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

Entry Date  
Update Date 08/02/2006  
Received Date 01/26/2005

|                                                                                                                               |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
|-------------------------------------------------------------------------------------------------------------------------------|--|---------|----------|--------|--------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|------------------------------------------|------------------------|
| <b>Well Name</b><br>HAGEN, DANIEL                                                                                             |  |         |          |        | <b>Township</b><br>128                                                                                                   | <b>Range</b><br>35 | <b>Dir</b><br>W | <b>Section</b><br>32                     | <b>Subsection</b><br>D |
| <b>Elevation</b>                                                                                                              |  |         |          |        | <b>Elev. Method</b>                                                                                                      |                    |                 |                                          |                        |
| <b>Address</b><br><br>Well 15197 125TH AV OSAKIS MN 56360                                                                     |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| <b>Stratigraphy Information</b>                                                                                               |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| Geological Material                                                                                                           |  | From    | To (ft.) | Color  | Hardness                                                                                                                 |                    |                 |                                          |                        |
| CLAY                                                                                                                          |  | 0       | 30       | YELLOW |                                                                                                                          |                    |                 |                                          |                        |
| CLAY                                                                                                                          |  | 30      | 90       | GRAY   |                                                                                                                          |                    |                 |                                          |                        |
| CLAY                                                                                                                          |  | 90      | 118      | YELLOW |                                                                                                                          |                    |                 |                                          |                        |
| ROCK                                                                                                                          |  | 118     | 120      |        |                                                                                                                          |                    |                 |                                          |                        |
| <b>Well Depth</b><br>120 ft.                                                                                                  |  |         |          |        | <b>Depth Completed</b><br>120 ft.                                                                                        |                    |                 | <b>Date Well Completed</b><br>11/13/2004 |                        |
| <b>Drill Method</b><br>Non-specified Rotary                                                                                   |  |         |          |        | <b>Drill Fluid</b> Other                                                                                                 |                    |                 |                                          |                        |
| <b>Use</b> domestic                                                                                                           |  |         |          |        | <b>Status</b> Active                                                                                                     |                    |                 |                                          |                        |
| <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                                          |  |         |          |        | <b>From</b> <b>To</b>                                                                                                    |                    |                 |                                          |                        |
| <b>Casing Type</b> Single casing                                                                                              |  |         |          |        | <b>Joint</b>                                                                                                             |                    |                 |                                          |                        |
| <b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>                                                   |  |         |          |        | <b>Above/Below</b>                                                                                                       |                    |                 |                                          |                        |
| <b>Casing Diameter</b><br>4 in. To 120 ft.                                                                                    |  |         |          |        | <b>Weight</b><br>lbs./ft.                                                                                                |                    |                 |                                          |                        |
| <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>                                                                                                     |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| <b>Pumping Level (below land surface)</b>                                                                                     |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| <b>Wellhead Completion</b>                                                                                                    |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| Pitless adapter manufacturer                                                                                                  |  |         |          |        | Model                                                                                                                    |                    |                 |                                          |                        |
| <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 |                    |                 |                                          |                        |
| Material                                                                                                                      |  | Amount  |          |        | From                                                                                                                     |                    | To              |                                          |                        |
| high solids bentonite                                                                                                         |  | 6 Sacks |          |        |                                                                                                                          |                    | ft. 50 ft.      |                                          |                        |
| <b>Nearest Known Source of Contamination</b>                                                                                  |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| 75 feet                                                                                                                       |  |         |          |        | Southwes Direction                                                                                                       |                    |                 | Other Type                               |                        |
| Well disinfected upon completion?                                                                                             |  |         |          |        | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                    |                 |                                          |                        |
| <b>Pump</b> <input 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 checked="" 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>                                                                                                        |  |         |          |        |                                                                                                                          |                    |                 |                                          |                        |
| Miller Well Co.                                                                                                               |  |         |          |        | 21031                                                                                                                    |                    | MILLER, W.      |                                          |                        |
| Licensee Business                                                                                                             |  |         |          |        | Lic. or Reg. No.                                                                                                         |                    | Name of Driller |                                          |                        |