STATE OF MINNESOTA DEPARTMENT OF HEALTH

WATER WELL RECORD

Minnesota Statutes 1544.01-09

MINNESOTA UNIQUE WELL NO. for Water Sample

1. LOCATION OF WELL

County Name: DICKENSON

Township Name	Township Number	Range Number	Section No.	Fraction
LAKEVILLE	99	37	2	NE NW SE

Distance and Direction from Road Intersections or Street Address and City of Well Location

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

N W E S ½ mi. 1 mile

Addition Name

Block Number

Lot Number

Sketch map of well location: CUTTYS

WELL NO. 3

BATH 0

2. FORMATION LOG

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
CLAY	BROWN	SOFT	0	30
CLAY	BLUE	SOFT	30	50
SAND	BROWN	SOFT	50	55
CLAY & GRAVEL	BLUE	MED	55	95
SAND	GRAY	MED	95	115

Use a second sheet, if needed

3. PROPERTY OWNER'S NAME

Address: CUTTY'S RESORT SPIRIT LAKE, IA (SOUTH WELL)

4. WELL DEPTH (completed) 115 ft. Date of Completion 4-24-84

5. 1☐ Cable tool 4☐ Reverse 7☐ Driven 10☐ Dug 2☐ Hollow rod 5☐ Air 8☐ Bored 11☐ ____ 3☒ Rotary 6☐ Jetted 9☐ Power Auger

6. USE 1☒ Domestic 4☐ Public Supply 7☐ Industry 2☐ Irrigation 5☐ Municipal 8☐ Commercial 3☐ Test Well 6☐ Air Conditioning 9☐

7. CASING HEIGHT Above/Below

1☐ Black 4☐ Threaded 2☐ Galv. 5☐ Welded Surface 1½ ft. 3☒ Plastic 6☐ Drive Shoe? Yes ___ No X

6 in. to 95 ft. Weight 200 lbs./ft. ___ in. to ___ ft. Weight ___ lbs./ft. ___ in. to ___ ft. Weight ___ lbs./ft.

HOLE DIAM 8¾ in. to ___ ft. ___ in. to ___ ft. ___ in. to ___ ft.

8. SCREEN Make Johnson Or open hole from ___ ft. to ___ ft.

Type 3-STEEL Dia. 6" TEE

Slot/Gauze 20 Length 20

Set between 95 ft. and 115 ft. LP GAS

___ ft. and ___ ft. BB 6"

9. STATIC WATER LEVEL 35 ft. ☒ below land surface ☐ above Date Measured 4-24-84

10. PUMPING LEVEL (below land surface) 50 ft. after 18 hrs. pumping 70 g.p.m.

___ ft. after ___ hrs. pumping AIRLIFTED AT 150 g.p.m.

11. WELL HEAD COMPLETION 1☒ Pitless adapter, manufacturer ___ model ___ 2☐ Basement offset 3☐ At least 12" above grade

12. WELL GROUTED? ☒ Yes ☐ No

1☐ Neat Cement 2☐ Bentonite 3☐ ___

Grout material ___ from ___ to ___ ft. Cu. Yds. ___

13. NEAREST SOURCES OF POSSIBLE CONTAMINATION

___ feet ___ direction ___ type

Well disinfected upon completion? Yes ☒ No ☐

14. PUMP

Date installed 4-24-84 ☐ Not installed

Manufacturer's Name AERMOTOR

Model Number 4ST70-500 HP 5 Volts 230

Length of drop pipe 80 ft. capacity 70 g.p.m.

Material of drop pipe 2" PVC

Type: 1☒ Submersible 3☐ L. S. Turbine 5☐ Reciprocating 2☐ Jet 4☐ Centrifugal 6☐ ___

15. REMARKS, ELEVATION, SOURCE OF DATA, etc.

TEST Hole

16. WATER WELL CONTRACTOR'S CERTIFICATION

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Licensee Business Name License No.

Address

Signed [signature] Authorized Representative Date

Scott Quasted Name of Driller Date

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