

275743

County Aitkin
Quad
Quad ID

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

Entry Date06/26/2015
Update Date10/09/2017
Received Date

Well Name RECKARD, C.H.	Township 47	Range 27	Dir W	Section 35	Subsection DBD	Well Depth 104 ft.	Depth Completed 104 ft.	Date Well Completed 03/00/1964						
Elevation	Elev. Method					Drill Method	Drill Fluid							
Address C/W AITKIN MN						Use domestic	Status	Unknown						
						Well Hydrofractured?	Yes ☐	No ☐	From	To				
Stratigraphy Information						Casing Type	Joint							
						Drive Shoe?	Yes ☐	No ☐	Above/Below					
						Casing Diameter	Weight							
						4 in.	To	99 ft.	lbs./ft.					
						Open Hole					From	ft.	To	ft.
						Screen?	☒	Type	Make					
						Diameter	Slot/Gauze	Length	Set					
						in.		ft.	99 ft.	104 ft.				
						Static Water Level								
						45 ft.	land surface			Measure	03/00/1964			
Pumping Level (below land surface)														
Wellhead Completion														
Pitless adapter manufacturer														
Model														
☐ Casing Protection ☐ 12 in. above grade														
☐ At-grade (Environmental Wells and Borings ONLY)														
Grouting Information														
Well Grouted? ☐ Yes ☐ No ☐ Not Specified														
Nearest Known Source of Contamination														
feet Direction														
Well disinfected upon completion? ☐ Yes ☐ No														
Pump ☐ Not Installed Date Installed														
Manufacturer's name														
Model Number HP 0.75 Volt														
Length of drop pipe ft Capacity g.p. Typ Submersible														
Abandoned														
Does property have any not in use and not sealed well(s)? ☐ Yes ☐ No														
Variance														
Was a variance granted from the MDH for this well? ☐ Yes ☐ No														
Miscellaneous														
First Bedrock														
Last Strat														
Aquifer														
Depth to Bedrock ft														
Located by														
Locate Method														
System UTM - NAD83, Zone 15, Meters X Y														
Unique Number Verification Input Date														
Angled Drill Hole														
Well Contractor														
HASSKAMP, A.														
Licensee Business Lic. or Reg. No. Name of Driller														