#35819

MINNESOTA DEPARTMENT OF HEALTH
WELL RECORD
Minnesota Statutes Chapter 103I

MINNESOTA UNIQUE WELL NO.

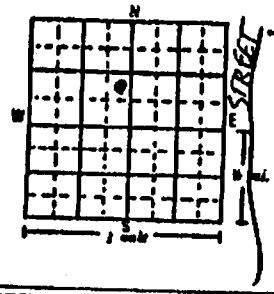
WELL LOCATION

County Name: EMMET

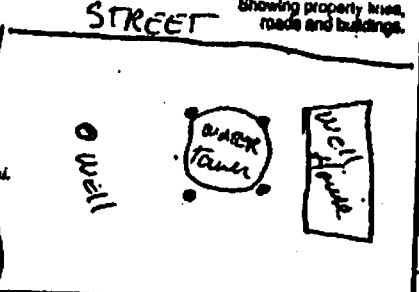
Township Name	Township No.	Range No.	Section No.	Fraction
DENMARK	T-98-N	R-31-W	21	NE, SE, NW

Numerical Street Address or Fire Number and City of Well Location: 19TH N 1ST RINGSTED Iowa 50578

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



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



PROPERTY OWNER'S NAME: CITY OF RINGSTED

Mailing address if different than property address indicated above.

WELL DEPTH (completed)	Date of Completion
309 ft.	12-16-93

DRILLING METHOD
☐ Cable Tool ☐ Driven ☐ Dug
☐ Auger ☒ Rotary ☐ Jetted
☐ _____

DRILLING FLUID: Bentonite

USE
☐ Domestic ☐ Monitoring ☐ Heating/Cooling
☐ Irrigation ☒ Public ☐ Industry/Commercial
☐ Test Well ☐ Dewatering ☐ _____

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

CASING DIAMETER / WEIGHT

8 in. to 288 ft.	200 lbs./ft.	
_____ in. to _____ ft.	_____ lbs./ft.	
_____ in. to _____ ft.	_____ lbs./ft.	

HOLE DIAM.

14 in. to 288 ft.	
_____ in. to _____ ft.	
_____ in. to _____ ft.	

SCREEN
Make: COOK
Type: STAINLESS STEEL Diam.: 6" PIPE SIZE
Slot/Gauge: 70 SLOT Length: 20'
Set between: 288 ft. and 309 ft. FITTINGS: 6" X 8" K PACKER

OPEN HOLE
from _____ ft. to _____ ft.

STATIC WATER LEVEL
78 ft. ☒ below ☐ above land surface Date measured 12-17-93

PUMPING LEVEL (below land surface)
118 ft. after 24 hrs. pumping 225 g.p.m.

WELL HEAD COMPLETION
☒ Pitless adapter manufacturer: MORITOR Model: QUICK CONNECT
☐ Casing Protection: _____

GROUTING INFORMATION
Well grouted? ☒ Yes ☐ No
Grout Material: ☒ Neat cement ☒ Bentonite

Cement	from 6 ft. to 16 ft.	6	☐ yds. ☒ bags
Bentonite	from 16 ft. to 288 ft.	76	☐ yds. ☒ bags
	from _____ ft. to _____ ft.	_____	☐ yds. ☐ bags

NEAREST SOURCE OF POSSIBLE CONTAMINATION
150 feet NORTH direction CITY SEWER type
Well disinfected upon completion? ☒ Yes ☐ No

PUMP
☐ Not Installed Date Installed: 12-17-93
Manufacturer's name: GRUNDFOS
Model number: 135S150-9 HP: 15 Volts: 230
Length of drop pipe: 147' 4" STEEL ft. Capacity: 135 g.p.m.
Pressure Tank Capacity: WATER TOWER
Type: ☒ Submersible ☐ L.S. Turbine ☐ Reciprocating ☐ Jet ☐ _____

ABANDONED WELLS
Not in use and not sealed well on property? ☐ Yes ☒ No

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

Licensed Business Name _____ Lic. or Reg. No. _____

Authorized Representative Signature _____ Date _____

Name of Driller _____ Date _____

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
Top Soil	BLACK	M	0	3
CLAY	BROWN	M	3	30
CLAY	BLUE	M	30	35
CLAY & GRAVEL	BLUE	M	35	50
CLAY	BLUE	M	50	105
CLAY & SAND	BLUE	M	105	115
CLAY	BLUE	M	115	125
CLAY & SAND	BLUE	M	125	140
CLAY	LT BLUE	M	140	155
CLAY & SAND	LT BLUE	M	155	160
SAND	LT BROWN	MH	160	162
CLAY	LT BLUE	M	162	170
CLAY	LT BROWN	M	170	195

Use a second sheet, if needed

REMARKS, ELEVATION, SOURCE OF DATA, etc.

