

189120

County St. Louis  
Quad  
Quad ID

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

Entry Date 02/22/1988  
Update Date 04/19/2018  
Received Date

|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           |                                                                          |  |                                                                                                 |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-------------------------|----------------------|-------------------|------------------------|---------------------------|--------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|--|------------------------------------------|--|--------------------|--|----------------------|--|--------------------------------------------|--|--------------------------------------------------------|--|---------------------|--|
| <b>Well Name</b><br>NELSON, DALE                                                                                                                                                 |  |  |  |  | <b>Township</b><br>null | <b>Range</b><br>null | <b>Dir</b><br>nul | <b>Section</b><br>null | <b>Subsection</b><br>null | <b>Well Depth</b><br>54 ft.                                              |  | <b>Depth Completed</b><br>53 ft.                                                                |  | <b>Date Well Completed</b><br>02/10/1983 |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Elevation</b>                                                                                                                                                                 |  |  |  |  | <b>Elev. Method</b>     |                      |                   |                        |                           | <b>Drill Method</b><br>Air Rotary                                        |  | <b>Drill Fluid</b>                                                                              |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Address</b><br><br>C/W 1993 PIONEER RD DULUTH MN 55803                                                                                                                        |  |  |  |  |                         |                      |                   |                        |                           | <b>Use</b><br>domestic                                                   |  | <b>Status</b><br>Active                                                                         |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>SAND 0 20 RED SOFT<br>SAND & GRAVEL 20 50 RED SOFT<br>GRAVEL & AQUIFER 50 54 BLACK 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>                             |  | Welded             |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Drive Shoe?</b>                                                       |  | Yes <input checked="" type="checkbox"/>                                                         |  | No <input type="checkbox"/>              |  | <b>Above/Below</b> |  | 2 ft.                |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Casing Diameter</b>                                                   |  | 6 in. To 54 ft.                                                                                 |  | <b>Weight</b>                            |  | 18.97 lbs./ft.     |  | <b>Hole Diameter</b> |  | 6 in. To 54 ft.                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Open Hole</b>                                                         |  |                                                                                                 |  |                                          |  |                    |  |                      |  | From 53 ft.                                |  | To 54 ft.                                              |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Screen?</b>                                                           |  | <input type="checkbox"/>                                                                        |  | <b>Type</b>                              |  |                    |  | <b>Make</b>          |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Static Water Level</b>                                                |  |                                                                                                 |  |                                          |  |                    |  |                      |  | 21 ft.                                     |  | land surface                                           |  | Measure 02/10/1983  |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | <b>Pumping Level (below land surface)</b>                                |  |                                                                                                 |  |                                          |  |                    |  |                      |  | ft.                                        |  | hrs.                                                   |  | Pumping at 5 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 type="checkbox"/> No <input type="checkbox"/> Not Specified |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                     |  |  |  |  |                         |                      |                   |                        |                           | 100 feet                                                                 |  | Direction                                                                                       |  | Septic tank/drain field Type             |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Well disinfected upon completion?                                        |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                        |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Pump</b>                                                                                                                                                                      |  |  |  |  |                         |                      |                   |                        |                           | <input checked="" type="checkbox"/> Not Installed                        |  | Date Installed                                                                                  |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Manufacturer's name                                                      |  |                                                                                                 |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Model Number                                                             |  | HP                                                                                              |  | 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                                                                                         |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Last Strat                                                               |  | Depth to Bedrock                                                                                |  | ft                                       |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Remarks</b><br>DRILLING METHOD: AIR/ROTARY.                                                                                                                                   |  |  |  |  |                         |                      |                   |                        |                           | Located by                                                               |  | Locate Method                                                                                   |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | System                                                                   |  | UTM - NAD83, Zone 15, Meters                                                                    |  | X Y                                      |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Unique Number Verification                                               |  |                                                                                                 |  | Input Date                               |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Angled Drill Hole</b>                                                                                                                                                         |  |  |  |  |                         |                      |                   |                        |                           |                                                                          |  |                                                                                                 |  |                                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
| <b>Well Contractor</b>                                                                                                                                                           |  |  |  |  |                         |                      |                   |                        |                           | Graves Well Co.                                                          |  | 69090                                                                                           |  | KUPELA, P.                               |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |
|                                                                                                                                                                                  |  |  |  |  |                         |                      |                   |                        |                           | Licensee Business                                                        |  | Lic. or Reg. No.                                                                                |  | Name of Driller                          |  |                    |  |                      |  |                                            |  |                                                        |  |                     |  |