



Blaine-Ham Lake Area 2022 Well Interference Investigation Report, Anoka County

Supplemental Information- Complaint Forms and Invoices

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DEPARTMENT OF NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates: #655273

Owner's Name
 Authorized Agent
 Telephone Number Home ()
 Work Cell [REDACTED]

Mailing Address: 3907 135th Ave NE, HAM LAKE MN 55304
 Email Address: [REDACTED]

County: ANOKA Township Name: HAM LAKE Township No. Range Section Fraction: 1/4 1/4 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: MORK WELL CO. INC. Date Completed: 2000 Drilled Depth: 201 FEET Present Depth: 201 FEET

CASING: MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: 1 FOOT ABOVE ft
 Diameter: 4 inches Length: 200 BELOW feet
 Interval: from ? feet to ? feet

DRILLING METHOD: (if known) Mud Rotary Cable Tool Air Rotary Bored/Augered Driven Dug Other

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN: Make ? Or open hole from _____ ft. to _____ ft.
 Type _____ Dia. _____
 Slot/Gage _____ Length: _____ FITTINGS: _____
 Set between _____ ft. and _____ ft.

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
 Age: 22 years Pumping Rate: 10 gpm
 Pump Setting-submersible (Below Ground Level)n: 60 ft
 Drop Pipe Length-non-submersible (Below Ground Level): 60 ft

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current: 57 feet
 Date measured: 8/9/2022
 Method of measurement: TAPE

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current: 57 feet
 Date measured _____
 Method of measurement (steel tape, etc.) _____

Flowing Well: Yes No ?

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____
 Comment (Describe method of inspection): 11/10/2022 email from Mork Well Drilling: Amanda Yourd asked why the pump was replaced. Driller replied "The existing pump was stuck/tight in the well and had to be fought out, requiring a new 3" diameter pump to be installed. NA

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____
 Comment (Describe method of inspection): ?

PUMP: Incrusted Rusted/Corroded Electrical Other
 Comment (Describe method of inspection): ABOVE WATER LEVEL/TAPE

DROP PIPE: Water Marks Rusted/Corroded Holes/Cracks Other _____
 Comment (Describe method of inspection): GOOD CONDITION/VISUAL

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____
 Comment (Describe method of inspection): NA

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? YES If not, why not?

PART D SIGNATURES

Well Owner or Agent: Timothy Albers Date: 11 SEP 2022
 Driller: MORK WELL CO. INC. Address: 1303 135th Ave NW Anoka MN 55303 Phone: [REDACTED] Date: 11 SEP 2022

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem: **OUT OF WATER**

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
3 ADULTS

3) Suspected cause of the problem: **DROP IN WATER LEVEL**

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

**CITY OF BLAINE MN. / STEFAN HIGGINS, PE / ASSISTANT CITY ENGINEER. CITY OF BLAINE. [REDACTED]
10801 TOWN SQUARE DRIVE NE, BLAINE MN. 55449**

5) Past well problems? (when and what was the problem?):

NONE SINCE I BUILT THE HOME IN 2000 UP UNTILL NOW.

6) Describe any maintenance that has been done on this well:

DROPPED NEW 3" 3/4 HP PUMP 40 FEET DEEPER TO A DEPTH OF 100 FEET.

7) Have you corrected the problem? Explain:

MARK WELL CO. INC COMPLETED THE WORK ON 8 AUG 2022 AND THE PROBLEM HAS BEEN RESOLVED.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

REIMBURSEMENT FOR MATERIALS, HARDWARE AND LABOR TO CORRECT THE PROBLEM.

9) Have you complained before? When? To whom?

NO

10) General Comments:

NEVER HAD ANY WATER SUPPLY ISSUES SINCE I BUILT THE HOME 22 YEARS AGO, UNTILL THE CITY OF BLAINE ERRECTED A NEW WATER TOWER, DRILLED 4-5 NEW HIGH CAPACITY WELLS WITH A WATER TREATMENT PLANT AT THE CORNER OF LEXINGTON AND MAIN ST. THIS COUPLED WITH MASSIVE RESIDENTIAL DEVELOPMENT WITH MORE ON THE WAY SEEMS UNSUSTAINABLE. HUNDREDS OF NEW HOMES ALL NEEDING A GREAT DEAL OF WATER WILL ONLY MAKE THIS PROBLEM WORSE.

Since 1945



763-753-2530
7303 185th Ave. NW, Anoka, MN 55303

Invoice

Account #	Inv Date	Invoice #
ALBETI	8/8/2022	14760

PAID
08/10/2022

Bill To

TIM ALBERS
3907 137TH AVE NE
HAM LAKE, MN 55304

Job #

Project Address

TIM ALBERS
3907 137TH AVE NE
HAM LAKE, MN 55304

Due Date	Rep.	Date of Service
8/9/2022		8/9/2022

Quantity	Item Code	Description	U/M	Price Each	Amount
		OUT OF WATER			
	GRUND 0.75 IL...	GRUNDFOS 0.75 HP 10GPM 230V SQ 3" SUB PUMP		1,875.00	1,875.00
40	1" X 20' DROP ...	1" SCH 80 DROP PIPE THREADED		4.00	160.00
108	12 / 2 SUB WIRE	12/2 SUB WIRE		2.25	243.00
2	1" SCH 120 HV...	1" SCH 120 HEAVY DUTY DROP COUPLING		7.00	14.00
	1 1/4" x 1" THE...	1 1/4" x 1" THREADED PVC BUSHING		5.00	5.00
	MISC	MISC SUPPLIES		10.00	10.00
	WELL RITE 32 ...	WELL RITE 32 GAL TANK		1,525.00	1,525.00
1	1" UNION	1" GALV UNION		39.00	39.00
1	1" X 7" NIPPLE	1" X 7" GALV NIPPLE		28.00	28.00
1	1" X 2 1/2"	1" X 2 1/2" GALV NIPPLE		20.00	20.00

<i>Thank You!</i>			Total	\$3,919.00
			Payments/Credits	-\$3,919.00
			Balance Due	\$0.00

Since 1945



763-753-2530

7303 185th Ave. NW, Anoka, MN 55303

WORK ORDER

ACCOUNT #	DATE	TERMS	REP	SERVICE #
ALBETI	8/8/2022	DUE UPON COMPLETION OF JOB	MATT/RUNT	15013
Customer Phone		Customer Alt. Phone	START TIME	END TIME
[REDACTED]		[REDACTED]	11:20	2:30

NAME / ADDRESS

 TIM ALBERS
 3907 137TH AVE NE
 HAM LAKE, MN 55304

LOCATION/DESCRIPTION

DESCRIPTION	QTY	COST	TOTAL
OUT OF WATER SERVICE CALL SWL Dropped to 57		235.00	
Replaced pump and dropped pipe down to 80'			
old pump came out about 10:20			
10SQ07-200 Grundfos 3" Pump			1875.00
1" sch 120 Drop Pipe	40	400/ft	160.00
1/2" sub. wire	108	2.25/ft	243.00
1" PVC Couplings	2	7.00	14.00
1/4" x 1/2" PVC Bushing			5.00
MISC. Supplies			10.00
WR 120R 22 gal Wellmate TANK			1525.00
1" GAIN union			39.00
1x7 GAIN n-pipe			28.00
1x22 n-pipe			21.00

- 1 TECH ADDITIONAL HR \$195 HR
- 2 TECHS \$295 HR
- EA ADDITIONAL TECH \$110 HR
- RECYCLE TANK \$15-\$50 EA
- RECYCLE PUMP \$15.00 EA
- DROP PIPE \$2.50 EA
- CHLORINATED YES NO

Payment was secured

A monthly month (1st checks. C legal fees

We try to gutters, at the work or its emp

My Signat

CUSTOMER

PUMP WAS @ 60'
 DROPPED PUMP 40'
 PUMP IS @ 100'

Timothy Albers
 11 SEP 2022

to charge credit/debit card job

accruing at a rate of 1.5% per \$30.00 charge on all returned ng, but not limited to any and all

ewalks, driveways, wires, lines, vitable while we are performing ill not hold Mork Well Co., Inc.

TOTAL MATERIALS

TOTAL LABOR

TOTAL 3919.00

PAYMENT METHOD:
 CASH / CHECK / CREDIT CARD

PA # 10013

 **Success!**

Amount: \$3919.00

Transaction Information

Customer name

TIMOTHY ALBERS

Date & Time

**08/10/2022 - 09:08
AM**

E-Check Information

Account number

xxxxxxxx35

Routing number

xxxxxx024

Account type

Consumer Checking

Payment IDs

Authorization code

621-201

Transaction ID

aquc5cc3

No additional transfer fees or taxes apply.

Thank you for your business

Payment services brought by:

Intuit Payments Inc.

2700 Coast Avenue, Mountain View, CA 94043

Phone number 

NMLS #1098819

For more information about Intuit Payments' money transmission licenses, please visit <https://www.intuit.com/legal/licenses/payment-licenses/>.

PART A WELL LOCATION GPS Coordinates:							
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent			Telephone Number Home () Work () Cell ()				
Mailing Address Kerry Almen 4065 Wildwood Dr Ham Lake MN 55304			Place an "X" on the grid showing the exact location of your well. The grid is one section (360 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).				
Email Address		County	Township Name	Township No.	Range	Section	Fraction
[Redacted]		Anoka	Ham Lake	32N	23W	35	NE SE NE 1/4 1/4 1/4

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)				
Name of Company which drilled well:		Date Completed	Drilled Depth	
McAlpines Well Drilling		11/9/11	220	
Present Depth				
CASING SCREEN PUMP	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	
	SCREEN: Make _____ Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft.	Or open hole from _____ ft. to _____ ft.	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other	
	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Age: _____ years Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length—non-submersible (Below Ground Level) _____ ft.	Pumping Rate: _____ gpm	
	FITTINGS: _____		USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd	
		Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)		
		Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)		
		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No		

See attached

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection):
OTHER (Describe method of inspection):	
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?	

PART D SIGNATURES			
Well Owner or Agent:	Date:	Driller:	Date:
Kerry Almen	9/17/22	Address: Phone:	

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Water pressure issues then loss of water on 7/23/22

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 people and a dog

3) Suspected cause of the problem:

lowered water table

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

City of Blaine and they referred us to you

5) Past well problems? (when and what was the problem?):

none - replaced well in 2011 for better water quality - see attached information

6) Describe any maintenance that has been done on this well:

7) Have you corrected the problem? Explain: yes - McAlpines well drilling company came out on 7/23/22 to check well and pump assembly - they needed to lower the pump 20ft so we could have water again

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

reimburse us for the cost of the service call/repair

9) Have you complained before? When? To whom?

no

10) General Comments:

- 2 neighbors lost water last summer and had to drill new wells
- 2 neighbors also had to lower their pump to access water and another one is having water pressure issues
- there may be other neighbors with issues we don't know about

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent

65304 Telephone Number
 Home [REDACTED]
 Work [REDACTED]
 Cell [REDACTED]

14822 Wake St NE, Ham Lake, MN
 Mailing Address [REDACTED]

County: Anoka Township Name: Ham Lake Township No.: Range: Section: Fraction: 1/4 1/4 1/4 1 MILE

NW	NE
SW	SE

1/2 MILE
in Front Yard by Flag pole

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Date Completed: Drilled Depth: Present Depth:

CASING	MATERIAL:	Height Above (Below) Land Surface: ft	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known)	<input type="checkbox"/> Dug <input type="checkbox"/> Other
	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Diameter: _____ inches		<input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven	
		Length: _____ feet		USE: Type & Amount in gallons per day (gpd)	<input type="checkbox"/> Other _____ gpd
SCREEN	SCREEN:	Or open hole from _____ ft. to _____ ft.		<input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd	<input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd
	Make _____ Type _____ Dia.: _____			Original & Current Non-Pumping Water Level (Above) Land Surface:	
	Styl/Gage _____ Length: _____			Original _____ Current _____	_____ feet _____ date measured _____ method of measurement (steel tape, etc.)
PUMP	TYPE:	Age: _____ years	Pumping Rate: _____ gpm	Original & Current Pumping Water Level Below Land Surface:	
	<input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Pump Setting-submersible (Below Ground Level) _____ ft.		Original _____ Current _____	_____ feet _____ date measured _____ method of measurement (steel tape, etc.)
		Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Electrical <input type="checkbox"/> Incrusted <input type="checkbox"/> Other <input type="checkbox"/> Rusted/Corroded	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Water Marks <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other <input type="checkbox"/> Holes/Cracks	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection):	
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?	

PART D SIGNATURES

Well Owner or Agent: Gary P. Will Gay Pluce	Date: 8/11/22	Driller: Address: Phone:	Date:
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PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

well went dry - no water

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

1 home 2 people in household

3) Suspected cause of the problem:

?

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

?

5) Past well problems? (when and what was the problem?):

NONE

6) Describe any maintenance that has been done on this well:

NONE

7) Have you corrected the problem? Explain:

YES by ~~adding~~ going down further
40' see attached receipt

How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

might need to go further down, &

there are a lot of people having the

Have you complained before? When? To whom?

same issue

NONE / NO

General Comments:



Bastian
Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 7/28/22
 [Redacted]

* William

JOB:

Gary Will
 14822 Lake St
 Ham Lake MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION AMOUNT

Low Flow

* Service call 148⁰⁰

* Labor Pull & Add
 Pipe & Wire 250⁰⁰

* 40' 1" PVC & 14-3 GFI 165⁰⁰

* 1- 1 1/4 brass Shappi
 (Dis-integrated) 165⁰⁰

\$728⁰⁰

Paul
 eh
 3377

SIGNATURE

[Handwritten Signature]

TOTAL

PART A WELL LOCATION GPS Coordinates:					
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent Gerry & Nancy Anderson			Telephone Number Home () Work Cell ()		
Mailing Address 13740 Nancy ST NE Ham Lake			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).		
Email Address:			Range Section Fraction 1/4 1/4 1/4		
County Anoka			1 MILE		

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well:		Date Completed	Drilled Depth
Present Depth			
CASING	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: Diameter: 6 inches Length: ? feet	Interval: from _____ feet to _____ feet
	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other		
	USE: Type & Amount in gallons per day (gpd) <input checked="" type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd		
SCREEN	SCREEN: Make _____ Type _____ Dia: _____ Slot/Gage _____ Length: _____ Set between _____ ft and _____ ft	Or open hole from _____ ft. to _____ ft.	
	FITTINGS: Set between _____ ft and _____ ft.		Original & Current Non-Pumping Water Level (Above) Land Surfaces: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____
PUMP	TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Age: _____ years Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.	Pumping Rate: _____ gpm
	Original & Current Pumping Water Level Below Land Surfaces: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Holes <input type="checkbox"/> Incrusted <input type="checkbox"/> Other _____	Comment (Describe method of inspection): No Problem
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection): None
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection): Pump worked, suspect too much dry pumping
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection): No Problem, replaced PVC better - longer life
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection): No Problem
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? <u>yes</u> . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: Guy Anderson	Date: 9-26-22	Driller: Address: Phone:	Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

intermittent pumping

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 people

3) Suspected cause of the problem:

Drop in water table

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

yes city of Blaine - Stefan Higgins

5) Past well problems? (when and what was the problem?):

none. had pump pulled and checked when Baptist Church and Schomacker digging sand

6) Describe any maintenance that has been done on this well:

Sweetened ever 3 to 5 years

7) Have you corrected the problem? Explain:

Replaced pump and lowered another section of pipe - add 80' to the depth.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

there was no need to pull the pump until Blaine city lowered the water table -

9) Have you complained before? When? To whom?

NO

They should reimburse total amount

10) General Comments:

*McCullough & Sons did the recent work on the well
Before was Bob Haddon.*



PUMP REPAIRING
Office Phone 651-464-3939
Wisc. Res. 1-715-386-3992
After Hours: 651-433-2240

20335 FOREST BOULEVARD NORTH FOREST LAKE, MINNESOTA 55025

Customer's Order No. 920221 Date 9-20 2022

Name Genny Anderson

Address 13746 Kenwood St NE Forest Lake MN 55304

SOLD BY <u>Prian</u>	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
-------------------------	------	--------	--------	----------	-------------	----------

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Service call and labor pulled out 1/2 HP and Re Place with a 1/2 HP Flouissu pump		1800.00
	Re Place 60 Feet of 1" galve pipe with 1" PVC 1" pipe at 300 per Foot		180.00
	# 4054		1920.00 1980.00

All claims and returned goods MUST be accompanied by this bill.

1% INTEREST CHARGED PER MONTH WHICH IS ANNUAL PERCENTAGE RATE OF 12%.

Received by

Genny Anderson
Thank You!



DEPARTMENT OF
NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
Kyle & Jackie Andersen

Telephone Number: [Redacted]
Home: [Redacted]
Work: [Redacted]
Cell: [Redacted]

Mailing Address: 4071 Wildwood Dr NE, Ham Lake, MN 55304
Email Address: [Redacted]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: Anoka Township Name: Range: Section: Fraction: 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Date Completed: Drilled Depth: Present Depth:

CASING: MATERIAL: Steel Plastic Concrete Wood Other

Height Above (Below) Land Surface: ft. Interval: from _____ feet to _____ feet

Diameter: _____ inches Length: _____ feet

DRILLING METHOD: (if known) Mud Rotary Cable Tool Dug Air Rotary Bored/Augered Other Driven

SCREEN: Make: _____ Or open hole from _____ ft. to _____ ft. Type: _____ Dia.: _____ Slot/Gage: _____ Length: _____ Set between _____ ft and _____ ft

FITTINGS: Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ feet date measured _____ method of measurement (steel tape, etc.)

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other

Age: _____ years Pumping Rate: _____ gpm

Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ feet date measured _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other _____ Comment (Describe method of inspection):

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____ Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection):

OTHER (Describe method of inspection):
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Kyle Andersen Date: 10/9/22 Driller: Address: Phone: Date:

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Our home well ran dry, and this caused our pump to fail.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

5 people (Two adults, Three children).

3) Suspected cause of the problem:

Draw down from the city of Blaine.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

We contacted the city of Blaine.

5) Past well problems? (when and what was the problem?):

No

6) Describe any maintenance that has been done on this well:

We had to have Bastian Well company come out and install a new pump and drop our pump even lower.

7) Have you corrected the problem? Explain:

Yes. With a new pump and the deeper well, our water has been restored.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

A full refund of the bill paid to Bastian Well company (see attached bill).

9) Have you complained before? When? To whom?

We talked to Stefan Higgins with the city of Blaine.

10) General Comments:

Thanks!



Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 7/22/22

JOB: (Burned out Pump)

Kyle Anderson
4071 Wildwood Dr.
Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT

* Truck charge / Pull Pump	128 ⁰⁰
* Labor Remove & Replace	

Pump	395 ⁰⁰
<u>Add Pipe (water table)</u>	
<u>60'</u>	

* Flush with compressor	138 ⁰⁰
* 1- 1/2 hp Goulds Pump	749 ⁰⁰
* 40' Drop pipe case	160 ⁰⁰

1570⁰⁰

Paul
 7/22/22

SIGNATURE	TOTAL
-----------	-------

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
Michelle + Tony Banack

Telephone Number
 Home ()
 Work ()
 Cell ()

Mailing Address: *3714 143rd Lane NE Ham Lake MN 55304*

Email Address: ()

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: *Anoka* Township Name: *Ham Lake* Township No. Range Section Fraction: *1/4 1/4 1/4*

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Date Completed Drilled Depth Present Depth

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: ft. Interval: from _____ feet to _____ feet
 Diameter: inches Length: feet
 DRILLING METHOD: (if known) Mud Rotary Air Rotary Cable Tool Bored/Augered Driven Dug Other
 USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

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

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.
 Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____ feet
 date measured _____ method of measurement (steel tape, etc.)
 Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 date measured _____ method of measurement (steel tape, etc.)
 Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): *Amanda Yourd spoke to Michelle Banack on 11/10/2022: She said that her well had low water pressure when using an appliance for at least one month before the driller visited on 8/11/22.*

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: *Michelle Banack* Date: *8/16/22* Driller: *Sampson Well - Alex Weimer* Address: *690 167th Ave, Forest Lake MN 55025* Phone: () Date: *8/11/22*

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

NO water pressure when running 1 or more items

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3

3) Suspected cause of the problem:

UNSURE

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

City of Blaine
Stefan Higgins



5) Past well problems? (when and what was the problem?):

0

6) Describe any maintenance that has been done on this well:

flushed in 2019

7) Have you corrected the problem? Explain:

~~NO~~ Received maintenance

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Payment of services rendered

9) Have you complained before? When? To whom?

