

894707

County Aitkin  
Quad  
Quad ID

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

Entry Date 01/26/2026  
Update Date 01/26/2026  
Received Date 10/28/2025

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------|-----------------|----------------------|--------------------------|---------------------|------|----------|-------|----------|------|---|---|-------|------|------|---|----|------|------|--------------|----|----|------|--------|-----------|----|----|-------|--------|------|----|----|------|--------|--------|----|-----|-------|---------|
| <b>Well Name</b><br>HARSON, NOAH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Township</b><br>45 | <b>Range</b><br>26 | <b>Dir</b><br>W | <b>Section</b><br>22 | <b>Subsection</b><br>ACC |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Elevation</b><br><br><b>Elev. Method</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Address</b><br><br>Contact 5750 145TH CT NW RAMSEY MN 55303<br>Well 36427 245TH LA AITKIN MN 56431                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Stratigraphy Information</b> <table><tr><td>Geological Material</td><td>From</td><td>To (ft.)</td><td>Color</td><td>Hardness</td></tr><tr><td>SAND</td><td>0</td><td>6</td><td>BROWN</td><td>SOFT</td></tr><tr><td>SAND</td><td>6</td><td>22</td><td>GRAY</td><td>SOFT</td></tr><tr><td>CLAY/ GRAVEL</td><td>22</td><td>55</td><td>GRAY</td><td>MEDIUM</td></tr><tr><td>FINE SAND</td><td>55</td><td>67</td><td>BROWN</td><td>MEDIUM</td></tr><tr><td>CLAY</td><td>67</td><td>95</td><td>GRAY</td><td>MEDIUM</td></tr><tr><td>GRAVEL</td><td>95</td><td>119</td><td>BLACK</td><td>MED-HRD</td></tr></table> |                       |                    |                 |                      |                          | Geological Material | From | To (ft.) | Color | Hardness | SAND | 0 | 6 | BROWN | SOFT | SAND | 6 | 22 | GRAY | SOFT | CLAY/ GRAVEL | 22 | 55 | GRAY | MEDIUM | FINE SAND | 55 | 67 | BROWN | MEDIUM | CLAY | 67 | 95 | GRAY | MEDIUM | GRAVEL | 95 | 119 | BLACK | MED-HRD |
| Geological Material                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | From                  | To (ft.)           | Color           | Hardness             |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0                     | 6                  | BROWN           | SOFT                 |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 6                     | 22                 | GRAY            | SOFT                 |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| CLAY/ GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 22                    | 55                 | GRAY            | MEDIUM               |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| FINE SAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 55                    | 67                 | BROWN           | MEDIUM               |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| CLAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 67                    | 95                 | GRAY            | MEDIUM               |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 95                    | 119                | BLACK           | MED-HRD              |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Well Depth</b> 119 ft. <b>Depth Completed</b> 119 ft. <b>Date Well Completed</b> 10/02/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Drill Method</b> Non-specified Rotary <b>Drill Fluid</b> Bentonite                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Use</b> domestic <b>Status</b> Active                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>From</b> <b>To</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Casing Type</b> Single casing <b>Joint</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Above/Below</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Casing Diameter</b> 4 in. To 99 ft. <b>Weight</b> 1.88 lbs./ft. <b>Hole Diameter</b> 8.7 in. To 119 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Open Hole</b> From ft. To ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Screen?</b> <input checked="" type="checkbox"/> <b>Type</b> <b>Make</b> NORTHERN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Diameter Slot/Gauze Length Set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| 4 in. 16 20 ft. 99 ft. 119 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Static Water Level</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| 10 ft. land surface Measure 10/02/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Pumping Level (below land surface)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| 110 ft. 3 hrs. Pumping at 7 g.p.m.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Wellhead Completion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Pitless adapter manufacturer BAKER Model BOLT-ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| bentonite 9 Sacks ft. 80 ft.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Nearest Known Source of Contamination</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| 40 feet West Direction Sewer Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Pump</b> <input type="checkbox"/> Not Installed Date Installed 10/02/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Manufacturer's name FLOWISE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Model Number F2M52- HP 0.5 Volt 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Length of drop pipe 100 ft Capacity 10 g.p. Typ Submersible                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Abandoned</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| <b>Variance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Lambert Water Wells, Inc. 2119 HENDRICKSON,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |
| Licensee Business Lic. or Reg. No. Name of Driller                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                       |                    |                 |                      |                          |                     |      |          |       |          |      |   |   |       |      |      |   |    |      |      |              |    |    |      |        |           |    |    |       |        |      |    |    |      |        |        |    |     |       |         |