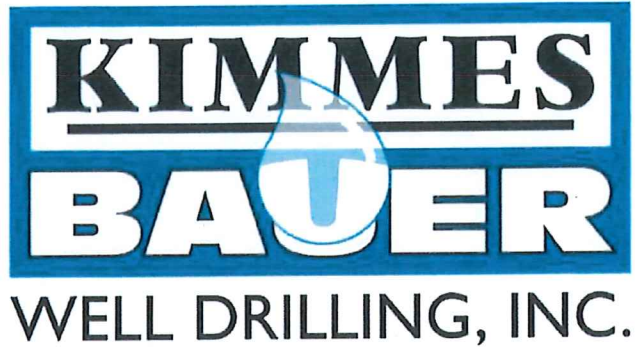


Well & Pumping System Inspection



1. General	
Inspection Requested By Charles Storlie	Telephone Number (612) 709-5568
Mailing Address	
City, State, ZIP Code	
Owner's Name	Telephone Number
Mailing Address	
City, State, ZIP Code	

2. Location Information	County of Water System Location Goodhue
Grid or Street Address or Road Name and Number (if available) 14323 U.S. Highway 61 Welch, MN 55089	

Subdivision Name	Lot #	Block #			
Gov't Lot #	1/4 / 1/4 / 1/4	Section 9	Township 113 N	Range 16	E / W W
Lat. DEG	MIN	Long. DEG	MIN		

3. Source Information	Source <input checked="" type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Dug <input type="checkbox"/> Spring
	<input type="checkbox"/> Jetted <input type="checkbox"/> Other _____
Well serves _____ 1 # of homes and/or _____ home, barn & shop (Ex. barn, restaurant, church, school, industry, etc.)	
Unique Well No. 101036	High Capacity Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	High Capacity Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

4. Well Data	From <input checked="" type="checkbox"/> Well Construction Report <input type="checkbox"/> Pump Installer	<input type="checkbox"/> Owner's Memory <input type="checkbox"/> Measurement	Constructed by Ryan Well Company	Approximate year well constructed 1975
Well Location: <input checked="" type="checkbox"/> Outside <input type="checkbox"/> In Basement <input type="checkbox"/> In Pit/Alcove <input type="checkbox"/> In Crawl Space <input type="checkbox"/> In Building <input type="checkbox"/> In Pumphouse				
Casing Diameter 4 (inches)	Well Terminates <input checked="" type="checkbox"/> Above the <input type="checkbox"/> Floor	<input type="checkbox"/> Below <input type="checkbox"/> Outside Grade	Casing Material Steel	Well Depth (ft.) (If known) 400
			Well Yield 50 GPM	Casing Depth (ft.) (If known) 355
Well Located In Floodplain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Well Properly Separated From Contamination Sources On Well Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well Properly Separated From Contamination Sources On Neighboring Property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

5. Pump Data	Location: <input checked="" type="checkbox"/> In Well <input type="checkbox"/> In Basement <input type="checkbox"/> In Pit/Alcove <input type="checkbox"/> In Crawl Space <input type="checkbox"/> In Building <input type="checkbox"/> In Pumphouse			
Pump Name & Type 2 wire	Age ?	Pipe Material in Well plastic	Method of Discharge pitless	Cross Connections? No
Pump Installer's Name ?	Amp Draw 8.6	Pipe Material Before Pressure Tank poly	Water Quality Characteristics Clear	
Pumped At GPM 8 for .25 Hours	Horsepower 1 HP	Cap Type vermin proof	Vermin Proof? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Water Treatment Equipment water filter
Pressure Tank Type & Size WR120	Voltage 230	Wires enclosed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Back Sample Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Where Sampled? outside faucet

6. Conclusions & Recommendations	Water system working correctly? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Visible portions comply with ch. NR 812 in effect at time of installation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Well filling and sealing needed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Variance exists? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Describe) <input type="checkbox"/> Not Needed
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The information on this form lists facts and conditions of the visible portions of the well and pressure system at the time of inspection and does not imply or give any kind of guarantee. It is a statement of the opinion of the inspector regarding the compliance and operation of the system at the time of inspection.

Comments or Repairs Needed:

The well, pumping system, and other components of the well are in good working condition and is pumping to capacity.

Inspector's Name DJ Schiell	Telephone Number 651-437-1973	DNR License Number MN 1540 - WI 59	Date Signed 6/23/20
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101036

County Goodhue
 Quad Welch
 Quad ID 86C

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

Entry Date 11/04/1987
 Update Date 02/14/2014
 Received Date

Well Name GIBBS, JOHN	Township 113	Range 16	Dir Section W 9	Subsection CDCADC	Well Depth 400 ft.	Depth Completed 400 ft.	Date Well Completed 11/07/1975
Elevation 1010	Elev. Method 7.5 minute topographic map (+/- 5 feet)	Drill Method Non-specified Rotary		Drill Fluid			
Address C/W RR 2 WELCH MN 55089					Use domestic	Status Active	
Stratigraphy Information					Well Hydrofractured? Yes <input type="checkbox"/> No <input type="checkbox"/>	From	To
Geological Material	From	To (ft.)	Color	Hardness	Casing Type Step down	Joint Welded	
CLAY	0	40	BROWN	SOFT	Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Above/Below 1 ft.	
LIME	40	260	BROWN	HARD	Casing Diameter	Weight	Hole Diameter
LIME	260	295	WHITE	HARD	4 in. To 355 ft. 11 lbs./ft.		4 in. To 400 ft.
SANDSTONE	295	320	YELLOW	SOFT	8 in. To 42 ft. lbs./ft.		
SANDSTONE	320	400	WHITE	HARD			
					Open Hole From 355 ft. To 400 ft.		
					Screen? <input type="checkbox"/>	Type	Make
					Static Water Level 240 ft. land surface	Measure	11/07/1975
					Pumping Level (below land surface) 280 ft. 4 hrs. Pumping at	50	g.p.m.
					Wellhead Completion		
					Pitless adapter manufacturer	Model	
					<input type="checkbox"/> Casing Protection	<input type="checkbox"/> 12 in. above grade	
					<input type="checkbox"/> At-grade (Environmental Wells and Borings ONLY)		
					Grouting Information	Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Specified	
					Material	Amount	From To
					neat cement	4 Cubic yards	0 ft. 355 ft.
					Nearest Known Source of Contamination		
					feet	Direction	Type
					Well disinfected upon completion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
					Pump <input type="checkbox"/> Not Installed	Date Installed	11/12/1975
					Manufacturer's name	STA-RITE	
					Model Number	AP14EZ	HP 1 Volt 230
					Length of drop pipe	273 ft	Capacity 10 g.p. Typ Submersible
					Abandoned		
					Does property have any not in use and not sealed well(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					Variance		
					Was a variance granted from the MDH for this well?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
					Miscellaneous		
					First Bedrock	Prairie Du Chien Group	Aquifer Jordan
					Last Strat	Jordan Sandstone	Depth to Bedrock 40 ft
					Located by	Minnesota Geological Survey	
					Locate Method	Digitized - scale 1:24,000 or larger (Digitizing Table)	
					System	UTM - NAD83, Zone 15, Meters	X 520253 Y 4938724
					Unique Number Verification	Other, note in	Input Date 01/01/1990
					Angled Drill Hole		
					Well Contractor		
					Ryan Well Co.	19063	MAYER, J.
					Licensee Business	Lic. or Reg. No.	Name of Driller