

WELL OR BORING LOCATION

County Name

Hennepin

Township Name

Orono

Township No.

117

Range No.

23

Section No.

07

Fraction (sm. → lg.)

NE SE NW

GPS LOCATION — decimal degrees (to four decimal places).

Latitude

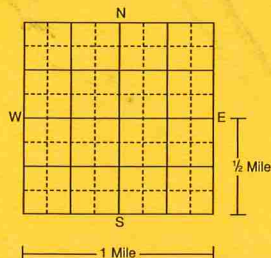
Longitude

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

1151 North Arm Dr., Orono 55364

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

Paul Vogstrom

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

10231 Beebe Lake Rd
Hanover, MN 55341

WELL OWNER'S NAME/COMPANY NAME

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

MINNESOTA DEPARTMENT OF HEALTH

WELL AND BORING CONSTRUCTION RECORD

Minnesota Statutes, Chapter 103I

MINNESOTA UNIQUE WELL
AND BORING NO.

827818

WELL/BORING DEPTH (completed)

140

DATE WORK COMPLETED

5-22-18

DRILLING METHOD

☐ Cable Tool
☐ Auger
☐ Other☐ Driven
☒ Rotary☐ Dual Rotary
☐ Rotasonic

DRILLING FLUID

bentonite

WELL HYDROFRACTURED? ☐ Yes ☒ No

From _____ ft. To _____ ft.

USE

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

CASING MATERIAL

☐ Steel
☒ PlasticDrive Shoe? ☐ Yes ☐ No
☐ Threaded ☐ Welded

HOLE DIAM.

CASING

Diameter

4

in. To 130

ft.

Weight

lbs./ft.

Specifications

8

in. To 50

in. To

ft.

lbs./ft.

in. To

ft.

6 1/2

in. To 140

in. To

ft.

lbs./ft.

in. To

ft.

in. To

ft.

SCREEN

Make

Johnson

OPEN HOLE

From

ft.

To

ft.

Type

stainless steel

Diam.

2"

Slot/Gauze

130 010

ft.

and

140

ft.

FITTINGS

2 1/2" x 3/4" leader

STATIC WATER LEVEL

73

ft.

Below

Above land surface

Measured from

top of well

Date measured

5-22-18

Dry hole

☐ Yes☒ No

PUMPING LEVEL (below land surface)

125

ft. after

2

hrs. pumping

30

g.p.m.

WELLHEAD COMPLETION

☒ Pitless/adaptor manufacturer

Whitewater

Model

☐ Casing protection☐ At-grade☐ Well House☐ Hand Pump☒ 12 in. above grade

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

130

ft.

Yds.

☐ Bags

Material

From

To

ft.

Yds.

☐ Bags

Driven casing seal

From

To

Bags

One bag = 94 lbs. cement
or 50 lbs. bentonite

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
clay	brown	medium	0	17
clay	gray	medium	17	55
clay/sand	gray	medium	55	66
fine sand	gray	medium	66	87
sand	brown	medium	87	140

Use a second sheet, if needed.

REMARKS, ELEVATION, SOURCE OF DATA, etc.

NEAREST KNOWN SOURCE OF CONTAMINATION

Well is

75

feet

E

direction from

City Sewer

type

Well disinfected upon completion?

☒ Yes☐ No

PUMP

☐ Not installed

Date installed

6-7-18

Manufacturer's name

Schaefer

Model Number

3/4

HP

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.

Certified Representative Signature

7-25-18

Certified Rep. No.

Date

Name of Driller

Rob stodola

LOCAL COPY

827818

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: 18-06679			Twin City Water Clinic Inc.			
Address: 3841 North Main Street St. Bonifacius, MN 55375			Sample Collection Date: 05/22/18 Sample Collection Time: 16:00 Sample Receipt Date: 05/23/18 Report Issue Date: 05/24/18			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
18-06679	Coliform		Drinking Water			05/23/18	13:03	Absent	
18-06679	Nitrate / N		Drinking Water			05/23/18	12:07	<1.0	mg/L
18-06679	Arsenic		Drinking Water	05/23/18	9:50	05/24/18	11:28	8.58	µg/L
	Lead		Drinking Water						µg/L

<p>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.</p>	Well No.: 827818
	Sample pt: well
	Well Adr: 1151 North Arm Drive; Orono, MN
	Owner: Paul Vogstrom
	Owner Adr:

Sample Conditions:	Sample Temp: 13 °C
Discussion:	
Notes:	

