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County Anoka  
Quad  
Quad ID

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

Entry Date  
Update Date 05/16/2018  
Received Date

| <b>Well Name</b><br>MEDINA, MIKE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | <b>Township</b><br>32 | <b>Range</b><br>25 | <b>Dir Section</b><br>W 17 | <b>Subsection</b><br>null | <b>Well Depth</b><br>200 ft.                                                | <b>Depth Completed</b><br>200 ft. | <b>Date Well Completed</b><br>06/15/1988                                                        |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|-----------------------|--------------------|----------------------------|---------------------------|-----------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------|----------------------|--------------------|------|---|----|-------|--------------------|------|----|-----|-------|--|--------|-----|-----|-------|--|------|-----|-----|-------|--|-------|-----|-----|-------|--|---------------|-----|-----|-------|--|--------------------------------------------------------------------------------------|--|--|-------------|--|-----------|--|
| <b>Elevation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  | <b>Elev. Method</b>   |                    |                            |                           |                                                                             | <b>Drill Method</b>               |                                                                                                 |                      | <b>Drill Fluid</b> |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Address</b><br>C/W 8331 158TH LA RAMSEY MN 55303                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |                       |                    |                            |                           | <b>Use</b> domestic                                                         |                                   |                                                                                                 | <b>Status</b> Active |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Stratigraphy Information</b> <table><thead><tr><th>Geological Material</th><th>From</th><th>To (ft.)</th><th>Color</th><th>Hardness</th></tr></thead><tbody><tr><td>SAND</td><td>0</td><td>48</td><td>BROWN</td><td></td></tr><tr><td>CLAY</td><td>48</td><td>137</td><td>BROWN</td><td></td></tr><tr><td>GRAVEL</td><td>137</td><td>141</td><td>BROWN</td><td></td></tr><tr><td>CLAY</td><td>141</td><td>143</td><td>BROWN</td><td></td></tr><tr><td>SHALE</td><td>143</td><td>147</td><td>GREEN</td><td></td></tr><tr><td>SANDSTONE AND</td><td>147</td><td>200</td><td>BROWN</td><td></td></tr></tbody></table> |  |  |  |  |                       |                    |                            |                           | Geological Material                                                         | From                              | To (ft.)                                                                                        | Color                | Hardness           | SAND | 0 | 48 | BROWN |                    | CLAY | 48 | 137 | BROWN |  | GRAVEL | 137 | 141 | BROWN |  | CLAY | 141 | 143 | BROWN |  | SHALE | 143 | 147 | GREEN |  | SANDSTONE AND | 147 | 200 | BROWN |  | <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  | <b>From</b> |  | <b>To</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | Geological Material                                                         | From                              | To (ft.)                                                                                        | Color                | Hardness           |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | SAND                                                                        | 0                                 | 48                                                                                              | BROWN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | CLAY                                                                        | 48                                | 137                                                                                             | BROWN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | GRAVEL                                                                      | 137                               | 141                                                                                             | BROWN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | CLAY                                                                        | 141                               | 143                                                                                             | BROWN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | SHALE                                                                       | 143                               | 147                                                                                             | GREEN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | SANDSTONE AND                                                               | 147                               | 200                                                                                             | BROWN                |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | <b>Casing Type</b>                                                          |                                   |                                                                                                 |                      |                    |      |   |    |       | <b>Joint</b>       |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |                       |                    |                            |                           | <b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> |                                   |                                                                                                 |                      |                    |      |   |    |       | <b>Above/Below</b> |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Casing Diameter</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                       |                    |                            |                           | <b>Weight</b>                                                               |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| 4 in. To 150 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |                       |                    |                            |                           | lbs./ft.                                                                    |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Open Hole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |                       |                    |                            |                           | From                                                                        |                                   | ft. To                                                                                          |                      | ft.                |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Screen?</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |                       |                    |                            |                           | <b>Type</b>                                                                 |                                   |                                                                                                 | <b>Make</b>          |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Static Water Level</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |  |                       |                    |                            |                           |                                                                             |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <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 type="checkbox"/> No <input type="checkbox"/> Not Specified |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |                       |                    |                            |                           |                                                                             |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |                       |                    |                            |                           | Direction                                                                   |                                   | Type                                                                                            |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| Well disinfected upon completion?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                       |                    |                            |                           | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| <b>Pump</b> <input 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                                                                                              |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |                       |                    |                            |                           |                                                                             |                                   |                                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| Tweed Richard Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |                       |                    |                            |                           | 02316                                                                       |                                   | TWEED, R                                                                                        |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |
| Licensee Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                       |                    |                            |                           | Lic. or Reg. No.                                                            |                                   | Name of Driller                                                                                 |                      |                    |      |   |    |       |                    |      |    |     |       |  |        |     |     |       |  |      |     |     |       |  |       |     |     |       |  |               |     |     |       |  |                                                                                      |  |  |             |  |           |  |