Minnesota Unique Well Number

**535985**

**County** Todd
**Quad** Long Prairie
**Quad ID** 178A

MINNESOTA DEPARTMENT OF HEALTH

# WELL AND BORING REPORT

**Entry Date** 07/06/1995
**Update Date** 05/06/2014
**Received Date**

| Well Name | Township | Range | Dir | Section | Subsection |
|---|---|---|---|---|---|
| HOLMQUIST, | 129 | 33 | W | 20 | BDCAAD |

**Elevation** 1298 ft. **Elev. Method** 7.5 minute topographic map (+/- 5 feet)

**Address**

C/W 107 3RD AV SW LONG PRAIRIE MN 56347

**Stratigraphy Information**

| Geological Material | From | To (ft.) | Color | Hardness |
|---|---|---|---|---|
| FINE TO COARSE SAND | 0 | 18 | BROWN | |

**Remarks**

**Well Depth** 18 ft. **Depth Completed** 18 ft. **Date Well Completed** 09/27/1993

**Drill Method** Driven **Drill Fluid**

**Use** irrigation **Status** Active

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

**Casing Type** Single casing **Joint**
**Drive Shoe?** Yes ☐ No ☐ **Above/Below**

**Casing Diameter** **Weight**
1.2 in. To 18 ft. lbs./ft.

**Open Hole** From ft. To ft.

**Screen?** ☐ **Type** **Make**

**Static Water Level**

**Pumping Level (below land surface)**

**Wellhead Completion**
Pitless adapter manufacturer Model
☐ Casing Protection ☐ 12 in. above grade
☐ At-grade (Environmental Wells and Borings ONLY)

**Grouting Information** Well Grouted? ☐ Yes ☐ No ☒ Not Specified

**Nearest Known Source of Contamination**
feet Direction Type
Well disinfected upon completion? ☐ Yes ☐ No

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

**Abandoned Wells**
Does property have any not in use and not sealed well(s)? ☐ Yes ☒ No

**Variance**
Was a variance granted from the MDH for this well? ☐ Yes ☐ No

**Miscellaneous**
First Bedrock Aquifer Quat. Water Table
Last Strat sand-brown Depth to Bedrock ft.
Located by Minnesota Geological Survey
Locate Method Digitization (Screen) - Map (1:24,000) (15 meters or better)
System UTM - NAD83, Zone 15, Meters X 355228 Y 5092475
Unique Number Verification Address verification Input Date 11/10/2003

**Angled Drill Hole**

**Well Contractor Certification**
Owner 99999
Licensee Business Name Lic. or Reg. No. Name of Driller