

476493

County Itasca  
Quad Side Lake  
Quad ID 322A

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

Entry Date 05/12/1992  
Update Date 02/05/2026  
Received Date

|                                      |  |  |  |  |                                          |                    |                            |                             |                                                                                        |                                |  |                                                                                                                          |                    |  |                                                                     |  |  |                              |  |  |
|--------------------------------------|--|--|--|--|------------------------------------------|--------------------|----------------------------|-----------------------------|----------------------------------------------------------------------------------------|--------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--------------------|--|---------------------------------------------------------------------|--|--|------------------------------|--|--|
| <b>Well Name</b><br>BURRIS,          |  |  |  |  | <b>Township</b><br>60                    | <b>Range</b><br>22 | <b>Dir Section</b><br>W 25 | <b>Subsection</b><br>AABCCC | <b>Well Depth</b><br>95 ft.                                                            |                                |  | <b>Depth Completed</b><br>95 ft.                                                                                         |                    |  | <b>Date Well Completed</b><br>10/30/1991                            |  |  |                              |  |  |
| <b>Elevation</b> 1378                |  |  |  |  | <b>Elev. Method</b> LiDAR 1m DEM (MNDNR) |                    |                            |                             |                                                                                        | <b>Drill Method</b> Cable Tool |  |                                                                                                                          | <b>Drill Fluid</b> |  |                                                                     |  |  |                              |  |  |
| <b>Address</b>                       |  |  |  |  |                                          |                    |                            |                             | <b>Use</b> domestic                                                                    |                                |  | <b>Status</b> Active                                                                                                     |                    |  |                                                                     |  |  |                              |  |  |
| Well 7495 GREEN ROCK RD SIDE LAKE MN |  |  |  |  |                                          |                    |                            |                             | <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>   |                                |  | <b>From</b>                                                                                                              |                    |  | <b>To</b>                                                           |  |  |                              |  |  |
| Contact 8649 KEENAN RD IRON MN 55741 |  |  |  |  |                                          |                    |                            |                             | <b>Casing Type</b> Single casing                                                       |                                |  | <b>Joint</b> Welded                                                                                                      |                    |  |                                                                     |  |  |                              |  |  |
| <b>Stratigraphy Information</b>      |  |  |  |  |                                          |                    |                            |                             | <b>Drive Shoe?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                                |  | <b>Above/Below</b> 1 ft.                                                                                                 |                    |  |                                                                     |  |  |                              |  |  |
| Geological Material                  |  |  |  |  | From                                     | To (ft.)           | Color                      | Hardness                    | <b>Casing Diameter</b>                                                                 |                                |  | <b>Weight</b>                                                                                                            |                    |  |                                                                     |  |  |                              |  |  |
| SAND                                 |  |  |  |  | 0                                        | 90                 |                            |                             | 6 in. To 95 ft.                                                                        |                                |  | lbs./ft.                                                                                                                 |                    |  |                                                                     |  |  |                              |  |  |
| GRAVEL                               |  |  |  |  | 90                                       | 95                 |                            |                             |                                                                                        |                                |  |                                                                                                                          |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <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>                                                              |                                |  | 41 ft.                                                                                                                   |                    |  | land surface                                                        |  |  | Measure 10/30/1991           |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Pumping Level (below land surface)</b>                                              |                                |  | ft.                                                                                                                      |                    |  | hrs.                                                                |  |  | Pumping at 20 g.p.m.         |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Wellhead Completion</b>                                                             |                                |  | Pitless adapter manufacturer                                                                                             |                    |  | Model                                                               |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <input type="checkbox"/> Casing Protection                                             |                                |  | <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Not Specified |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             |                                                                                        |                                |  |                                                                                                                          |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Nearest Known Source of Contamination</b>                                           |                                |  | 100 feet                                                                                                                 |                    |  | Direction                                                           |  |  | Septic tank/drain field Type |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Well disinfected upon completion?                                                      |                                |  | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                 |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Pump</b> <input checked="" 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 checked="" 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 Quat. Water                                                 |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Last Strat                                                                             |                                |  | gravel (+larger)                                                                                                         |                    |  | Depth to Bedrock                                                    |  |  | ft                           |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Located by                                                                             |                                |  | Minnesota Geological Survey                                                                                              |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Locate Method                                                                          |                                |  | Digitization (Screen) - Map (1:24,000) (15 meters or                                                                     |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | System                                                                                 |                                |  | UTM - NAD83, Zone 15, Meters                                                                                             |                    |  | X 494840 Y 5278541                                                  |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Unique Number Verification                                                             |                                |  | Address verification                                                                                                     |                    |  | Input Date                                                          |  |  | 02/05/2026                   |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Angled Drill Hole</b>                                                               |                                |  |                                                                                                                          |                    |  |                                                                     |  |  |                              |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | <b>Well Contractor</b>                                                                 |                                |  | Kolstad-olson                                                                                                            |                    |  | 69554                                                               |  |  | KOLSTAD, R                   |  |  |
|                                      |  |  |  |  |                                          |                    |                            |                             | Licensee Business                                                                      |                                |  | Lic. or Reg. No.                                                                                                         |                    |  | Name of Driller                                                     |  |  |                              |  |  |