Minnesota Unique Well Number

429044

County Todd
Quad
Quad ID

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING REPORT

Entry Date 01/04/1990
Update Date 01/19/2022
Received Date

Well Name	Township	Range	Dir	Section	Subsection
FIRST	129	33	W	18	DBB

Elevation **Elev. Method**

Address

C/W LONG PRAIRIE MN 56347

Stratigraphy Information

Geological Material	From	To (ft.)	Color	Hardness
TOPSOIL	0	1	BLACK	SOFT
CLAY	1	13	BROWN	SOFT
CLAY	13	70	GRAY	MEDIUM
SAND	70	72	GRAY	SOFT
SAND CLAY	72	84	GRAY	MEDIUM
SAND	84	85	GRAY	SOFT
SANDY CLAY	85	150	GRAY	MEDIUM
CLAY	150	170	GRAY	HARD

Remarks

Well Depth 170 ft. **Depth Completed** 170 ft. **Date Well Completed** 05/13/1987

Drill Method Non-specified Rotary **Drill Fluid** Additive (+ Bentonite)

Use domestic **Status** Active

Well Hydrofractured? **Yes** ☐ **No** ☐ **From** **To**

Casing Type Step down **Joint**
Drive Shoe? **Yes** ☐ **No** ☒ **Above/Below** 1.5 ft.

Casing Diameter			Weight
150	in. To	170 ft.	lbs./ft.
4	in. To	70 ft.	lbs./ft.

Open Hole From ft. To ft.

Screen? ☒ **Type** plastic **Make** JETSTREAM

Diameter	Slot/Gauze	Length	Set Between	
4 in.	30	80 ft.	ft.	ft.

Static Water Level
30 ft. land surface Measure Date 05/13/1987

Pumping Level (below land surface)
160 ft. after 1 hrs. Pumping at 3 g.p.m.

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

Material	Amount	From	To
neat cement		9 ft.	39 ft.

Nearest Known Source of Contamination
200 feet East Direction Septic tank/drain field Type
Well disinfected upon completion? ☒ Yes ☐ No

Pump ☐ Not Installed Date Installed
Manufacturer's name
Model Number HP Volt
Length of drop pipe ft Capacity g.p.m. Type

Abandoned Wells
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 Aquifer
Last Strat 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 Certification
Traut S.M. Well Co. 21535 NEYENS, J.
Licensee Business Name Lic. or Reg. No. Name of Driller

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