NO

10) General Comments:

BRUCE SAMPSON
Owner

Complete Well
Services

STATEMENT



DATE	8/11/2022
NUMBER	

Alex Weimmer
owner now

651-464-6088 Office

Licensed & Bonded

3714 143rd Lane NE
 TONY BANACK

\$ 300

TERMS: Due Upon Receipt

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD ↓	
	20ft Pipe & wire	150
	couplings & fittings	
	fuel charge - Truck service	150
	labor	
	TANK & wire check	
		300

A service charge of 1 1/2% (18% annually)
will be charged to all unpaid balances

Thank You

PAY LAST AMOUNT
IN THIS COLUMN



PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent Wade Barber

Telephone Number
Home ()
Work ()
Cell ()

Mailing Address 16251 Hupp St NE
Email Address ()

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Name _____ Township No. _____ Range _____ Section _____ Fraction 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Bastian Well Service Date Completed _____ Drilled Depth ~217' Present Depth _____

CASING

MATERIAL:
 Steel
 Plastic
 Concrete
 Wood
 Other _____

Height Above (Below) Land Surface: _____ ft
Diameter: _____ inches
Length: _____ feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other _____

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Other _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd

SCREEN

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

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

PUMP

TYPE:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifugal
 Other _____

Age: _____ years Pumping Rate: _____ gpm
Pump Setting-submersible (Below Ground Level) _____ ft
Drop Pipe Length-non-submersible (Below Ground Level) _____ ft

Original & Current Pumping Water Level Below Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments
 Cracked Incrusted
 Holes Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded
 Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Electrical
 Incrusted Other _____
 Rusted/Corroded _____ Comment (Describe method of inspection): _____

DROP PIPE: Water Marks
 Rusted/Corroded Other _____
 Holes/Cracks _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Other _____
 Vacuum in Lines _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____
Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?

PART D SIGNATURES

Well Owner or Agent: Wade Barber Date: 8/30/22 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: Had to lower pump 40' due to water level
Well service said it was because of use from Blaine.
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 adults sprinkler system Hardly used
2 children
- 3) Suspected cause of the problem:
per well service city of Blaines water use
caused water table to drop along w/ dry conditions
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
No
- 5) Past well problems? (when and what was the problem?):
No
- 6) Describe any maintenance that has been done on this well:
None, routine
- 7) Have you corrected the problem? Explain:
Yes, had pump lowered 40'
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
Reimbursement of costs
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date 7/31/22
[Redacted]

JOB:

Wade Barber
16251 Hupp St.
Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT

Truck charge								
Lumber - Reel + Extend								
Drop p. pt to 80'								
Add 40 PVC & wire								
Change tank								550 ⁰⁰

1- 40-60 sec. tol								29 ⁰⁰
-------------------	--	--	--	--	--	--	--	------------------

								579 ⁰⁰
--	--	--	--	--	--	--	--	-------------------

230								11 ⁰⁰
-----	--	--	--	--	--	--	--	------------------

								\$1590 ⁰⁰
--	--	--	--	--	--	--	--	----------------------

Paul C

SIGNATURE								
TOTAL								

PART A WELL LOCATION GPS Coordinates:									
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent <p style="font-size: 1.2em; margin-left: 20px;">Tabithah + Donald Carlson</p>	Telephone Number Home () Work Cell		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">NW</td> <td style="width: 25%; border: 1px solid black;">NE</td> </tr> <tr> <td style="width: 25%; border: 1px solid black;">SW</td> <td style="width: 25%; border: 1px solid black;">SE</td> </tr> </table> </div> <div style="text-align: right; margin-top: 5px;">1/2 MILE</div>			NW	NE	SW	SE
NW	NE								
SW	SE								
Mailing Address <p style="font-size: 1.2em; margin-left: 20px;">15316 Nancy St SE Ham Lake, MN 55304</p>		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).							
Email Address		County <p style="font-size: 1.2em; margin-left: 20px;">Anoka</p>		Township Name Township No. Range Section Fraction <p style="text-align: right; margin-right: 20px;">1/4 1/4 1/4 1 MILE</p>					

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)																				
Name of Company which drilled well:		Date Completed	Drilled Depth	Present Depth																
C A S I N G	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven																
	SCREEN: Make _____ Dia.: _____ Type _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft.	Or open hole from _____ ft. to _____ ft.		FITTINGS: _____	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd															
	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Age: _____ years	Pumping Rate: _____ gpm	Original & Current Non-Pumping Water Level (Above) Land Surface: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Original</td> <td style="width: 50%; border-bottom: 1px solid black;">Current</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____ feet</td> <td style="border-bottom: 1px solid black;">_____ feet</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> Original & Current Pumping Water Level Below Land Surface: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Original</td> <td style="width: 50%; border-bottom: 1px solid black;">Current</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____ feet</td> <td style="border-bottom: 1px solid black;">_____ feet</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____</td> <td style="border-bottom: 1px solid black;">_____</td> </tr> </table> Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No		Original	Current	_____ feet	_____ feet	_____	_____	_____	_____	Original	Current	_____ feet	_____ feet	_____	_____	_____
Original	Current																			
_____ feet	_____ feet																			
_____	_____																			
_____	_____																			
Original	Current																			
_____ feet	_____ feet																			
_____	_____																			
_____	_____																			

PART C WELL CONDITION	
<i>NOTE: Attach additional sheets as needed.</i>	
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Holes <input type="checkbox"/> Incrusted <input type="checkbox"/> Other _____	Comment (Describe method of inspection): <p style="font-size: 1.2em; margin-left: 20px;">10/26/22: Tabithah Carlson provided DNR with well unique ID 803364</p>
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: <p style="font-size: 1.5em; margin-left: 20px;">Tabithah Carlson</p>	Date: <p style="font-size: 1.2em; margin-left: 20px;">9/1/22</p>	Driller: <u>Torgelson & Sons</u> Address: Phone:	Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

No water pressure, well pump lowered

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3 people

3) Suspected cause of the problem:

Static water level dropped

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

~~NO~~

5) Past well problems? (when and what was the problem?):

none

6) Describe any maintenance that has been done on this well:

See attached invoice

7) Have you corrected the problem? Explain:

Yes, however there is damage to the pump + given the new depth there will be additional issues

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

New pump + reimbursement for Pump lowering (see invoice)

9) Have you complained before? When? To whom?

NO

we will need a new pump

10) General Comments:

STATEMENT

ART TORGERSON & SON WELL CO.
 18579 Highway 65 NE
 East Bethel, MN 55011
 (763) 434-6180

DATE	8/11/22
NUMBER	Nº 004423

DON + TABITHAH CARLSON
15316 YANLY STREET NE
HAM LAKE

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE	
	BALANCE FORWARD		
8/11/22	MOBILIZE SERVICE TRUCK + PULL PUMP +		
	ADD 42' OF DROP PIPE + WIRE	\$ 500	00
	42' 1" GALVANIZED PIPE + COUPLINGS	\$ 150	00
	42' 1 1/2" PUMP WIRE + CONNECTORS	\$ 50	00
	STATIC WATER LEVEL DROPPED FROM 32'		
	WHEN DRILLED TO 68'. THE PUMP WAS		
	SET AT 70' BUT WAS LOWERED TO		
	112' PUMP RUNS AT 30 GPM AT 40 PSI		

	FUTURE PUMP -> 3" GRUNDOS 1HP. 22' COM WITH 1 1/2" PVC DROP PIPE	\$ 700	00
8/11/22	PAID CK # 2617		

ART TORGERSON & SON WELL CO.

Thank You

PAY LAST AMOUNT
 IN THIS COLUMN

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent Erin Casper

Telephone Number
 Home ()
 Work Cell ()

Mailing Address
13835 Isetta St NE Ham Lake MN 55304

Email Address ()

County Anoka

Range Section Fraction
 _____ 1/4 _____ 1/4 _____ 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: _____ Date Completed _____ Drilled Depth _____ Present Depth _____

CASING

MATERIAL:
 Steel
 Plastic
 Concrete
 Wood
 Other _____

Height Above (Below) Land Surface: _____ ft
 Diameter: _____ inches
 Length: _____ feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other _____

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd
 Other _____ gpd

SCREEN

SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.
 Type _____ Dis.: _____
 Slot/Gage _____ Length: _____
 Set between _____ ft. and _____ ft. FITTINGS: _____

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

PUMP

TYPE:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifical
 Other _____

Age: _____ years
 Pumping Rate: _____ gpm

Pump Setting—submersible (Below Ground Level) _____ ft.
 Drop Pipe Length—non-submersible (Below Ground Level) _____ ft.

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING:
 Cracked
 Holes
 Filled with Sediments
 Incrusted
 Other _____
 Comment (Describe method of inspection): _____

SCREEN (if one exists):
 Incrusted
 Plugged
 Rusted/Corroded
 Other _____
 Comment (Describe method of inspection): _____

PUMP:
 Incrusted
 Rusted/Corroded
 Electrical
 Other _____
 Comment (Describe method of inspection): _____

DROP PIPE:
 Rusted/Corroded
 Holes/Cracks
 Water Marks
 Other _____
 Comment (Describe method of inspection): _____

DISTRIBUTION:
 Plugged Lines
 Vacuum in Lines
 Other _____
 Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Erin Casper Date: 10/4/22

Driller: Baroff Drilling Address: 1051 Birch St Phone: ()
Circle Pines

Date: 10/4/22

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Significantly decreased water pressure, air in lines

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

5 people

3) Suspected cause of the problem:

Blaine filling water tower in drought conditions

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

no

5) Past well problems? (when and what was the problem?):

no

6) Describe any maintenance that has been done on this well:

before this, nothing

7) Have you corrected the problem? Explain:

yes, Barrott came and dropped out pump.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

reimbursement of dropping cost

9) Have you complained before? When? To whom?

no

10) General Comments:

PART A WELL LOCATION GPS Coordinates:

Owner's Name **Jason & Sheila Cole** Telephone Number Home () Work Cell [REDACTED]

Authorized Agent

Mailing Address: **3740 146th Ave NE, Ham Lake, MN 55304** Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1600, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

Email Address: [REDACTED]

County: **Anoka** Township Name: **Ham Lake** Township No. Range Section Fraction: **1/4 1/4 1/4**

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Date Completed Drilled Depth Present Depth

CASING: MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: ft. Interval: from _____ feet to _____ feet
 Diameter: inches Length: feet
 DRILLING METHOD: (if known) Mud Rotary Cable Tool Dig Air Rotary Borod/Auger Other Driven

SCREEN: SCREEN: Make _____ Or open hole from _____ ft. to _____ ft. Type _____ Dia.: _____
 Size/Gage _____ Length: _____ FITTINGS: _____
 Set between _____ ft. and _____ ft.

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection):

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Date: **8/29/22** Driller: _____ Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Mid-july we lost water pressure when our irrigation system was running or we had multiple things running w/ water (i.e. shower, wash machine, dishwasher, etc). You could hear the well dropping pump trying to pull water but no success.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 adults + 4 kids

3) Suspected cause of the problem:

Well was not deep enough due to new water levels.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

I have called the city of Blaine multiple times w/ no return call. Stephen Higgins [REDACTED]

5) Past well problems? (when and what was the problem?):

None

6) Describe any maintenance that has been done on this well:

None

7) Have you corrected the problem? Explain:

Yes, Bastian Well Service Inc. came and lowered the well 60'. It is working well now.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Re-embourment from the city of Blaine for the work done to lower my well → \$600

9) Have you complained before? When? To whom?

No

10) General Comments:



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date 8/5/22
[Redacted]

JOB:

Jason Pole

3740 146th Ave

Hann Lake

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT

Labor / Service

Pull & Add Pipe

260' well

64' water table

Add 40' 1" PVC

Pipe & well

\$600⁰⁰

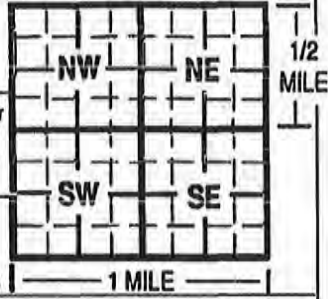
(120' x 1" PVC Total)

Jason Pole
8/6/22

SIGNATURE

TOTAL

PART A WELL LOCATION GPS Coordinates:					
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent		P. Creese		Telephone Number Home [REDACTED] Work [REDACTED] Cell [REDACTED]	
Mailing Address 4062 138th Ave, Ne, Email Address Ham Lake MN, 55304		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
County Anoka	Township Name Ham Lake	Township No.	Range	Section	Fraction 1/4 1/4 1/4



PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well:		Date Completed	Drilled Depth
Present Depth			
CASING	MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: 18" ft	Interval: from _____ feet to _____ feet
	Diameter: Unknown inches	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven	
	Length: Unknown feet	USE: Type & Amount in gallons per day (gpd) <input checked="" type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd	
SCREEN	SCREEN: Make Unknown Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft.	Or open hole from _____ ft. to _____ ft.	Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)
	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Age: Unknown years	Pumping Rate: Unknown gpm
PUMP	Pump Setting-submersible (Below Ground Level) Unknown ft.	Drop Pipe Length--non-submersible (Below Ground Level) Unknown ft.	Flowing Well: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection): Well was not inspected. Amanda Yourd conversation with Peter Creese on
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection): Not Inspected. 2/1/2023: Mr. Creese said that the pressure tank was making noises and black stuff was coming out of the faucet. A plumber came and did not inspect the well but guessed
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Comment (Describe method of inspection): Not Inspected. that the well was fine and the pressure tank needed to be replaced, so the plumber replaced the pressure tank. I asked Mr. Creese if he was still having issues and he said there had
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection): Not Inspected. been no water issues of any kind since the pressure tank was replaced.
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input checked="" type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection): None coming from pressure tank plus pressure drop.
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? <u>Yes</u> . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: Peter Creese	Date: 20 Oct 22	Driller: Address: Phone:	Date:

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: Cavitation in water pressure tank
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
3 Adults
- 3) Suspected cause of the problem:
Low water level in well.
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
No
- 5) Past well problems? (when and what was the problem?):
Well pipe ruptured and leaking. Replaced over 20 years ago
- 6) Describe any maintenance that has been done on this well:
None except replacing pump and pipes over 20 years ago
- 7) Have you corrected the problem? Explain:
Yes replaced pressure tank on advice of plumber, because we had no knowledge of the excessive pumping.
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
Financial aid to pay for some of the expense to purchase and install new tank.
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:
Because we had no idea what was going on with the water (pumping etc.) we relied on the plumber's advice, he had no knowledge of the pumping either



WELL TANK WARRANTY REGISTRATION

Please complete and return the Warranty Registration Card or register online at www.amtrol.com to ensure your warranty coverage.

IMPORTANT WARNING

READ CAREFULLY THE WELL TANK INSTALLATION AND OPERATION INSTRUCTIONS TO AVOID SERIOUS PERSONAL INJURY AND/OR PROPERTY DAMAGE AND TO ENSURE SAFE USE AND PROPER CARE OF THIS PRODUCT.

Please complete this section and retain for your records.

MODEL:	WX-251/WX251
SERIAL NUMBER:	0313382159830
DATE PURCHASED:	04-08-22
DATE INSTALLED:	04-08-22
INSTALLED BY:	Terry Overcicker Plumbing
	COMPANY
	502 E Main St
	ADDRESS
	A
	ADDRESS
	Anoka MN 55303
	CITY STATE ZIP
	██████████
	POSTAL CODE
	INSTALLER PHONE NUMBER
HOMEOWNER NAME:	_____



502 E. Main Street
Anoka, MN 55303

T: 763-572-8880
F: 763-572-8889



Website

License #PC001247

www.terryoverackerplumbing.com
tony@terryoverackerplumbing.com
www.facebook.com/terryoplumbing



Facebook



DATE 03-30-22 Work Order # _____ CONTRACT # **53015**

Name/Bill To Mike Cross

Address 4142 28th Ave

City Waukegan Zip 55301

Work Phone _____

Day Work Contract Work Overtime Other Email _____

DESCRIPTION OF WORK
2.5" Pressure Tank Installation

SUGGESTED REPAIRS Item/Est. Cost
Water Heater
Disposal
Sink
Toilet
Shower
Faucet
Drain
Other

AUTHORIZATION TO PROCEED WITH DIAGNOSTICS/WORK
I, the undersigned, am owner/authorized representative/tenant of the premises listed herein. I hereby authorize you to perform diagnosis to determine a solution. **I agree to terms of company; and Terry Overacker Plumbing, Inc. and technician assumes no liability for existing plumbing or customer supplied parts or materials during or after installation.**

I agree, upon completion, to pay for said diagnosis and/or work.

Approximate cost of completed work \$ 4,490.33

Signature _____

RECOMMENDATIONS

Thank You - TERRY

DESCRIPTION OF WORK OR FLAT RATE SERVICES	COST
<u>Install a 6" diameter Well tank with New Pressure Tank Switch, Shutoff Valves and all applicable parts and pieces.</u>	<u>\$4,490.33</u>
<u>Down hole</u>	<u>1,700.00</u>

Authorization to photograph/video job site. Initial _____

Customer wants scrap and debris removed Yes No

WARRANTY	Shop Supplies
30 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>	Sub-Total <u>6,190.33</u>
<p>Thank You <i>Your Business is Appreciated and We Look Forward to Serving You Again!</i></p>	Discount <u>3,000.00</u>
	Total \$ <u>3,190.33</u>

ACCEPTANCE OF WORK PERFORMED - I acknowledge satisfactory completion of the above described work and that the premises have been left in a satisfactory condition. Unless otherwise specified, the material we supply is warranted according to the manufacturer's terms and conditions. Workmanship is warranted for 30 days unless otherwise specified.

Cash Check Credit Card* Other #81116



502 E. Main Street
Anoka, MN 55303
T: 763-572-8880
F: 763-572-8889



Website



Facebook

License #PC001247

www.terryoverackerplumbing.com
tony@terryoverackerplumbing.com
www.facebook.com/terryoplumbing

DATE	Work Order #	CONTRACT # 53018
Name/Bill To		
Address		
City	Zip	
Work Phone		

SUGGESTED REPAIRS Item/Est. Cost
Water Heater
Disposal
Sink
Toilet
Shower
Faucet
Drain
Other

AUTHORIZATION TO PROCEED WITH DIAGNOSTICS/WORK
I, the undersigned, am owner/authorized representative/tenant of the premises listed herein. I hereby authorize you to perform diagnosis to determine a solution. **I agree to terms of company; and Terry Overacker Plumbing, Inc. and technician assumes no liability for existing plumbing or customer supplied parts or materials during or after installation.**

I agree, upon completion, to pay for said diagnosis and/or work.

Approximate cost of completed work \$ _____

Signature _____

RECOMMENDATIONS

Day Work	Contract Work	Overtime	Other	Email
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DESCRIPTION OF WORK				

Authorization to photograph/video job site. Initial _____

Customer wants scrap and debris removed Yes No

ACCEPTANCE OF WORK PERFORMED - I acknowledge satisfactory completion of the above described work and that the premises have been left in a satisfactory condition. Unless otherwise specified, the material we supply is warranted according to the manufacturer's terms and conditions. Workmanship is warranted for 30 days unless otherwise specified.

SIGNATURE X _____

DESCRIPTION OF WORK OR FLAT RATE SERVICES	COST
Completed work on sink	53018

WARRANTY		Shop Supplies
30 Days	90 Days	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None		Sub-Total
<input type="checkbox"/>		Discount
<p><i>Thank You</i> Your Business is Appreciated and We Look Forward to Serving You Again!</p>		Total \$
Cash	Check	Credit Card*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		Initial _____
<input type="checkbox"/>		

* I acknowledge that my Credit Card will be charged a 3.5% fee when processed.



PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
Brett & Laurel Dallmann

Telephone Number Home () [redacted]
Work [redacted]
Cell [redacted]

Mailing Address: *3215 134th Ave NE, Ham Lake 55304*
Email Address: _____

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: *Anoka* Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: *McAlpin's Well Drilling* Date Completed: *5-4-06* Drilled Depth: *230'* Present Depth: *230'*

CASING:
MATERIAL: Steel Plastic Concrete Wood Other
Height Above (Below) Land Surface: *1* ft
Diameter: _____ inches
Length: _____ feet
Interval: from _____ feet to _____ feet

SCREEN:
Make: _____ Or open hole from *177* ft. to *230* ft.
Type: _____ Dia.: _____
Slot/Gage: _____ Length: _____
Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP:
TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
Age: *16* years Pumping Rate: *10* gpm
Pump Setting-submersible (Below Ground Level): _____ ft.
Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Bored/Augered Driven
 Air Rotary Dug Other

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original: *30* Current: *860* feet
date measured: _____ method of measurement (steel tape, etc.): _____

Original & Current Pumping Water Level Below Land Surface:
Original: *30* Current: *60* feet
date measured: _____ method of measurement (steel tape, etc.): _____

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other *good* Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other *NA* Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other Comment (Describe method of inspection): *Pump was running out of water due to*

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other *good* Comment (Describe method of inspection): *lower water table*

DISTRIBUTION: Plugged Lines Vacuum in Lines Other *good* Comment (Describe method of inspection): _____

OTHER (Describe method of inspection):
Does this well comply with the MN Health Department Water Well Construction Code? *yes* . If not, why no? _____

PART D SIGNATURES

Well Owner or Agent: *Laurel Dallmann* Date: *9/9/2022* Driller: _____ Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Had issues with water capacity in home after running irrigation. We had no water. Irrigation was low pressure and drained water in home dry. - Early August 2022

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2

3) Suspected cause of the problem:

we originally thought it was irrigation. Trouble shooted & called well company - well was lower than pump.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

N/A

5) Past well problems? (when and what was the problem?):

NO

6) Describe any maintenance that has been done on this well:

NA - We just moved in but previous owner had well and septic maintained and approved at purchase. 2022.

7) Have you corrected the problem? Explain:

Yes. Well Company lowered pump 40 feet

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

It is resolved now. at least until water table drops again

9) Have you complained before? When? To whom?

NO

10) General Comments:

A+ Outdoor Services, Inc.

1551 164th Lane NE
Ham Lake, MN 55304

Main Office: (763) 434-2424



INVOICE 109577	DATE 08/08/2022
	TERMS
	DUE DATE 08/08/2022

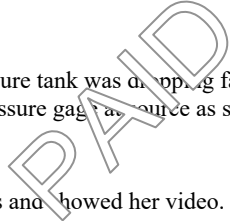
Bill To

Brett Dallmann
3215 134th Avenue NE
Ham Lake, MN 55304-7153

Service Address

Brett Dallmann
3215 134th Avenue NE
Ham Lake, MN 55304-7153

Date of Service	Description of Services	Qty	Rate	Total
08/04/2022	STANDARD SERVICE LABOR (\$105/hr - 1 Hour Minimum) - Work Order 225714 Tech Comments: - Located 7/9 valves. Searched for mainline leak but found no evidence of leak underground. Flushed valves. Backflow did not loose pressure or make unusual noise while testing the system. DJ JK	1	0.00	0.00
08/05/2022	STANDARD SERVICE LABOR (\$105/hr - 1 Hour Minimum) - Work Order 225714 Tech Comments: - Inspected system and determined pressure tank was dropping fast and causing low pressure. Took video of pressure gauge as system was running and watched it fall fast. Explained to homeowner what issue was and showed her video. They said new pressure tank went in 2021. I created a 4 min station delay between zone to help with pressure loss. Homeowner is going to raise pressure in tank so it kicks on earlier and sits at a higher pressure. Will make sprinkler heads run better. Ndn Your labor discount of 25% has reduced the labor price by \$183.75	1	551.25	551.25
08/05/2022	Environmental Fee	1	5.00	5.00



<p>For your convenience, we offer ONLINE BILL PAY at www.aplusoutdoor.com/paymybill</p> <p>PLEASE NOTE: Unpaid balances over 30 days will be charged a 1.5% Finance Fee.</p> <p style="text-align: center;"><u>A+ Quality A+ Service A+ Care</u></p>	Sales Tax	\$
	Total	\$556.25
	Payment(s) Applied	\$556.25
	Balance Due	\$0.00

WE LOOK FORWARD TO ASSISTING YOU, YOUR FAMILY, AND YOUR FRIENDS WITH ANY OUTDOOR SERVICE NEEDS!

McAlpines' Well Drilling of Dayton, Inc.

18280 Dayton River Road, Dayton, MN 55327

PHONE: 763-428-2252

Invoice

16766

Service Invoice For: Brett Dallmann		Date: 8/8/2022	
3215 134th Ave NE		Ham Lake, MN 55304	
Job type: Service		Date(s) on site: 8/8/2022	

Quantity and Description of Charges			Amount
<i>Trip description, # of men and equipment</i>			
# hours:	Smeal - 2 men (\$250 per hour)		\$ 375.00
	Trip Charge		\$ 100.00
1.5	HTH and Shop Supplies		\$ 50.00
	--		--
	--		--
# of parts/ depth:	Product Type	Description of parts	
40	Pumps_Accs	12-3 pump wire	\$ 96.00
40	Pumps_Accs	1" PVC drop pipe	\$ 92.00
1	Pumps_Accs	1" PVC coupling	\$ 5.00
1	Pumps_Accs	1 Midwest check valve	\$ 56.00
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Other notes:

	3.5% service fee added if payed with credit card		

			TOTAL DUE:	\$ 774.00

			Brett Dallmann					
			3215 134th Ave NE					
			Ham Lake, MN 55304					

PART A WELL LOCATION GPS Coordinates:

Owner's Name Steve Drewlo
 Authorized Agent

Telephone Number Home: [REDACTED] Work Cell: [REDACTED]

Mailing Address: 4030 149th AVE NE HAM LAKE, MN 55304
 Email Address: [REDACTED]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: ANOKA Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: 1/4 1/4 1/4

Grid: 1/2 MILE (vertical), 1 MILE (horizontal). Grid cells labeled NW, NE, SW, SE. An 'X' is marked in the SE cell.

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: McAlpines well drilling Date Completed: 10/5/11 Drilled Depth: _____ Present Depth: _____

CASING: MATERIAL: Steel Plastic Concrete Wood Other _____
 Height Above (Below) Land Surface: _____ ft.
 Diameter: _____ inches
 Length: _____ feet
 Interval: from _____ feet to _____ feet

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

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other _____
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

DRILLING METHOD: (if known) Mud Rotary Cable Tool Bored/Augered Air Rotary Driven Dug Other _____

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original: _____ Current: _____ feet
 date measured: _____ method of measurement (steel tape, etc.): _____

Original & Current Pumping Water Level Below Land Surface:
 Original: _____ Current: _____ feet
 date measured: _____ method of measurement (steel tape, etc.): _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not? _____

PART D SIGNATURES

Well Owner or Agent: Steve Drewlo Date: 8-18-22 Driller: SEE ATTACHED Date: 8-19-22
 Address: _____ Phone: _____

Sam Drewlo

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

(7-29-22) WATER Failed to pump into house. Rest water usage + might DRAW a couple gallons.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

4 people + 2 cats

3) Suspected cause of the problem:

WATER TABLE Fell below pump.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Neighbors - NOT noticing WATER level

5) Past well problems? (when and what was the problem?):

0

6) Describe any maintenance that has been done on this well:

Dropped the pump 40'

7) Have you corrected the problem? Explain:

Yes. Pump was dropped an additional 40'. CALLED Three companies on Fri, SATURDAY Bastain's came to rescue

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

\$500.00 - Any compensation return would be welcomed.

9) Have you complained before? When? To whom?

NO

10) General Comments:

I WAS TOLD that my problem is a result of the water Draw in NE Blaine. This message came directly from Bastain + McCullough. I am not the only one going through the pain. Please help.

Bastian



Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date 07/23/22



JOB:

Steve Drewke
4030 149th Ave
Ham Lake

Lower pump
40 ft

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION								AMOUNT
-------------	--	--	--	--	--	--	--	--------

* Service call								168 ⁰⁰
* Lubr. ft pump, add 40ft of pipe and wire								200 ⁰⁰
* 40ft of pipe and wire								157 ⁰⁰

SIGNATURE 	TOTAL 525 ⁰⁰
---	-------------------------



**DEPARTMENT OF
NATURAL RESOURCES**

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates: 45.22977, -93.18287

Owner's Name NAME:
 Authorized Agent Joseph + Jill Gardner

Telephone Number Home ()
 Work Cell ()

Mailing Address 3401 143 Ave NE

Email Address ()

County Anoka Township Name Ham Lake Township No. _____ Range _____ Section _____ Fraction 1/4 1/4 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1000, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: McAlpines Well Drilling Date Completed 2001 Drilled Depth 290' Present Depth 290'

CASING:
 Steel
 Plastic
 Concrete
 Wood
 Other _____

Height Above (Below) Land Surface: 1 ft
 Diameter: 4 inches
 Length: 223 feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other _____

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd
 Other _____ gpd

SCREEN:
 Make _____ Or open hole from 223 ft. to 290 ft.
 Type _____ Dia.: _____
 Slot/Gage _____ Length: _____
 Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifical
 Other _____

Age: 21 years Pumping Rate: 12 gpm
 Pump Setting-submersible (Below Ground Level) 100 ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original 25 Current 58 feet
12-17-01 8-4-22 date measured
Tap method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments
 Cracked Incrusted Other _____ Comment (Describe method of inspection): _____

SCREEN: (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? Yes . If not, why not?

PART D SIGNATURES

Well Owner or Agent: Jill Gardner Date: 8-18-22 Driller: Mark Well Co. Address: 7303 185th Ave NW, Anoka Date: 8-18-22
 Phone: ()

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

8/4/22-NO WATER INSIDE OR OUTSIDE

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3 people

3) Suspected cause of the problem:

UNKNOWN

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

No

5) Past well problems? (when and what was the problem?):

NONE

6) Describe any maintenance that has been done on this well:

NONE

7) Have you corrected the problem? Explain:

Yes - Moe Well Company had to come out - Replace Pump + Pump drawing AIR - HAD to lower pump due to water level.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

9) Have you complained before? When? To whom?

No

10) General Comments:

Since 1945



MORK
WELL CO. INC.

763-753-2530

7303 185th Ave. NW, Anoka, MN 55303

WORK ORDER

ACCOUNT #	DATE	TERMS	REP	SERVICE #
		DUE UPON COMPLETION OF JOB		
Customer Phone		Customer Alt. Phone	START TIME	END TIME

NAME / ADDRESS
 Joseph C. Gardner
 3421 143rd Ave NW
 Ham Lake MN

LOCATION/DESCRIPTION

DESCRIPTION	QTY	COST	TOTAL														
3/4hp Gould Sub Pump Model 10CS07-422C			1725.00														
40 ft 1" sch 80 Drop Pipe	40	4.00	160.00														
107 ft 1 1/2 Sub-curve	107	2.00	214.00														
Pump was drawing air, and locked up up. Had to lower pump 40 feet because water level had dropped in well.																	
<table border="1"> <tr> <td>1 TECH ADDITIONAL HR</td> <td>\$195 HR</td> </tr> <tr> <td>2 TECHS</td> <td>\$295 HR</td> </tr> <tr> <td>EA ADDITIONAL TECH</td> <td>\$110 HR</td> </tr> <tr> <td>RECYCLE TANK</td> <td>\$15-\$50 EA</td> </tr> <tr> <td>RECYCLE PUMP</td> <td>\$15.00 EA</td> </tr> <tr> <td>DROP PIPE</td> <td>\$ 2.50 EA</td> </tr> <tr> <td>CHLORINATED</td> <td>YES <input type="checkbox"/> NO <input type="checkbox"/></td> </tr> </table>				1 TECH ADDITIONAL HR	\$195 HR	2 TECHS	\$295 HR	EA ADDITIONAL TECH	\$110 HR	RECYCLE TANK	\$15-\$50 EA	RECYCLE PUMP	\$15.00 EA	DROP PIPE	\$ 2.50 EA	CHLORINATED	YES <input type="checkbox"/> NO <input type="checkbox"/>
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EA ADDITIONAL TECH	\$110 HR																
RECYCLE TANK	\$15-\$50 EA																
RECYCLE PUMP	\$15.00 EA																
DROP PIPE	\$ 2.50 EA																
CHLORINATED	YES <input type="checkbox"/> NO <input type="checkbox"/>																

Payment in full is due the day of service. Customer authorizes Mork Well Co., Inc. to charge credit/debit card job was secured with plus 4% fee if payment is not received date of service.

A monthly \$35.00 admin fee will be applied on all late accounts, including interest accruing at a rate of 1.5% per month (18% annual) with a \$5.00 per month minimum on any outstanding balance. \$30.00 charge on all returned checks. Customer agrees to pay any and all cost associated with collections including, but not limited to any and all legal fees.

We try to be careful; however, damage to your property (lawn, trees, landscape, sidewalks, driveways, wires, lines, gutters, awnings, siding, cement, carpet, etc.) may occur and in certain cases is inevitable while we are performing the work you hired us for. Your signature indicates that you are aware of this and will not hold Mork Well Co., Inc. or its employees responsible.

My Signature indicates that I have read and agree to the above.

CUSTOMER SIGNATURE *Joe Gardner*

TOTAL MATERIALS 2099.00

TOTAL LABOR

TOTAL 2099.00

PAYMENT METHOD:
 CASH / CHECK / CREDIT CARD

PART A WELL LOCATION GPS Coordinates:

Owner's Name Kevin Griffin
 Authorized Agent

Telephone Number Home ()
 Work ()
 Cell ()

Mailing Address 3014 144th Ave Ne

Email Address: [REDACTED]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Name Ham Lake Township No. Range Section Fraction

1/4 1/4 1/4 1 MILE 1/2 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Barott Drilling Services Date Completed NA Drilled Depth NA Present Depth NA

CASING

MATERIAL: Steel Plastic Concrete Wood Other

Height Above (Below) Land Surface: _____ ft

Diameter: _____ inches

Length: _____ feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other
 Driven

SCREEN

SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.

Type _____ Dia: _____

Slot/Gage _____ Length: _____

Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP

TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other

Age: _____ years Pumping Rate: _____ gpm

Pump Setting-submersible (Below Ground Level): _____ ft.

Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other

Comment (Describe method of inspection):

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other

Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other

Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other

Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other

Comment (Describe method of inspection):
pulling air in lines. Dropped pump as water level has dropped significantly

OTHER (Describe method of inspection):

Does this well comply with the MN Health Department Water Well Construction Code? YES If not, why not?

PART D SIGNATURES

Well Owner or Agent: _____ Date: _____

Driller: Barott Drilling Services Address: 621 Birch Street, Lindaville, MN 5504 Phone: [REDACTED] Date: 8/11/22

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: My well lost pressure and was sucking air

- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s): 4 people

- 3) Suspected cause of the problem: Water table dropped

- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (*provide their name, address and phone number*) *No, I contacted the city of Ham Lake but didn't hear back*

- 5) Past well problems? (*when and what was the problem?*): *Yes, in 2021 I was having similar issues and thought that it would be in the best interest to drill deeper but that did not resolve the issue.*

- 6) Describe any maintenance that has been done on this well: Dropped the pump deeper

- 7) Have you corrected the problem? Explain: Yes but don't know what future issues may develop

- 8) How do you feel this problem can be fairly resolved? (*if possible, attach a list of work, materials, and costs needed to resolve the problem*) *I would like to be compensated for debt incurred to get water working*

- 9) Have you complained before? No When? To whom?

- 10) General Comments: This is the second time my well water dropped and I'm concerned this is going to continue and cause financial hardship to my family.



BAROTT DRILLING SERVICES, INC.

681 BIRCH STREET - LINO LAKES, MINNESOTA 55014 - PHONE :651-484-0198
www.barottdrilling.com - Email: bds@barottdrilling.com

INVOICE

Invoice Number: 2182
Invoice Date: Aug 11, 2022

Bill To: KEVIN GRIFFIN 3014 144AVE NE HAM LAKE (ANDOVER), MN 55014 [REDACTED]
--

Job Location 3014 144AVE NE HAM LAKE (ANDOVER), MN 55014

Customer ID		Payment Terms	
15663		NET 10 DAYS	
Quantity	Description	Unit Price	Amount
1.50	Service Call	200.00	300.00
40.00	40' 1-1/4" PVC Pipe	5.50	220.00
40.00	40' 1202 Pump Wire	2.75	110.00
1.00	3% CC Charge	18.90	18.90
	Dropped Pump (water level)		
TOTAL			0.00

MINNESOTA DEPARTMENT OF HEALTH
WELL AND BORING CONSTRUCTION RECORD
 Minnesota Statutes, chapter 1031

MINNESOTA UNIQUE WELL
AND BORING NO.

849632

WELL OR BORING LOCATION

County Name
Anoka

Township Name
Ham Lake

Township No. 32 Range No. 23 Section No. 27 Fraction (sm. → lg.) SWNWSE 1/4

WELL/BORING DEPTH (completed) 180 ft. DATE WORK COMPLETED 4/15/21

GPS LOCATION — decimal degrees (to four decimal places).
Latitude _____ Longitude _____

House Number, Street Name, City, and ZIP Code of Well Location
3014 144th Ave NE, Ham Lake 55304

Show exact location of well/boring in section grid with "X." Sketch map of well/boring location. Showing property lines, roads, buildings, and direction.

DRILLING METHOD
 Cable Tool Driven Dual Rotary
 Auger Rotary Rotasonic
 Other

DRILLING FLUID Bent WELL HYDROFRACTURED? Yes No
From _____ ft. To _____ ft.

USE
 Domestic Monitoring Heating/Cooling
 Noncommunity PWS Irrigation Industry/Commercial
 Community PWS Dewatering Remedial
 Elevator

CASING MATERIAL Drive Shoe? Yes No
 Steel Threaded Welded
 Plastic

HOLE DIAM.
4 in. To 160 ft. 0 lbs./ft. 4 in. To 160 ft.
 _____ in. To _____ ft. _____ lbs./ft. _____ in. To _____ ft.
 _____ in. To _____ ft. _____ lbs./ft. _____ in. To _____ ft.

PROPERTY OWNER'S NAME/COMPANY NAME
Kevin Griffin

Property owner's mailing address if different than well location address indicated above.
3014 144th Ave NE
Ham Lake, MN 55304

SCREEN _____ OPEN HOLE
 Make _____ From 160 ft. To 180 ft.
 Type _____ Diam. _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft. FITTINGS _____

STATIC WATER LEVEL 20 ft. Below Above land surface
 Date measured 4/15/21 Dry hole Yes No

WELL OWNER'S NAME/COMPANY NAME
Kevin Griffin

Well/boring owner's mailing address if different than property owner's address indicated above.
3014 144th Ave NE
Ham Lake, MN 55304

PUMPING LEVEL (below land surface)
180 ft. after 2 hrs. pumping 80 g.p.m.

WELLHEAD COMPLETION
 Pitless/adaptor manufacturer Snappy Model 14
 Casing protection 12 in. above grade
 At-grade Well House Hand Pump

GROUT INFORMATION (specify bentonite, cement-sand, neat-cement, concrete, cuttings, or other)
 Material Bent From 50 To 0 ft. 6 Yds. Bags
 Material _____ From _____ To _____ ft. _____ Yds. Bags
 Material _____ From _____ To _____ ft. _____ Yds. Bags
 Driven casing seal From _____ To _____ Bags One bag = 94 lbs. cement or 50 lbs. bentonite

GEOLOGICAL MATERIALS	COLOR	HARDNESS OF MATERIAL	FROM	TO
Sand	Brown		0	20
Sand	Gray		20	38
Clay	Gray		38	66
Sand	Brown		66	90
Clay	Brown		90	140
Clay Gravel	Brown		140	154
Sandstone	Yellow	Soft	154	160
Sandstone	Green Yellow	Medium	160	180

NEAREST KNOWN SOURCE OF CONTAMINATION
 Well is 100 feet S direction from Sewer type
 Well disinfected upon completion? Yes No

PUMP
 Not installed Date installed 4/17/21
 Manufacturer's name Grundfos
 Model Number SQE HP 1 Volts 230
 Length of drop pipe 60 ft. Capacity 22 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 TN# _____

REMARKS, ELEVATION, SOURCE OF DATA, etc.