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

WELL OR BORING LOCATION	
County Name Hennepin	

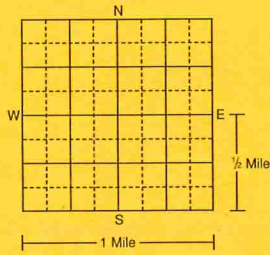

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING SEALING RECORD
Minnesota Statutes, Chapter 103I

Minnesota Well and Boring
Sealing No.
Minnesota Unique Well No.
or W-series No.
(Leave blank if not known)

H 355554

Township Name Orono	Township No. 117	Range No. 23	Section No. 07	Fraction (sm. → lg.) NE SE NE	Date Sealed 9/17/18	Date Well or Boring Constructed
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GPS LOCATION – decimal degrees (to four decimal places) Latitude _____ Longitude _____		Depth at Time of Sealing 94' ft.	Original Depth _____ ft.
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Numerical Street Address or Fire Number and City of Well or Boring Location 1151 North Arm Dr, orono 55364		STATIC WATER LEVEL <input checked="" type="checkbox"/> Measured Date Measured SAME DAY <input type="checkbox"/> Estimated	
Show exact location of well or boring in section grid with "X." 		Sketch map of well or boring location, showing property lines, roads, and buildings. 	

Casing Type(S) <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Tile <input type="checkbox"/> Other _____	
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WELLHEAD COMPLETION Outside: <input checked="" type="checkbox"/> Pitless Adapter/Unit <input type="checkbox"/> At Grade <input type="checkbox"/> Well Pit <input type="checkbox"/> Other _____ Inside: <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House <input type="checkbox"/> Well Pit <input type="checkbox"/> Buried <input type="checkbox"/> Other _____	
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PROPERTY OWNER'S NAME/COMPANY NAME Paul Vogstrom Property owner's mailing address if different than well location address indicated above 10231 Beebe Lake Rd Hanover, MN 55341	CASING(S) Diameter 4" in. from 0' to 90' ft. Set in oversize hole? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Annular space initially grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ in. from _____ to _____ ft. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown _____ in. from _____ to _____ ft. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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WELL OWNER'S NAME/COMPANY NAME Well owner's mailing address if different than property owner's address indicated above	SCREEN/OPEN HOLE Screen from 90' to 94' ft. Open Hole from _____ to _____ ft. OBSTRUCTIONS <input type="checkbox"/> Rods/Drop Pipe <input type="checkbox"/> Check Valve(s) <input type="checkbox"/> Debris <input type="checkbox"/> Fill <input checked="" type="checkbox"/> No Obstruction Type of Obstructions (Describe) _____
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GEOLOGICAL MATERIAL Drift	COLOR	HARDNESS OR FORMATION	FROM	TO	Obstructions removed? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe _____
					PUMP <input checked="" type="checkbox"/> Not Present <input type="checkbox"/> Present, Removed Prior to Sealing <input type="checkbox"/> Other _____
					Type _____
					METHOD USED TO SEAL ANNULAR SPACE BETWEEN 2 CASINGS, OR CASING AND BORE HOLE <input checked="" type="checkbox"/> No Annular Space Exists <input type="checkbox"/> Annular Space Grouted with Tremie Pipe <input type="checkbox"/> Casing Perforation/Removal
					Casing Diameter _____ in. from _____ to _____ ft. <input type="checkbox"/> Perforated <input type="checkbox"/> Removed
					_____ in. from _____ to _____ ft. <input type="checkbox"/> Perforated <input type="checkbox"/> Removed
					Type of Perforator _____

REMARKS, SOURCE OF DATA, DIFFICULTIES IN SEALING	VARIANCE Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No TN# _____
	GROUTING MATERIAL(S) (One bag of cement = 94 lbs., one bag of bentonite = 50 lbs.) Grouting Material NEAT CEMENT from 0' to 94' ft. _____ yards 8 bags _____ from _____ to _____ ft. _____ yards _____ bags _____ from _____ to _____ ft. _____ yards _____ bags

OTHER WELLS AND BORINGS Other unsealed and unused well or boring on property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How many? _____	
LICENSED OR REGISTERED CONTRACTOR CERTIFICATION This well or boring was sealed in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.	

LOCAL COPY	H 355554	Don Stodola Well Drilling Co., Inc. 1691 Licensee Business Name _____ License or Registration No. _____ Certified Representative Signature _____ Date 9-18-18 Name of Person Sealing Well or Boring _____
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