MINNESOTA DEPARTMENT OF HEALTH

WELL AND BORING CONSTRUCTION RECORD

Minnesota Statutes, chapter 103I

MINNESOTA UNIQUE WELL AND BORING NO.

WELL OR BORING LOCATION

County Name

Township Name	Township No.	Range No.	Section No.	Fraction (sm. → lg.) ___¼ ___¼ ___¼

WELL/BORING DEPTH (completed) ft.

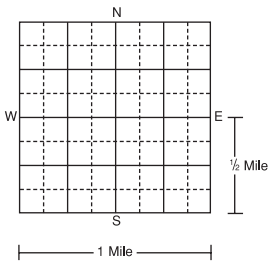
DATE WORK COMPLETED

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

Latitude _____ Longitude _____

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

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

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

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

Use a second sheet, if needed.

REMARKS, ELEVATION, SOURCE OF DATA, etc.

DRILLING METHOD

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

DRILLING FLUID

WELL HYDROFRACTURED? ◯ Yes ◯ No

From _____ ft. To _____ ft.

USE

◯ Domestic ◯ Monitoring ◯ Heating/Cooling
◯ Noncommunity PWS ◯ Irrigation ◯ Industry/Commercial
◯ Community PWS ◯ Dewatering ◯ Remedial
◯ Elevator ◯ _____

CASING MATERIAL

Drive Shoe? ◯ Yes ◯ No

☐ Steel ☐ Threaded ☐ Welded
☐ Plastic ☐ _____

HOLE DIAM.

CASING Diameter	Weight	Specifications	HOLE DIAM.
_____ 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 _____ Dry hole ◯ Yes ◯ No

PUMPING LEVEL (below land surface)

_____ ft. after _____ hrs. pumping _____ g.p.m.

WELLHEAD COMPLETION

☐ Pitless/adapter 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 _____ From _____ To _____ ft. _____ ◯ Yds. ◯ Bags

Material _____ From _____ To _____ 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 _____ feet _____ direction from _____ 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.

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.

Licensee Business Name | Lic. or Reg. No.

Certified Representative Signature | Certified Rep. No. | Date

Name of Driller

ID #52603

HE-01205-18 (Rev. 11/2022)