

270657

County Ramsey  
Quad New  
Quad ID 119C

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

Entry Date  
Update Date 11/30/2021  
Received Date

|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             |                                                                                                                                                                                                                                        |                                  |                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|---------------------|----------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|
| <b>Well Name</b><br>ROBERTS                                                                                                                                                                                                                                                                                                                       | <b>Township</b><br>30                       | <b>Range</b><br>23  | <b>Dir Section</b><br>W 35 | <b>Subsection</b><br>CCABBA | <b>Well Depth</b><br>97 ft.                                                                                                                                                                                                            | <b>Depth Completed</b><br>97 ft. | <b>Date Well Completed</b><br>05/03/1956 |
| <b>Elevation</b><br>956 ft.                                                                                                                                                                                                                                                                                                                       | <b>Elev. Method</b><br>LiDAR 1m DEM (MNDNR) | <b>Drill Method</b> |                            |                             |                                                                                                                                                                                                                                        | <b>Drill Fluid</b>               |                                          |
| <b>Address</b><br><br>Well 1029 EDGEWATER AV MOUNDS VIEW MN                                                                                                                                                                                                                                                                                       |                                             |                     |                            |                             | <b>Use</b> domestic <b>Status</b> Unknown                                                                                                                                                                                              |                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             | <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>From</b> <b>To</b>                                                                                                                             |                                  |                                          |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>NO RECORD 0 97                                                                                                                                                                                                                                             |                                             |                     |                            |                             | <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><br>3 in. To 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><br>Pitless adapter manufacturer Model<br><input type="checkbox"/> Casing Protection <input type="checkbox"/> 12 in. above grade<br><input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY) |                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             | <b>Grouting Information</b> Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified                                                                                              |                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             | <b>Nearest Known Source of Contamination</b><br>feet Direction Type<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                      |                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             | <b>Pump</b> <input type="checkbox"/> Not Installed Date Installed<br>Manufacturer's name<br>Model Number HP Volt<br>Length of drop pipe ft Capacity 20 g.p. Typ                                                                        |                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                   |                                             |                     |                            |                             | <b>Abandoned</b><br>Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                 |                                  |                                          |
| <b>Variance</b><br>Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                    |                                             |                     |                            |                             |                                                                                                                                                                                                                                        |                                  |                                          |
| <b>Miscellaneous</b><br>First Bedrock Aquifer indeterminate<br>Last Strat no record Depth to Bedrock ft<br>Located by Minnesota Geological Survey<br>Locate Method Digitization (Screen) - Map (1:24,000) (15 meters or<br>System UTM - NAD83, Zone 15, Meters X 488663 Y 4987320<br>Unique Number Verification Tax Records Input Date 08/09/2021 |                                             |                     |                            |                             |                                                                                                                                                                                                                                        |                                  |                                          |
| <b>Angled Drill Hole</b>                                                                                                                                                                                                                                                                                                                          |                                             |                     |                            |                             |                                                                                                                                                                                                                                        |                                  |                                          |
| <b>Well Contractor</b><br>Licensee Business Lic. or Reg. No. LANOUX, D.<br>Name of Driller                                                                                                                                                                                                                                                        |                                             |                     |                            |                             |                                                                                                                                                                                                                                        |                                  |                                          |