

617724

County Yellow  
 Quad School  
 Quad ID 98D

MINNESOTA DEPARTMENT OF HEALTH  
**WELL AND BORING REPORT**  
 Minnesota Statutes Chapter 1031

Entry Date 02/09/2000  
 Update Date 06/19/2020  
 Received Date

<b>Well Name</b> SCHMIDT,	<b>Township</b> 113	<b>Range</b> 39	<b>Dir Section</b> W 5	<b>Subsection</b> ADDADB	<b>Well Depth</b> 154 ft.	<b>Depth Completed</b> 154 ft.	<b>Date Well Completed</b> 07/21/1999
<b>Elevation</b> 1060	<b>Elev. Method</b> LIDAR 1m DEM (MNDNR)	<b>Drill Method</b> Non-specified Rotary		<b>Drill Fluid</b>	<b>Use</b> domestic <b>Status</b> Active		
<b>Address</b> C/W RR 1 P. O. BOX 187 WOOD LAKE MN 56297					<b>Well Hydrofractured?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>From</b> <b>To</b>		
<b>Stratigraphy Information</b>					<b>Casing Type</b> Single casing <b>Joint</b>		
Geological Material From To (ft.) Color Hardness					<b>Drive Shoe?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>Above/Below</b>		
SOIL 0 1 SOFT					<b>Casing Diameter</b> <b>Weight</b> <b>Hole Diameter</b>		
CLAY 1 28 YELLOW SOFT					5 in. To 154 ft. lbs./ft. 8.7 in. To 154 ft.		
CLAY 28 144 BLUE HARD					<b>Open Hole</b> From ft. To ft.		
SAND 144 154 BLUE SOFT					<b>Screen?</b> <input checked="" type="checkbox"/> <b>Type</b> telescoping <b>Make</b> COOK		
					Diameter Slot/Gauze Length Set		
					5 in. 18 10 ft. 144 ft. 154 ft.		
					<b>Static Water Level</b>		
					35 ft. land surface Measure 07/21/1999		
					<b>Pumping Level (below land surface)</b>		
					140 ft. 45 hrs. Pumping at 20 g.p.m.		
					<b>Wellhead Completion</b>		
					Pitless adapter manufacturer MAASS Model		
					<input type="checkbox"/> Casing Protection <input type="checkbox"/> 12 in. above grade		
					<input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)		
					<b>Grouting Information</b> Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified		
					Material Amount From To		
					bentonite 6 Sacks ft. ft.		
					<b>Nearest Known Source of Contamination</b>		
					150 feet North Direction Septic tank/drain field Type		
					Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					<b>Pump</b> <input type="checkbox"/> Not Installed Date Installed 07/21/1999		
					Manufacturer's name STA-RITE		
					Model Number HP 0.75 Volt 230		
					Length of drop pipe 140 ft Capacity 18 g.p. Type Submersible		
					<b>Abandoned</b>		
					Does property have any not in use and not sealed well(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					<b>Variance</b>		
					Was a variance granted from the MDH for this well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					<b>Miscellaneous</b>		
					First Bedrock Aquifer Quat. buried		
					Last Strat sand-gray Depth to Bedrock ft		
					Located by Minnesota Geological Survey		
					Locate Method GPS SA Off (averaged) (15 meters)		
					System UTM - NAD83, Zone 15, Meters X 296558 Y 4944340		
					Unique Number Verification Tax Records Input Date 06/12/2020		
					<b>Angled Drill Hole</b>		
					<b>Well Contractor</b>		
					Marcus R. Well Co. 65103 MANCUS, R.		
					Licensee Business Lic. or Reg. No. Name of Driller		

**MINNESOTA DEPARTMENT OF HEALTH  
WELL AND BORING RECORD**  
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MINNESOTA UNIQUE WELL NO.

**617724**

10-19-99 RW

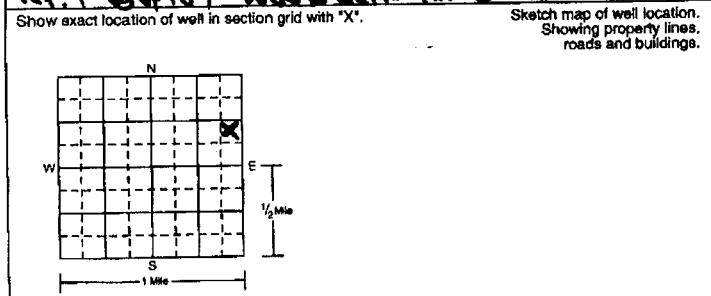
**WELL LOCATION**  
County Name  
Yellow Medicine

Township Name POSEN Township No. 113 N Range No. 39 W Section No. 5 Fraction NE 1/4 SE 1/4

