

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING SEALING RECORD

Minnesota Statutes, Chapter 103I

Minnesota Well and Boring
Sealing No.:
Minnesota Unique Well No.
or W-series No.
(Leave blank if not known)

H 367206

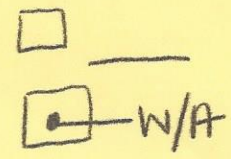
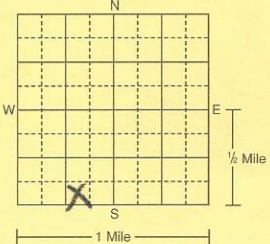
WELL OR BORING LOCATION
County Name
Wadena

Township Name **Bullard** Township No. **135** Range No. **33** Section No. **22** Fraction (sm. → lg.) **SWSW** Date Sealed **5-8-19** Date Well or Boring Constructed **2**

GPS LOCATION - decimal degrees (to four decimal places)
Latitude _____ Longitude _____
Depth at Time of Sealing **12** ft. Original Depth **2** ft.

AQUIFER(S)
 Single Aquifer Multiaquifer
WELL/BORING
 Water-Supply Well Env. Well
 Temp. Env. Well Other _____
STATIC WATER LEVEL
 Measured Date Measured **5-8-19** Estimated
_____ ft. below above land surface

Address: **assigned City Hwy 29 Staples, 56479**
Show exact location of well or boring in section grid with "X."
Sketch map of well or boring location, showing property lines, roads, and buildings.



CASING TYPE(S)
 Steel Plastic Tile Other _____

WELLHEAD COMPLETION
Outside: Pitless Adapter/Unit At Grade Well Pit Other _____
Inside: Basement Offset Well Pit Buried Other _____

For multiple temporary environmental wells, provide additional location information, a site sketch, and geology on a separate page.

PROPERTY OWNER'S NAME/COMPANY NAME
Potlatch Demic Corp
Property owner's mailing address if different than well location address indicated above
**350 NW 1st Ave Suite B
Grand Rapids, MN 55744**
CASING(S)
Diameter **1 1/4** in. from **0** to **12** ft. Set in oversize hole? Yes No Annular space initially grouted? Yes No Unknown

SCREEN/OPEN HOLE
Screen from _____ to _____ ft. Open Hole from _____ to _____ ft.

OBSTRUCTIONS
 Rods/Drop Pipe Check Valve(s) Debris Fill No Obstruction
Type of Obstructions (Describe) _____
Obstructions removed? Yes No Describe _____

PUMP
 Not Present Present, Removed Prior to Sealing Other _____
Type _____

METHOD USED TO SEAL ANNULAR SPACE BETWEEN 2 CASINGS, OR CASING AND BORE HOLE
 No Annular Space Exists Annular Space Grouted with Tremie Pipe Casing Perforation/Removal
Casing Diameter _____ in. from _____ to _____ ft. Perforated Removed
_____ in. from _____ to _____ ft. Perforated Removed
Type of Perforator _____

VARIANCE
Was a variance granted from the MDH for this well? Yes No TN# _____

GROUTING MATERIAL(S) (One bag of cement = 94 lbs., one bag of bentonite = 50 lbs.)
Grouting Material **Volclay II** from **0** to **12** ft. _____ yards **1/4** bags
_____ from _____ to _____ ft. _____ yards _____ bags
_____ from _____ to _____ ft. _____ yards _____ bags

OTHER WELLS AND BORINGS
Other unsealed and unused well or boring on property? Yes No How many? _____

REMARKS, SOURCE OF DATA, DIFFICULTIES IN SEALING
LICENSED OR REGISTERED CONTRACTOR CERTIFICATION
This well or boring was sealed in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.

Elsner Well Drilling, Inc 1374
Licensee Business Name License or Registration No.

[Signature] **138 5-8-19**
Certified Representative Signature Certified Rep. No. Date

Derek Hovious
Name of Person Sealing Well or Boring

LOCAL COPY H 367206