

883952

County Mower  
Quad Austin East  
Quad ID 8B

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

Entry Date07/09/2024  
Update Date01/08/2025  
Received Date07/26/2024

|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|--------------------------------------------------|--|--|--|--|--------------------------------------------------------------|----------------------|------------------------------|------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------|------------------------|------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------|----------------------|---------------------------------------------------------------------|--|--|--|--|------------|--|--|--|--|-----|--|--|--|--|
| <b>Well Name</b><br>HACKENSMITH, 103             |  |  |  |  | <b>Township</b><br>18                                        | <b>Range</b><br>W 23 | <b>Dir Section</b><br>DCCCDB | <b>Well Depth</b><br>260 ft. |                        |                                                                                                                             |  |  | <b>Depth Completed</b><br>260 ft. |                        |                                                                                                            |  |  | <b>Date Well Completed</b><br>07/05/2024 |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| <b>Elevation</b><br>1213                         |  |  |  |  | <b>Elev. Method</b><br>Calc from NED (Natl.Elev.Dataset-30m) |                      |                              |                              |                        | <b>Drill Method</b><br>Non-specified Rotary                                                                                 |  |  |                                   |                        | <b>Drill Fluid</b><br>Bentonite                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| <b>Address</b>                                   |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Use</b><br>domestic                                                                                                      |  |  |                                   |                        | <b>Status</b><br>Active                                                                                    |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| <b>Contact</b><br>1807 3RD AV NE AUSTIN MN 55912 |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Well Hydrofractured?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>From</b><br><b>To</b> |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| <b>Well</b><br>AUSTIN MN 55912                   |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Casing Type</b><br>Single casing                                                                                         |  |  |                                   |                        | <b>Joint</b><br>Welded                                                                                     |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| <b>Stratigraphy Information</b>                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Drive Shoe?</b><br>Yes <input checked="" 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>              | <b>Casing Diameter</b> |                                                                                                                             |  |  |                                   | <b>Weight</b>          |                                                                                                            |  |  |                                          | <b>Hole Diameter</b> |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| SAND & CLAY                                      |  |  |  |  | 0                                                            | 10                   | BLACK                        | SOFT                         | 4 in. To               |                                                                                                                             |  |  |                                   | 175 ft. 10.79 lbs./ft. |                                                                                                            |  |  |                                          | 12 in. To 48 ft.     |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| CLAY                                             |  |  |  |  | 10                                                           | 13                   | WHITE                        | SOFT                         |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          | 8 in. To 175 ft.     |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| CLAY                                             |  |  |  |  | 13                                                           | 19                   | TAN                          | SOFT                         |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          | 4 in. To 260 ft.     |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| CLAY/LIMESTONE                                   |  |  |  |  | 19                                                           | 46                   | WHITE                        | MEDIUM                       |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| LIMESTONE                                        |  |  |  |  | 46                                                           | 160                  | TAN                          | MEDIUM                       |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
| LIMESTONE                                        |  |  |  |  | 160                                                          | 260                  | GRAY                         | MEDIUM                       |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Open Hole</b>                                                                                                            |  |  |                                   |                        | <b>From</b><br>175 ft.                                                                                     |  |  |                                          |                      | <b>To</b><br>260 ft.                                                |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Screen?</b><br><input type="checkbox"/>                                                                                  |  |  |                                   |                        | <b>Type</b>                                                                                                |  |  |                                          |                      | <b>Make</b>                                                         |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Static Water Level</b>                                                                                                   |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | 27 ft.                                                                                                                      |  |  |                                   |                        | land surface                                                                                               |  |  |                                          |                      | Measure                                                             |  |  |  |  | 07/05/2024 |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Pumping Level (below land surface)</b>                                                                                   |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | 50 ft.                                                                                                                      |  |  |                                   |                        | 2 hrs.                                                                                                     |  |  |                                          |                      | Pumping at                                                          |  |  |  |  | 50 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         |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | neat cement                                                                                                                 |  |  |                                   |                        | 5 Cubic yards                                                                                              |  |  |                                          |                      | ft. 175                                                             |  |  |  |  | ft.        |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Nearest Known Source of Contamination</b>                                                                                |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | feet                                                                                                                        |  |  |                                   |                        | Direction                                                                                                  |  |  |                                          |                      | Type                                                                |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Well disinfected upon completion?                                                                                           |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Pump</b><br><input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Miscellaneous</b>                                                                                                        |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | First Bedrock                                                                                                               |  |  |                                   |                        | Aquifer                                                                                                    |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Last Strat                                                                                                                  |  |  |                                   |                        | Depth to Bedrock                                                                                           |  |  |                                          |                      | ft                                                                  |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Located by                                                                                                                  |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      | Minnesota Department of Health                                      |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Locate Method                                                                                                               |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      | GPS SA Off (averaged) (15 meters)                                   |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | System                                                                                                                      |  |  |                                   |                        | UTM - NAD83, Zone 15, Meters                                                                               |  |  |                                          |                      | X 503294                                                            |  |  |  |  | Y 4838932  |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Unique Number Verification                                                                                                  |  |  |                                   |                        | Info/GPS from data                                                                                         |  |  |                                          |                      | Input Date                                                          |  |  |  |  | 07/09/2024 |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Angled Drill Hole</b>                                                                                                    |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        |                                                                                                                             |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | <b>Well Contractor</b>                                                                                                      |  |  |                                   |                        |                                                                                                            |  |  |                                          |                      |                                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Peterson Well Drilling, Inc.                                                                                                |  |  |                                   |                        | 2293                                                                                                       |  |  |                                          |                      | PETERSON, S.                                                        |  |  |  |  |            |  |  |  |  |     |  |  |  |  |
|                                                  |  |  |  |  |                                                              |                      |                              |                              |                        | Licensee Business                                                                                                           |  |  |                                   |                        | Lic. or Reg. No.                                                                                           |  |  |                                          |                      | Name of Driller                                                     |  |  |  |  |            |  |  |  |  |     |  |  |  |  |