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.

Barott Drilling Services 1860
 Licensee Business Name Lic. or Reg. No.
Brad Barott 24 4/29/21
 Certified Representative Signature Certified Rep. No. Date
Mike Laske
 Name of Driller

MINN DEPT. OF HEALTH COPY **849632**

PART A WELL LOCATION GPS Coordinates:			
<input checked="" type="checkbox"/> Owner's Home <input type="checkbox"/> Industrial/Agri		Title Name Well Cell	
Mailing Address 13550 WAKE ST. NE HAMM Listed Address		Place an "X" on the grid showing the exact location of your well. The grid is one section (360 acres divided into 1/4, 1/4, 1/4 sections). (T25S, 4E, 10 acres). Attach a map or aerial photograph indicating the location of well(s).	
County ANOKA	Township Name ANN LAKE	Township No. Range Section Fraction	
PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well:		Date Completed	Drilled Depth
CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other		Height Above (Below) Land Surface: Diameter: Length:	Drilling Method: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Sand/Gravel <input type="checkbox"/> Dug <input type="checkbox"/> Other
SCREEN: Make: _____ Type: _____ Dia: _____ Steel/Type: _____ Length: _____ FITTING: See section: _____ Level: _____		USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic: _____ gpd <input type="checkbox"/> Livestock: _____ gpd <input type="checkbox"/> Irrigation: _____ gpd <input type="checkbox"/> Other: _____ gpd <input type="checkbox"/> Public Supply: _____ gpd <input type="checkbox"/> Commercial: _____ gpd <input type="checkbox"/> Industrial: _____ gpd	
PUMP: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Surface <input type="checkbox"/> Jet, Casing <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		Original & Current Non-Pumping Water Level (Above) Land Surface: Original: _____ Current: _____ Unit: _____ Into: _____ Method of measurement (point type, etc.): _____	
TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Surface <input type="checkbox"/> Jet, Casing <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		Original & Current Pumping Water Level Below Land Surface: Original: _____ Current: _____ Unit: _____ Into: _____ Method of measurement (point type, etc.): _____ Flowing Well: <input type="checkbox"/> No <input type="checkbox"/> Yes	
PART C WELL CONDITION			
NOTE: Attach additional sheets as needed			
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediment <input type="checkbox"/> Intruded <input type="checkbox"/> Other		Comment (Describe method of inspection):	
SCREEN (If any exist): <input type="checkbox"/> Cracked <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other		Comment (Describe method of inspection):	
PUMP: <input type="checkbox"/> Cracked <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other		Comment (Describe method of inspection):	
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other		Comment (Describe method of inspection):	
DISTRIBUTION: <input type="checkbox"/> Piped Lines <input type="checkbox"/> Water in Lines <input type="checkbox"/> Other		Comment (Describe method of inspection):	
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?			
PART D SIGNATURES			
Well Owner or Agent: _____ Date: 9/5/22		Driller: _____ Date: _____	

Amanda Yourd conversation with Traut Well Drilling on 11/9/2022: Driller said they were called to the house because there was no water. Driller found a bad wire underground connected to the pump. They replaced the bad wire. When they turned the pump on, it "locked up" and still didn't work. They determined the pump was bad and needed to be replaced. They installed new pump and lowered the new pump by 20 feet because water level was near the level of the old pump. Driller did not know if pump was burnt out from sucking air or was bad for another reason.

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

WELL WENT DRY & MY MOTOR TO MY WELL SEIZED,

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

- 3 HUMANS
- 12 LIVESTOCK
- ENTIRE WELL & ALL WATER SUPPLY FOR DRINKING, SHOWERING & WASHING

3) Suspected cause of the problem:

BLADE WATER TOWERS DROPPED

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

5) Past well problems? (when and what was the problem?):

NO

6) Describe any maintenance that has been done on this well:

BASIC

7) Have you corrected the problem? Explain:

YES - HAD TO CALL IN EMERGENCY SERVICES "TRACT COMPANY" & THEY CAME IN TO THE RESCUE - SEE RECEIPT!

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

REIMBURSE MY EXPENSES PAID TO TRACT COMPANIES AS THE BLADE WATER TOWERS DROPPED STOP

9) Have you complained before? When? To whom?

NO

MY WATER IN MY WELL WHICH IN TURN WENT DRY & SEIZED MY WATER WELL MOTOR

10) General Comments:

THIS WHOLE ISSUE WAS TO NO FAULT OF MY OWN. WATER RUNNING DRY DUE

JOB WORK SHEET

TRAUT

WELL COMPANIES
 141 28th Ave S, PO Box 547, Wate Park, MN 56387
 320-251-5090 or 800-728-5091 • trautcompanies.com

JOB NUMBER From Net Call Date 7/22/12
 Name CHES HUNLEY
 Address 1550 LUANE ST NE
HAM LAKE
 Phone Cell Work
 Email

PUMP CHECK			
SUB	VFD	OPEN WIRE	
PUMP MODEL			
HP	1/2	V	230 PH
GPM			PSI
AMP DRAW	L1	L2	L3
TO GROUND RESISTANCE			
WINDING			
RESISTANCE	R-Y	R-B	B-Y = RX1
TANK	PC111	SWITCH	
DRAW CYCLE	SWITCH SETTING 40/10		
WELL CHECK			
DIA	4"	DEPTH	310 SWL 40
PWL			GPM
UNIQUE #	PUMP SET TO 1.0		
WATER AND SOFTENER CHECK			
RAW WATER	H	COLD	TDS
TREATED WATER	H	HOT	H I
SOFTENER MODEL		RO MODEL	
FILTER			
SERVICEMAN <u>JAMES B</u>			
LEFT SHOP	11:00	LEFT JOB	
ARRIVE @ JOB	ARRIVE @ SHOP 5:45		
SHOP LABOR	TRUCK # <u>1482</u>		

QTY	PARTS	PRICE	AMOUNT	
1	1/2 HP 10.2 AMP PUMP	775	775	
20	1 20' TAPER	40	800	
60	10 3' SS WIRE	3.00	1800	
1	W. RES PLATE	18	18	
1	1/4" VFD	16	16	
1	1" W. TAPER	8	8	
45	10 3' WF WIRE	3.50	1575	
1	1/2" UP CONDUIT BOX	135	135	
60	WIRE	175	10500	
			EMERGENCY	
			EMERGENCY FEE	500

Comments: 0 WIRE, PUMP NOT RUNNING.
 OPEN WELLS. FOUND WIRE 20' AND
 20' TEMP WIRE. PUMP DRAWS 30 AMPS.
 REWIND & REPLACE PUMP & SET TO DEEP.
 REWIND AND TOP WIRE LEAD. PUMP
 RUNS & WDS. CHECKS GOOD.

Parts	1430
Labor	1181
Tax	
Room/Air	
TOTAL	2611

REMIT PAYMENT TO:
 PO Box 547
 Wate Park, MN 56387

7-30-2012
 #12212

Customer Signature [Signature] Thank you

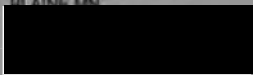
TERMS: Payment upon completion of work. If payment is not made in accordance with payment terms, the undersigned agrees to pay all cost of collections including, but not limited to, collection agency fees, reasonable attorney's fees, legal expenses and interest at 1 1/2% per month on outstanding balance.

SEE REVERSE SIDE FOR IMPORTANT INFORMATION • Equal Opportunity Employer/Contractor

Invoice

T.R FAERBER CONSTRUCTION
9031 FILLMORE ST NE
BLAINE MN

Date: 08/04/2022
Invoice No.: 317
Due Date: 09/03/2022



chris hannover
14550 wake st ne ,ham lake,mn

14550 wake st ne ,ham lake,mn

Hrs	Description	Unit Price	Total
1	rewiring of well pump, trench and bury new cables and reconnection of pump controler.	\$985.48	\$985.48
1	PAID IN FULL	-\$985.48	-\$985.48

Total \$0.00

Thank you for your business.

PART A WELL LOCATION GPS Coordinates:

<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent Michael and Kristine Hawkins		Telephone Number Home: [REDACTED] Work: [REDACTED] Cell: [REDACTED]	
Mailing Address: 3016 137th Ave NE, Ham Lake, MN 55304		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1990, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).	
Email Address: [REDACTED]		County: Anoka Township Name: Ham Lake Township No.: Range: Section: NW Fraction: 1/4 1/4 1/4	

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Bastian Well Service Inc		Date Completed 8/2/22	Drilled Depth	Present Depth
CASING <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other	
	Diameter: _____ inches Length: _____ feet	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd		Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ feet Current _____ feet _____ date measured _____ method of measurement (steel tape, etc.)
SCREEN Make _____ Type _____ Dis.: _____ Slot/Gauge _____ Length: _____ Set between _____ ft and _____ ft FITTINGS: _____	Or open hole from _____ ft. to _____ ft.	Original & Current Pumping Water Level Below Land Surface: Original _____ feet Current _____ feet _____ date measured _____ method of measurement (steel tape, etc.)		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No
	PUMP <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Age: _____ years Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.	Pumping Rate: _____ gpm	

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Holes <input type="checkbox"/> Incrusted <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection): The water table dropped dramatically in the last few years, the pump was sitting in about 3 feet of water.
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection): Dropped pump down about 40 feet
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other _____ <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection): The pump was not in the water far enough resulting in air in the water line and loud noises when running water.
OTHER (Describe method of inspection):	
Does this well comply with the MN Health Department Water Well Construction Code? Yes _____ . If not, why not?	

PART D SIGNATURES

Well Owner or Agent: Kristine Hawkins	Date: 10/9/22	Driller: Address: Phone:	Date:
--	------------------	--------------------------------	-------

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

When water was being used in the house, there was air in the the water lines causing loud noises and lack of water pressure.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

This residence includes 4 people and two cats.

3) Suspected cause of the problem:

The water table dropped significantly in the last few years and the well pump needed to be dropped.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (*provide their name, address and phone number*)

No.

5) Past well problems? (*when and what was the problem?*):

None.

6) Describe any maintenance that has been done on this well:

On August 2, 2022, we had Bastian Well Service come to our house to find out what was the cause of our problem.

7) Have you corrected the problem? Explain:

Bastian Well Service dropped our well pump 40 feet.

8) How do you feel this problem can be fairly resolved? (*if possible, attach a list of work, materials, and costs needed to resolve the problem*)

Already resolved.

9) Have you complained before? When? To whom?

No

10) General Comments:

Attached is the receipt for the work we have had completed.



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date	8/2/22
Pr	[REDACTED]

JOB:

Mike Hawkins
3016 137th Ave
Haw Lake, MN

2:30 2009
Lower Pump

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
		2:30 X						
DESCRIPTION								AMOUNT

Labor / service
 Pull + Extend
 Drop pipe in
 well
 40' x 1" PU pipe
 work + couplings

\$550⁰⁰

Prud
cash

SIGNATURE	<u>CASH</u>	TOTAL
-----------	-------------	-------



PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
 Robert & Heidi Helmeke

Telephone Number
 Home ()
 Work Cell ()

Mailing Address 13612 Guadalupe St NE
 Ham Lake, MN 55304

Email Address ()

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Name Township No. Range Section Fraction

1/4 1/4 1/4 1 MILE 1/2 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: McAlpines Well Drilling Date Completed 8-8-2022 Drilled Depth Present Depth

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: ft. Interval: from feet to feet
 Diameter: inches Length: feet

SCREEN
 SCREEN: Make Or open hole from ft. to ft.
 Type Dia.:
 Slot/Gage Length:
 Set between ft. and ft. FITTINGS:

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: years Pumping Rate: gpm
 Pump Setting-submersible (Below Ground Level) ft.
 Drop Pipe Length--non-submersible (Below Ground Level) ft.

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other

USE: Type & Amount in gallons per day (gpd)
 Domestic gpd Public Supply gpd
 Livestock gpd Commercial gpd
 Irrigation gpd Industrial gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original Current
 feet
 date measured
 method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original Current
 feet
 date measured
 method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other
 Comment (Describe method of inspection): McAlpine's Well Drilling told Amanda Yourd on 11/4/2022 that the unique well number for this well is 794990.

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other
 Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other
 Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other
 Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other
 Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? . If not, why not?

PART D SIGNATURES

Well Owner or Agent: Date: Driller: Address: Phone: Date:

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: *The symptoms were we had low water pressure, low volume of water coming out of faucets. We also noticed our sprinkler system had unusual water pressure. At times there wasn't enough pressure to run the system.*
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
two adults, 2 teenagers.
- 3) Suspected cause of the problem: *called McAlpine well drilling who came to the house and ran some checks on the system. They stated the well was sucking air. they lowered the pump to resolve the issue. They also stated they have been doing this to some additional homes in Han Lake.*
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
Called the well installers. McAlpine well drilling. see attached invoice for their contact info.
- 5) Past well problems? (when and what was the problem?):
None
- 6) Describe any maintenance that has been done on this well:
none
- 7) Have you corrected the problem? Explain:
We believe so, we haven't had any issues since we had the pump lowered.
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
I would like to be reimbursed for the cost of repair.
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:
I have heard some of the neighbors down the street experienced the same situation.

PART A WELL LOCATION GPS Coordinates:						
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent <i>Chris (Kip) Ingvaldson</i>			Telephone Number Home () Work [REDACTED] Cell [REDACTED]			
Mailing Address <i>14149 Guadalupe St NE</i>			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
Email Address [REDACTED]						
County	Township Name	Township No.	Range	Section	Fraction	
<i>Anoka</i>					<i>1/4 1/4 1/4</i>	1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)							
Name of Company which drilled well: <i>?</i>			Date Completed	Drilled Depth	Present Depth <i>297</i>		
CASING	MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other		Height Above (Below) Land Surface: _____ ft. Diameter: <i>4</i> inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other		
	SCREEN	SCREEN: <i>open hole</i> Make _____ Type _____ Dia: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft.		Or open hole from <i>220</i> ft. to <i>297</i> ft.	USE: Type & Amount, in gallons per day (gpd) <input checked="" type="checkbox"/> Domestic <i>unknown</i> gpd <input type="checkbox"/> Livestock _____ gpd <input checked="" type="checkbox"/> Irrigation <i>unknown</i> gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd		
		PUMP	TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		Age: <i>2004</i> <i>16</i> years Pump Setting-submersible (Below Ground Level) <i>100</i> ft. Drop Pipe Length-non-submersible (Below Ground Level) <i>160</i> ft.	Pumping Rate: <i>10</i> gpm	Original & Current Non-Pumping Water Level (Above) Land Surface: Original <i>40</i> feet Current <i>65/70</i> feet <i>unknown</i> <i>9/7/22</i> date measured <i>chorded</i> method of measurement (steel tape, etc.)
					Original & Current Pumping Water Level Below Land Surface: Original <i>60</i> feet Current <i>100</i> feet <i>unknown</i> <i>9/7/22</i> date measured method of measurement (steel tape, etc.)		
					Flowing Well: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

PART C WELL CONDITION		
NOTE: Attach additional sheets as needed.		
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input checked="" type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection): <i>pumped over the top</i>	
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):	
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Other <i>worn</i>	Comment (Describe method of inspection): <i>pump / motor worn out from pumping air</i>	
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input checked="" type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection): <i>good condition</i>	
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection): <i>good condition</i>	
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?		

PART D SIGNATURES			
Well Owner or Agent: <i>Chris Ingvaldson</i>	Date:	Driller: <i>(service well) Bastian Well</i> Address: <i>4970 14th Ln NW Ancker</i> Phone: [REDACTED]	Date: <i>9/7/22</i>

Note from Amanda Yourd: Bastian Well Drilling confirmed on 10/28/22 that the original pump was set at 60 feet and that well log pump depth of 90 feet was incorrect.

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem: Zero water pressure

* please see #10

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

Two adults, 3 children (5)

3) Suspected cause of the problem:

Over use of water in the city of Blaine

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Common among many households off of Bunker Lake Blvd.

5) Past well problems? (when and what was the problem?):

—

6) Describe any maintenance that has been done on this well:

8/1/22 Pump was lowered 40 feet to reach water

7) Have you corrected the problem? Explain:

Yes, we had the pump lowered

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Lowering and replacement of the pump would resolve the problem.

9) Have you complained before? When? To whom?

NO

10) General Comments: Due to the decreased level in our aquaphor, our well ran dry. It has been running dry on and off for the past 8 weeks. A few weeks back, we had our pump dropped 40 feet down to reach the new water level. The water pump has gone through extreme stress due to pumping dry for so long. Due to the drop of an additional 40 feet, it has an underrated horsepower for water delivery to the house.



Bastian Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 8/1/22
 Phone [REDACTED]

JOB:

Kip Ingvaldson
14149 Grand Canal
Han Lake, MN


DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION								AMOUNT
-------------	--	--	--	--	--	--	--	--------

Truck charge / Service call								
Labor - Pull pump &								
Extend 1" PVC pipe								
down 40'								
100' Total								
40' to water								550 ⁰⁰
1- 1" Brass check								26 ⁰⁰
+ supply								
<i>Pad etc</i>								576 ⁰⁰
290								11 ⁰⁰
								587 ⁰⁰

SIGNATURE	TOTAL
-----------	-------

Bastian 
Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 9/6/22
 Ph 

JOB:

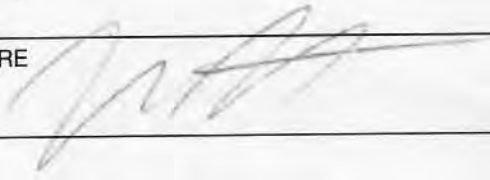
K-P Ingvaldson 280' Well
14149 Gaudet Road St. 1/2 hp Pump
Hann Lake, MN 55004

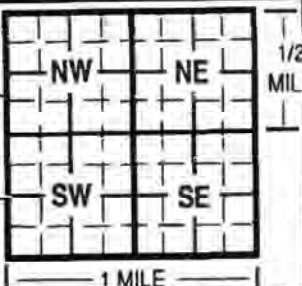
DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT

Return & Replace Pump
8/11 Lower to 100' \$ 587⁰⁰

Truck Charge / labor 400⁰⁰
Pull 100' of pipe / replace pump
3/4 HP 2-wire pump 889⁰⁰



SIGNATURE  **TOTAL** 1289⁰⁰

PART A WELL LOCATION GPS Coordinates:					
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent			Telephone Number Home: [REDACTED] Work: [REDACTED] Cell: [REDACTED]		
Mailing Address: 14223 CORAL SEA ST NE Email Address: HAM LAKE MN			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).		
County	Township Name	Township No.	Range	Section	Fraction
Anoka	3200 Ham Lake	32N	23W	27	1/4 1/4 1/4

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well:		Date Completed	Drilled Depth
See Included sheet!		6-10-03	260
Present Depth			
CASING	MATERIAL:	Height Above (Below) Land Surface:	Interval:
	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	ft.	from _____ feet to _____ feet
	Diameter: _____ inches	Length: _____ feet	
SCREEN	SCREEN:	Or open hole from _____ ft. to _____ ft.	
	Make _____	Type _____	Dia.: _____
	Slot/Gage _____	Length: _____	FITTINGS: _____
PUMP	TYPE:	Age: _____ years	Pumping Rate: _____ gpm
	<input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Pump Setting-submersible (Below Ground Level) _____ ft.	Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.
	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven		
USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Other _____ gpd <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd			
Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____			
Original & Current Pumping Water Level Below Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____			
Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other _____ <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?	

