button at the end to print for mailing. HELP

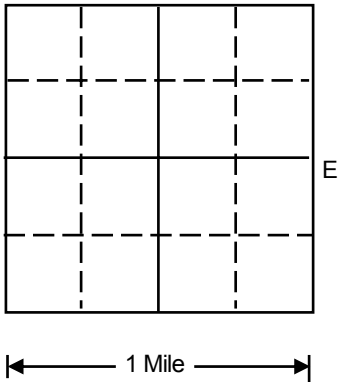
SOUTH DAKOTA WATER WELL COMPLETION REPORT

11- 02

Location ____ ¼ ____ ¼ Sec ____ Twp ____ Rg ____

County _____

Please mark well location with an "X"



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 sample sent to for water quality 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: _____

1. PRINT FOR MAILING CLEAR FORM