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

Entry Date  
Update Date 10/02/2025  
Received Date 12/08/2022

|                                              |  |      |  |          |                             |                    |                 |                      |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
|----------------------------------------------|--|------|--|----------|-----------------------------|--------------------|-----------------|----------------------|--------------------------|-----------------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------|--|--------------------|--|-------------|--|------------------------------|--|-----------------------------------------|--|-----------------------------|--|----------------------------------------|--|
| <b>Well Name</b><br>AHO, JARD                |  |      |  |          | <b>Township</b><br>134      | <b>Range</b><br>35 | <b>Dir</b><br>W | <b>Section</b><br>23 | <b>Subsection</b><br>DBD | <b>Well Depth</b><br>80 ft.                               |  | <b>Depth Completed</b><br>80 ft.                |  | <b>Date Well Completed</b><br>12/02/2022 |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Elevation</b>                             |  |      |  |          | <b>Elev. Method</b>         |                    |                 |                      |                          | <b>Drill Method</b><br>Non-specified Rotary               |  | <b>Drill Fluid</b><br>Bentonite                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Address</b>                               |  |      |  |          |                             |                    |                 |                      |                          | <b>Use</b><br>irrigation                                  |  | <b>Status</b><br>Active                         |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Contact                                      |  |      |  |          | 19534 39 CR FRAZEE MN 56544 |                    |                 |                      |                          | <b>Well Hydrofractured?</b>                               |  | Yes <input type="checkbox"/>                    |  | No <input checked="" type="checkbox"/>   |  | <b>From</b>        |  | <b>To</b>   |  |                              |  |                                         |  |                             |  |                                        |  |
| Well                                         |  |      |  |          | 39 CR FRAZEE MN 56544       |                    |                 |                      |                          | <b>Casing Type</b><br>Single casing                       |  | <b>Joint</b>                                    |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Stratigraphy Information</b>              |  |      |  |          |                             |                    |                 |                      |                          | <b>Drive Shoe?</b>                                        |  | Yes <input type="checkbox"/>                    |  | No <input checked="" type="checkbox"/>   |  | <b>Above/Below</b> |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Geological Material                          |  | From |  | To (ft.) |                             | Color              |                 | Hardness             |                          | <b>Casing Diameter</b>                                    |  | <b>Weight</b>                                   |  | <b>Hole Diameter</b>                     |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| TOP SOIL                                     |  | 0    |  | 1        |                             | BLACK              |                 | SOFT                 |                          | 8 in. To                                                  |  | 60 ft. 7 lbs./ft.                               |  | 12 in. To 80 ft.                         |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| SAND                                         |  | 1    |  | 30       |                             | BROWN              |                 | SOFT                 |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| CLAY                                         |  | 30   |  | 41       |                             | BROWN              |                 | MEDIUM               |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| SAND                                         |  | 41   |  | 80       |                             | GRY/BRN            |                 | SOFT                 |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Open Hole</b>                                          |  | From                                            |  | ft.                                      |  | To                 |  | ft.         |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Screen?</b>                                            |  | <input checked="" type="checkbox"/>             |  | <b>Type</b>                              |  | stainless          |  | <b>Make</b> |  | JOHNSON                      |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | Diameter                                                  |  | Slot/Gauze                                      |  | Length                                   |  | Set                |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | 8 in.                                                     |  | 20                                              |  | 20 ft.                                   |  | 60 ft.             |  | 80 ft.      |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Static Water Level</b>                                 |  |                                                 |  |                                          |  |                    |  |             |  | 10 ft.                       |  | land surface                            |  | Measure                     |  | 12/02/2022                             |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Pumping Level (below land surface)</b>                 |  |                                                 |  |                                          |  |                    |  |             |  | 60 ft.                       |  | 3 hrs.                                  |  | Pumping at                  |  | 500 g.p.m.                             |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Wellhead Completion</b>                                |  |                                                 |  |                                          |  |                    |  |             |  | Pitless adapter manufacturer |  |                                         |  | Model                       |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <input type="checkbox"/>                                  |  | Casing Protection                               |  | <input checked="" type="checkbox"/>      |  | 12 in. above grade |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <input type="checkbox"/>                                  |  | At-grade (Environmental Wells and Borings ONLY) |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
|                                              |  |      |  |          |                             |                    |                 |                      |                          | <b>Grouting Information</b>                               |  |                                                 |  |                                          |  |                    |  |             |  | Well Grouted?                |  | <input checked="" type="checkbox"/> Yes |  | <input type="checkbox"/> No |  | <input type="checkbox"/> Not Specified |  |
| Material                                     |  |      |  | Amount   |                             | From               |                 | To                   |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| other                                        |  |      |  | 10 Sacks |                             | ft. 50             |                 | ft.                  |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Nearest Known Source of Contamination</b> |  |      |  |          |                             |                    |                 |                      |                          | feet                                                      |  | Direction                                       |  |                                          |  | Type               |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Well disinfected upon completion?            |  |      |  |          |                             |                    |                 |                      |                          | <input type="checkbox"/> Yes                              |  | <input checked="" type="checkbox"/> No          |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Pump</b>                                  |  |      |  |          |                             |                    |                 |                      |                          | <input checked="" type="checkbox"/> Not Installed         |  | Date Installed                                  |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Manufacturer's name                          |  |      |  |          |                             |                    |                 |                      |                          |                                                           |  |                                                 |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Model Number                                 |  |      |  |          |                             |                    |                 |                      |                          | HP                                                        |  | Volt                                            |  |                                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Length of drop pipe                          |  |      |  |          |                             |                    |                 |                      |                          | ft                                                        |  | Capacity                                        |  | g.p.                                     |  | Typ                |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Abandoned</b>                             |  |      |  |          |                             |                    |                 |                      |                          | Does property have any not in use and not sealed well(s)? |  | <input type="checkbox"/> Yes                    |  | <input checked="" type="checkbox"/> No   |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| <b>Variance</b>                              |  |      |  |          |                             |                    |                 |                      |                          | Was a variance granted from the MDH for this well?        |  | <input type="checkbox"/> Yes                    |  | <input 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>                       |  |      |  |          |                             |                    |                 |                      |                          | Wesko LLC                                                 |  | 5062                                            |  | PETERSON, N.                             |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |
| Licensee Business                            |  |      |  |          |                             |                    |                 |                      |                          |                                                           |  | Lic. or Reg. No.                                |  | Name of Driller                          |  |                    |  |             |  |                              |  |                                         |  |                             |  |                                        |  |