PART D SIGNATURES			
Well Owner/Agent:	Date:	Driller:	Date:
<i>[Signature]</i>		Address:	
		Phone:	

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem:
Stopped pumping water - pump was out of water. Water line measured @ 44'
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
5 people - Single family home
- 3) Suspected cause of the problem:
Dropped water level - pump originally installed in 2003
First time dry in 19 yrs
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
- 5) Past well problems? (when and what was the problem?):
None
- 6) Describe any maintenance that has been done on this well:
None
- 7) Have you corrected the problem? Explain:
Yes - Bastian well lifted and added 40' of pipe, dropping it in water
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
Yes
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:
On ~~8/1~~ Aug 1st 2022 @ about 9:30 pm well went dry. Repaired @ 2 pm on 8/2/2022 for a total bill of \$550.00



Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date	8/2/22
Phone	[REDACTED]

JOB: _____

Jeremiah Inwards 40' 1" PUC
 11223 Coral Sea St. \$550⁰⁰
 Ham Lake, MN

*COPY of
 Rec.
 for Repair*

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
		11-1						

DESCRIPTION	AMOUNT
labor / Service	
test pump & measure	
44' water	
Add 40' 1" PUC & wire	
coupling & splicer	\$550 ⁰⁰
80' PUC Total	
<i>Paul # 126</i>	

SIGNATURE	TOTAL
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PART A WELL LOCATION GPS Coordinates:

<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent P. I. B Hilary Jeon		Telephone Number Home: [REDACTED] Work: [REDACTED] Cell: [REDACTED]			
Mailing Address 13633 Brant St. NE		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
County Anoka	Township Name Ham Lake	Township No. _____	Range _____	Section _____	Fraction _____ 1/4 _____ 1/4 _____ 1/4

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Bastian Well		Date Completed 8/24/22	Drilled Depth _____	Present Depth _____	
CASING SCREEN PUMP	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other	
	SCREEN: Make _____ Type _____ Slot/Gage _____ Set between _____ ft. and _____ ft.	Or open hole from _____ ft. to _____ ft.	FITTINGS: _____	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Other _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd	
	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Age: _____ years	Pumping Rate: _____ gpm	Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____	
Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.			Original & Current Pumping Water Level Below Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____		
Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No					

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection): 11/10/2022 phone conversation with Complainant: Hilary said pump was originally at 55 feet and was lowered to 80 feet. She said water problems started sometime between mid-July and early August 2022.
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection): 55 feet and was lowered to 80 feet. She said water problems started sometime between mid-July and early August 2022.
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Comment (Describe method of inspection): _____
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection): non rigid pipe, required to replace was in working condition
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection): _____
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES

Well Owner or Agent: 	Date: 10/31/22	Driller: Address: Phone:	Date:
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PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

low - NO water through day worst in am (6-8) & dinner time (5-7P).

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

6 people only, NO livestock

3) Suspected cause of the problem:

drop in well water levels

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Neighbors, handful experienced same at same time

5) Past well problems? (when and what was the problem?):

None

6) Describe any maintenance that has been done on this well:

None has worked properly until this situation

7) Have you corrected the problem? Explain: Yes, well company came out said pump hovering on water surface (~10ft). Need to drop lower. Tower turnon likely cause well function otherwise good.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

9) Have you complained before? When? To whom?

City of Blaine Aug 2022 no response

10) General Comments:

Oct ~~2022~~ 2022 sent this form



Bastian Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 8/24/22
 Phone [REDACTED]

JOB:

P.I. 2000
13633 Beant St Lower Pump
Han Lake, MN 55304

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT

* Service Call								148 ⁰⁰
* Labor								300 ⁰⁰
* - Replace 80 ft of drop pipe								
- 80ft of pipe and wire								320 ⁰⁰
SIGNATURE <u>[Signature]</u>								
TOTAL								768 ⁰⁰

PART A WELL LOCATION GPS Coordinates:					
<input checked="" type="checkbox"/> Owner's Name DAVID L. JOHNSON <input type="checkbox"/> Authorized Agent	Telephone Number Home () Work Cell [REDACTED]				
Mailing Address 14349 NAPLES ST NE HAM LAKE		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
Email Address [REDACTED]		County	Township Name	Township No.	Range
ANOVA					Section
		Fraction		_____ 1/4 _____ 1/4 _____ 1/4 _____ 1 MILE	

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well: A RUPPERT WELL INC.		Date Completed 10/99	Drilled Depth 285'
		Present Depth 285'	
C A S I N G	MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: 2' ft	Interval: from _____ feet to _____ feet
	Diameter: 5" O.D. inches	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven	
S C R E E N	SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.		USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Other _____ gpd <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd
	Type _____ Dia: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft. FITTINGS: _____		Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)
P U M P	TYPE: <input type="checkbox"/> Submersible Age: 22 years Pumping Rate: _____ gpm <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other		Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)
	Pump Setting-submersible (Below Ground Level) 100' ft Drop Pipe Length--non-submersible (Below Ground Level) _____ ft		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: 	Date: 8/18/22	Driller: Address: Phone:	Date:

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

WELL STRUGGLED LATE SUMMER 2021
RAN OUT OF WATER MID SUMMER 2022

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

FAMILY OF 4

3) Suspected cause of the problem:

SUCKING AIR, WELL GUY DROPPED PUMP 40' SAID WATER WAS
AT THE PUMP

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

—

5) Past well problems? (when and what was the problem?):

BACK IN 2000 WELL GUY DROPPED PUMP FROM 40' TO 60'
AS I CAN RECALL

6) Describe any maintenance that has been done on this well:

NONE

7) Have you corrected the problem? Explain:

YES, SO FAR. WELL GUY SAID THE PUMP SHOULD BE SWITCHED OUT
TO A 3/4 HP, CURRENTLY 1/2 HP. NO PARTS ON HIS TRUCK AT THE TIME

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

YES, SEE ATTACHED

9) Have you complained before? When? To whom?

NO

10) General Comments:

MY FEAR IS THAT MY PUMP WAS DAMAGE (HAS NEW SOUND)
WHEN IT RAN EMPTY, ALSO NOW TOO DEEP FOR 1/2 HP



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date 8/2/22
[Redacted]

JOB:

Dave Johnson

Lower Pump

14349 Naples St.

550⁰⁰

Hann Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:

DESCRIPTION	AMOUNT
-------------	--------

Labor / Service
 Pull & Add
 40' 1" PVC & wire
 Test Run etc.

\$550⁰⁰

*Paul
4900*

SIGNATURE

TOTAL



DEPARTMENT OF
NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent Lindsay Kim

Telephone Number Home ()
 Work Cell ()

Mailing Address 4249 136th Ave NE Ham Lake 55304
 Email Address ()

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Name Township No. Range Section Fraction

1/4 1/4 1/4 1 MILE 1/2 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Barott Drilling Service Date Completed 7/18/22 Drilled Depth dropped 40' Present Depth

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: ft. Interval: from _____ feet to _____ feet
 Diameter: inches Length: feet
 DRILLING METHOD: (if known) Mud Rotary Air Rotary Cable Tool Bored/Augered Driven Dug Other

SCREEN
 SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.
 Type _____ Dis. _____
 Slot/Gage _____ Length: _____ FITTINGS: _____
 Set between _____ ft. and _____ ft.

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: 3 years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) dropped 7/18/22 40 ft.
 USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other _____ Comment (Describe method of inspection):

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____ Comment (Describe method of inspection):

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Lindsay Kim Date: 9/6/22 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

We had suppetering of water in our home and sprinkler system

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3 people in the home

3) Suspected cause of the problem:

needing to drop the well pump

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

n/a

5) Past well problems? (when and what was the problem?):

none

6) Describe any maintenance that has been done on this well:

none - new construction in 2019

7) Have you corrected the problem? Explain:

yes, pumped dropped 40'

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Blaine city has indicated they have impacted water tables
and I would like compensation for the well drop.

9) Have you complained before? When? To whom?

no

10) General Comments:

Several neighbors have also had to drop their wells this year.



BAROTT DRILLING SERVICES, INC.

681 BIRCH STREET • LINO LAKES, MINNESOTA 55014 • PHONE: 651-484-0198
E-MAIL: BDS@BAROTTDILLING.COM • WEBSITE: WWW.BAROTTDILLING.COM

JOB LOCATION

Lindsay Kim
4249 136th Ave NE
Ham Lake

Statement Date

7-18-22

DATE	FOOT OR HOURS	RATE	BALANCE
	12.00		
Service call 1'S	200.00		300.00
40' 1" pvc pipe	4.40		176.00
46' pump, wire	2.75		126.50
PAID #2666			
			602.50

Thank You

Pay This Amount →

602 50

No 5252

A Service Charge will be added to all amounts 10 days or more past due.



PART A WELL LOCATION GPS Coordinates:

Owner's Name CHRISTAN KRTNICK
 Authorized Agent

Telephone Number
 Home [REDACTED]
 Work ()
 Cell ()

Mailing Address 14526 EDISON ST. NE
 Email Address [REDACTED]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County ANOKA Township Name HAM LAKE Township No. _____ Range _____ Section _____ Fraction 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: MEALPINES WELL PULLING OF DAYTON Date Completed 8/2/22 Drilled Depth _____ Present Depth _____

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: _____ ft. Interval: _____ from _____ feet to _____ feet
 Diameter: _____ inches Length: _____ feet

SCREEN
 SCREEN: _____ Or open hole from _____ ft. to _____ ft.
 Make _____ Type _____ Dis. _____
 Slot/Gauge _____ Length: _____ FITTINGS: _____
 Set between _____ ft. and _____ ft.

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

DRILLING METHOD: (if known) Mud Rotary Cable Tool Bored/Augered Air Rotary Driven Dug Other _____

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____
 Does this well comply with the MN-Health Department Water Well Construction Code? _____ If not, why not? _____

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 11/7/22 Driller: [Signature] Address: _____ Phone: _____ Date: _____

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

IN AUGUST OF 2022 OUR WELL RAN DRY AND WE HAD NO WATER. McALPINES WELL NEEDED TO COME OUT AND LOWER THE WELL AND ADDITIONAL 40 FT.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 ADULTS, 2 CHILDREN

3) Suspected cause of the problem:

BLAINE CONSTRUCTION OF WATER TOWER OFF LEXINGTON

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

NO. WAS INSTRUCTED TO REACH OUT TO DNR.

5) Past well problems? (when and what was the problem?):

No

* Unique Well No. *
827885

6) Describe any maintenance that has been done on this well:

LOWERED 40 FT IN AUGUST 2022

7) Have you corrected the problem? Explain:

Yes

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

WE WOULD LIKE TO REIMBURSED FULL AMOUNT

9) Have you complained before? When? To whom?

No

10) General Comments:

- NO ISSUES PRIOR TO AUGUST 2022
- MANY OTHERS IN NEIGHBORHOOD AND AREA HAVE HAD SAME ISSUES THIS YEAR

McAlpines' Well Drilling of Dayton, Inc.

18280 Dayton River Road Dayton MN 55327

Invoice

16767

Service Invoice For: Christian Kritnick

Date: 8/2/2022

14526 Edsion St NE

Ham Lake, MN 55304

Job type: Service

Date(s) on site: 8/8/2022

Quantity and Description of Charges		Amount	
<i>Trip description, # of men and equipment</i>			
# hours:	Smeal - 2 men (\$250 per hour)		\$ 250.00
	Trip Charge		\$ 100.00
	HTH and Shop Supplies		\$ 50.00
	--		--
# of parts/ depth:	Product Type	Description of parts	
40	Pumps_Accs	1" PVC drop pipe	\$ 92.00
40	Pumps_Accs	12-3 pump wire	\$ 96.00
2	Pumps_Accs	1" PVC coupling	\$ 10.00
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Other notes:			
3.5% service fee added if payed with credit card			

TOTAL DUE: \$ 598.00



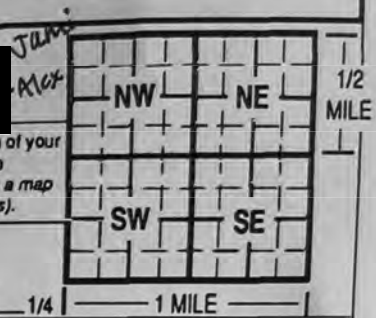
DEPARTMENT OF
NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent Alex & Jami Larkin

Tele: [redacted]
Home: [redacted]
Work: [redacted]
Cell: [redacted]



Mailing Address: 14633 Austin St NE Ham Lake MN 55304
Email Address: [redacted]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: Anoka Township: _____ Township No.: _____ Range: _____ Section: _____ Fraction: 1/4 1/4 1/4

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: _____ Date Completed: _____ Drilled Depth: _____ Present Depth: _____

CASING:
MATERIAL: Steel Plastic Concrete Wood Other
Height Above (Below) Land Surface: _____ ft.
Interval: from _____ feet to _____ feet
Diameter: _____ inches
Length: _____ feet

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other
 Driven

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN:
Make: _____ Or open hole from _____ ft. to _____ ft.
Type: _____ Dia.: _____
Slot/Gage: _____ Length: _____
Set between _____ ft. and _____ ft. **FITTINGS:** _____

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

PUMP:
TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
Age: _____ years
Pumping Rate: _____ gpm
Pump Setting—submersible (Below Ground Level) _____ ft.
Drop Pipe Length—non-submersible (Below Ground Level) _____ ft.

Original & Current Pumping Water Level Below Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____
Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____
Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____
Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____
Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____
Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Jami Larkin Date: 8-23-22 Driller: Eric Renner Address: Elk River Phone: [redacted] Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

No water

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

4 person household

3) Suspected cause of the problem:

Water table dropped a significant amount

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

No response from City of Blaine yet

5) Past well problems? (when and what was the problem?):

None

6) Describe any maintenance that has been done on this well:

Normal/None

7) Have you corrected the problem? Explain:

yes, pump was lowered

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Full reimbursement for pump to be lowered

9) Have you complained before? When? To whom?

No

10) General Comments:

E.H. Renner & Sons

15688 Jarvis St NW
Elk River, MN 55330
Phone [REDACTED]
[REDACTED]

INVOICE



Invoice Number: 7225
Date 8/5/2022

Terms: Due on Receipt

ALEX & JAMIE LARKIN
14633 AUSTIN STREET
HAM LAKE, MN 55304

Service Location
Address: 14633 AUSTIN STREET
City: HAM LAKE
Job/Well #
Purchase Order

Page 1 of 2

FOUND THE STATIC WATER TABLE IS NOW 68' WHEN ORIGINALLY IT WAS 18'. INSTALLED AND ADDITIONAL 60 FT OF 1-1/4" PVC SURALIGN TOTAL SET DEPTH IS NOW 100' TO THE PUMP, AND 60' OF 14/2 SUB WIRE.

Quantity	Unit	Item	Unit Price	Extended Price
1.00	Each	TRIP CHARGE	\$150.00	\$150.00
1.00	Hour	SMEAL 5T/6T TRUCK	\$150.00	\$150.00
1.50	Hour	SERVICE TECHNICIAN	\$150.00	\$225.00
60.00	Feet	WIRE 14/2 W/GRD FLAT JKT SUB-CABLE	\$1.42	\$85.20
60.00	Feet	PIPE PVC 1-1/4" SHUR-ALIGN	\$6.51	\$390.60

Total Charges \$1,000.80

Taxable Total \$0.00

Less payments received

8/19/2022 CHECK 4496 (\$1,000.80)

Total Payments Received (\$1,000.80)

If paying by CARD: \$0.00

If paying by CHECK: \$0.00

Thank you for the opportunity to work for you.

~Warranty Statement~

E. H. Renner & Sons, Incorporated provides the following limited warranty for new water well systems: The well only (excluding all parts of the pumping system) shall be warranted against defects of workmanship and performance and shall provide sand free water, as defined by Minnesota Statute, Chapter 103I and Minnesota Rules, Chapter 4725, for a period of five (5) years from the date of completion as indicated on the Minnesota Department of Health Well and Boring Record. This warranty shall not be construed to imply a guaranty of any standards of water quality or specific yield, nor shall it apply to systems that have been altered from the original design.

The pumping system components shall carry the individual manufacture's warranty for each component. Labor, trip charges, and equipment rates, to repair or replace components under warranty of the manufacturer, shall be provided at no charge for a period of one (1) year from the date of installation as stated on the Well and Boring Record. Labor, trip charges and equipment rates, to repair or replace components not under warranty of the manufacturer, shall NOT be covered under this warranty, regardless of the time period, and shall be chargeable to the customer at the current rates.

E. H. Renner & Sons, Incorporated provides the following limited warranty for service, repair, and maintenance of water well systems and water conditioning equipment: Service, repair, and maintenance of water well systems shall be warranted against defects in workmanship for a period of ninety (90) days from the date the work was performed. Equipment and materials shall carry the individual manufacture's warranty for each component. Labor, trip charges, and equipment rates, to repair or replace components under warranty of the manufacturer, shall be provided at no charge for a period of ninety (90) days from the date the work was performed. Labor, trip charges and equipment rates, to repair or replace components not under warranty of the manufacturer, shall NOT be covered under this warranty, regardless of the time period and shall be chargeable to the customer at current rates.

E. H. Renner & Sons, Incorporated does not warranty damages occurring to property as a result of defective equipment, materials or workmanship.

~Payments~

E. H. Renner & Sons, Incorporated accepts Cash, Check, Visa, Master Card or Discover as form of payment. By providing payment by check you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process payment as a check transaction. When we make an electronic fund transfer, funds may be withdrawn from your account the same day you make your payment and you will not receive your check back from your financial institution.

~ Pre-Lien Notice ~

Notice to Owner according to Minnesota Statute 514.011:

a) ANY PERSON OR COMPANY SUPPLING LABOR OR MATERIALS FOR THIS IMPROVEMENT TO YOUR PROPERTY MAY FILE A LIEN AGAINST YOUR PROPERTY IF THAT PERSON OR COMPANY IS NOT PAID FOR THE CONTRIBUTIONS.

b) UNDER THE MINNESOTA LAW, YOU HAVE THE RIGHT TO PAY PERSONS WHO SUPPLIED LABOR OR MATERIALS FOR THIS IMPROVEMENT DIRECTLY AND DEDUCT THIS AMOUNT FROM OUR CONTRACT/INVOICE PRICE OR WITHOLD THE AMOUNTS DUE THEM FROM US UNTIL 120 DAYS AFTER COMPLETION OF THE IMPROVEMETN UNLESS WE GIVE YOU A LIEN WAIVER SIGNED BY PERSONS WHO SUPPLIED ANY LABOR OR MATIERIAL FOR THE IMPROVEMENT AND WHO GAVE YOU TIMELY NOTICE.

If you have any questions regarding the "Warranty Statement" or the "Pre Lien Notice" please call us at (763)427-6100.

E. H. Renner & Sons, Incorporated

PART A WELL LOCATION GPS Coordinates:						
<input type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent <i>Marcella Marier</i>	Telephone Number Home [REDACTED] Work Cell					
Mailing Address <i>17216 Lexington Ave NE</i>		Email Address				
County <i>Anoka</i>		Township Name <i>Harm Lake</i>		Township No. Range Section Fraction <i>1/4 1/4 1/4</i>		

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)					
Name of Company which drilled well:		Date Completed	Drilled Depth	Present Depth	
CASING	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven	
	SCREEN	SCREEN: Make _____ Or open hole from _____ ft. to _____ ft. Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft.		FITTINGS: _____	
PUMP		TYPE: <input type="checkbox"/> Submersible Age: _____ years Pumping Rate: _____ gpm <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other		Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____	
	Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.		Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____		
Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No					

PART C WELL CONDITION	
<i>NOTE: Attach additional sheets as needed.</i>	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection): <i>McCullough Well Drilling told Amanda Yourd on 11/8/2022 that the pump was replaced because it was bad - not because it had burned out from a water level issue. Pump was only replaced, not lowered.</i>
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection): <i>Amanda Yourd conversation with Judy Ulrich (daughter of complainant) on 2/1/2023: I called Judy to ask if her mom was still having water issues. Judy said that she is not having any issues with water supply or water quality anymore. She said that replacing the pump fixed the problem. They haven't had any issues since the pump was replaced.</i>
DROP PIPE: <input type="checkbox"/> Water Marks <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other <input type="checkbox"/> Holes/Cracks	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: <i>Marcella Marier</i>	Date: <i>4/20/22</i>	Driller: Address: Phone:	Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

no water

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

one

3) Suspected cause of the problem:

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (*provide their name, address and phone number*)

5) Past well problems? (*when and what was the problem?*):

6) Describe any maintenance that has been done on this well:

7) Have you corrected the problem? Explain:

yes

8) How do you feel this problem can be fairly resolved? (*if possible, attach a list of work, materials, and costs needed to resolve the problem*)

9) Have you complained before? When? To whom?

no

10) General Comments:

McCullough and Sons Well Drilling

20335 Forest Blvd N
Forest Lake, MN 55025

INVOICE

Invoice Number: 218222
Invoice Date: Feb 18, 2022
Page: 1

Duplicate



Bill To:
Marcella Marier 17216 Lexington Ave NE Anoka, MN 55304

Ship to:
Marcella Marier 17216 Lexington Ave NE Anoka, MN 55304

Customer ID	Customer PO	Payment Terms	
Marier, Marcella		C.O.D.	
Sales Rep ID	Shipping Method	Ship Date	Due Date
Cardinal, Brian	Airborne		2/18/22

Quantity	Item	Description	Unit Price	Amount
1.00	Service Call	Service Call		
1.00	Labor Charge	Labor Charge		
1.00		Pulled out a 1/2 HP 115V pump=		
1.00	1/2 HP Pump	Replaced with a flowise pump, 1/2 HP 115V	1,800.00	1,800.00
Subtotal				1,800.00
Sales Tax				
Total Invoice Amount				1,800.00
Payment/Credit Applied				1,800.00
TOTAL				0.00

Check/Credit Memo No: 8335

Overdue invoices are subject to late charges.

