

WELL OR BORING LOCATION
County Name
Hennepin

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING CONSTRUCTION RECORD
Minnesota Statutes, Chapter 103I

MINNESOTA UNIQUE WELL
AND BORING NO.

827805

Township Name
Orono

Township No.
117

Range No.
23

Section No.
16

Fraction (sm. → lg.)
NW NW NW ¼

WELL/BORING DEPTH (completed)
125 ft.

DATE WORK COMPLETED
2-15-18

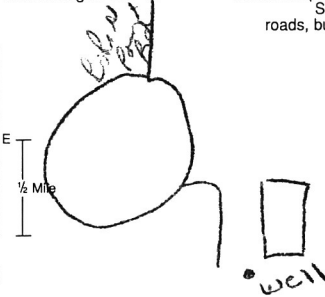
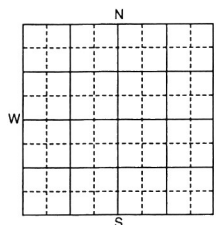
GPS LOCATION — decimal degrees (to four decimal places).
Latitude _____ Longitude _____

House Number, Street Name, City, and ZIP Code of Well Location

1700 Bohns Point Rd, orono 55391

Show exact location of well/boring in section grid with "X."

Sketch map of well/boring location.
Showing property lines,
roads, buildings, and direction.



PROPERTY OWNER'S NAME/COMPANY NAME

Stonewood, LLC

Property owner's mailing address if different than well location address indicated above.

**153 Lake St E
Wayzata, MN 55391**

WELL OWNER'S NAME/COMPANY NAME

Well/boring owner's mailing address if different than property owner's address indicated above.

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
clay	brown	medium	0	29
clay	gray	soft	29	57
sand	brown	soft	57	125

Use a second sheet, if needed.

REMARKS, ELEVATION, SOURCE OF DATA, etc.

DRILLING METHOD
☐ Cable Tool ☐ Driven ☐ Dual Rotary
☐ Auger ☒ Rotary ☐ Rotasonic
☐ Other _____

DRILLING FLUID
bentonite

WELL HYDROFRACTURED? ☐ Yes ☒ No

From _____ ft. To _____ ft.

USE ☒ Domestic ☐ Monitoring ☐ Heating/Cooling
☐ Noncommunity PWS ☐ Environ. Bore Hole ☐ Industry/Commercial
☐ Community PWS ☐ Irrigation ☐ Remedial
☐ Elevator ☐ Dewatering ☐ _____

CASING MATERIAL Drive Shoe? ☐ Yes ☒ No
☐ Steel ☐ Threaded ☐ Welded
☒ Plastic ☐ _____

CASING Diameter Weight Specifications
4 in. To **115** ft. _____ lbs./ft. _____
_____ in. To _____ ft. _____ lbs./ft. _____
_____ in. To _____ ft. _____ lbs./ft. _____

HOLE DIAM.
8 in. To **56** ft.
6½ in. To **125** ft.
_____ in. To _____ ft.

SCREEN Make **Johnson** OPEN HOLE From _____ ft. To _____ ft.
Type **stainless steel** Diam. **2"**
Slot/Gauze **.010** Length **4' + 4'**
Set between **115** ft. and **125** ft. FITTINGS **2" 13' loader**
STATIC WATER LEVEL **62** ft. ☒ Below ☐ Above land surface
Measured from **top of well** Date measured **2-15-18** Dry hole ☐ Yes ☒ No

PUMPING LEVEL (below land surface)
110 ft. after **2** hrs. pumping **40** g.p.m.

WELLHEAD COMPLETION **whitewater** Model _____
☐ Pitless/adaptor manufacturer _____
☐ Casing protection _____ ☒ 12 in. above grade
☐ At-grade ☐ Well House ☐ Hand Pump

GROUT INFORMATION (specify bentonite, cement-sand, neat-cement, concrete, cuttings, or other)
Material **bentonite** From **0** To **50** ft. **3** Yds. ☒ Bags
Material **cuttings** From **50** To **115** ft. _____ Yds. ☐ Bags
Material _____ From _____ To _____ ft. _____ Yds. ☐ Bags
Driven casing seal From _____ To _____ Bags One bag = 94 lbs. cement or 50 lbs. bentonite

NEAREST KNOWN SOURCE OF CONTAMINATION
Well is **85** feet **N** direction from **City Sewer** type _____
Well disinfected upon completion? ☒ Yes ☐ No

PUMP
☐ Not installed Date installed **3-12-18**
Manufacturer's name **Schaefer**
Model Number _____ HP **1.5** Volts **230**
Length of drop pipe **84** ft. Capacity _____ g.p.m.
Type: ☒ Submersible ☐ L.S. Turbine ☐ Reciprocating ☐ Jet ☐ _____

ABANDONED WELLS
Does property have any not in use and not sealed well(s)? ☐ Yes ☒ No

VARIANCE
Was a variance granted from the MDH for this well? ☐ Yes ☒ No TN# _____

WELL CONTRACTOR CERTIFICATION
This well was drilled under my supervision and in accordance with Minnesota Rules, Chapter 4725.
The information contained in this report is true to the best of my knowledge.

