

166380

County Becker  
Quad Toad  
Quad ID 258D

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

Entry Date 06/22/1990  
Update Date 08/27/2014  
Received Date

|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          |                                                                                                                    |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------|--|-----------------------------------------|--|-------------------------|--|--------------------------|--|--------------------------|--------------------------------------------------------------------------------------------------------------------|--|-------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------|----------------------------------------|--------------------|--|----------------|--|------------|----------------------|--|--------|-----------------|--------------|--|------------|--|------------|--|
| <b>Well Name</b> ENGEL, TERRY                                                                                                                                                 |  |  |  |  | <b>Township</b> 139 |  | <b>Range</b> 38                         |  | <b>Dir Section</b> W 30 |  | <b>Subsection</b> ADCBCB |  | <b>Well Depth</b> 54 ft. |                                                                                                                    |  | <b>Depth Completed</b> 54 ft. |                                         |                                        | <b>Date Well Completed</b> 04/23/1984 |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <b>Elevation</b> 1508                                                                                                                                                         |  |  |  |  | <b>Elev. Method</b> |  | 7.5 minute topographic map (+/- 5 feet) |  |                         |  |                          |  |                          |                                                                                                                    |  |                               | <b>Drill Method</b> Jetted              |                                        |                                       | <b>Drill Fluid</b>                     |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <b>Address</b>                                                                                                                                                                |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Use</b> domestic                                                                                                |  |                               | <b>Status</b> Sealed                    |                                        |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>SANDY CLAY 0 15 BROWN MEDIUM<br>CLAY 15 49 BLUE MEDIUM<br>WATER SAND 49 54 GRAY MEDIUM |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <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 checked="" type="checkbox"/> |                                        | No <input type="checkbox"/>           |                                        | <b>Above/Below</b> |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Casing Diameter</b>                                                                                             |  |                               | 2 in. To 50 ft.                         |                                        |                                       | <b>Weight</b>                          |                    |  | lbs./ft.       |  |            | <b>Hole Diameter</b> |  |        | 2 in. To 50 ft. |              |  |            |  |            |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Open Hole</b>                                                                                                   |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  | From   |                 | ft.          |  | To         |  | ft.        |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Screen?</b>                                                                                                     |  |                               | <input checked="" type="checkbox"/>     |                                        | <b>Type</b>                           |                                        | stainless          |  | <b>Make</b>    |  | JOHNSON    |                      |  |        |                 |              |  |            |  |            |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Diameter</b>                                                                                                    |  |                               | Slot/Gauze                              |                                        | <b>Length</b>                         |                                        | Set                |  | <b>Measure</b> |  | 04/23/1984 |                      |  |        |                 |              |  |            |  |            |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | 1.3 in.                                                                                                            |  |                               | 10                                      |                                        | 5 ft.                                 |                                        | 50 ft.             |  | 54 ft.         |  |            |                      |  |        |                 |              |  |            |  |            |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Static Water Level</b>                                                                                          |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  | 25 ft. |                 | land surface |  | Measure    |  | 04/23/1984 |  |
|                                                                                                                                                                               |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <b>Pumping Level (below land surface)</b>                                                                          |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  | 25 ft. |                 | 1.5 hrs.     |  | Pumping at |  | 20 g.p.m.  |  |
| <b>Wellhead Completion</b>                                                                                                                                                    |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | Pitless adapter manufacturer Model                                                                                 |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <input type="checkbox"/> Casing Protection                                                                                                                                    |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | <input checked="" 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>                                                                                                                                  |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | feet                                                                                                               |  | Direction                     |                                         |                                        |                                       | 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                                                                                                                 |  | Q                             |                                         | 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 307350                      |                                         | Y 5188895                              |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| Unique Number Verification                                                                                                                                                    |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | Information from                                                                                                   |  | Input Date                    |                                         | 01/15/1998                             |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <b>Angled Drill Hole</b>                                                                                                                                                      |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          |                                                                                                                    |  |                               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| <b>Well Contractor</b>                                                                                                                                                        |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | Oelfke's Well Co.                                                                                                  |  | 03002                         |                                         | OELFKE, W.                             |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |
| Licensee Business                                                                                                                                                             |  |  |  |  |                     |  |                                         |  |                         |  |                          |  |                          | Lic. or Reg. No.                                                                                                   |  | Name of Driller               |                                         |                                        |                                       |                                        |                    |  |                |  |            |                      |  |        |                 |              |  |            |  |            |  |