

895368

County Mower  
Quad  
Quad ID

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

Entry Date  
Update Date 05/12/2026  
Received Date 01/21/2025

|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          |                                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|---------------------------------|--|--|--|--|------------------------|--|--------------------|--|----------------------------|--|--------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--------------------|------------------------------------------|--|-----------|--|--|
| <b>Well Name</b><br>HALE, FRED  |  |  |  |  | <b>Township</b><br>101 |  | <b>Range</b><br>14 |  | <b>Dir Section</b><br>W 20 |  | <b>Subsection</b><br>DBC |                                                                                                                     | <b>Well Depth</b><br>340 ft.                |  |                                                                                                                          | <b>Depth Completed</b><br>340 ft. |  |                    | <b>Date Well Completed</b><br>01/14/2026 |  |           |  |  |
| <b>Elevation</b>                |  |  |  |  | <b>Elev. Method</b>    |  |                    |  |                            |  |                          |                                                                                                                     | <b>Drill Method</b><br>Non-specified Rotary |  |                                                                                                                          | <b>Drill Fluid</b><br>Foam        |  |                    |                                          |  |           |  |  |
| <b>Address</b>                  |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Use</b><br>domestic                                                                                              |                                             |  | <b>Status</b><br>Active                                                                                                  |                                   |  |                    |                                          |  |           |  |  |
| C/W 12290 755TH AV LE ROY       |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Well Hydrofractured?</b><br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |                                             |  | <b>From</b><br>To                                                                                                        |                                   |  |                    |                                          |  |           |  |  |
| <b>Stratigraphy Information</b> |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Casing Type</b><br>Other <input type="checkbox"/> Joint <input type="checkbox"/> Welded <input type="checkbox"/> |                                             |  | <b>Drive Shoe?</b><br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                |                                   |  | <b>Above/Below</b> |                                          |  |           |  |  |
| <b>Geological Material</b>      |  |  |  |  | <b>From</b>            |  | <b>To (ft.)</b>    |  | <b>Color</b>               |  | <b>Hardness</b>          |                                                                                                                     | <b>Casing Diameter</b>                      |  |                                                                                                                          | <b>Weight</b>                     |  |                    | <b>Hole Diameter</b>                     |  |           |  |  |
| CLAY                            |  |  |  |  | 0                      |  | 20                 |  | TAN                        |  | SOFT                     |                                                                                                                     | 4 in. To 301 ft.                            |  |                                                                                                                          | lbs./ft.                          |  |                    | 12 in. To 55 ft.                         |  |           |  |  |
| SAND                            |  |  |  |  | 20                     |  | 42                 |  | TAN                        |  | SOFT                     |                                                                                                                     | 8 in. To 55 ft.                             |  |                                                                                                                          | lbs./ft.                          |  |                    | 8 in. To 301 ft.                         |  |           |  |  |
| BROKEN LIMESTONE                |  |  |  |  | 42                     |  | 47                 |  | TAN                        |  | SOFT                     |                                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    | 4 in. To 340 ft.                         |  |           |  |  |
| LIMESTONE                       |  |  |  |  | 47                     |  | 230                |  | TAN                        |  | MEDIUM                   |                                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
| LIMESTONE                       |  |  |  |  | 230                    |  | 340                |  | GRAY                       |  | MEDIUM                   |                                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Open Hole</b><br>From 301 ft. To 340 ft.                                                                         |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Screen?</b> <input type="checkbox"/>                                                                             |                                             |  | <b>Type</b>                                                                                                              |                                   |  | <b>Make</b>        |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          |                                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Static Water Level</b>                                                                                           |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | 25 ft. land surface                                                                                                 |                                             |  | Measure                                                                                                                  |                                   |  | 01/14/2026         |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Pumping Level (below land surface)</b>                                                                           |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | 35 ft. 2 hrs. Pumping at                                                                                            |                                             |  | 15 g.p.m.                                                                                                                |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Wellhead Completion</b>                                                                                          |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Pitless adapter manufacturer                                                                                        |                                             |  | Model                                                                                                                    |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <input type="checkbox"/> Casing Protection                                                                          |                                             |  | <input type="checkbox"/> 12 in. above grade                                                                              |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)                                            |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Grouting Information</b>                                                                                         |                                             |  | Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Material</b>                                                                                                     |                                             |  | <b>Amount</b>                                                                                                            |                                   |  | <b>From</b>        |                                          |  | <b>To</b> |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | other                                                                                                               |                                             |  | 5 Cubic yards                                                                                                            |                                   |  | 55 ft. 301 ft.     |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | well known to be not grouted                                                                                        |                                             |  | 8 Cubic yards                                                                                                            |                                   |  | ft. 301 ft.        |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Nearest Known Source of Contamination</b>                                                                        |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | 50 feet                                                                                                             |                                             |  | Direction                                                                                                                |                                   |  | Type               |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Well disinfected upon completion?                                                                                   |                                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Pump</b> <input checked="" type="checkbox"/> Not Installed                                                       |                                             |  | Date Installed                                                                                                           |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Manufacturer's name                                                                                                 |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Model Number                                                                                                        |                                             |  | HP                                                                                                                       |                                   |  | Volt               |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Length of drop pipe                                                                                                 |                                             |  | ft Capacity                                                                                                              |                                   |  | g.p. Typ           |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Abandoned</b>                                                                                                    |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Does property have any not in use and not sealed well(s)?                                                           |                                             |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                      |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Variance</b>                                                                                                     |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Was a variance granted from the MDH for this well?                                                                  |                                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                      |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Miscellaneous</b>                                                                                                |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | First Bedrock                                                                                                       |                                             |  | Aquifer                                                                                                                  |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Last Strat                                                                                                          |                                             |  | Depth to Bedrock                                                                                                         |                                   |  | ft                 |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Located by                                                                                                          |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Locate Method                                                                                                       |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | System                                                                                                              |                                             |  | UTM - NAD83, Zone 15, Meters                                                                                             |                                   |  | X Y                |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Unique Number Verification                                                                                          |                                             |  |                                                                                                                          |                                   |  | Input Date         |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Angled Drill Hole</b>                                                                                            |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | <b>Well Contractor</b>                                                                                              |                                             |  |                                                                                                                          |                                   |  |                    |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Thein Well Rochester, Inc.                                                                                          |                                             |  | 2641                                                                                                                     |                                   |  | HANSON, B          |                                          |  |           |  |  |
|                                 |  |  |  |  |                        |  |                    |  |                            |  |                          | Licensee Business                                                                                                   |                                             |  | Lic. or Reg. No.                                                                                                         |                                   |  | Name of Driller    |                                          |  |           |  |  |