

1. LOCATION OF WELL

County Name: Hennepin Fraction: 17 Township Number: 118N Range Number: 22W

Distance and Direction from Road Intersection or Street Address and City of Well Location:
Plymouth

exact location of well in section grid with "X." Sketch map of well location.

118-22-17 cd abc
ELEV. 997±5
120C
249
248

3. PROPERTY OWNER'S NAME
DUNDEE NURSERY
Address: 16890 - HUISS WAY

4. WELL DEPTH (completed) 318 ft. Date of Completion 8-2-76

5. Cable tool Reverse Driven Dug
 Hollow rod Air Bored Rotary Jetted Power Auger

6. USE
 Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well

2. FORMATION LOG

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
gummy top	yellow		0	3
soft OPUB-CLAY	yellow		3	14
clay OPUG-CLAY	blue		14	50
clay OPUR-CLAY	red		50	58
loose gravel OPUG-GRV	red	hard	58	82
loose sand OPUG-SAND	yellow		82	94
clay OPUB-CLAY	yellow		94	98
soft clay OPUG-CLAY	green		98	101
sand OPUG-SAND			101	104
soft clay OPUG-CLAY	grey		104	111
hard clay OPUG-CLAY	grey		111	115
soft clay OPUG-CLAY	grey		115	183
clay OPUG-CLAY	dark		183	185
loose gravel OPUG-GRV	dark	loose	185	205
hard ledge OPUG-BLDR			205	207
gravel OPUG-GRV	dark		207	232
tight shale OPUG-SHLE	dark		232	240
loose shale OPUG-SHLE			240	297
shale OPUG-SHLE	green		297	297
limestone OPDC-DUMT	brown		299	300
Rock - talus OPDC-DUMT	red		300	301
shale OPDC-SHLE	green		301	303
rock OPDC-DUMT	red		303	318

7. CASING DIAM. Threaded 1 Welded 3
Black 2 Galv. 4
in. to 6 ft. depth Weight 19.18 lbs./ft.
in. to 303 ft. depth
in. to _____ ft. depth Drive Shoe? Yes No

8. SCREEN Or open hole
Make _____ from 303 ft. to 318 ft.
Type _____ Dia. _____
Slot/Gauze _____ Length _____ FITTINGS:
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
_____ ft. and _____ ft.

9. STATIC WATER LEVEL 101 ft. below above land surface Date Measured 8-2

10. PUMPING LEVEL (below land surface)
ft. after _____ hrs. pumping 80 g.p.m.
ft. after _____ hrs. pumping _____ g.p.m.

11. WELL HEAD COMPLETION
 Pitless adapter 2 1/2" offset At least 12" above grade

12. Well grouted? Yes No Cu. Yds. _____
 Neat cement Bentonite _____
Depth: from _____ ft. to _____ ft.
from _____ ft. to _____ ft.

13. Nearest source of possible contamination _____ feet _____ direction _____ type
Well disinfected upon completion? Yes No

14. PUMP Date installed _____
 Not installed
Manufacturer's Name _____
Model Number _____ HP 5 Volts
Length of drop pipe 120 ft. capacity 50 g.p.m.
Material of drop pipe galv.
Type: Submersible U.S. Turbine Reciprocating
 Jet Centrifugal

16. WATER WELL CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Stevens Well Co License No. 37194
Address: Maple Plain Mn
Signed: Brad W. J. [Signature] Date: 11/27/78
Authorized Representative
Name of Driller: Stevens

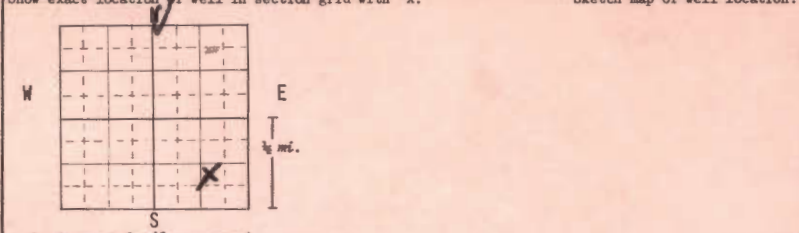
REMARKS, ELEVATION, SOURCE OF DATA, etc.
497
232
765
x info - owner
Agua OPDC-OPDC
MINN. GEOLOGICAL SURVEY COPY

COD

1. LOCATION OF WELL
County Name Hennepin Fraction N1/2 E 1/4 Section Number 17 Township Number 118N Range Number 22W
N. or S. E. or W.

