

520616

County Stearns  
Quad  
Quad ID

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

Entry Date 05/27/1993  
Update Date 05/23/2002  
Received Date

|                                           |                        |                    |                 |                     |                          |                                                                                                                                                      |                                  |                                          |
|-------------------------------------------|------------------------|--------------------|-----------------|---------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|
| <b>Well Name</b><br>RUSS CORDIE           | <b>Township</b><br>124 | <b>Range</b><br>28 | <b>Dir</b><br>W | <b>Section</b><br>6 | <b>Subsection</b><br>BBB | <b>Well Depth</b><br>67 ft.                                                                                                                          | <b>Depth Completed</b><br>67 ft. | <b>Date Well Completed</b><br>12/09/1992 |
| <b>Elevation</b>                          | <b>Elev. Method</b>    |                    |                 |                     |                          | <b>Drill Method</b><br>Cable Tool                                                                                                                    | <b>Drill Fluid</b>               |                                          |
| <b>Address</b>                            |                        |                    |                 |                     |                          | <b>Use</b><br>domestic                                                                                                                               | <b>Status</b><br>Active          |                                          |
| Contact 2027 CYPRESS RD ST CLOUD MN 56303 |                        |                    |                 |                     |                          | <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>From</b> <b>To</b>                                           |                                  |                                          |
| Well 5506 GLENVIEW LA ST CLOUD MN         |                        |                    |                 |                     |                          | <b>Casing Type</b> Single casing <b>Joint</b> Threaded                                                                                               |                                  |                                          |
| <b>Stratigraphy Information</b>           |                        |                    |                 |                     |                          | <b>Drive Shoe?</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>Above/Below</b>                                            |                                  |                                          |
| <b>Geological Material</b>                |                        | <b>From</b>        | <b>To (ft.)</b> | <b>Color</b>        | <b>Hardness</b>          | <b>Casing Diameter</b> <b>Weight</b> <b>Hole Diameter</b>                                                                                            |                                  |                                          |
| TOPSOIL                                   |                        | 0                  | 2               | BLACK               | SOFT                     | 4 in. To 63 ft. 11 lbs./ft. 4 in. To 67 ft.                                                                                                          |                                  |                                          |
| SAND                                      |                        | 2                  | 36              | BROWN               | SOFT                     |                                                                                                                                                      |                                  |                                          |
| SAND                                      |                        | 36                 | 63              | GRAY                | SOFT                     |                                                                                                                                                      |                                  |                                          |
| GRAVEL AND WATER                          |                        | 63                 | 67              |                     |                          |                                                                                                                                                      |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Open Hole</b> From ft. To ft.                                                                                                                     |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Screen?</b> <input checked="" type="checkbox"/> <b>Type</b> stainless <b>Make</b> JOHNSON                                                         |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Diameter Slot/Gauze Length Set                                                                                                                       |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | 4 in. 12 4 ft. 63 ft. 67 ft.                                                                                                                         |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Static Water Level</b>                                                                                                                            |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Pumping Level (below land surface)</b>                                                                                                            |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | 50 ft. 1 hrs. Pumping at 10 g.p.m.                                                                                                                   |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Wellhead Completion</b>                                                                                                                           |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Pitless adapter manufacturer MAASS 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>                                                                                                         |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | feet Direction Type                                                                                                                                  |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Well disinfected upon completion? <input checked="" 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                                                                                                                                |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Last Strat Depth to Bedrock ft                                                                                                                       |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Located by                                                                                                                                           |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Locate Method                                                                                                                                        |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | System UTM - NAD83, Zone 15, Meters X Y                                                                                                              |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Unique Number Verification Input Date                                                                                                                |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Angled Drill Hole</b>                                                                                                                             |                                  |                                          |
|                                           |                        |                    |                 |                     |                          |                                                                                                                                                      |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | <b>Well Contractor</b>                                                                                                                               |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Donabauer Well Co. 73061 DONABAUER, R                                                                                                                |                                  |                                          |
|                                           |                        |                    |                 |                     |                          | Licensee Business Lic. or Reg. No. Name of Driller                                                                                                   |                                  |                                          |