REFERENCE POINT: TOP OF PITLESS UNIT

ELL LOCATION

/ounty Name

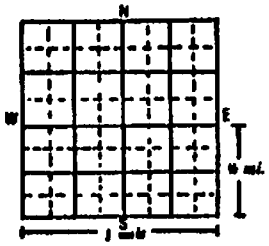
MINNESOTA DEPARTMENT OF HEALTH
WELL RECORD
Minnesota Statutes Chapter 103I

MINNESOTA UNIQUE WELL NO.

Township Name	Township No.	Range No.	Section No.	Fraction
				¼ ¼ ¼

Numerical Street Address or Fire Number and City of Well Location

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



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

PROPERTY OWNER'S NAME

Mailing address if different than property address indicated above.

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
CLAY & SAND	LT BLUE	M	195	200
CLAY	BLUE	M	200	255
CLAY & SAND	BLUE	M	255	265
CLAY & SAND	BROWN	M	265	270
SAND	LT BROWN	MH	270	280
SAND	LT BROWN	H	280	310

Use a second sheet, if needed

REMARKS, ELEVATION, SOURCE OF DATA, etc.

WELL DEPTH (completed) ft. | Date of Completion

DRILLING METHOD
☐ Cable Tool ☐ Driven ☐ Dug
☐ Auger ☐ Rotary ☐ Jetted
☐ _____

DRILLING FLUID

USE
☐ Domestic ☐ Monitoring ☐ Heating/Cooling
☐ Irrigation ☐ Public ☐ Industry/Commercial
☐ Test Well ☐ Dewatering ☐ _____

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

HOLE DIAM.

CASING DIAMETER — WEIGHT

_____ in. to _____ ft.	_____ lbs./ft.	_____ in. to _____ ft.
_____ in. to _____ ft.	_____ lbs./ft.	_____ in. to _____ ft.
_____ in. to _____ ft.	_____ lbs./ft.	_____ in. to _____ ft.

SCREEN
Make _____
Type _____ Diam. _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft. FITTINGS: _____

OPEN HOLE
from _____ ft. to _____ ft.

STATIC WATER LEVEL
_____ ft. ☐ below ☐ above land surface Date measured _____

PUMPING LEVEL (below land surface)
_____ ft. after _____ hrs. pumping _____ g.p.m.

WELL HEAD COMPLETION
☐ Pitless adapter manufacturer _____ Model _____
☐ Casing Protection _____

GROUTING INFORMATION
Well grouted? ☐ Yes ☐ No
Grout Material ☐ Neat cement ☐ Bentonite
from _____ to _____ ft. _____ ☐ yds. ☐ bags
from _____ to _____ ft. _____ ☐ yds. ☐ bags
from _____ to _____ ft. _____ ☐ yds. ☐ bags

NEAREST SOURCE OF POSSIBLE CONTAMINATION
_____ feet _____ direction _____ type
Well disinfected upon completion? ☐ Yes ☐ No

PUMP
☐ Not Installed Date Installed _____
Manufacturer's name _____
Model number _____ HP _____ Volts _____
Length of drop pipe _____ ft. Capacity _____ g.p.m.
Pressure Tank Capacity _____
Type: ☐ Submersible ☐ L.S. Turbine ☐ Reciprocating ☐ Jet ☐ _____

ABANDONED WELLS
Not in use and not sealed well on property? ☐ Yes ☐ No

WELL CONTRACTOR CERTIFICATION

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

_____
Licensee Business Name *Lic. or Reg. No.*

_____
Authorized Representative Signature *Date*

_____
Name of Driller *Date*