

406002

County Becker  
Quad Ponsford  
Quad ID 257B

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

Entry Date 02/27/1989  
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Received Date

|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------|--------------------|-----------------------------------|----------------------|-----------------------------|----------------------------------------------------|--|--|-------------------------------------|--|------------------------------------|------------------------------------------|--------------------|--------------|---------------|---------|--|------------|--|
| <b>Well Name</b><br>ANDERSON,                                                                                                                                                                                                                                                                                                                |  |  |  |  | <b>Township</b><br>141                                         | <b>Range</b><br>38 | <b>Dir</b><br>W                   | <b>Section</b><br>35 | <b>Subsection</b><br>CACCDC | <b>Well Depth</b><br>46 ft.                        |  |  | <b>Depth Completed</b><br>46 ft.    |  |                                    | <b>Date Well Completed</b><br>07/31/1984 |                    |              |               |         |  |            |  |
| <b>Elevation</b><br>1569                                                                                                                                                                                                                                                                                                                     |  |  |  |  | <b>Elev. Method</b><br>7.5 minute topographic map (+/- 5 feet) |                    | <b>Drill Method</b><br>Cable Tool |                      |                             |                                                    |  |  |                                     |  | <b>Drill Fluid</b>                 |                                          |                    |              |               |         |  |            |  |
| <b>Address</b>                                                                                                                                                                                                                                                                                                                               |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Use</b><br>irrigation                           |  |  | <b>Status</b><br>Active             |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Stratigraphy Information</b><br>Geological MaterialFromTo (ft.)ColorHardness<br>CLAYEY SAND03BLACK<br>CLAYEY SAND315BROWN<br>COARSE SAND1546BROWN                                                                                                                                                                                         |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Well Hydrofractured?</b>                        |  |  | <b>Yes</b> <input type="checkbox"/> |  | <b>No</b> <input type="checkbox"/> |                                          | <b>From</b>        |              | <b>To</b>     |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Casing Type</b>                                 |  |  | Single casing                       |  |                                    | <b>Joint</b>                             |                    | Welded       |               |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Drive Shoe?</b>                                 |  |  | <b>Yes</b> <input type="checkbox"/> |  | <b>No</b> <input type="checkbox"/> |                                          | <b>Above/Below</b> |              | 1 ft.         |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Casing Diameter</b>                             |  |  | <b>Weight</b>                       |  |                                    | <b>Hole Diameter</b>                     |                    |              |               |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | 12 in. To                                          |  |  | 23 ft. lbs./ft.                     |  |                                    | 12 in. To                                |                    |              | 46 ft.        |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Open Hole</b>                                   |  |  |                                     |  |                                    | From                                     |                    | ft.          |               | To      |  | ft.        |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Screen?</b> <input checked="" type="checkbox"/> |  |  | <b>Type</b> iron                    |  |                                    | <b>Make</b> FOULKS                       |                    |              |               |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | Diameter                                           |  |  | Slot/Gauze                          |  |                                    | Length                                   |                    |              | Set           |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | 10 in.                                             |  |  | 60                                  |  |                                    | 20 ft.                                   |                    |              | 23 ft. 46 ft. |         |  |            |  |
|                                                                                                                                                                                                                                                                                                                                              |  |  |  |  |                                                                |                    |                                   |                      |                             | <b>Static Water Level</b>                          |  |  |                                     |  |                                    | 17 ft.                                   |                    | land surface |               | Measure |  | 07/31/1984 |  |
| <b>Pumping Level (below land surface)</b>                                                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Wellhead Completion</b><br>Pitless adapter manufacturerModel<br><input type="checkbox"/> Casing Protection <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Specified                                                                                                                                                                                         |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Nearest Known Source of Contamination</b><br>feetDirectionType<br>Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                   |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Pump</b> <input type="checkbox"/> Not InstalledDate Installed07/31/1984<br>Manufacturer's nameSARGENT<br>Model NumberHP0Volt<br>Length of drop pipe30 ftCapacityg.p. TypTurbine                                                                                                                                                           |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <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 BedrockAquifer Quat. buried<br>Last Strat sand-brownDepth to Bedrockft<br>Located byMinnesota Geological Survey<br>Locate MethodDigitized - scale 1:24,000 or larger (Digitizing Table)<br>SystemUTM - NAD83, Zone 15, MetersX 312931Y 5206794<br>Unique Number VerificationOther, note inInput Date01/15/1998 |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Angled Drill Hole</b>                                                                                                                                                                                                                                                                                                                     |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Well Contractor</b><br>C.c.w. Construction80297WINGARD, C.<br>Licensee BusinessLic. or Reg. No.Name of Driller                                                                                                                                                                                                                            |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |
| <b>Remarks</b><br>IRON SCREEN.                                                                                                                                                                                                                                                                                                               |  |  |  |  |                                                                |                    |                                   |                      |                             |                                                    |  |  |                                     |  |                                    |                                          |                    |              |               |         |  |            |  |