WELL DEPTH (completed) 154' ft. Date Work Completed 7-21-99

House Number, Street Name, City, and Zip Code of Well Location  
Rt. 1 Box 187 Wood Lake MN 56397

DRILLING METHOD  
 Cable Tool  Driven  Dug  
 Auger  Rotary  Jetted



DRILLING FLUID NONE WELL HYDROFRACTURED?  YES  NO

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

CASING DIAMETER 5 in. to 154 ft. WEIGHT 200 lbs./ft. 8 3/4 in. to 154 ft.  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. \_\_\_\_\_ lbs./ft. \_\_\_\_\_ in. to \_\_\_\_\_ ft.  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. \_\_\_\_\_ lbs./ft. \_\_\_\_\_ in. to \_\_\_\_\_ ft.

PROPERTY OWNER'S NAME  
Philip Schmidt

SCREEN Make Cook OPEN HOLE from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
Type Telescope Diam. 5"  
 Gauze 18 Length 10'-5"  
Set between 144 ft. and 154 ft. FITTINGS: 11'-9"

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

STATIC WATER LEVEL 35 ft.  below  above land surface Date measured 7-21-99

WELL OWNER'S NAME

PUMPING LEVEL (below land surface) 140 ft. after 5 hrs. pumping 20 g.p.m.

Well owner's mailing address if different than property owner's address indicated above.

WELL HEAD COMPLETION  Pitless adapter manufacturer Mauss 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. 6 yds.  bags  
from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ yds.  bags  
from \_\_\_\_\_ to \_\_\_\_\_ ft. \_\_\_\_\_ yds.  bags

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
<u>Soil</u>	<u>-</u>	<u>Soft.</u>	<u>0</u>	<u>1</u>
<u>Clay</u>	<u>Yellow</u>	<u>"</u>	<u>1</u>	<u>28</u>
<u>"</u>	<u>Blue</u>	<u>Hard</u>	<u>28</u>	<u>144</u>
<u>Sand</u>	<u>"</u>	<u>Sp.</u>	<u>144</u>	<u>154</u>

NEAREST KNOWN SOURCE OF CONTAMINATION 150 feet N direction S.T. type  
Well disinfected upon completion?  Yes  No

PUMP  Not installed Date installed 7-21-99  
Manufacturer's name Sta-Rite  
Model number \_\_\_\_\_ HP 3/4 Volts 220  
Length of drop pipe 140 ft. Capacity 18 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

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.

REMARKS, ELEVATION, SOURCE OF DATA, etc.

Maxus Well Drilling Inc 65103  
Licensee Business Name Lic. or Reg. No.  
Ret L. [Signature] 7-21-99  
Authorized Representative Signature Date  
Ret L. [Signature] 7-21-99  
Name of Driller Date

MINNESOTA DEPARTMENT OF HEALTH  
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<b>Well Name</b>	SCHMIDT, PHILIP	<b>Township</b>	113	<b>Range</b>	39	<b>Dir</b>	W	<b>Section</b>	5	<b>Subsection</b>	ADDADB	<b>Use</b>	domestic	<b>Aquifer</b>	Quat. buried artes.	<b>Status</b>	A	<b>Well Depth</b>	154 ft.	<b>Depth Completed</b>	154 ft.	<b>Date Well Completed</b>	07/21/1999	<b>Lic/Reg. No.</b>	65103
<b>Elevation</b>	1060 ft.	<b>Elev. Method</b>	LIDAR 1m DEM (MNDNR)											<b>ft</b>	Open Hole	-	<b>ft</b>	Static Water Level	35	<b>ft</b>					
<b>Field Located By</b>	Soil and Water Conservation																								
<b>Unique No. Verified</b>	Tax Records																								
<b>Geological Interpretation Agency (Interpretation)</b>	Jordan Mayer																								
<b>Locate Method</b>	GPS SA Off (averaged) (15 meters)																								
<b>Input Source</b>	Minnesota Geological Survey																								
<b>Input Date</b>	06/12/2020																								
<b>UTM Easting (X)</b>	296558																								
<b>UTM Northing (Y)</b>	494434																								
<b>Interpretation Method</b>	Geologic study 1:24k to 1:100k																								
<b>Geological Material</b>	<b>Color</b>	<b>Hardness</b>	<b>From</b>	<b>To</b>	<b>Thickness</b>	<b>From</b>	<b>To</b>	<b>Elevation (ft.)</b>	<b>Stratigraphy</b>	<b>Primary Lithology</b>	<b>Secondary</b>	<b>Minor Lithology</b>													
SOIL		SOFT	0	1	1	1060	1059	1059	Recent undiff.	soil	organic deposits														
CLAY	YELLOW	SOFT	1	28	27	1059	1032	1032	clay-brown	clay															
CLAY	BLUE	HARD	28	144	116	1032	916	916	clay-gray	clay															
SAND	BLUE	SOFT	144	154	10	916	906	906	sand-gray	sand															

