

145604

County Hubbard  
Quad Dorset  
Quad ID 255B

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

Entry Date 06/25/1990  
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Received Date

|                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|----------------------------------------------------------------|--|-----------------------------------|--|----------------------------|--|-----------------------------|--|-------------------------------------------|--|--|--|----------------------------------|--|--|--|------------------------------------------|--|--|--|
| <b>Well Name</b><br>THOMPSON,                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  | <b>Township</b><br>140                                         |  | <b>Range</b><br>34                |  | <b>Dir Section</b><br>W 34 |  | <b>Subsection</b><br>DDDDCA |  | <b>Well Depth</b><br>65 ft.               |  |  |  | <b>Depth Completed</b><br>65 ft. |  |  |  | <b>Date Well Completed</b><br>07/29/1978 |  |  |  |
| <b>Elevation</b><br>1438                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  | <b>Elev. Method</b><br>7.5 minute topographic map (+/- 5 feet) |  | <b>Drill Method</b><br>Cable Tool |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  | <b>Drill Fluid</b>                       |  |  |  |
| <b>Address</b><br><br>Well RR 3 PARK RAPIDS MN 56470                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Use</b><br>domestic                    |  |  |  | <b>Status</b><br>Active          |  |  |  |                                          |  |  |  |
| <b>Well Hydrofractured?</b><br><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                   |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>From</b>                               |  |  |  | <b>To</b>                        |  |  |  |                                          |  |  |  |
| <b>Casing Type</b><br>Single casing                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Joint</b><br>Threaded                  |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Drive Shoe?</b><br><b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/>                                                                                                                                                                                                                                                 |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Above/Below</b><br>0 ft.               |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>SAND 0 56 BROWN HARD<br>SAND LOOSE 56 65 BROWN                                                                                                                                                                                                                   |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Casing Diameter</b><br>4 in. To 61 ft. |  |  |  | <b>Weight</b><br>lbs./ft.        |  |  |  | <b>Hole Diameter</b><br>4 in. To 65 ft.  |  |  |  |
| <b>Open Hole</b><br>From ft. To ft.                                                                                                                                                                                                                                                                                                                     |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Screen?</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Type</b><br>stainless                  |  |  |  | <b>Make</b><br>JOHNSON           |  |  |  |                                          |  |  |  |
| <b>Diameter</b><br>3 in.                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  | <b>Slot/Gauze</b><br>20                   |  |  |  | <b>Length</b><br>4 ft.           |  |  |  | <b>Set</b><br>61 ft. 65 ft.              |  |  |  |
| <b>Static Water Level</b><br>24 ft. land surface Measure 07/29/1978                                                                                                                                                                                                                                                                                     |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Pumping Level (below land surface)</b><br>60 ft. 1 hrs. Pumping at 15 g.p.m.                                                                                                                                                                                                                                                                         |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Wellhead Completion</b><br>Pitless adapter manufacturer Model<br><input type="checkbox"/> Casing Protection <input type="checkbox"/> 12 in. above grade<br><input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)                                                                                                                  |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Grouting Information</b><br>Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Specified                                                                                                                                                                                                 |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Nearest Known Source of Contamination</b><br>65 feet South Direction Septic tank/drain field Type<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                           |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Pump</b> <input checked="" type="checkbox"/> Not Installed Date Installed<br>Manufacturer's name<br>Model Number HP Q Volt<br>Length of drop pipe ft Capacity g.p. Typ                                                                                                                                                                               |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Abandoned</b><br>Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                  |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Variance</b><br>Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                          |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Miscellaneous</b><br>First Bedrock Aquifer Quat. Water<br>Last Strat sand-brown Depth to Bedrock ft<br>Located by Minnesota Geological Survey<br>Locate Method Digitized - scale 1:24,000 or larger (Digitizing Table)<br>System UTM - NAD83, Zone 15, Meters X 351121 Y 5195142<br>Unique Number Verification Name on mailbox Input Date 01/01/1990 |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Angled Drill Hole</b>                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Well Contractor</b><br>Traut Melvin E. 73366 BEEKS, T.<br>Licensee Business Lic. or Reg. No. Name of Driller                                                                                                                                                                                                                                         |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |
| <b>Remarks</b>                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |                                                                |  |                                   |  |                            |  |                             |  |                                           |  |  |  |                                  |  |  |  |                                          |  |  |  |