Don Stodola Well Drilling Co., Inc. 1691
Licensee Business Name Lic. or Reg. No.
4-30-18
Certified Representative Signature Certified Rep. No. Date
Rob Stodola
Name of Driller

LOCAL COPY

827805

Twin City Water Clinic Laboratory Test Report

Minnesota State Laboratory ID# 027-053-119
Wisconsin State Laboratory ID# 105-10117
Wisconsin DNR Lab ID #399073400

Client: Don Stodola Well Drilling
Address: 3841 North Main Street
St. Bonifacius, MN 55375

Report Number: 18-02452
Sample Collection Date: 02/15/18
Sample Collection Time: 15:00
Sample Receipt Date: 02/16/18
Report Issue Date: 02/19/18

Twin City Water Clinic Inc.
617 13th Avenue South
Hopkins, MN 55343
Phone: (952)935-3556
Fax: (952)935-5077

Laboratory	Analyte	Client ID	Parameter	Sample Prep		Sample Analysis		Test	
Sample ID				Date	Time	Date	Time	Results	Units
18-02452	Coliform		Drinking Water			02/16/18	13:17	Absent	
18-02452	Nitrate / N		Drinking Water			02/16/18	14:17	<1.0	mg/L
18-02452	Arsenic		Drinking Water	02/16/18	9:00	02/19/18	11:02	29.40	µg/L
	Lead		Drinking Water						µg/L
									mg/L

☒ No samples were subcontracted; or the above test result(s) with '***' designation were produced by a subcontracted laboratory. [Laboratory name; address; MDH Lab ID#]. The subcontracted laboratory maintains MDH Certification for the field(s) of testing performed.

Well No.: 827805
Sample pt: well
Well Adr: 1700 Bohns Point Road; Orono, MN
Owner: Stonewood LLC
Owner Adr:

Sample Conditions: **Sample Temp:** 14 °C

Discussion:

Notes:

Approved methods used in analyzing the samples listed above have the following reporting levels:
SM9222B - Coliform, 1 cfu / 100 ml
EPA 353.2 - Nitrate Nitrogen expressed as NO3+ NO2, 1.0 mg / L
SM3113B - Arsenic, 2.0 µg / l, Lead, 2.0 µg / L
EPA 353.2 - Nitrite Nitrogen, 1.0 mg/L

Maximum contaminant levels:
Coliform - < 1 cfu /100 ml Nitrate
Nitrogen 10.0 mg/L Arsenic, 10.0
µg / L Lead, 15.0 µg / L
Nitrite, 1 mg/L

Sample Collected by: ☒ Client ☐ TCWC

Approved By:

Bill Van Arsdale
Laboratory Manager

The results listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted.

Twin City Water Clinic Laboratory Test Report

Minnesota State Laboratory ID# 027-053-119

Wisconsin State Laboratory ID# 105-10117

Wisconsin DNR Lab ID #399073400

Client: Don Stodola Well Drilling			Report Number: 18-03484			Twin City Water Clinic Inc.			
Address: 3841 North Main Street St. Bonifacius, MN 55375			Sample Collection Date: 03/12/18			617 13th Avenue South			
			Sample Collection Time: 14:30			Hopkins, MN 55343			
			Sample Receipt Date: 03/13/18			Phone: (952)935-3556			
			Report Issue Date: 03/14/18			Fax: (952)935-5077			
Laboratory	Analyte	Client ID	Parameter	Sample Prep		Sample Analysis		Test	
Sample ID				Date	Time	Date	Time	Results	Units
	Coliform		Drinking Water						
	Nitrate / N		Drinking Water						mg/L
18-03484	Arsenic		Drinking Water	03/13/18	9:00	03/14/18	11:59	27.90	µg/L
	Lead		Drinking Water						µg/L
									mg/L

X No samples were subcontracted; or the above test result(s) with '*' designation were produced by a subcontracted laboratory. [Laboratory name; address; MDH Lab ID#]. The subcontracted laboratory maintains MDH Certification for the field(s) of testing performed.

Well No.: 827805

Sample pt: well

Well Adr: 1700 Bohns Point Road; Orono, MN

Owner: Stonewood LLC

Owner Adr:

Sample Conditions:

Sample Temp: 7 °C

Discussion:

Notes:

Approved methods used in analyzing the samples listed above have the following reporting levels:

SM9222B - Coliform, 1 cfu / 100 ml

EPA 353.2 - Nitrate Nitrogen expressed as NO₃+ NO₂, 1.0 mg / L

SM3113B - Arsenic, 2.0 µg / l, Lead, 2.0 µg / L

EPA 353.2 - Nitrite Nitrogen, 1.0 mg/L

Maximum contaminant levels:

Coliform - < 1 cfu /100 ml Nitrate

Nitrogen 10.0 mg/L Arsenic, 10.0

µg / L Lead, 15.0 µg / L

Nitrite, 1 mg/L

Sample Collected by: X Client TCWC

Approved By:

Bill Van Arsdale

Laboratory Manager

The results listed in this report apply only to the above listed samples. All routine quality assurance procedures were followed, unless otherwise noted. This analytical report must be reported in its entirety. All methods are certified by the Minnesota Department of Health, unless otherwise noted.