**Minnesota Well Index - Stratigraphy Report**

**617724**

**DISCLOSURE STATEMENT: WELL**

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- 1. Date 7-12-22
- 2. Page 1 of \_\_\_\_\_ pages: THE REQUIRED MAP
- 3. IS ATTACHED HERE AND MADE A PART OF THIS
- 4. DISCLOSURE

5. Minnesota Statute 103I.235 requires that, before signing an agreement to sell or transfer real property, Seller must disclose information in writing to Buyer about the status and location of all known wells on the property. This requirement is satisfied by delivering to Buyer either a statement by Seller that Seller does not know of any wells on the property, or a disclosure statement indicating the legal description and county, and a map showing the location of each well. In the disclosure statement Seller must indicate, for each well, whether the well is in use, not in use or sealed.

10. Unless Buyer and Seller agree to the contrary in writing, before the closing of the sale, a Seller who fails to disclose the existence or known status of a well at the time of sale, and knew or had reason to know of the existence or known status of the well, is liable to Buyer for costs relating to sealing of the well and reasonable attorneys' fees for collection of costs from Seller, if the action is commenced within six years after the date Buyer closed the purchase of the real property where the well is located.

15. Legal requirements exist relating to various aspects of location and status of wells. Buyer is advised to contact the local unit(s) of government, state agency, or qualified professional which regulates wells for further information about these issues. For additional information on wells, please visit the Minnesota Department of Health's website at www.health.state.mn.us.

19. Instructions for completion of this form are on page three (3).

20. PROPERTY DESCRIPTION: Street Address: 1561 540<sup>th</sup> St,  
21. City of Wood Lake, County of Yellow Medicine,  
22. State of Minnesota, Zip Code 56297.

23. LEGAL DESCRIPTION: \_\_\_\_\_  
24. \_\_\_\_\_  
25. \_\_\_\_\_ ("Property").

26. WELL DISCLOSURE STATEMENT: (Check appropriate boxes.)

27. Seller certifies that the following wells are located on the above-described real Property.

	MN Unique Well No.	Well Depth	Year of Const.	Well Type	IN USE	NOT IN USE	SHARED	SEALED
30. Well 1	<u>6 17724</u>	<u>154'</u>	<u>1999</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Well 2	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Well 3	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. Is this property served by a well not located on the Property?  Yes  No

34. If "Yes," please explain: NO  
35. \_\_\_\_\_

36. NOTE: See definition of terms "IN USE," "NOT IN USE," and "SEALED" on lines 102-113. If a well is not in use, it must be sealed by a licensed well contractor or a well owner must obtain a maintenance permit from the Minnesota Department of Health and pay an annual maintenance fee. Maintenance permits are not transferable. If a well is operable and properly maintained, a maintenance permit is not required.

40. If the well is, "Shared":  
41. (1) How many properties or residences does the shared well serve? 1  
42. (2) Who manages the shared well? owner  
43. (3) Is there a maintenance agreement for the shared well?  Yes  No

44. If "Yes," what is the annual maintenance fee? \$ \_\_\_\_\_

**DISCLOSURE STATEMENT: WELL**

46. Property located at \_\_\_\_\_

47. **OTHER WELL INFORMATION:**

48. Date well water last tested for contaminants: N/A Test results attached?  Yes  No

49. Contaminated Well: Is there a well on the Property containing contaminated water?  Yes  No

50. Comments: \_\_\_\_\_

51. \_\_\_\_\_

52. \_\_\_\_\_

53. \_\_\_\_\_

54. \_\_\_\_\_

55. \_\_\_\_\_

56. \_\_\_\_\_

57. **SEALED WELL INFORMATION:** For each well designated as sealed above, complete this section.

58. When was the well sealed? \_\_\_\_\_

59. Who sealed the well? \_\_\_\_\_

60. Was a Sealed Well Report filed with the Minnesota Department of Health?  Yes  No

61. **MAP: Complete the attached Location Map showing the location of each well on the real Property.**

62. This disclosure is not a warranty of any kind by Seller(s) or any licensee(s) representing or assisting any part(/ies) in  
63. this transaction and is not a substitute for any inspections or warranties the party(ies) may wish to obtain.

