

685917

County Fillmore  
Quad Arendahl  
Quad ID 26C

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

Entry Date 11/19/2003  
Update Date 08/18/2014  
Received Date 01/31/2005

|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------------------|-------------------|-----------------|----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------------------------------------|--|--------------------|--|----------------------|--|---------|--|
| <b>Well Name</b><br>MOE, BILL OR                                                                                                                                          |  |  |  |  | <b>Township</b><br>104                                         | <b>Range</b><br>9 | <b>Dir</b><br>W | <b>Section</b><br>35 | <b>Subsection</b><br>CDBBCC | <b>Well Depth</b><br>160 ft.                                                                                             |  | <b>Depth Completed</b><br>160 ft.       |  | <b>Date Well Completed</b><br>08/12/2004 |  |                    |  |                      |  |         |  |
| <b>Elevation</b><br>801 ft.                                                                                                                                               |  |  |  |  | <b>Elev. Method</b><br>7.5 minute topographic map (+/- 5 feet) |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Address</b><br><br>Well RR 1 BOX 20 PETERSON MN 55962                                                                                                                  |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Use</b><br>domestic                                                                                                   |  | <b>Status</b><br>Active                 |  |                                          |  |                    |  |                      |  |         |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>SAND 0 84 BROWN SOFT<br>SAND/CLAY 84 119 BROWN SOFT<br>SANDROCK 119 160 BROWN HARD |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Well Hydrofractured?</b>                                                                                              |  | Yes <input type="checkbox"/>            |  | No <input checked="" type="checkbox"/>   |  | <b>From</b>        |  | <b>To</b>            |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Casing Type</b>                                                                                                       |  | Single casing                           |  | <b>Joint</b>                             |  | Welded             |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Drive Shoe?</b>                                                                                                       |  | Yes <input checked="" type="checkbox"/> |  | No <input type="checkbox"/>              |  | <b>Above/Below</b> |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Casing Diameter</b>                                                                                                   |  | 4 in.                                   |  | <b>Weight</b>                            |  | 120 ft.            |  | <b>Hole Diameter</b> |  | 4 in.   |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  | To                                      |  |                                          |  | lbs./ft.           |  |                      |  | To      |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  | 160 ft. |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Open Hole</b>                                                                                                                                                          |  |  |  |  |                                                                |                   |                 |                      |                             | From 120 ft.                                                                                                             |  | To 160 ft.                              |  |                                          |  |                    |  |                      |  |         |  |
| <b>Screen?</b> <input type="checkbox"/>                                                                                                                                   |  |  |  |  |                                                                |                   |                 |                      |                             | <b>Type</b>                                                                                                              |  | <b>Make</b>                             |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Static Water Level</b>                                                                                                                                                 |  |  |  |  |                                                                |                   |                 |                      |                             | 63 ft.                                                                                                                   |  | land surface                            |  | Measure 08/12/2004                       |  |                    |  |                      |  |         |  |
| <b>Pumping Level (below land surface)</b>                                                                                                                                 |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Wellhead Completion</b>                                                                                                                                                |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Pitless adapter manufacturer MAASS                                                                                                                                        |  |  |  |  |                                                                |                   |                 |                      |                             | Model 4J1                                                                                                                |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Specified |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                              |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| 50 feet                                                                                                                                                                   |  |  |  |  |                                                                |                   |                 |                      |                             | Direction                                                                                                                |  |                                         |  | Type                                     |  |                    |  |                      |  |         |  |
| Well disinfected upon completion?                                                                                                                                         |  |  |  |  |                                                                |                   |                 |                      |                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                      |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Pump</b> <input type="checkbox"/> Not Installed                                                                                                                        |  |  |  |  |                                                                |                   |                 |                      |                             | Date Installed                                                                                                           |  | 08/12/2004                              |  |                                          |  |                    |  |                      |  |         |  |
| Manufacturer's name GOULDS                                                                                                                                                |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Model Number                                                                                                                                                              |  |  |  |  |                                                                |                   |                 |                      |                             | HP 0.75                                                                                                                  |  | Volt                                    |  |                                          |  |                    |  |                      |  |         |  |
| Length of drop pipe 91 ft                                                                                                                                                 |  |  |  |  |                                                                |                   |                 |                      |                             | Capacity                                                                                                                 |  | g.p.                                    |  | Typ Submersible                          |  |                    |  |                      |  |         |  |
| <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 Tunnel City/Lone Rock Fm                                                                                                                                    |  |  |  |  |                                                                |                   |                 |                      |                             | Aquifer Tunnel City/Lone                                                                                                 |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Last Strat Tunnel City/Lone Rock Fm                                                                                                                                       |  |  |  |  |                                                                |                   |                 |                      |                             | Depth to Bedrock 119 ft                                                                                                  |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Located by Minnesota Department of Health                                                                                                                                 |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Locate Method GPS SA Off (averaged) (15 meters)                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| System UTM - NAD83, Zone 15, Meters                                                                                                                                       |  |  |  |  |                                                                |                   |                 |                      |                             | X 589757                                                                                                                 |  | Y 4846171                               |  |                                          |  |                    |  |                      |  |         |  |
| Unique Number Verification                                                                                                                                                |  |  |  |  |                                                                |                   |                 |                      |                             | Input Date                                                                                                               |  | 10/02/2003                              |  |                                          |  |                    |  |                      |  |         |  |
| <b>Angled Drill Hole</b>                                                                                                                                                  |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
|                                                                                                                                                                           |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| <b>Well Contractor</b>                                                                                                                                                    |  |  |  |  |                                                                |                   |                 |                      |                             |                                                                                                                          |  |                                         |  |                                          |  |                    |  |                      |  |         |  |
| Gary's Pump & Well                                                                                                                                                        |  |  |  |  |                                                                |                   |                 |                      |                             | 28582                                                                                                                    |  | FRAUENKRON, G                           |  |                                          |  |                    |  |                      |  |         |  |
| Licensee Business                                                                                                                                                         |  |  |  |  |                                                                |                   |                 |                      |                             | Lic. or Reg. No.                                                                                                         |  | Name of Driller                         |  |                                          |  |                    |  |                      |  |         |  |