PART A WELL LOCATION GPS Coordinates:					
<input checked="" type="checkbox"/> Owner's Name: <u>Adam McGuire</u> <input type="checkbox"/> Authorized Agent			Telephone Number Home () Work () Cell ()		
Mailing Address: <u>3677 145th Ave NE, Ham Lake, MN 55304</u>			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).		
Email Address: [REDACTED]			County: <u>Anoka</u> Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: _____ _____ 1/4 _____ 1/4 _____ 1/4 _____ 1 MILE		

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well:		Date Completed	Drilled Depth	Present Depth
CASING	MATERIAL:	Height Above (Below) Land Surface: _____ ft.	Interval: _____ from _____ feet to _____ feet	DRILLING METHOD: (if known)
	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Diameter: _____ inches		<input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven
	Length: _____ feet		USE: Type & Amount in gallons per day (gpd)	<input type="checkbox"/> Other _____ gpd <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd
SCREEN	SCREEN:	Or open hole from _____ ft. to _____ ft.	Original & Current Non-Pumping Water Level (Above) Land Surface:	
	Make _____		Original _____ feet	Current _____ feet
	Type _____	Dis.: _____	_____ date measured	
PUMP	Slot/Gage _____	Length: _____	Original & Current Pumping Water Level Below Land Surface:	
	Set between _____ ft. and _____ ft.	FITTINGS:	Original _____ feet	Current _____ feet
	TYPE:	Age: _____ years	_____ date measured	
	<input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifical <input type="checkbox"/> Other	Pumping Rate: _____ gpm	_____ method of measurement (steel tape, etc.)	
	Pump Setting-submersible (Below Ground Level) _____ ft.	Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.			

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other _____ <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?

PART D SIGNATURES

Well Owner or Agent: <u>Adam McGuire</u>	Date: <u>8/10/22</u>	Driller: Address: Phone:	Date:
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PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Sputtering, lack of water, pressure seems low, sprinklers won't work at full capacity and house water/taps low output

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

- 2 people - yard sprinkler system - gardens
- 2 dogs - House hose bibs

3) Suspected cause of the problem:

Water table lower/issues possibly from all the new housing developments going in around us

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

N/A - city? Yes, we contacted the city of Blaine

5) Past well problems? (when and what was the problem?):

N/A

6) Describe any maintenance that has been done on this well:

Well pump lowered

7) Have you corrected the problem? Explain:**8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)**

we would like to be reimbursed for the expenses to fix the issues

9) Have you complained before? When? To whom?

No

10) General Comments:



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date

8/8/22

JOB:

Adam ~~McGuire~~ McGuire Lower Pump

3647 145th Ave

Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:

DESCRIPTION								AMOUNT
-------------	--	--	--	--	--	--	--	--------

Labor / Service								
Lower Pump in well & check system								
Add 40' x 1" PVC & wire								550 ^{total}
100' total								
60' water table								
P. I. # 5010								

SIGNATURE

TOTAL

mn DEPARTMENT OF NATURAL RESOURCES WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent **DAVE MINIKUS**

Mailing Address: **3051 142ND AVENUE**
 Email Address: [REDACTED]
 County: **ANOKA** Range: **HAMLAKE**

Place an "X" on the grid showing the exact location of your well. The grid is one section (360 acres divided into 1/4, 1/4, 1/4 sections, 1/800, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: _____ Date Completed: _____ Drilled Depth: _____ Present Depth: _____

MATERIAL: Steel Plastic Concrete Mixed Other

Height Above (Below) Land Surface: _____ Interval: _____ from _____ to _____

Diameter: _____ Length: _____

SCREEN: Or open hole _____

Type: _____ Dia: _____

Slot/Gauge: _____ Length: _____

Set between: _____ ft. and _____ ft. FITTINGS: _____

PUMP: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other

Age: _____ years Pumping Rate: _____ gpm

Pump Setting-submersible (Below Ground Level): _____

Drop Pipe Length-non-submersible (Below Ground Level): _____

DRILLING METHOD: (if known) Mud Rotary Cable Tool Dig Air Rotary Sonotube/Sheet Other

USE: Type & Amount in gallons per day (gpd) Domestic Public Supply Other Livestock Commercial Irrigation Industrial

Original & Current Non-Pumping Water Level (Above) Land Surface: _____

Original _____ Current _____

Original & Current Pumping Water Level Below Land Surface: _____

Original _____ Current _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Corroded Holed Other

SCREEN (if one exists): Corroded Rusted/Corroded Plugged Other

PUMP: Corroded Rusted/Corroded Electrical Other

DROP PIPE: Rusted/Corroded Holed/Cracks Water Marks Other

DISTRIBUTION: Plugged Lines Vacuum in Lines Other

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: **[Signature]** Date: **3/11/22** Driller: **ART TORGERSON AND SON WDR** Address: **19379 Highway 65 ME. ENTAIN** Phone: [REDACTED] Date: **3/10/22**

10/25/2022 Amanda Yourd conversation with Torgerson Well Drilling. They said original pump depth was actually 80 feet, not 100 feet as well log states.

3/24/2023: Amanda Yourd conversation with Torgerson Well Drilling. Driller's summary of Minikus well situation:

- 8/11/2022: Driller first visited well and pump was sucking air and burned out. Homeowner was out of water. Driller recommended new pump, but homeowner refused. So driller lowered existing pump by 60 feet to a depth of approximately 150 or 160 feet.
- 8/22/2022: Driller returned because homeowner was still having low water supply/out-of-water issues. Driller replaced the old pump with a new, 1 hp pump, but the new pump was not strong enough to lift water from depth of 150 or 160 feet. Driller ordered a new 1.5 hp pump that could lift water from 150/160 feet. Driller installed 1.5 hp pump and replaced 80 feet of drop pipe, but he did not lower the pump any further. Driller test pumped new pump and it started pulling sand. He pumped for two days and sand got better but didn't go away completely. Homeowner wanted water back so he told driller to stop test pumping and to hook water back up to house. Driller stopped pumping at homeowner's request even though driller wanted to pump longer to clear out sand.
- E arly March 2023: Driller gets call from homeowner saying well is clogged with sand. Driller said he recommended either rehabbing the well by pumping until all the sand is cleared or installing a new well. He said he isn't sure if rehabbing the well will help, but it's worth a try. He has not been to visit the well or done any well work since August 2022.
- Driller assessment: The driller assessment is that the sand issue was started because of low water levels. He thinks the open hole is "tender" and there was likely a weak spot in the sandstone. He said pumping the 1.5 hp pump stressed the open hole and released sand into the well, but this would not have happened if he hadn't had to replace the pump due to low water levels.

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem: NO WATER. PUMP ONIT PUMPING AIR
* WELL PERSON SAID THIS HAS DAMAGED PUMP. PUMP WAS NOT REPLACED BUT NEEDS TO BE REPLACED NOW PRESSURE IS WEAK!

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
6 - 2 ADULTS, 4 KIDS.

3) Suspected cause of the problem:
WATER TABLE DROPPING - 60'

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
CITY OF BLAINE - NEW WELLS - WELL PERSON SAID ITS LOWERING THE WATER TABLES.

5) Past well problems? (when and what was the problem?):
NONE.

6) Describe any maintenance that has been done on this well:
NONE.

7) Have you corrected the problem? Explain:
WELL WAS LOWERED 60'. THE WELL PERSON SAID THIS RUNNING WITHOUT WATER DAMAGED PUMP AND SHOULD BE REPLACED.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
WELL PERSON SAID ANEW PUMP IS NEEDED. A QUOTE FOR THIS IS COMING. PRESSURE

9) Have you complained before? When? To whom?
NO. HE EST THE PUMP COST IS WEAK NOW ALONG IS \$82500 - \$3000 JUST FOR THE PUMP.

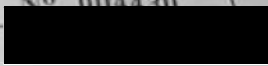
10) General Comments:

WELL PERSON SAID HE HAS BEEN GETTING 100'S OF CALLS - SAME PROBLEM. Neighbor - has same problem but no damage to pump?

ART TORGERSON & SON WELL CO.
18579 Highway 65 NE
East Bethel, MN 55011
(763) 434-6180

STATEMENT

DATE	8/1/22
PLASTER	Nº 004430



DAVID MINIKUS
3051 142ND AVENUE NE
HAM LAKE

TERMS

PLEASE PRINT OR TYPE IN WITH YOUR SIGNATURE

5

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
8/1/22	Mobilize service truck + full pump +	
	ADD 60' OF DROP PIPE + WIRE	\$ 500 00
	60' 1 1/4" PVC DROP PIPE + COUPLINGS	" 300 00
	60' 1 1/2" PUMP WIRE + CONNECTORS	\$ 100 00
	STATIC WATER LEVEL DROPPED FROM 30' WHEN DRILLED TO 74'. WHEN WELL WAS PUMPED OVER THE TOP THE LEVEL DROPPED TO 100' THE PUMP IS NOW SITTING AT 150' AND PUMPS 15 GPM AT 30 PSI	----- \$ 900 00
8/1/22	PAID CK # 5394	

Thank You

PAY LAST AMOUNT
IN THIS COLUMN

ART TORGERSON & SON WELL CO.

STATEMENT

ART TORGERSON & SON WELL CO.
 18579 Highway 65 NE
 East Bethel, MN 55011

DATE	8/22/22
NUMBER	Nº 004427

DAVID MINIKUS
 3051 142ND AVENUE NE
 HAM LAKE

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
8/22/22	MOBILIZE SERVICE TRUCK + PULL PUMP +	350 00
	INSTALL NEW 1 HP. 22 GPM GROUNDS PUMP	2,000 00
	80' 1 1/4" PVC DROP PIPE + COUPLINGS	400 00
	80' 1413 PUMP WIRE + CONNECTORS	150 00
	1 1/4" CHECK VALVE + CHLORINATE WELL	100 00
8/22/22	PAID CK # 5403 TOTAL	\$3,000 00
	ON 8/11/22 WE LOWERED THE PUMP	
	60' BECAUSE OF A DRASTIC DROP IN	
	THE WATER LEVEL. UPON HOOKING THE	
	PUMP BACK TO THE HOUSE WE NOTICED	
	THE PUMP STRUGGLED TO BUILD PRESSURE	
	THE HOMEOWNER NOTICED THE PUMP DID	
	NOT ADEQUATELY RUN THE IRRIGATION SO	
	A NEW PUMP HAD TO BE INSTALLED	

PART A WELL LOCATION GPS Coordinates:					
<input type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent <u>Jason Montminy</u>			Telephone Number Home: [REDACTED] Work: [REDACTED] Cell: [REDACTED]		
Mailing Address: <u>14549 QUENBY ST NE</u> <u>HAM LAKE MN 55304</u>			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).		
Email Address: [REDACTED]			County: _____ Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: _____ _____ 1/4 _____ 1/4 _____ 1/4 _____ 1 MILE		

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)						
Name of Company which drilled well:			Date Completed		Drilled Depth	
Present Depth						
CASING	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other		Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet		Interval: _____ feet to _____ feet	
	SCREEN: Make: _____ Type: _____ Dia.: _____ Slot/Gage: _____ Length: _____ Set between _____ ft. and _____ ft.		Or open hole from _____ ft. to _____ ft.		DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other	
	PUMP: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		Age: _____ years Pump Setting-submersible (Below Ground Level) _____ ft. Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.		Pumping Rate: _____ gpm	
USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd			Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel taps, etc.)			
Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel taps, etc.)			Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART C WELL CONDITION	
<i>NOTE: Attach additional sheets as needed.</i>	
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?	

PART D SIGNATURES			
Well Owner or Agent:	Date:	Driller:	Date:
	11-8-22	Address: Phone:	

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

NO WATER. AIR IN WATER WHEN AVAILABLE

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

HOUSEHOLD OF FOUR

3) Suspected cause of the problem:

LOWER WATER TABLE

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (*provide their name, address and phone number*)

5) Past well problems? (*when and what was the problem?*):

NONE

6) Describe any maintenance that has been done on this well:

NONE

7) Have you corrected the problem? Explain:

YES, PUMP LOWERED

8) How do you feel this problem can be fairly resolved? (*if possible, attach a list of work, materials, and costs needed to resolve the problem*)

YES

9) Have you complained before? When? To whom?

NO

10) General Comments:



PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
Hueseng Moua

Telephone Number
 Home: [REDACTED]
 Work: [REDACTED]
 Cell: [REDACTED]

Mailing Address
13907 Fraizer St. NE

Email Address

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: Anoka Township Name: Ham Lake Township No.: _____ Range: _____ Section: _____ Fraction: 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Bastian Well Service Date Completed: 7/22/22 Drilled Depth: 20' Present Depth: _____

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: Unknown + 20' ft Interval: from _____ feet to _____ feet
 Diameter: 4 inches Length: _____ feet
 Length: _____ feet

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

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level): _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

DRILLING METHOD: (if known) Mud Rotary Air Rotary Cable Tool Bored/Augered Driven Dug Other

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ feet
 Current _____ feet
 date measured _____
 method of measurement (steel tape, etc.) _____

Original & Current Pumping Water Level Below Land Surface:
 Original _____ feet
 Current _____ feet
 date measured _____
 method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Hueseng Moua Date: 8/26/22 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

On 7/20, we experienced no running water within our home. Pump and everything seemed to be fine, but no water coming through inside or outside the home.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

5 people

3) Suspected cause of the problem:

dry well as that was something our neighbors have ran into too.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

NO.

5) Past well problems? (when and what was the problem?):

NO.

6) Describe any maintenance that has been done on this well:

none

7) Have you corrected the problem? Explain:

yes. we called Bastian Well Service and they were able to come out and troubleshoot. This led to them dropping our well another 20'.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

and cost get reimburse for the service that was provided by Bastian Well Service

9) Have you complained before? When? To whom?

NO.

10) General Comments:

Invoice from Bastian Well Service included.

Bastian

Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date: 7/22/22
 Phone: [REDACTED]

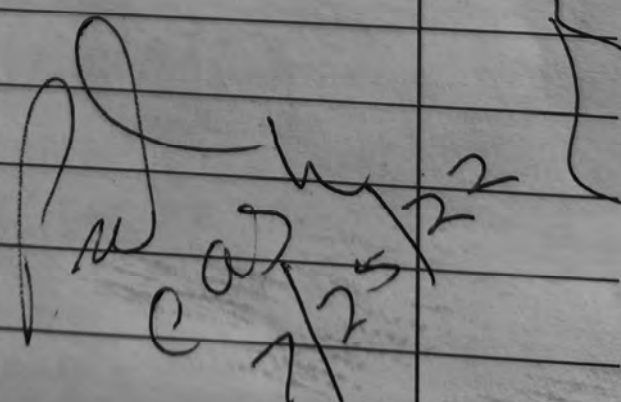
JOB:

? Pump Dry?

Hue Maua
~~Hugh~~ Maua
 13907 Fraiser St.
 Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
					8:00			

DESCRIPTION	AMOUNT
-------------	--------

* truck charge / service call	148 ⁰⁰
* 20 ^{ft} of pipe and wire	80 ⁰⁰
* service air tank (low air)	22 ⁰⁰
* Labor	200 ⁰⁰
pull pipe, addition of 20 ft of pipe and wire	
Not paid	
	

SIGNATURE

TOTAL 450⁰⁰

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent Amy Niemi

Telephone Home [Redacted]
 Work [Redacted]
 Cell [Redacted]

Mailing Address 14054 Lexington AVE NE
 Email Address [Redacted]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Ham Lake Range 33 Section 35 Fraction 11
 1/4 1/4 1/4 1 MILE

Grid: NW, NE, SW, SE. 1/2 MILE vertical scale, 1 MILE horizontal scale.

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Dana's Wells Inc Date Completed 7-27-2022 Drilled Depth 180 existing Present Depth 120'

CASING: MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: 171 ft Interval: from _____ feet to _____ feet
 Diameter: 4 inches Length: _____ feet

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

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: 1m years Pumping Rate: 10 gpm
 Pump Setting-submersible (Below Ground Level) 127 ft
 Drop Pipe Length-non-submersible (Below Ground Level) 6-20 PVC ft

DRILLING METHOD: (if known) Unknown
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original 12 static w/c Current 55 SWL
1981 July 27, 2022 feet date measured
Steel tape method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): NO

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): NA

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): New pump electric

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): → increased drop pipe due to increase depth

DISTRIBUTION: Plugged Lines Vacuum In Lines Other _____ Comment (Describe method of inspection): NA

OTHER (Describe method of inspection): _____
 Does this well comply with the MN Health Department Water Well Construction Code? Yes If not, why not?

PART D SIGNATURES

Well Owner or Agent: Amy Niemi Date: 9-1-2022 Driller: Dana's Wells Address: 6340 Mason Ave NE Osted, MN Date: 9-1-2022
 Phone: [Redacted]

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: *no water to house. Called Dana's Wells and static water level dropped so had to lower ^{new} pump to 120'*
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
1 house - residence 3 people (1 adult, 2 children)
- 3) Suspected cause of the problem: *static water level dropped ~~to~~ in aquifer.*
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number) *Contacted City of Blaine*
- 5) Past well problems? (when and what was the problem?): *NONE*
- 6) Describe any maintenance that has been done on this well:
yearly air pressure tank maintenance
- 7) Have you corrected the problem? Explain: *yes*
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem) *lowered well pump depth*
- 9) Have you complained before? When? To whom?
NO
- 10) General Comments:
see attached well information & invoice



Dana's Wells Inc.

Dana's Wells Inc.
6340 Mason Ave NE
Otsego, Minnesota, 55301
763.267.7282

50 gpm
↓ 120'

Because Water Matters...

NAME Amy Niemi							
ADDRESS 14054 Lexington Ave NE							
Home Lake, MN 55304					PHONE	DATE 7-27-22	
SOLD BY	CASH	CHECK	CHARGE	C.O.D.	ON ACCT.	PAID OUT	LAYAWAY
QUANTITY	DESCRIPTION				PRICE	AMOUNT	
	3/4 hp 3" 10gpm pump					1400.00	
	6 20' 1" PVC pipe					420.00	
	130 ft 1/2" wire					455.00	
	1" check valve					75.00	
	1" Brass fittings					180.00	
	Air Compressor					85.00	
	Pressure switch					65.00	
	Pitless / parts					1400.00	
	trip charge / disposal					155.00	
	After hour service call					350.00	
	8 hr Labor					1800.00	
Received by: 1 year parts & labor warranty					TAX		
3 year pump warranty					TOTAL	6385.00	

No.

