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County Yellow  
Quad  
Quad ID

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

Entry Date 05/11/2026  
Update Date 05/11/2026  
Received Date 11/03/2025

|                                                                          |  |  |  |  |                        |                    |                 |                      |                          |                                                                                                    |  |                                         |  |                                          |  |                                        |  |            |  |      |  |             |  |
|--------------------------------------------------------------------------|--|--|--|--|------------------------|--------------------|-----------------|----------------------|--------------------------|----------------------------------------------------------------------------------------------------|--|-----------------------------------------|--|------------------------------------------|--|----------------------------------------|--|------------|--|------|--|-------------|--|
| <b>Well Name</b><br>JUSTESEN, BEN                                        |  |  |  |  | <b>Township</b><br>114 | <b>Range</b><br>39 | <b>Dir</b><br>W | <b>Section</b><br>26 | <b>Subsection</b><br>DCA | <b>Well Depth</b><br>227 ft.                                                                       |  | <b>Depth Completed</b><br>227 ft.       |  | <b>Date Well Completed</b><br>09/30/2025 |  |                                        |  |            |  |      |  |             |  |
| <b>Elevation</b>                                                         |  |  |  |  | <b>Elev. Method</b>    |                    |                 |                      |                          | <b>Drill Method</b><br>Non-specified Rotary                                                        |  | <b>Drill Fluid</b><br>Qwik gel          |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <b>Address</b>                                                           |  |  |  |  |                        |                    |                 |                      |                          | <b>Use</b><br>domestic                                                                             |  | <b>Status</b><br>Active                 |  |                                          |  |                                        |  |            |  |      |  |             |  |
| C/W 5666 170TH AV WOOD LAKE MN 56297                                     |  |  |  |  |                        |                    |                 |                      |                          | <b>Well Hydrofractured?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | <b>From</b>                             |  | <b>To</b>                                |  |                                        |  |            |  |      |  |             |  |
| <b>Stratigraphy Information</b>                                          |  |  |  |  |                        |                    |                 |                      |                          | <b>Casing Type</b><br>Single casing                                                                |  | <b>Joint</b>                            |  |                                          |  |                                        |  |            |  |      |  |             |  |
|                                                                          |  |  |  |  |                        |                    |                 |                      |                          | <b>Drive Shoe?</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/>                     |  | <b>Above/Below</b>                      |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <b>Geological Material</b>                                               |  |  |  |  |                        |                    |                 |                      |                          | <b>From</b>                                                                                        |  | <b>To (ft.)</b>                         |  | <b>Color</b>                             |  | <b>Hardness</b>                        |  |            |  |      |  |             |  |
| SOIL                                                                     |  |  |  |  |                        |                    |                 |                      |                          | 0                                                                                                  |  | 3                                       |  | BLACK                                    |  | SOFT                                   |  |            |  |      |  |             |  |
| CLAY                                                                     |  |  |  |  |                        |                    |                 |                      |                          | 3                                                                                                  |  | 25                                      |  | YELLOW                                   |  |                                        |  |            |  |      |  |             |  |
| CLAY                                                                     |  |  |  |  |                        |                    |                 |                      |                          | 25                                                                                                 |  | 105                                     |  | BLUE                                     |  |                                        |  |            |  |      |  |             |  |
| SANDY                                                                    |  |  |  |  |                        |                    |                 |                      |                          | 105                                                                                                |  | 115                                     |  | BLUE                                     |  | SOFT                                   |  |            |  |      |  |             |  |
| SANDY/ CLAY LENSES                                                       |  |  |  |  |                        |                    |                 |                      |                          | 115                                                                                                |  | 120                                     |  | BLUE                                     |  | SOFT                                   |  |            |  |      |  |             |  |
| CLAY                                                                     |  |  |  |  |                        |                    |                 |                      |                          | 120                                                                                                |  | 165                                     |  | BLUE                                     |  |                                        |  |            |  |      |  |             |  |
| SAND                                                                     |  |  |  |  |                        |                    |                 |                      |                          | 165                                                                                                |  | 227                                     |  |                                          |  |                                        |  |            |  |      |  |             |  |
|                                                                          |  |  |  |  |                        |                    |                 |                      |                          | <b>Open Hole</b>                                                                                   |  | <b>From</b>                             |  | <b>ft.</b>                               |  | <b>To</b>                              |  | <b>ft.</b> |  |      |  |             |  |
| <b>Screen?</b> <input checked="" type="checkbox"/>                       |  |  |  |  |                        |                    |                 |                      |                          | <b>Type</b><br>telescoping                                                                         |  | <b>Make</b><br>JOHNSON                  |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <b>Diameter</b>                                                          |  |  |  |  |                        |                    |                 |                      |                          | <b>Slot/Gauze</b>                                                                                  |  | <b>Length</b>                           |  | <b>Set</b>                               |  |                                        |  |            |  |      |  |             |  |
