

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING CONSTRUCTION RECORD

Minnesota Statutes, Chapter 103I

827819

WELL OR BORING LOCATION

County Name
Hennepin

Township Name
Orono

Township No.
117

Range No.
23

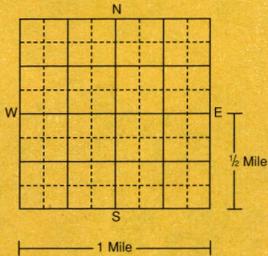
Section No.
16

Fraction (sm. → lg.)
NW NW NW

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

House Number, Street Name, City, and ZIP Code of Well Location
1700 Bohns Point Re, 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

Dirt Devils Services LLC
Property owner's mailing address if different than well location address indicated above.
P.O. Box 552
Howard Lake, MN 56329

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

REMARKS, ELEVATION, SOURCE OF DATA, etc.

WELL/BORING DEPTH (completed) **125** ft. DATE WORK COMPLETED **5-30-18**

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 HOLE DIAM.
 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. _____

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"x8' leader**

STATIC WATER LEVEL **62** ft. Below Above land surface
 Measured from **top of well** Date measured **5-30-18** Dry hole Yes No

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

WELLHEAD COMPLETION **whitewater**
 Pitless/adaptor manufacturer _____ Model _____
 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 **5-31-18**
 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.

7-2-18
 Certified Representative Signature Certified Rep. No. Date
Rob Stodola
 Name of Driller

LOCAL COPY

827819

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: 18-06855	Twin City Water Clinic Inc. 617 13th Avenue South Hopkins, MN 55343 Phone: (952)935-3556 Fax: (952)935-5077
Address: 3841 North Main Street St. Bonifacius, MN 55375	Sample Collection Date: 05/30/18	
	Sample Collection Time: 16:00	
	Sample Receipt Date: 05/31/18 Report Issue Date: 06/01/18	

Laboratory	Analyte	Client ID	Parameter	Sample Prep		Sample Analysis		Test	
Sample ID				Date	Time	Date	Time	Results	Units
18-06855	Coliform		Drinking Water			05/31/18	12:17	Absent	
18-06855	Nitrate / N		Drinking Water			05/31/18	12:59	<1.0	mg/L
18-06855	Arsenic		Drinking Water	05/31/18	8:00	06/01/18	11:23	21.30	µg/L
	Lead		Drinking Water						µg/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.: 827819
	Sample pt: well
	Well Adr: 1700 Bohns Point Road; Orono, MN
	Owner:
	Owner Adr:

Sample Conditions:	Sample Temp: 11 °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
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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.