Thank You

All claims and returned goods must be accompanied by this bill

PART A WELL LOCATION GPS Coordinates:						
<input checked="" type="checkbox"/> Owner's Name <u>David A. Novak</u> <input type="checkbox"/> Authorized Agent	Telephone Number Home [REDACTED] Work [REDACTED] Cell [REDACTED]					
Mailing Address <u>3504 149th Ave NE</u> <u>Ham Lake, MN 55304</u>			Place an "X" on the grid showing the exact location of your well. The grid is one section (360 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
Email Address [REDACTED]						
County <u>Anoka</u>	Township Name <u>Ham Lake</u>	Township No. <u>32</u>	Range <u>23</u>	Section <u>26</u>	Fraction <u>SW 1/4 NW 1/4 NW 1/4</u>	

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)																		
Name of Company which drilled well: <u>Mark Well Co. Inc.</u>			Date Completed <u>10-5-2009</u>	Drilled Depth <u>240'</u>	Present Depth <u>240'</u>													
CASING	MATERIAL: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: <u>12"/180'</u> ft	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input checked="" type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Dug <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Other <input type="checkbox"/> Driven														
	Diameter: <u>4</u> inches	Length: <u>187</u> feet	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Other _____ gpd <input checked="" type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Industrial _____ gpd															
	SCREEN: Make _____ Or open hole from <u>187</u> ft. to <u>240</u> ft. Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft. FITTINGS: _____			Original & Current Non-Pumping Water Level (Above) Land Surface: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Original</td> <td style="width: 50%; text-align: center;">Current</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;"><u>20</u></td> <td style="text-align: center;"><u>60</u></td> <td style="text-align: center;">feet</td> <td></td> </tr> <tr> <td style="text-align: center;"><u>10-5-09</u></td> <td style="text-align: center;"><u>8-3-22</u></td> <td style="text-align: center;">date measured</td> <td style="text-align: center;">method of measurement (steel tape, etc.)</td> </tr> </table>				Original	Current			<u>20</u>	<u>60</u>	feet		<u>10-5-09</u>	<u>8-3-22</u>	date measured
Original	Current																	
<u>20</u>	<u>60</u>	feet																
<u>10-5-09</u>	<u>8-3-22</u>	date measured	method of measurement (steel tape, etc.)															
PUMP	TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Age: <u>13</u> years	Pumping Rate: <u>10-22</u> gpm	Original & Current Pumping Water Level Below Land Surface: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Original</td> <td style="width: 50%; text-align: center;">Current</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="text-align: center;"><u>30</u></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">feet</td> <td></td> </tr> <tr> <td style="text-align: center;"><u>10-5-09</u></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">date measured</td> <td style="text-align: center;">method of measurement (steel tape, etc.)</td> </tr> </table>			Original	Current			<u>30</u>	_____	feet		<u>10-5-09</u>	_____	date measured	method of measurement (steel tape, etc.)
	Original	Current																
	<u>30</u>	_____	feet															
<u>10-5-09</u>	_____	date measured	method of measurement (steel tape, etc.)															
Drop Pipe Length--non-submersible (Below Ground Level) _____ ft.		Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No																

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other _____ <input type="checkbox"/> Vacuum in Lines	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?	

PART D SIGNATURES			
Well Owner or Agent: <u>David A. Novak</u>	Date: <u>9-13-2022</u>	Driller: Address: Phone:	Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Well was pumping air - no water.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2

3) Suspected cause of the problem:

Aquifer water level dropped last 2 years.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

No

5) Past well problems? (when and what was the problem?):

No

6) Describe any maintenance that has been done on this well:

Additional droppipe added on 8/3/2022,

7) Have you corrected the problem? Explain:

Well producing adequate water with addition of drop pipe.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

At the moment - yes. Concerned about additional well problems in coming years.

9) Have you complained before? When? To whom?

10) General Comments:

Concerned about developments in northern Blaine that required drilling large wells which may compromise our well.

Since 1945



763-753-2530

7303 185th Ave. NW, Anoka, MN 55303

WORK ORDER

ACCOUNT #	DATE	TERMS	REP	SERVICE #
NOVADA01	8/3/2022	DUE UPON COMPLETION OF JOB	MATT / F...	14986
Customer Phone		Customer Alt. Phone	START TIME	END TIME
[REDACTED]		[REDACTED]		4:48

NAME / ADDRESS
 DAVID NOVAK
 3504 147TH AVE. NE
 HAM LAKE, MN 55304

LOCATION/DESCRIPTION 350

DESCRIPTION	QTY	COST	TOTAL
THINKS PUMP NEEDS TO BE DROPPED 1 TECH PER HR		235.00	
1 1/2" Sch 120 PVC Drop pipe	40	5.00/ft	200.00
1/4" PVC Coupling		9.00	9.00
12/12 Sink wire	40	2.25/ft	90.00
MISC (Tape, splices)			10.00
(Pd) # 10035			
Pump was out of the water (now at 120' of drop pipe)			

- 1 TECH ADDITIONAL HR \$195 HR
- 2 TECHS \$295 HR
- EA ADDITIONAL TECH \$110 HR
- RECYCLE TANK \$15-\$50 EA
- RECYCLE PUMP \$15.00 EA
- DROP PIPE \$ 2.50 EA
- CHLORINATED YES [] NO []

Payment in full is due the day of service. Customer authorizes Mork Well Co., Inc. to charge credit/debit card job was secured with plus 4% fee if payment is not received date of service.

A monthly \$35.00 admin fee will be applied on all late accounts, including interest accruing at a rate of 1.5% per month (18% annual) with a \$5.00 per month minimum on any outstanding balance. \$30.00 charge on all returned checks. Customer agrees to pay any and all cost associated with collections including, but not limited to any and all legal fees.

We try to be careful; however, damage to your property (lawn, trees, landscape, sidewalks, driveways, wires, lines, gutters, awnings, siding, cement, carpet, etc.) may occur and in certain cases is inevitable while we are performing the work you hired us for. Your signature indicates that you are aware of this and will not hold Mork Well Co., Inc. or its employees responsible.

My Signature indicates that I have read and agree to the above.
 CUSTOMER SIGNATURE *[Signature]*

TOTAL MATERIALS	318.00
TOTAL LABOR	335.00
TOTAL	\$653.00
PAYMENT METHOD:	CASH / <u>CHECK</u> / CREDIT CARD



DEPARTMENT OF NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name Allison Peterson
 Authorized Agent

Telephone Number
 Home ()
 Work Cell [REDACTED]

Mailing Address 14505 Quemay St NE Ham Lake, MN 55304
 Email Address

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County Anoka Township Name _____ Township No. _____ Range _____ Section _____ Fraction 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Torgerson Well Co Inc Date Completed 03 Mar 2006 Drilled Depth 184 ft Present Depth 184 ft

CASING:
 Steel
 Plastic
 Concrete
 Wood
 Other

Height Above (Below) Land Surface: _____ ft
 Diameter: 4 inches
 Length: 175 feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd
 Other _____ gpd

SCREEN:
 Make Wesco Or open hole from _____ ft. to _____ ft.
 Type 5" Steel Dia.: 4"
 Slot/Gage 10 x 10 Length: 8'
 Set between 175 ft. and 184 ft. FITTINGS: _____

PUMP:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifugal
 Other

Age: 16.5 years Pumping Rate: 19 gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) 80 ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ feet
 Current _____ feet
 date measured _____
 method of measurement (steel tape, etc.) _____

Original & Current Pumping Water Level Below Land Surface:
 Original _____ feet
 Current _____ feet
 date measured _____
 method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments
 Cracked Incrusted
 Holes Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded
 Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded
 Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks
 Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines
 Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? yes. If not, why not?

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 8/25/22 Driller: Reston Well Service Address: [REDACTED] Phone: [REDACTED] Date: _____

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Sputtering water & air in water lines after water usage.
Was told by driller that this is b/c water table had dropped

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s): & flow rate
3 people living in home - standard use had dropped

3) Suspected cause of the problem:

Blaine development / well additions in Blaine, MN

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

see #9 - Stefan Higgins

5) Past well problems? (when and what was the problem?):

Started last summer (2021) but not significant enough for us to realize there was a problem. Major problem began July 2022

6) Describe any maintenance that has been done on this well:

Driller came out on 8/3/22. Lowered well pump 40' & needed to clean out pump as well. (Invoice attached)

7) Have you corrected the problem? Explain:

Dropped pipe 40' & blew out / cleaned pump from low water level

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Reimbursement for \$1095.00 & a plan / assurance that future developments will not disrupt our water again.

9) Have you complained before? When? To whom?

10) General Comments:

→
Contacted Stefan Higgins @ City of Blaine. Was told they would not reimburse us because our water level dropped more than what their model showed / predicted.
(will forward email).



Bastian
Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date	8/3/22
Phone	[REDACTED]

JOB: Allison

Aaron Peterson

Pull & Blow

14505 Quermoy St

Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
					X			
DESCRIPTION								AMOUNT

labor / services	
Pull Pump & Blow with compressor	400 ⁰⁰
Compressor Change 184' well 30+ GPM	145 ⁰⁰
Add 40' PVC & worm 120' total	150 ⁰⁰
	<u>7695⁰⁰</u>
Water Table 64' 8/6/22	

SIGNATURE

Paul
 ch # 1040

TOTAL

PART A WELL LOCATION GPS Coordinates:

Owner's Name: Brian & Cara Peterson Telephone N: [Redacted] Home ([Redacted] Work ([Redacted] Cell ([Redacted])

Mailing Address: 3341 134th Ave NE Email Address: Ham Lake MN

County: Anoka Township Name: Ham Lake Township No.: 55304 Range: _____ Section: _____ Fraction: _____

1/2 MILE grid showing well location. 1 MILE scale bar.

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Mc Alpines Date Completed: 2016 Drilled Depth: ~244 ft. Present Depth: ~108 ft

CASING: MATERIAL: Steel Plastic Concrete Wood Other. Interval: _____ ft. from _____ ft. to _____ ft.

SCREEN: Make: _____ Or open hole from _____ ft. to _____ ft. Type: _____ Dia.: _____ Slot/Gage: _____ Length: _____ FITTINGS: _____

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other. Age: _____ years Pumping Rate: _____ gpm. Pump Setting-submersible (Below Ground Level): _____ ft. Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

DRILLING METHOD: (if known) Mud Rotary Cable Tool Bored/Augered Air Rotary Driven Dog Other

USE: Type & Amount in gallons per day (gpd) Other _____ gpd Domestic _____ gpd Public Supply _____ gpd Livestock _____ gpd Commercial _____ gpd Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

was @ ~68 feet as I recall from conversation

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Jet, Shallow Jet, Deep Rusted/Corroded Holes Other. Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other. Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other. Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other. Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other. Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____, if not, why not?

Everything was/is in working order. The problem was the pump was sucking Air

PART D SIGNATURES


Well Owner or Agent: [Signature] Date: 9/2/22 Driller: N/A Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: We started losing water pressure - usually @ high demand time in the A.M. when sprinkler system also ran overnight
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s): up to 7 when kids are home from college
- 3) Suspected cause of the problem: Drop in water level - Known problem Not suspected in well
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number) NO
- 5) Past well problems? (when and what was the problem?):
- 6) Describe any maintenance that has been done on this well: ~~Dropped~~ Dropped the pump
- 7) Have you corrected the problem? Explain: Yes. Dropped the pump
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem) Blaine can reimburse our expenses and can better manage the use of water
- 9) Have you complained before? When? To whom? To city of Blaine - same day as ~~they~~ they forwarded my complaint to you.
- 10) General Comments:

At time of service, we (nor the well company) didn't know ~~about~~ about the Blaine water tower impact or interference plan & potential. We were informed by a Blaine Resident and then in our local newspaper. Per that article, we are in the area to work directly w/ Blaine and not the DNR. In typical bureaucratic fashion, we're getting bounced to another government Agency. As a crow flies, we live about 1 mile from the water tower. If it has impact, I'd love to understand why we wouldn't be impacted. Please share details of the aquifer maps, impact of tower, studies (w/ assumptions), etc. 

McAlpines' Well Drilling of Dayton, Inc.
 18280 Dayton River Road, Dayton, MN 55327
 PHONE: 763-428-2252

Invoice

16763

Service Invoice For: Brian Peterson

Date: 8/4/2022

3341 134th Ave NE

Ham Lake, MN 55304

Job type: Service

Date(s) on site: 8/3/2022

Quantity and Description of Charges			Amount
<i>Trip description, # of men and equipment</i>			
# hours: 1.0	HTH and Shop Supplies		\$ 50.00
	--		--
	--		--
	--		--
	--		--
# of parts/ depth:	Product Type	Description of parts	
40	Pumps_Accs	1" PVC drop pipe	\$ 92.00
48	Pumps_Accs	12-2 pump wire	\$ 79.20
2	Pumps_Accs	1" PVC coupling	\$ 10.00
			--
			--
			--
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			--
			--
			--
Other notes:			
3.5% service fee added if payed with credit card			

TOTAL DUE: \$ 231.20

*Paid
8-23-22
TM*



**DEPARTMENT OF
NATURAL RESOURCES**

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
Eugene Pikus

Teleph Home [redacted]
Work [redacted]
Cell [redacted]

Mailing Address: 16416 134TH LN NE HAM LAKE
Email Address: [redacted]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: ANOKA Township Name: HAM LAKE Township No.: 32 Range: 23 Section: 32 Fraction: 1/4 1/4 1/4

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: MORK WELL CO. INC Date Completed: 9-3-02 Drilled Depth: _____ Present Depth: _____

CASING:
MATERIAL: Steel Plastic Concrete Wood Other
Height Above (Below) Land Surface: _____ ft.
Diameter: 4 inches
Length: 100 feet
Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known) Mud Rotary Cable Tool Dug Air Rotary Bored/Augered Driven Other _____

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN:
Make: Johnson Or open hole from _____ ft. to _____ ft.
Type: SS Dia.: 2"
Slot/Gage: 7 slot Length: 8'
Set between 100 ft. and 109 ft. FITTINGS: 11' 6"

PUMP:
TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
Age: _____ years Pumping Rate: _____ gpm
Pump Setting-submersible (Below Ground Level): _____ ft.
Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

Original & Current Pumping Water Level Below Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): 11/10/2022 email from Mork Well Drilling to DNR: although the SWL at time of visit was 45

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): feet and the pump depth was 60 feet, the homeowner would lose water when the

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): sprinkler system was on.

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not? _____

PART D SIGNATURES

Well Owner or Agent: Eugene Pikus Date: 8/18/22 Driller: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Pump was sucking air INTO OUR SYSTEM

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 adults, NO livestock

3) Suspected cause of the problem:

DROP IN STATIC WATER LEVEL

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

NO

5) Past well problems? (when and what was the problem?):

NONE

6) Describe any maintenance that has been done on this well:

NONE OTHER THAN NEED TO LOWER PUMP BECAUSE OF DROP IN STATIC LEVEL.

7) Have you corrected the problem? Explain:

YES, THE PUMP WAS LOWERED 20' AND IS NO LONGER SUCKING AIR.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

SEE INVOICE

9) Have you complained before? When? To whom?

NO

10) General Comments:

154

WORK ORDER

Since 1945



MORK
WELL CO. INC.

763-753-2530

7303 185th Ave. NW, Anoka, MN 55303

ACCOUNT #	DATE	TERMS	REP	SERVICE #
PIKUEU	8/11/2022	DUE UPON COMPLETION OF JOB		14975
Customer Phone		Customer Alt. Phone	START TIME	END TIME
[REDACTED]			11:10	12:10

NAME / ADDRESS

EUGENE PIKUS
1646 134TH LN. NE
HAM LAKE, MN 55304

LOCATION/DESCRIPTION

DESCRIPTION	QTY	COST	TOTAL
WHEN IRRIGATING, DRAWS DOWN & AIR IN LINES			
SERVICE CALL	1	235.00	
1/4 Sch 80 PVC Drop Pipe	20	5.00/ft	235.00 100.00
1/4 Coupling PVC			9.00
1/2 Sub wire	20	2.25/ft	45.00
SWL was at 45' from 20' in 1999			
1 TECH ADDITIONAL HR \$195 HR			
2 TECHS \$295 HR			
EA ADDITIONAL TECH \$110 HR			
RECYCLE TANK \$15-\$50 EA			
RECYCLE PUMP \$15.00 EA			
DROP PIPE \$ 2.50 EA			
CHLORINATED YES [] NO []			

Payment in full is due the day of service. Customer authorizes Mork Well Co., Inc. to charge credit/debit card job was secured with plus 4% fee if payment is not received date of service.

A monthly \$35.00 admin fee will be applied on all late accounts, including interest accruing at a rate of 1.5% per month (18% annual) with a \$5.00 per month minimum on any outstanding balance. \$30.00 charge on all returned checks. Customer agrees to pay any and all cost associated with collections including, but not limited to any and all legal fees.

We try to be careful; however, damage to your property (lawn, trees, landscape, sidewalks, driveways, wires, lines, gutters, awnings, siding, cement, carpet, etc.) may occur and in certain cases is inevitable while we are performing the work you hired us for. Your signature indicates that you are aware of this and will not hold Mork Well Co., Inc. or its employees responsible.

My Signature indicates that I have read and agree to the above.

TOTAL MATERIALS	
TOTAL LABOR	
TOTAL	\$389.00

CUSTOMER SIGNATURE _____

PAYMENT METHOD: CASH / CHECK / CREDIT CARD

PD #3725



DEPARTMENT OF NATURAL RESOURCES

WATER WELL INFORMATION

0000731105

PART A WELL LOCATION GPS Coordinates:

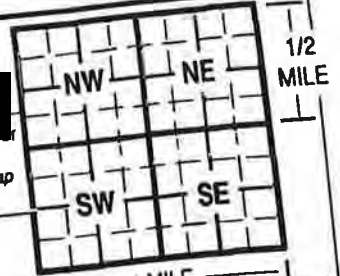
Owner's Name
 Authorized Agent **TIM PLOCIENIK**

Telephone Number
Home ()
Work ()
Cell ()

Mailing Address
4135 WILDWOOD DR NE

Place an "X" on the grid showing the exact location of the well. The grid is one section (640 acres) divided into 1/4, 1/4, 1/4 sections. (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

Email Address
County **ANDKA**
Township Name **HAMLAKE**
Township No. **32**
Range **23**
Section **35**
Fraction **1/4 1/4 1/4**



PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well:
E H RENNER

Date Completed

Drilled Depth
213 FT

Present Depth

CASING
 Steel
 Plastic
 Concrete
 Wood
 Other

Height Above (Below) Land Surface: **1.5** ft
Interval: from _____ feet to _____ feet
Diameter: **4** inches
Length: **213** feet

DRILLING METHOD: (if known)

Mud Rotary
 Air Rotary
 Cable Tool
 Borad/Augered
 Driven
 Dug
 Other

SCREEN

SCREEN: Make _____ Dia: _____
Type _____ Length: _____
Slov/Gage _____ FITTINGS: _____
Set between _____ ft. and _____ ft.

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd

PUMP

TYPE: Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifugal
 Other
Age: _____ years
Pumping Rate: _____ gpm
Drop Pipe Length—non-submersible (Below Ground Level) _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____
Original & Current Pumping Water Level Below Land Surface:
Original _____ feet
Current _____ feet
date measured _____
method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C

NOTE: Attach additional sheets as needed.

CASING: Cracked
 Holes
 Filled with Sediments
 Incrusted
 Other _____

Comment (Describe method of inspection):

SCREEN (if one exists): Incrusted
 Plugged
 Rusted/Corroded
 Other _____

Comment (Describe method of inspection):

PUMP: Incrusted
 Rusted/Corroded
 Electrical
 Other _____

Comment (Describe method of inspection):

DROP PIPE: Rusted/Corroded
 Holes/Cracks
 Water Marks
 Other _____

Comment (Describe method of inspection):

DISTRIBUTION: Plugged Lines
 Vacuum in Lines
 Other _____

Comment (Describe method of inspection):

OTHER (Describe method of inspection):
Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D

Well Owner or Agent:
TIM PLOCIENIK

Date:
10 17 22

SIGNATURES

Driller: **E H RENNER**
Address: **15600 JARVIS ST ELK RIVER**
Phone: _____

Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem: **LOST ALL WATER FROM WELL - PUMP WAS ABOVE WATER LEVEL.**

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 PEOPLE, VARIOUS VISITORS AND 2 GUINZA PIGS

3) Suspected cause of the problem:
OVER PUMPING AQUIFER -

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
NO

5) Past well problems? (when and what was the problem?):
NONE

6) Describe any maintenance that has been done on this well:
NO PROBLEMS WITH WELL SINCE NEW WELL WAS DRILLED WITH 15 TO 18 YRS AGO - LATE SUMMER 2022 IS FIRST EPISODE OF PROBLEM HAD ISSUE WITH HIS WELL AND HAD TO ADD PIPE TO LOWER PUMP INTO WATER.

