

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Board of Water Well Contractors within 30 days after completion or abandonment of the well.

1. WELL OWNER

Name Delmer Kiltzke

Address Demmer, S. Rd. 57638

2. WELL LOCATION

Sketch map location must agree with written location.

NORTH

1 MILE

County _____ Sec. (1 mile) Sioux

1/4 NE 1/4 Sec. 29 Twp. 129N Rg 90 W.

3. PROPOSED USE

☒ Domestic

☐ Geothermal

☐ Monitoring

☒ Stock

☐ Irrigation

☐ Industrial

☐ Municipal

☐ Test Hole

4. METHOD DRILLED

☐ Cable

☐ Reverse Rotary

☐ Bored

☒ Forward Rotary

☐ Jetted

☐ Auger

If other, specify _____

5. WATER QUALITY

Was a water sample collected for:

Chemical Analysis? ☐ Yes ☐ No

Bacteriological Analysis? ☒ Yes ☐ No

If so, to what laboratory was it sent? _____

6. WELL CONSTRUCTION

Diameter of hole 6 3/4 inches. Depth 320 feet.

Casing: ☐ Steel ☒ Plastic ☐ Concrete

☐ Threaded ☐ Welded ☐ Other

If other, specify _____

Pipe Weight: Diameter: From: To:

250 lb/ft 4 1/2 inches 0 feet 320 feet

_____ lb/ft _____ inches _____ feet _____ feet

_____ lb/ft _____ inches _____ feet _____ feet

Was perforated pipe used? ☒ Yes ☐ No

Perforated pipe set from 280 ft to 320 feet

Was casing left open end? ☒ Yes ☐ No

Was a well screened installed? ☐ Yes ☒ No

Material _____ Diameter _____ inches

Slot Size _____ set from _____ feet to _____ feet

Slot Size _____ set from _____ feet to _____ feet

Was packer or seal used? ☒ Yes ☐ No

If so, what material brass Depth 120 ft.

(stainless steel, bronze, etc.)

Type of well: Straight screen ☒ Gravel packed ☐

Depth grouted: From 30 To ground

Grouting Material: Cement _____ Other ✓

If other explain: Drilled casing from 120 to 30

Well head completion: Pitless unit _____

12" above grade X Other _____

If other, specify _____

Was pump installed: ☒ Yes ☐ No

Was well disinfected upon completion? ☒ Yes ☐ No

7. WATER LEVEL

Static water level 160 feet below surface

If flowing: closed-in pressure _____ psi

GPM flow _____ through _____ inch pipe

Controlled by: ☐ Valve ☐ Reducers ☐ Other

If other, specify _____

8. WELL TEST DATA

☒ Pump ☐ Bailer ☐ Other

Pumping level below land surface:

210 ft. after 20 hrs. pumping 6 gpm

_____ ft. after _____ hrs. pumping _____ gpm

_____ ft. after _____ hrs. pumping _____ gpm

9. WELL LOG

Formation	Depth (ft.)	
	From	To
<u>Brown sand</u>	<u>0</u>	<u>12</u>
<u>Rock</u>	<u>12</u>	<u>13</u>
<u>Brown sand</u>	<u>13</u>	<u>32</u>
<u>Rock</u>	<u>32</u>	<u>33 1/2</u>
<u>Sand</u>	<u>33 1/2</u>	<u>49</u>
<u>Rock</u>	<u>49</u>	<u>50</u>
<u>sand</u>	<u>50</u>	<u>85</u>
<u>Rock</u>	<u>85</u>	<u>86</u>
<u>sand</u>	<u>86</u>	<u>95</u>
<u>clay shale</u>	<u>95</u>	<u>140</u>
<u>Rock</u>	<u>140</u>	<u>142</u>
<u>sandy shale</u>	<u>142</u>	<u>170</u>
<u>Rock</u>	<u>170</u>	<u>171 1/2</u>
<u>clay shale</u>	<u>171 1/2</u>	<u>220</u>
<u>sandy shale</u>	<u>220</u>	<u>230</u>
<u>clay shale</u>	<u>230</u>	<u>260</u>
<u>sandy shale</u>	<u>260</u>	<u>280</u>
<u>water sand</u>	<u>280</u>	<u>320</u>

(Use separate sheet if necessary)

10. DATE COMPLETED

3-30-99

11. WAS WELL PLUGGED OR ABANDONED?

☐ Yes ☒ No

If so, how _____

12. REMARKS:

Drilled on a slope.

13. DRILLER'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

Harry Ellison Well Drilling

Driller's or Firm's Name

83

Certificate No

HCB180149A

Address

Harry Ellison

Signed by

4-4-99

Date

WHITE-DRILLER'S COPY

YELLOW-BOARD'S COPY

PINK-CUSTOMER'S COPY