

895167

County Pine  
Quad  
Quad ID

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

Entry Date 04/13/2026  
Update Date 04/13/2026  
Received Date 11/24/2025

|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------|-----------------|----------------------|---------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|-------|----------|------|---|----|--|------|------------|----|----|--|------|------|----|----|--|------|------|----|----|--|------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>Well Name</b><br>RADZAK, KEVIN 45                                                                                                                                                                                                                                                                                                                                                                                           | <b>Township</b><br>20    | <b>Range</b><br>20     | <b>Dir</b><br>W | <b>Section</b><br>23 | <b>Subsection</b><br>null | <b>Well Depth</b><br>60 ft.                                                                             | <b>Depth Completed</b><br>60 ft. | <b>Date Well Completed</b><br>11/09/2025 |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Elevation</b>                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Elev. Method</b>      |                        |                 |                      |                           | <b>Drill Method</b><br>Multiple methods used                                                            | <b>Drill Fluid</b>               |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Address</b><br>C/W 8786 CATHEDRAL PINES DR STURGEON LAKE MN 55783                                                                                                                                                                                                                                                                                                                                                           |                          |                        |                 |                      |                           | <b>Use</b><br>domestic                                                                                  | <b>Status</b><br>Active          |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <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>10</td><td></td><td>SOFT</td></tr><tr><td>SANDY CLAY</td><td>10</td><td>15</td><td></td><td>SOFT</td></tr><tr><td>SAND</td><td>15</td><td>20</td><td></td><td>SOFT</td></tr><tr><td>SAND</td><td>20</td><td>60</td><td></td><td>SOFT</td></tr></table> |                          |                        |                 |                      |                           | Geological Material                                                                                     | From                             | To (ft.)                                 | Color | Hardness | SAND | 0 | 10 |  | SOFT | SANDY CLAY | 10 | 15 |  | SOFT | SAND | 15 | 20 |  | SOFT | SAND | 20 | 60 |  | SOFT | <b>Well Hydrofractured?</b><br><b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/> <b>From</b> <b>To</b> |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | Geological Material                                                                                     | From                             | To (ft.)                                 | Color | Hardness |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | SAND                                                                                                    | 0                                | 10                                       |       | SOFT     |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | SANDY CLAY                                                                                              | 10                               | 15                                       |       | SOFT     |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | SAND                                                                                                    | 15                               | 20                                       |       | SOFT     |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | SAND                                                                                                    | 20                               | 60                                       |       | SOFT     |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | <b>Casing Type</b><br>Single casing                                                                     | <b>Joint</b><br>Welded           |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | <b>Drive Shoe?</b><br><b>Yes</b> <input checked="" type="checkbox"/> <b>No</b> <input type="checkbox"/> | <b>Above/Below</b>               |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | <b>Casing Diameter</b><br>6 in. To 60 ft.                                                               | <b>Weight</b><br>lbs./ft.        |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           | <b>Open Hole</b><br>From ft. To ft.                                                                     |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Screen?</b> <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                             | <b>Type</b><br>stainless | <b>Make</b><br>JOHNSON |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Diameter</b><br>4 in.                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Slot/Gauze</b><br>12  | <b>Length</b><br>5 ft. |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Set</b><br>56 ft. 60 ft.                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Static Water Level</b><br>12 ft. land surface Measure 11/09/2025                                                                                                                                                                                                                                                                                                                                                            |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Pumping Level (below land surface)</b><br>40 ft. 2 hrs. Pumping at 25 g.p.m.                                                                                                                                                                                                                                                                                                                                                |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Wellhead Completion</b><br>Pitless adapter manufacturer BAKER Model SNAPPY<br><input type="checkbox"/> Casing Protection <input checked="" type="checkbox"/> 12 in. above grade<br><input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)                                                                                                                                                                 |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Grouting Information</b><br>Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified<br>Material Amount From To<br>driven casing seal 4 Sacks ft. 60 ft.                                                                                                                                                                                                    |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Nearest Known Source of Contamination</b><br>55 feet West Direction Septic tank/drain field Type<br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                   |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Pump</b> <input type="checkbox"/> Not Installed Date Installed<br>Manufacturer's name FPS 3200 SCRIES<br>Model Number HP 0.5 Volt 230<br>Length of drop pipe 20 ft Capacity 10 g.p. Typ Submersible                                                                                                                                                                                                                         |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Abandoned</b><br>Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                              |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Variance</b><br>Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                      |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Miscellaneous</b><br>First Bedrock Aquifer<br>Last Strat Depth to Bedrock ft<br>Located by<br>Locate Method<br>System UTM - NAD83, Zone 15, Meters X Y<br>Unique Number Verification Input Date                                                                                                                                                                                                                             |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Angled Drill Hole</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |
| <b>Well Contractor</b><br>A and T Pump Service and 2803 OLSON, T<br>Licensee Business Lic. or Reg. No. Name of Driller                                                                                                                                                                                                                                                                                                         |                          |                        |                 |                      |                           |                                                                                                         |                                  |                                          |       |          |      |   |    |  |      |            |    |    |  |      |      |    |    |  |      |      |    |    |  |      |                                                                                                                                        |  |  |