3. PROPERTY OWNER'S NAME
Address DUNDEE NURSERY
16800 - HW55
WAYZATA

Distance and Direction from Road Intersection or Street Address and City of Well Location
Plymouth



4. WELL DEPTH (completed) 318 ft. Date of Completion 8-2-76

5. Cable tool Reverse Driven Dug
 Hollow rod Air Bored _____
 Rotary Jetted Power Auger

6. USE
 Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well _____

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
<u>gummy top</u>			<u>0</u>	<u>3</u>
<u>soft</u>	<u>yellow</u>		<u>3</u>	<u>14</u>
<u>stony</u>	<u>blue</u>		<u>14</u>	<u>50</u>
<u>clay</u>	<u>red</u>		<u>50</u>	<u>58</u>
<u>coarse gravel</u>		<u>hard</u>	<u>58</u>	<u>82</u>
<u>clay</u>	<u>red</u>		<u>82</u>	<u>94</u>
<u>loose sand</u>			<u>82</u>	<u>94</u>
<u>clay</u>	<u>yellow</u>		<u>94</u>	<u>98</u>
<u>soft clay</u>	<u>green</u>		<u>98</u>	<u>101</u>
<u>sand</u>			<u>101</u>	<u>104</u>
<u>soft clay</u>	<u>grey</u>		<u>104</u>	<u>111</u>
<u>hard clay</u>	<u>grey</u>		<u>111</u>	<u>115</u>
<u>soft clay</u>	<u>grey</u>		<u>115</u>	<u>183</u>
<u>clay</u>	<u>dark</u>		<u>183</u>	<u>185</u>
<u>coarse gravel</u>	<u>dark</u>	<u>loose</u>	<u>185</u>	<u>205</u>
<u>hard ledge</u>			<u>205</u>	<u>207</u>
<u>gravel loose</u>	<u>dark</u>		<u>207</u>	<u>232</u>
<u>tight shale</u>	<u>pink</u>		<u>232</u>	<u>240</u>
<u>loose shale-soft</u>	<u>white</u>		<u>240</u>	<u>255</u>
<u>shale</u>	<u>cream</u>		<u>255</u>	<u>270</u>
<u>sandrock loose</u>		<u>soft</u>	<u>270</u>	<u>297</u>
<u>shale</u>	<u>green</u>		<u>297</u>	<u>299</u>
<u>limestone</u>	<u>brown</u>		<u>299</u>	<u>300</u>
<u>Rock Shakopee</u>	<u>red</u>		<u>300</u>	<u>301</u>
<u>Shale</u>	<u>green</u>		<u>301</u>	<u>303</u>
<u>set casing</u>			<u>303</u>	
<u>rock</u>	<u>tan to red</u>		<u>303</u>	<u>318</u>
<u>very hard</u>				

7. CASING DIAM. Threading 1 Welded 3
Black 2 Galv. 4
6 in. to 303 ft. depth
6 in. to 303 ft. depth
in. to _____ ft. depth

HEIGHT: Above/Below Surface 19.18 ft.
Weight _____ lbs./ft.
Drive Shoe? Yes No

8. SCREEN Or open hole from 303 ft. to 318 ft.
Type _____ Dia. _____
Slot/Gauge _____ Length _____
Set between _____ ft. and _____ ft.
_____ ft. and _____ ft.
_____ ft. and _____ ft.

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 Pitless adapter Basement offset At least 12" above grade

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 Neat cement Bentonite _____
Depth: from _____ ft. to _____ ft.
from _____ ft. to _____ ft.

13. Nearest source of possible contamination Legal feet _____ direction _____ type
Well disinfected upon completion? Yes No

14. PUMP Date installed _____
 Not installed
Manufacturer's Name Jacuzzi
Model Number _____ HP 5 Volts
Length of drop pipe 120 ft. capacity 50 g.p.m.
Material of drop pipe galv.
Type: Submersible L.S. Turbine Reciprocating
 Jet Centrifugal _____

16. WATER WELL CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Stevens Well Co 37194
Licensee Business Name License No.
Address Maple Plain Mn
Signed Jim Stevens Date 11/27/78
Authorized Representative
Name of Driller

15. REMARKS, ELEVATION, SOURCE OF DATA, etc.
LC: S & W
MINN. DEPT. OF HEALTH COPY