| in.                                                                      |  |  |  |  |                        |                    |                 |                      |                          | 10                                                                                                 |  | 10                                      |  | ft.                                      |  | 217                                    |  | ft.        |  |      |  |             |  |
|                                                                          |  |  |  |  |                        |                    |                 |                      |                          |                                                                                                    |  |                                         |  |                                          |  | 227                                    |  | ft.        |  |      |  |             |  |
| <b>Static Water Level</b>                                                |  |  |  |  |                        |                    |                 |                      |                          | 39                                                                                                 |  | ft.                                     |  | land surface                             |  | Measure                                |  | 10/01/2025 |  |      |  |             |  |
| <b>Pumping Level (below land surface)</b>                                |  |  |  |  |                        |                    |                 |                      |                          | 85                                                                                                 |  | ft.                                     |  | 3                                        |  | hrs.                                   |  | Pumping at |  | 200  |  | g.p.m.      |  |
| <b>Wellhead Completion</b>                                               |  |  |  |  |                        |                    |                 |                      |                          | Pitless adapter manufacturer                                                                       |  | BAKER                                   |  | Model                                    |  |                                        |  |            |  |      |  |             |  |
| <input type="checkbox"/> Casing Protection                               |  |  |  |  |                        |                    |                 |                      |                          | <input type="checkbox"/> 12 in. above grade                                                        |  |                                         |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY) |  |  |  |  |                        |                    |                 |                      |                          |                                                                                                    |  |                                         |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <b>Grouting Information</b>                                              |  |  |  |  |                        |                    |                 |                      |                          | Well Grouted?                                                                                      |  | <input checked="" type="checkbox"/> Yes |  | <input type="checkbox"/> No              |  | <input type="checkbox"/> Not Specified |  |            |  |      |  |             |  |
| <b>Material</b>                                                          |  |  |  |  |                        |                    |                 |                      |                          | <b>Amount</b>                                                                                      |  | <b>From</b>                             |  | <b>To</b>                                |  |                                        |  |            |  |      |  |             |  |
| cuttings                                                                 |  |  |  |  |                        |                    |                 |                      |                          |                                                                                                    |  | 110                                     |  | ft.                                      |  | 208                                    |  | ft.        |  |      |  |             |  |
| other                                                                    |  |  |  |  |                        |                    |                 |                      |                          | 12                                                                                                 |  | Sacks                                   |  | 208                                      |  | ft.                                    |  | 227        |  | ft.  |  |             |  |
| bentonite                                                                |  |  |  |  |                        |                    |                 |                      |                          | 14                                                                                                 |  | Sacks                                   |  |                                          |  | ft.                                    |  | 110        |  | ft.  |  |             |  |
| <b>Nearest Known Source of Contamination</b>                             |  |  |  |  |                        |                    |                 |                      |                          | 100                                                                                                |  | feet                                    |  | Northwes                                 |  | Direction                              |  | Barnyard   |  | Type |  |             |  |
| Well disinfected upon completion?                                        |  |  |  |  |                        |                    |                 |                      |                          | <input checked="" type="checkbox"/> Yes                                                            |  | <input type="checkbox"/> No             |  |                                          |  |                                        |  |            |  |      |  |             |  |
| <b>Pump</b> <input type="checkbox"/> Not Installed                       |  |  |  |  |                        |                    |                 |                      |                          | Date Installed                                                                                     |  | 10/01/2025                              |  |                                          |  |                                        |  |            |  |      |  |             |  |
| Manufacturer's name                                                      |  |  |  |  |                        |                    |                 |                      |                          | FRANKLIN                                                                                           |  |                                         |  |                                          |  |                                        |  |            |  |      |  |             |  |
| Model Number                                                             |  |  |  |  |                        |                    |                 |                      |                          | LEGEND                                                                                             |  | HP                                      |  | 1                                        |  | Volt                                   |  | 230        |  |      |  |             |  |
| Length of drop pipe                                                      |  |  |  |  |                        |                    |                 |                      |                          | 80                                                                                                 |  | ft                                      |  | Capacity                                 |  | 20                                     |  | 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>                                                   |  |  |  |  |                        |                    |                 |                      |                          | Marcus Well Drilling, Inc.                                                                         |  | 1307                                    |  | MARCUS, R                                |  |                                        |  |            |  |      |  |             |  |
| Licensee Business                                                        |  |  |  |  |                        |                    |                 |                      |                          |                                                                                                    |  | Lic. or Reg. No.                        |  |                                          |  | Name of Driller                        |  |            |  |      |  |             |  |