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County Koochichng  
Quad  
Quad ID

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

Entry Date  
Update Date 02/24/2025  
Received Date 10/18/2024

|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|------------------------|--------------------|----------------------------|--------------------------|-----------------------------------------------------------------|---------------------|---------------------------------------------------------------------|-------|------------------------------------------|--------------------------|-----------|--|--|--|--|--|----------------------|--|--|--|
| <b>Well Name</b><br>ANDERSON,                                                                                                                                                                                              |  |  |  |  | <b>Township</b><br>160 | <b>Range</b><br>29 | <b>Dir Section</b><br>W 10 | <b>Subsection</b><br>BBB | <b>Well Depth</b><br>110 ft.                                    |                     | <b>Depth Completed</b><br>110 ft.                                   |       | <b>Date Well Completed</b><br>08/24/2024 |                          |           |  |  |  |  |  |                      |  |  |  |
| <b>Elevation</b>                                                                                                                                                                                                           |  |  |  |  | <b>Elev. Method</b>    |                    |                            |                          |                                                                 | <b>Drill Method</b> |                                                                     | Other |                                          | <b>Drill Fluid</b> Water |           |  |  |  |  |  |                      |  |  |  |
| <b>Address</b>                                                                                                                                                                                                             |  |  |  |  |                        |                    |                            |                          | <b>Use</b> domestic                                             |                     |                                                                     |       | <b>Status</b> Active                     |                          |           |  |  |  |  |  |                      |  |  |  |
| C/W 779 136 UT BAUDETTE MN                                                                                                                                                                                                 |  |  |  |  |                        |                    |                            |                          | <b>Well Hydrofractured?</b>                                     |                     | Yes <input type="checkbox"/> No <input type="checkbox"/>            |       | <b>From</b>                              |                          | <b>To</b> |  |  |  |  |  |                      |  |  |  |
| <b>Stratigraphy Information</b><br>Geological Material From To (ft.) Color Hardness<br>CLAY 0 80 BROWN MEDIUM<br>HARD PAN GRAVEL 80 87 GRAY HARD<br>LEDGE ROCK 87 92 BLK/GRY SOFT<br>BROKEN LEDGE ROCK 92 110 GREEN MEDIUM |  |  |  |  |                        |                    |                            |                          | <b>Casing Type</b>                                              |                     | Single casing                                                       |       | <b>Joint</b>                             |                          | Threaded  |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          | <b>Drive Shoe?</b>                                              |                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |       | <b>Above/Below</b>                       |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  | <b>Hole Diameter</b> |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  | 6 in. To 10 ft.      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          | <b>Open Hole</b> From 92 ft. To 110 ft.                         |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          | <b>Screen?</b> <input type="checkbox"/> <b>Type</b> <b>Make</b> |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          | <b>Static Water Level</b>                                       |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
|                                                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          | <b>Pumping Level (below land surface)</b>                       |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| ft. hrs. Pumping at g.p.m.                                                                                                                                                                                                 |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| <b>Wellhead Completion</b>                                                                                                                                                                                                 |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Pitless adapter manufacturer MONITOR Model BULLDOG                                                                                                                                                                         |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| <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                                                                       |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Material Amount From To<br>bentonite 2 Sacks 0 ft. 92 ft.                                                                                                                                                                  |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                               |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| 85 feet South Direction Body of water Type                                                                                                                                                                                 |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                      |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| <b>Pump</b> <input type="checkbox"/> Not Installed Date Installed 08/24/2024                                                                                                                                               |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Manufacturer's name GRUNDFOS SQ                                                                                                                                                                                            |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Model Number GGO05-180- HP 0.5 Volt 115                                                                                                                                                                                    |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Length of drop pipe 100 ft Capacity 5 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>                                                                                                                                                                                                     |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Froe Bros Drilling 4125 CHENEY, KEVIN                                                                                                                                                                                      |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |
| Licensee Business Lic. or Reg. No. Name of Driller                                                                                                                                                                         |  |  |  |  |                        |                    |                            |                          |                                                                 |                     |                                                                     |       |                                          |                          |           |  |  |  |  |  |                      |  |  |  |