Minnesota Department of Health

EXPLORATORY BORING SEALING REPORT

Minnesota Statutes, Chapter 1031

MDH Unique #

Drill Hole ID

LOCATION OF EXPLORATORY BORING

County Name

Township Name | Township | Range | Section | Fraction

___ ___ ___ ___ ¼ ___ ¼ ___ ¼

Exploratory Boring Location Address or Nearest Road Intersection

Distance and Direction From Road Intersection, or other fixed local reference

GPS LOCATION - UTM or Decimal Degrees (five decimal places}

Latitude /Northing ___ Longitude/Easting ___

GPS Coordinate Source ___

Property Owner's Name and Mailing Address

FORMATION LOG	Core Recovered	COLOR	HARDNESS	FROM	TO	Units
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.
						ft.

Attach additional formation log on second form or spreadsheet, if needed.

REMARKS

Use this space to specify water source used, wedges added, intercepts, unrecoverable down hole material, protected or invasive species encountered, or other details about the drilling operation.

EXPLORATORY BORING

Completion Date ___

Total Depth ___ Azimuth ___

Land Surface Elevation ___ Inclination ___

DRILLING METHOD

☐ Cable Tool ☐ Reverse ☐ Driven ☐ Rotasonic

☐ Dual Rotary ☐ Air ☐ Boring ☐ Coring

☐ Rotary ☐ Power Auger ☐ Other ___

DRILLING FLUID ___

CONSTRUCTION

Hole Diameter ___ in. From ___ ft. To ___ ft.

___ in. From ___ ft. To ___ ft.

___ in. From ___ ft. To ___ ft.

Casing Removed? ◯ Yes ◯ No, complete remaining questions in this section.

Casing Type Remaining:

◯ Steel ◯ Stainless Steel ◯ Plastic

◯ Threaded ◯ Welded ◯ Flush Joint

___ dia. From ___ ft. To ___ ft. wt./ft. ___

___ dia. From ___ ft. To ___ ft. wt./ft. ___

___ dia. From ___ ft. To ___ ft. wt./ft. ___

Drive Shoe? Yes ◯ No ◯

Annular space surrounding casing grouted? Yes ◯ No ◯

Grout Material ___ From ___ To ___ ft., Vol. ___

___ From ___ To ___ ft., Vol. ___

___ From ___ To ___ ft., Vol. ___

STATIC WATER LEVEL (measured from ground surface)

___ ft. ◯ Below ◯ Aboveground Formation ___ Date Meas. ___

___ ft. ◯ Below ◯ Aboveground Formation ___ Date Meas. ___

SEALING

Date ___ ◯ Permanent ◯ Temporary

Grout Material ___ From ___ To ___ ft., Vol. ___

___ From ___ To ___ ft., Vol. ___

___ From ___ To ___ ft., Vol. ___

CASING PROTECTION (if temporarily sealed)

◯ Pyramid ◯ Posts ◯ Protective Casing ◯ Extended Casing

Nearest Sources of Possible Contamination

Distance ___ Direction ___ Description ___

RADIATION SURVEY

Average Scintillometer Reading of Drilling Cuttings ___

Scintillometer model ___

CERTIFICATION

This boring was drilled under my supervision and in accordance with Minnesota Rules, Chapter 4727. This report is true to the best of my knowledge and belief:

Licensed Explorer Company Name | Company License Number

Responsible Individual Signature and License ID | Date

Name ___

ID# ___

Drilling Company/Contractor