

113141

County Becker  
Quad Frazee  
Quad ID 237B

MINNESOTA DEPARTMENT OF HEALTH  
WELL AND BORING REPORT  
Minnesota Statutes Chapter 1031

Entry Date 09/08/1990  
Update Date 02/14/2014  
Received Date

|                                                                                                                                                                                                                       |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------|--|---------------------------------------|--|------------|--|
| <b>Well Name</b> WINKELMAN, <b>Township</b> 138 <b>Range</b> 39 <b>Dir</b> W <b>Section</b> 30 <b>Subsection</b> AABCBB                                                                                               |  |  |  |  | <b>Well Depth</b> 47 ft.                                                                                                 |  | <b>Depth Completed</b> 46 ft.       |  | <b>Date Well Completed</b> 05/14/1980 |  |            |  |
| <b>Elevation</b> 1381 <b>Elev. Method</b> 7.5 minute topographic map (+/- 5 feet)                                                                                                                                     |  |  |  |  | <b>Drill Method</b> Cable Tool                                                                                           |  | <b>Drill Fluid</b>                  |  |                                       |  |            |  |
| <b>Address</b>                                                                                                                                                                                                        |  |  |  |  | <b>Use</b> domestic                                                                                                      |  | <b>Status</b> Active                |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |  | <b>From</b>                         |  | <b>To</b>                             |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Casing Type</b> Single casing                                                                                         |  | <b>Joint</b> Threaded               |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                   |  | <b>Above/Below</b> 1 ft.            |  |                                       |  |            |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>TOP SOIL 0 3 BLACK SOFT<br>CLAY 3 8 GRAY<br>SANDY ROCKY CLAY 8 12 BROWN HARD<br>CLAY 12 40 GRAY SOFT<br>SAND 40 47 GRAY MEDIUM |  |  |  |  | <b>Casing Diameter</b>                                                                                                   |  | <b>Weight</b>                       |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | 4 in. To 42 ft. 11 lbs./ft.                                                                                              |  |                                     |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Open Hole</b>                                                                                                         |  | From ft.                            |  | To ft.                                |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Screen?</b> <input checked="" type="checkbox"/>                                                                       |  | <b>Type</b> stainless               |  | <b>Make</b> JOHNSON                   |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | Diameter Slot/Gauze Length Set                                                                                           |  | 4 in. 15 4 ft. 42 ft. 46 ft.        |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Static Water Level</b>                                                                                                |  | -3 ft. land surface                 |  | Measure                               |  | 05/04/1980 |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Pumping Level (below land surface)</b>                                                                                |  |                                     |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <b>Wellhead Completion</b>                                                                                               |  | Pitless adapter manufacturer        |  | Model                                 |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <input type="checkbox"/> Casing Protection <input type="checkbox"/> 12 in. above grade                                   |  |                                     |  |                                       |  |            |  |
|                                                                                                                                                                                                                       |  |  |  |  | <input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)                                                 |  |                                     |  |                                       |  |            |  |
| <b>Grouting Information</b>                                                                                                                                                                                           |  |  |  |  | Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Specified |  |                                     |  |                                       |  |            |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                          |  |  |  |  | 65 feet <u>Northeas</u> Direction                                                                                        |  | <u>Septic tank/drain field</u> Type |  |                                       |  |            |  |
| Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                 |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| <b>Pump</b> <input checked="" type="checkbox"/> Not Installed                                                                                                                                                         |  |  |  |  | Date Installed                                                                                                           |  |                                     |  |                                       |  |            |  |
| Manufacturer's name                                                                                                                                                                                                   |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| Model Number                                                                                                                                                                                                          |  |  |  |  | HP <u>0</u>                                                                                                              |  | Volt                                |  |                                       |  |            |  |
| Length of drop pipe                                                                                                                                                                                                   |  |  |  |  | ft Capacity                                                                                                              |  | g.p. Typ                            |  |                                       |  |            |  |
| <b>Abandoned</b>                                                                                                                                                                                                      |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| Does property have any not in use and not sealed well(s)?                                                                                                                                                             |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |  |                                     |  |                                       |  |            |  |
| <b>Variance</b>                                                                                                                                                                                                       |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| Was a variance granted from the MDH for this well?                                                                                                                                                                    |  |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |  |                                     |  |                                       |  |            |  |
| <b>Miscellaneous</b>                                                                                                                                                                                                  |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| First Bedrock                                                                                                                                                                                                         |  |  |  |  | Aquifer                                                                                                                  |  | Quat. buried                        |  |                                       |  |            |  |
| Last Strat sand-gray                                                                                                                                                                                                  |  |  |  |  | Depth to Bedrock                                                                                                         |  | ft                                  |  |                                       |  |            |  |
| Located by Minnesota Geological Survey                                                                                                                                                                                |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| Locate Method Digitized - scale 1:24,000 or larger (Digitizing Table)                                                                                                                                                 |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| System UTM - NAD83, Zone 15, Meters                                                                                                                                                                                   |  |  |  |  | X 297378                                                                                                                 |  | Y 5180070                           |  |                                       |  |            |  |
| Unique Number Verification Plat Book                                                                                                                                                                                  |  |  |  |  | Input Date                                                                                                               |  | 01/15/1998                          |  |                                       |  |            |  |
| <b>Angled Drill Hole</b>                                                                                                                                                                                              |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| <b>Well Contractor</b>                                                                                                                                                                                                |  |  |  |  |                                                                                                                          |  |                                     |  |                                       |  |            |  |
| C.c.w. Construction                                                                                                                                                                                                   |  |  |  |  | 80297                                                                                                                    |  | WINGARD, C.                         |  |                                       |  |            |  |
| Licensee Business                                                                                                                                                                                                     |  |  |  |  | Lic. or Reg. No.                                                                                                         |  | Name of Driller                     |  |                                       |  |            |  |