Well Record (Well Log)

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

MINNESOTA UNIQUE WELL NO.

WELL LOCATION
County Name

Township Name | Township No. | Range No. | Section No. | Fraction % % %

House Number, Street Name, City, and Zip Code of Well Location | or Fire Number

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

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

WELL OWNER'S NAME

Well owner's mailing address if different than property owner's address

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
Use a second sheet if needed				

REMARKS, ELEVATION, SOURCE OF DATA, etc.

WELL DEPTH (completed) ft. | Date Work Completed

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

DRILLING FLUID

USE
☐ Domestic ☐ Monitoring ☐ Heating/Cooling
☐ Irrigation ☐ Community PWS ☐ Industry/Commercial
☐ Test Well ☐ Noncommunity PWS ☐ Remedial
☐ 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 _____ _____ lbs./ft. ____ in. to ____ ft.
_____ in. to _____ _____ lbs./ft. ____ in. to ____ ft.

SCREEN
Make _____
Type _____ Diam. _____
_____ Length _____
_____ 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 _____ ☐ 12 in. above grade
☐ At-grade (Environmental Wells and Borings ONLY)

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

NEAREST KNOWN SOURCE OF 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
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

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.

_____
Authorized Representative Signature Date

_____
Name of Driller Date

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EXAMPLE—NOT FOR USE