

847069

County Benton  
Quad  
Quad ID

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

Entry Date 11/02/2020  
Update Date 11/02/2020  
Received Date 07/13/2020

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------|---------------------|--------------------------|---------------------|------|----------|-------|----------|------|---|---|-------|------|-----------------|---|----|-------|--------|-----------------|----|----|------|--------|----------------|----|----|------|------|------|----|----|-------|------|---------|----|----|-----|------|
| <b>Well Name</b><br>RAHM, BRIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Township</b><br>36 | <b>Range</b><br>28 | <b>Dir</b><br>W | <b>Section</b><br>8 | <b>Subsection</b><br>BCC |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Elevation</b><br><br><b>Elev. Method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Address</b><br><br>Contact 3735 RONNEBY RD NE FOLEY MN 56329<br>Well 14715 SCHOOL HOUSE RD NE FOLEY MN 56329                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Stratigraphy Information</b> <table><tr><td>Geological Material</td><td>From</td><td>To (ft.)</td><td>Color</td><td>Hardness</td></tr><tr><td>SOIL</td><td>0</td><td>2</td><td>BLACK</td><td>SOFT</td></tr><tr><td>SAND AND GRAVEL</td><td>2</td><td>15</td><td>BROWN</td><td>MEDIUM</td></tr><tr><td>SAND AND GRAVEL</td><td>15</td><td>17</td><td>GRAY</td><td>MEDIUM</td></tr><tr><td>CLAY AND ROCKS</td><td>17</td><td>36</td><td>GRAY</td><td>HARD</td></tr><tr><td>SAND</td><td>36</td><td>40</td><td>BROWN</td><td>SOFT</td></tr><tr><td>GRANITE</td><td>40</td><td>40</td><td>RED</td><td>HARD</td></tr></table> |                       |                    |                 |                     |                          | Geological Material | From | To (ft.) | Color | Hardness | SOIL | 0 | 2 | BLACK | SOFT | SAND AND GRAVEL | 2 | 15 | BROWN | MEDIUM | SAND AND GRAVEL | 15 | 17 | GRAY | MEDIUM | CLAY AND ROCKS | 17 | 36 | GRAY | HARD | SAND | 36 | 40 | BROWN | SOFT | GRANITE | 40 | 40 | RED | HARD |
| Geological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From                  | To (ft.)           | Color           | Hardness            |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| SOIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0                     | 2                  | BLACK           | SOFT                |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| SAND AND GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2                     | 15                 | BROWN           | MEDIUM              |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| SAND AND GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15                    | 17                 | GRAY            | MEDIUM              |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| CLAY AND ROCKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17                    | 36                 | GRAY            | HARD                |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 36                    | 40                 | BROWN           | SOFT                |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| GRANITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 40                    | 40                 | RED             | HARD                |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Well Depth</b> 40 ft. <b>Depth Completed</b> 40 ft. <b>Date Well Completed</b> 11/11/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Drill Method</b> Non-specified Rotary <b>Drill Fluid</b> Bentonite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Use</b> domestic <b>Status</b> Active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Above/Below</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Casing Diameter</b> 4 in. <b>Weight</b> 36 ft. 2.09 lbs./ft. <b>Hole Diameter</b> 7.8 in. 40 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Open Hole</b> From ft. To ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Screen?</b> <input checked="" type="checkbox"/> <b>Type</b> telescoping <b>Make</b> JOHNSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Diameter Slot/Gauze Length Set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| 4 in. 18 4 ft. 36 ft. 40 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Static Water Level</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| 6 ft. land surface Measure 11/11/2019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Pumping Level (below land surface)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| 40 ft. 1 hrs. Pumping at 5 g.p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Wellhead Completion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Pitless adapter manufacturer MAASS Model 4JI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Material Amount From To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| other 5 Sacks ft. 33 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| 52 feet East Direction Old/other well Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Pump</b> <input type="checkbox"/> Not Installed Date Installed 06/02/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Manufacturer's name FLOWISE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Model Number P10S05 HP 0.5 Volt 230                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Length of drop pipe 25 ft Capacity 10 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 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Mark J Traut Wells, Inc. 1404 RATKE, P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| Licensee Business Lic. or Reg. No. Name of Driller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |
| <b>Remarks</b><br>GROUT MATERIAL: EZ SEAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                     |                          |                     |      |          |       |          |      |   |   |       |      |                 |   |    |       |        |                 |    |    |      |        |                |    |    |      |      |      |    |    |       |      |         |    |    |     |      |

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