

478353

County Wright  
Quad Watertown  
Quad ID 106A

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

Entry Date 07/23/1992  
Update Date 09/15/2014  
Received Date

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|---------|----------|----------------------------------------------------------------|--------------------|---------------------------------------------|----------------------|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------------------|-------------------------------|----------|---------|---|---|-------|--|-------------|---|----|-------|--|-------------|----|----|---------|--|-------------|----|----|---------|--|-------------|----|-----|---------|--|-------------------------------------|--|--|--|--------------|--|
| <b>Well Name</b><br>HOPPE,                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |          |         |          | <b>Township</b><br>118                                         | <b>Range</b><br>25 | <b>Dir</b><br>W                             | <b>Section</b><br>34 | <b>Subsection</b><br>CACBBA | <b>Well Depth</b><br>117 ft.                                                                                                | <b>Depth Completed</b><br>117 ft. | <b>Date Well Completed</b><br>03/05/1991 |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Elevation</b><br>930 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |          |         |          | <b>Elev. Method</b><br>7.5 minute topographic map (+/- 5 feet) |                    | <b>Drill Method</b><br>Non-specified Rotary |                      |                             |                                                                                                                             |                                   | <b>Drill Fluid</b><br>Bentonite          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Address</b><br><br>Well 11647 16 CR SE WATERTOWN MN 55388                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Use</b><br>domestic                                                                                                      |                                   |                                          | <b>Status</b><br>Active       |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Stratigraphy Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Well Hydrofractured?</b><br><b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>From</b> <b>To</b> |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <table><tr><td>Geological Material</td><td>From</td><td>To (ft.)</td><td>Color</td><td>Hardness</td></tr><tr><td>TOPSOIL</td><td>0</td><td>1</td><td>BLACK</td><td></td></tr><tr><td>CLAY/GRAVEL</td><td>1</td><td>17</td><td>BROWN</td><td></td></tr><tr><td>CLAY/GRAVEL</td><td>17</td><td>62</td><td>BLU/BRN</td><td></td></tr><tr><td>CLAY/GRAVEL</td><td>62</td><td>97</td><td>RED/BRN</td><td></td></tr><tr><td>SAND/GRAVEL</td><td>97</td><td>117</td><td>YEL/BRN</td><td></td></tr></table> |      |          |         |          |                                                                |                    |                                             |                      |                             | Geological Material                                                                                                         | From                              | To (ft.)                                 | Color                         | Hardness | TOPSOIL | 0 | 1 | BLACK |  | CLAY/GRAVEL | 1 | 17 | BROWN |  | CLAY/GRAVEL | 17 | 62 | BLU/BRN |  | CLAY/GRAVEL | 62 | 97 | RED/BRN |  | SAND/GRAVEL | 97 | 117 | YEL/BRN |  | <b>Casing Type</b><br>Single casing |  |  |  | <b>Joint</b> |  |
| Geological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | From | To (ft.) | Color   | Hardness |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| TOPSOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0    | 1        | BLACK   |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| CLAY/GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1    | 17       | BROWN   |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| CLAY/GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 17   | 62       | BLU/BRN |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| CLAY/GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 62   | 97       | RED/BRN |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| SAND/GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 97   | 117      | YEL/BRN |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Drive Shoe?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Above/Below</b>                                                                                                          |                                   | 0 ft.                                    |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Casing Diameter</b><br>4 in. To                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Weight</b><br>112 ft. 1.99 lbs./ft.                                                                                      |                                   | <b>Hole Diameter</b><br>8 in. To 117 ft. |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Open Hole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |          |         |          |                                                                |                    |                                             |                      |                             | From                                                                                                                        | ft.                               | To                                       | ft.                           |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Screen?</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Type</b><br>plastic                                                                                                      |                                   | <b>Make</b><br>JAYCO                     |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Diameter</b><br>4 in.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Slot/Gauze</b><br>18                                                                                                     |                                   | <b>Length</b><br>5 ft.                   | <b>Set</b><br>112 ft. 117 ft. |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Static Water Level</b><br>9 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |          |         |          |                                                                |                    |                                             |                      |                             | land surface                                                                                                                |                                   | <b>Measure</b>                           | 03/05/1991                    |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Pumping Level (below land surface)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |      |          |         |          |                                                                |                    |                                             |                      |                             | ft.                                                                                                                         | hrs.                              | Pumping at                               | 150 g.p.m.                    |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Wellhead Completion</b><br>Pitless adapter manufacturer                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Model</b>                                                                                                                |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <input type="checkbox"/> Casing Protection                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |          |         |          |                                                                |                    |                                             |                      |                             | <input type="checkbox"/> 12 in. above grade                                                                                 |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)                                                                                                                                                                                                                                                                                                                                                                                                                            |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Grouting Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |      |          |         |          |                                                                |                    |                                             |                      |                             | Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified    |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Material</b><br>neat cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Amount</b><br>0                                                                                                          |                                   | <b>From</b><br>0                         | <b>To</b><br>ft. 30 ft.       |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |          |         |          |                                                                |                    |                                             |                      |                             | feet                                                                                                                        | Direction                         |                                          | Type                          |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Well disinfected upon completion?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                        |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Pump</b> <input type="checkbox"/> Not Installed                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Date Installed</b><br>00/00/1991                                                                                         |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Manufacturer's name</b><br>AERMOTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>HP</b><br>0.5                                                                                                            |                                   | <b>Volt</b><br>230                       |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Model Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Length of drop pipe</b><br>60 ft                                                                                         |                                   | <b>Capacity</b><br>10 g.p.               | <b>Typ</b><br>Submersible     |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Abandoned</b><br>Does property have any not in use and not sealed well(s)? <input checked="" 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>First Bedrock</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Aquifer</b>                                                                                                              |                                   | <b>Quat. buried</b>                      |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Last Strat</b><br>sand +larger                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Depth to Bedrock</b>                                                                                                     |                                   | ft                                       |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Located by</b><br>Minnesota Geological Survey                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Locate Method</b><br>Digitized - scale 1:24,000 or larger (Digitizing Table)                                                                                                                                                                                                                                                                                                                                                                                                                     |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>System</b><br>UTM - NAD83, Zone 15, Meters                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>X</b> 435133                                                                                                             |                                   | <b>Y</b> 4981409                         |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Unique Number Verification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Address verification</b>                                                                                                 |                                   | <b>Input Date</b><br>03/02/1995          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Angled Drill Hole</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Well Contractor</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |          |         |          |                                                                |                    |                                             |                      |                             |                                                                                                                             |                                   |                                          |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Stevens Well Co.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |          |         |          |                                                                |                    |                                             |                      |                             | 27194                                                                                                                       |                                   | STEVENS, D.                              |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |
| <b>Licensee Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |          |         |          |                                                                |                    |                                             |                      |                             | <b>Lic. or Reg. No.</b>                                                                                                     |                                   | <b>Name of Driller</b>                   |                               |          |         |   |   |       |  |             |   |    |       |  |             |    |    |         |  |             |    |    |         |  |             |    |     |         |  |                                     |  |  |  |              |  |