64. **SELLER'S STATEMENT:** *(To be signed at time of listing.)*

65. Seller(s) hereby states that the facts as stated above are true and accurate and authorizes any licensee(s) representing  
66. or assisting any party(ies) in this transaction to provide a copy of this Disclosure Statement to any person or entity  
67. in connection with any actual or anticipated sale of the Property. A seller may provide this Disclosure Statement to  
68. a real estate licensee representing or assisting a prospective buyer. The Disclosure Statement provided to the real  
69. estate licensee representing or assisting a prospective buyer is considered to have been provided to the prospective  
70. buyer. If this Disclosure Statement is provided to the real estate licensee representing or assisting the prospective  
71. buyer, the real estate licensee must provide a copy to the prospective buyer.

72. **Seller is obligated to continue to notify Buyer in writing of any facts that differ from the facts disclosed here  
73. (new or changed) of which Seller is aware that could adversely and significantly affect the Buyer's use or  
74. enjoyment of the Property or any intended use of the Property that occur up to the time of closing.** To disclose  
75. new or changed facts, please use the *Amendment to Disclosure Statement* form.

76. \_\_\_\_\_ (Seller) \_\_\_\_\_ (Date) \_\_\_\_\_ (Seller) \_\_\_\_\_ (Date)

77. **BUYER'S ACKNOWLEDGEMENT:** *(To be signed at time of purchase agreement.)*

78. I/We, the Buyer(s) of the Property, acknowledge receipt of this *Disclosure Statement: Well and Location Map* and  
79. agree that no representations regarding facts have been made other than those made above.

80. \_\_\_\_\_ (Buyer) \_\_\_\_\_ (Date) \_\_\_\_\_ (Buyer) \_\_\_\_\_ (Date)

81. **LISTING BROKER AND LICENSEES MAKE NO REPRESENTATIONS HERE AND ARE**  
82. **NOT RESPONSIBLE FOR ANY CONDITIONS EXISTING ON THE PROPERTY.**

## DISCLOSURE STATEMENT: WELL

83. Page 3

### 84. INSTRUCTIONS FOR COMPLETING THE WELL DISCLOSURE STATEMENT

85. **DEFINITION:** A “well” means an excavation that is drilled, cored, bored, washed, driven, dug, jetted, or otherwise  
86. constructed if the excavation is intended for the location, diversion, artificial recharge, or acquisition of groundwater.

87. **MINNESOTA UNIQUE WELL NUMBER:** All new wells constructed AFTER January 1, 1975, should have been  
88. assigned a Minnesota unique well number by the person constructing the well. If the well was constructed after this  
89. date, you should have the unique well number in your property records. If you are unable to locate your unique well  
90. number and the well was constructed AFTER January 1, 1975, contact your well contractor. If no unique well number  
91. is available, please indicate the depth and year of construction for each well.

92. **WELL TYPE:** Use one of the following terms to describe the well type.

93. **WATER WELL:** A water well is any type of well used to extract groundwater for private or public use. Examples  
94. of water wells are: domestic wells, drive-point wells, dug wells, remedial wells, and municipal wells.

95. **IRRIGATION WELL:** An irrigation well is a well used to irrigate agricultural lands. These are typically  
96. large-diameter wells connected to a large pressure distribution system.

97. **MONITORING WELL:** A monitoring well is a well used to monitor groundwater contamination. The well is  
98. typically used to access groundwater for the extraction of samples.

99. **DEWATERING WELL:** A dewatering well is a well used to lower groundwater levels to allow for construction  
100. or use of underground spaces.

101. **INDUSTRIAL/COMMERCIAL WELL:** An industrial/commercial well is a nonpotable well used to extract  
102. groundwater for any nonpotable use, including groundwater thermal exchange wells (heat pumps and heat  
103. loops).

104. **WELL USE STATUS:** Indicate the use status of each well. CHECK ONLY ONE (1) BOX PER WELL.

105. **IN USE:** A well is “in use” if the well is operated on a daily, regular, or seasonal basis. A well in use includes  
106. a well that operates for the purpose of irrigation, fire protection, or emergency pumping.

107. **NOT IN USE:** A well is “not in use” if the well does not meet the definition of “in use” above and has not been  
108. sealed by a licensed well contractor.

109. **SEALED:** A well is “sealed” if a licensed contractor has completely filled a well by pumping grout material  
110. throughout the entire bore hole after removal of any obstructions from the well. A well is “capped” if it has  
111. a metal or plastic cap or cover which is threaded, bolted or welded into the top of the well to prevent entry  
112. into the well. A “capped” well is not a “sealed” well.

113. If the well has been sealed by someone other than a licensed well contractor or a licensed well sealing  
114. contractor, check the well status as “not in use.”

115. If you have any questions, please contact the Minnesota Department of Health, Well Management Section,  
116. at (651) 201-4587 (metropolitan Minneapolis–St. Paul) or 1-800-383-9808 (greater Minnesota).

MN-DS:W-3 (8/19)