7) Have you corrected the problem? Explain:
I ADDED 20 FT OF PIPE + WIRE TO WELL SYSTEM - THEN I HAD WATER PUMP. 1 WEEK LATER THE "HAM LAKE" NEWSPAPER TOLD OF THE STORY OF WHY IT HAPPENED.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
BLAINE CITY SHOULD BE PROHIBITED FROM OVER PUMPING AND PAY FOR MY TIME + MATERIALS TO LOWER MY PUMP AND PAY FOR MY INVOICE FROM EH RENNER WHO INSPECTED MY WELL 10/13/22.

9) Have you complained before? When? To whom?
NO - JUST TALKED TO CARMELITA NELSON AND THE PEOPLE AT EH RENNER ABOUT WHAT TO DO.

10) General Comments:
I REPAIRED MY WELL BEFORE I KNEW BLAINE WAS RESPONSIBLE FOR THE DROP W WATER LEVEL. I DID NOT KEEP RECEIPTS OR TIME INVOLVED IN DOING MY REPAIR - I HAD TO FIX THE WATER AS LIFE IS NOT POSSIBLE WITHOUT WATER. I HAD NO IDEA WHY THE WATER LEVEL DROPPED OR WHO WAS RESPONSIBLE SO I JUST FIXED IT. I THINK BLAINE SHOULD COVER ALL MY COSTS FOR REPAIR TO MY WATER SYSTEM.

INVOICE PENDING FROM EH RENNER FOR WELL INSPECTION + REPORT - WILL SEND INVOICE COPY WHEN I RECEIVE IT FROM RENNER

E.H. Renner & Sons

15688 Jarvis St NW
Elk River, MN 55330
Phone [REDACTED]
www.ehrenner.com

INVOICE



Invoice Number: 7368
Date: 10/21/2022

Terms: Due on Receipt

TIM PLOCIENIK
4125 WILDWOOD DRIVE NE
HAM LAKE, MN 55304

Service Location
Address: 4125 WILDWOOD DRIVE NE
City: HAM LAKE
Job/Well #
Purchase Order

NO ISSUES FOUND WHILE ON SITE; CUSTOMER STATED THAT ABOUT A MONTH OR SO AGO HE DID HAVE TO ADD A STICK OF DROP PIPE. HE HAS NOT HAD AN ISSUE SINCE.

Quantity	Unit	Item	Unit Price	Extended Price
1.00	Each	TRIP CHARGE	\$150.00	\$150.00
1.00	Hour	SERVICE TECHNICIAN	\$150.00	\$150.00
Total Charges				\$300.00
Taxable Total			\$0.00	

If paying by CARD: \$306.00
If paying by CHECK: \$300.00

Thank you for the opportunity to work for you.

IF YOU HAVE ANY QUESTIONS REGARDING THE WARRANTY STATEMENT OR THE PRELIMINARY NOTICE, PLEASE CALL US AT (651) 427-8100.

E. H. Renner & Sons, Incorporated

YOU TIMELY NOTICE

PERSONS WHO SUPPLIED ANY LABOR OR MATERIAL FOR THE IMPROVEMENT AND WHO GAVE AFTER COMPLETION OF THE IMPROVEMENT UNLESS WE GIVE YOU A LIEN WAIVER SIGNED BY CONTRACTOR/INVOICE PRICE OR WITHHOLD THE AMOUNTS DUE THEM FROM US UNTIL 150 DAYS OR MATERIALS FOR THIS IMPROVEMENT DIRECTLY AND DEDUCT THE AMOUNT FROM OUR UNDER THE MINNESOTA LAW YOU HAVE THE RIGHT TO PAY PERSONS WHO SUPPLIED LABOR NOT PAID FOR THE CONTRIBUTIONS

YOUR PROPERTY MAY BE A LIEN AGAINST YOUR PROPERTY IF THAT PERSON OR COMPANY IS ANY PERSON OR COMPANY WHO SUPPLIED LABOR OR MATERIALS FOR THE IMPROVEMENT TO

PRELIMINARY NOTICE

PART A WELL LOCATION GPS Coordinates: N-45-13-43.2 W-93-10-38.2

Owner's Name **BRIAN POGALZ**
 Authorized Agent

Telephone Number
 Home ()
 Work ()
 Cell ()

Mailing Address **14238 TIPPECANOE ST. NE
 HAM LAKE, MN 55304**

Email Address

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County **ANOKA** Township Name **HAM LAKE** Township No. **32N** Range **23W** Section **26** Fraction **NW 1/4 SE 1/4 SW 1/4**

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: **E.H. RENNER & SONS** Date Completed **8/27/12** Drilled Depth **263'** Present Depth **263'**

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: **263** ft
 Diameter: **4" TO 263** inches
 Length: **263** feet
 Interval: from _____ feet to _____ feet

SCREEN
 Make **N/A** Or open hole from **195** ft. to **263** ft.
 Type _____ Dia.: _____
 Slot/Gage _____ Length: _____
 Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
 Age: **10** years Pumping Rate: **16** gpm
 Pump Setting-submersible (Below Ground Level): **38** ft.
 Drop Pipe Length-non-submersible (Below Ground Level): **63'** ft.

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug Other
 Air Rotary Bored/Augered Driven

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic **UNKNOWN** gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation **UNKNOWN** gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____ feet
 date measured _____ method of measurement (steel tape, etc.) _____

Original & Current Pumping Water Level Below Land Surface:
 Original **38'** Current **80'** feet
 date measured **8/27/12** **8/3/12** **UNKNOWN** **UNKNOWN**
 method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Cracked Holes Filled with Sediments Incrusted Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: **BRIAN POGALZ** Date: **8/17/12** Driller: **E.H. RENNER & SONS** Address: **15688 JARVIS ST. NW** Phone: **ELK RIVER, MN 55330** Date: _____

Brian Pogalz

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: AT THE END OF JULY MY PUMP BEGAN TO CAVITATE WHEN SEVERAL USES OF WATER WERE BEING USE AT ONCE IN THE HOME I.E. WASHER, SHOWER, TOILET FLUSH ALL AT THE SAME TIME ONCE REDUCED TO SINGLE USE AT A TIME, PUMP WOULD WORK FINE THIS IS THE FIRST TIME IN 10 YEARS WE HAVE HAD THIS ISSUE
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 ADULTS, 2 CHILDREN
- 3) Suspected cause of the problem:
CHANGE TO STATIC WATER LEVEL
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
I DO NOT KNOW WHAT IS THE CAUSE OF MY WELL ISSUE
- 5) Past well problems? (when and what was the problem?):
NONE
- 6) Describe any maintenance that has been done on this well:
NONE
- 7) Have you corrected the problem? Explain:
YES, THE ORIGINAL WELL DRILLER, E.H. RENNER & SONS, WAS CALLED AND THEY LOWERED MY PUMP
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
PROBLEM WAS RESOLVED BY E.H. RENNER & SONS FOR \$1,361.66
- 9) Have you complained before? When? To whom?
NO
- 10) General Comments:

E.H. Renner & Sons15688 Jarvis St NW
Elk River, MN 55330**INVOICE**

Invoice Number: 7243

Date 8/11/2022

Terms: Due on Receipt

BRIAN POGALZ
14238 TIPPECANOE STREET
HAM LAKE, MN 55304

Service Location
Address: 14238 TIPPECANOE STREET NE
City: HAM LAKE
Job/Well #
Purchase Order

Page 1 of 2

FOUND THAT THE PUMP WAS CAVITATING BECAUSE THE STATIC WATER LEVEL HAS DROPPED. STATIC 38' AND IS NOW AT 57'. WE ADDED 42' OF 1-1/4 GALV DROP PIPE FOR A TOTAL OF 105'. THE NEW PUMPING LEVEL IS NOW 80' AT 20 GPM. SYSTEM CYCLED AS IT SHOULD.

Quantity	Unit	Item	Unit Price	Extended Price
1.00	Each	TRIP CHARGE	\$150.00	\$150.00
2.00	Hour	SERVICE TECHNICIAN	\$150.00	\$300.00
2.00	Hour	HELPER	\$100.00	\$200.00
2.00	Hour	SMEAL 5T/6T TRUCK	\$150.00	\$300.00
8.00	Each	SHRINK TUBE #10 - #14 (CLEAR)	\$0.96	\$7.68
42.00	Feet	PIPE GALV 1-1/4" T&C A-53-B	\$7.57	\$317.94
8.00	Each	STA-KON #10 - #14	\$0.37	\$2.96
4.00	Each	WIRE CONNECTOR RED/YELLOW SPRING	\$0.61	\$2.44
42.00	Feet	WIRE 12/3 W/GRD FLAT JKT SUB-CABLE	\$1.92	\$80.64

Total Charges**\$1,361.66**

Taxable Total \$0.00

If paying by CARD: \$1,388.89

If paying by CHECK: \$1,361.66

Thank you for the opportunity to work for you.

BRIAN M POGALZ
STEPHANIE K POGALZ
14238 TIPPECANOE ST NE
HAM LAKE, MN 55304-5952

5284

17-7000/2910 18
3851314865

8/17/2022

Date

CHECK ARMOR
Photo Safe Deposit
Details on back

Pay to the
Order of

E. H. RENNER & SONS

\$ 1,361.66

ONE THOUSAND THREE HUNDRED SIXTY-ONE ^{66/100}

Dollars

Photo Safe Deposit
Details on back

tcf TCF National Bank
bank tcfbank.com

Memo

INVOICE # 7243

[Handwritten Signature]

05284

Made

PART A WELL LOCATION GPS Coordinates: <u>Diane</u>					
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent <u>Jimmy & Diane Pratt</u>			Telephone Number Home _____ Work _____ Cell _____		
Mailing Address <u>14050 Guadal Canal St</u>			Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).		
Email Address _____					
County <u>Anoka</u>	Township Name <u>Ham Lake</u>	Township No. _____	Range <u>3</u>	Section _____	Fraction <u>1/4 1/4 1/4</u>

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)						
Name of Company which drilled well: _____		Date Completed _____		Drilled Depth _____		
Present Depth _____						
CASING	MATERIAL:	Height Above (Below) Land Surface: _____ ft	Interval: _____ from _____	DRILLING METHOD: (if known)		
	<input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Diameter: _____ inches	_____ feet to _____	<input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven	<input type="checkbox"/> Dug <input type="checkbox"/> Other	
	Length: _____ feet	_____ feet	_____ feet	USE: Type & Amount in gallons per day (gpd)		
SCREEN	SCREEN:	Or open hole from _____ ft. to _____ ft.		Original & Current Non-Pumping Water Level (Above) Land Surface:		
	Make _____	Type _____ Dia.: _____		Original _____	Current _____	
	Slot/Gage _____	Length: _____		_____ feet	_____ date measured	
PUMP	FITTINGS: _____		method of measurement (steel tape, etc.) _____			
	TYPE:	Age: _____ years	Pumping Rate: _____ gpm	Original & Current Pumping Water Level Below Land Surface:		
	<input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Pump Setting-submersible (Below Ground Level) _____ ft	_____	Original _____	Current _____	
	Drop Pipe Length-non-submersible (Below Ground Level) _____ ft	_____	_____	_____ feet	_____ date measured	
			method of measurement (steel tape, etc.) _____			
			Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No			

PART C WELL CONDITION	
NOTE: Attach additional sheets as needed.	
CASING: <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Cracked <input type="checkbox"/> Incrusted <input type="checkbox"/> Holes <input type="checkbox"/> Other _____	Comment (Describe method of inspection): <u>Amanda Yourd conversation with Bastian Well Drilling on 10/28/2022: Driller said that pump was replaced because it was burnt out from sucking air.</u>
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Plugged <input type="checkbox"/> Other _____	Comment (Describe method of inspection): _____
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Electrical <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other _____	Comment (Describe method of inspection): _____
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Water Marks <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Other _____	Comment (Describe method of inspection): _____
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Other <input type="checkbox"/> Vacuum in Lines _____	Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?

PART D SIGNATURES			
Well Owner or Agent: <u>Jimmy & Diane Pratt</u>	Date: <u>9-27-22</u>	Driller: <u>Bastian Well Service</u>	Date: <u>8/28/22</u>

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

came home on 8/28/2022 and had no water

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 people

3) Suspected cause of the problem:

Pump was burnt out per Bastian Well Company

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

We are the well owners

5) Past well problems? (when and what was the problem?):

No past well issues

6) Describe any maintenance that has been done on this well:

We shock our well once a year

7) Have you corrected the problem? Explain:

Yes, had Bastian Well come out on 8/29/2022 - pull + replace pump - they also had to add 20 more ft of PVC to hot water tube

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

to be reimbursed - since new water treatments plants were added in the city of Blaine

9) Have you complained before? When? To whom?

No

10) General Comments:

Diane Prath
14050 Guadalcanal St
Ham Lake, MN
55304

Date 8/28/22
 [Redacted]

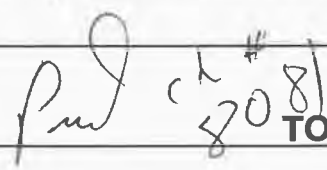
JOB:

Jim + Ann Pratt U.S.
 140 50 Grand Canal New Russia 5/22
 Ham Lake, MN 55040

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION								AMOUNT
-------------	--	--	--	--	--	--	--	--------

* Service call Troubleshoot								
Bad Pump								138 ⁰⁰
* Labor Pull & Replace								
Pump (was 60' PVC)								
(Add 20" PVC + Wire								425 ⁰⁰
50' to water (Total 80' PVC)								
* 1- SOE Grundfos Pump								1525 ⁰⁰
Syrac. Warranty								
* 20' 1" PVC + Wire + Splitter								85 ⁰⁰
? Possible Dry Run Pump								2123 ⁰⁰
2005								

SIGNATURE  #808 TOTAL \$

PART A WELL LOCATION GPS Coordinates: 45.237228, -93.198015

Owner's Name: Gerald Schaefer
 Authorized Agent

Telephone Number Home ([REDACTED])

Mailing Address: 14660 Bataun St. NE, Ham Lake, MN 55304

Email Address: [REDACTED]

County: Anoka Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: _____

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Torgerson Date Completed: 2004 Drilled Depth: 100' Present Depth: 220'

CASING:
MATERIAL: Steel Plastic Concrete Wood Other
Height Above (Below) Land Surface: ~80 ft. Interval: from _____ feet to _____ feet
Diameter: _____ inches Length: _____ feet

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

PUMP:
TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
Age: _____ years Pumping Rate: _____ gpm
Pump Setting-submersible (Below Ground Level): _____ ft.
Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
Original: _____ Current: _____
_____ feet
_____ date measured
_____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
Original: _____ Current: _____
_____ feet
_____ date measured
_____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): Amanda Yourd conversation with Bastian Well Drilling on 10/28/2022: Well driller said that water tank replacement in January 2022 was not related to water level issues.

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 9/6/22 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: *Sputtering faucets / low H₂O pressure*
X Needed to lower pump down 40'
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 adults + 2 Kids + dog + 1 acre irrigation
- 3) Suspected cause of the problem:
Low water table due to surrounding developments
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number) *Blaine H₂O treatment tower*
Have not contacted
- 5) Past well problems? (when and what was the problem?):
- 6) Describe any maintenance that has been done on this well:
lowered pump & changed casing to PVC.
- 7) Have you corrected the problem? Explain: *Yes, water pressure improved.*
Still some decreased pressure when several water items on at
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs once needed to resolve the problem) *Repay me for the cost to lower*
the H₂O well pump.
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:
Also had ~~at~~ repairs/replacement to water holding tank
approx. 1 year earlier - looks like 1/2/22 - don't
know if low water pressure could have damaged.
the unit? Receipt attached.



Bastian
Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 1/2/23
 Phone XXXXXXXXXX

JOB:

Gerald Schaefer 411 gal

14660 Bataan

Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
			X	X	X			

DESCRIPTION **AMOUNT**

labor / service

Remove & Replace

411 gal well tank

Tank, switch fittings

labor \$850⁰⁰

Paul

CH
1/9/31

SIGNATURE



Bastian Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
4970 164th Lane N.W. • Andover, MN 55304
wmbastian@comcast.net
612-282-7067

Date 8/8/23
[Redacted]

JOB:

Gerald Schafers
14660 Balsam St
Hennepin, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION								AMOUNT
Lube / Service								
Trench Pull & Add pipe → wire								
chlorinate & run								450 ⁰⁰
* 100' PVC Piped well								400 ⁰⁰
Water Table 61								}
Original Deep Pipe 63'								
Pipe # 1940								
SIGNATURE								TOTAL 850 ⁰⁰

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
 Andrew & Jacquelyn Schowalter

Telephone Number Home: [REDACTED]
 Work: [REDACTED]
 Cell: [REDACTED]

Mailing Address: 4414 176th Ave NE
 Ham Lake, MN 55304

Email Address: [REDACTED]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: Anoka Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: _____

1/4 1/4 1/4 1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: **NR** Date Completed: _____ Drilled Depth: _____ Present Depth: _____

CASING

MATERIAL: Steel Plastic Concrete Wood Other _____

Height Above (Below) Land Surface: _____ ft

Diameter: _____ inches

Length: _____ feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known) Mud Rotary Cable Tool Dug Air Rotary Bored/Augered Other _____ Driven

USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN

SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.

Type _____ Dia: _____

Slot/Gage _____ Length: _____

Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP

TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other _____

Age: _____ years Pumping Rate: _____ gpm

Pump Setting—submersible (Below Ground Level) _____ ft.

Drop Pipe Length—non-submersible (Below Ground Level) _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): **Good**

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): **Good**

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): **Good**

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): **Good**

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): **well pumping air due to lowered water level. pump needed to be lowered.**

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? **YES** If not, why not?

PART D SIGNATURES

Well Owner or Agent: *[Signature]* Date: **10/17/22**

Driller: **Bozett Drilling Services** Address: **681 Birch Street, Lino Lakes 55014** Phone: [REDACTED] Date: **8/19/22**

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Well is Pumping air

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 People

3) Suspected cause of the problem:

Pump Need to be Lowered due to Water Level Change

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

We are the well owners and contacted Barott Drilling

5) Past well problems? (when and what was the problem?):

NO

6) Describe any maintenance that has been done on this well:

Usual maintenance and upkeep.

7) Have you corrected the problem? Explain:

Yes Barott Drilling came out and dropped the pump down after extending pipe and pump wire 40 feet.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

We get reimbursed the cost to fix the well problem 630.00 dollars.

9) Have you complained before? When? To whom?

NO

10) General Comments:

NO



BAROTT DRILLING SERVICES, INC.

681 BIRCH STREET- LINO LAKES, MINNESOTA 55014 - [REDACTED]

INVOICE

Invoice Number: 2185

Invoice Date: Aug 15, 2022

Bill To:

ANDY SCHOWALTER
4414 178th Ave NE
Ham Lake, MN 55304

Job Location

4414 178th Ave NE
Ham Lake, MN 55304

Customer ID

17377

Payment Terms

NET 10 DAYS

Quantity	Description	Unit Price	Amount
1.50	Service Call	200.00	300.00
40.00	40' 1-1/4 PVC Pipe	5.50	220.00
40.00	40' 12-2 Pump Wire	2.75	110.00
	Drop Pump due to water levels.		

TOTAL

0.00



DEPARTMENT OF NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name: Lisa + Dan Skarnsek
 Authorized Agent

Telephone Number: [REDACTED]

Mailing Address: 2861 Westlund Dr NE, Ham Lake, MN 55304

Email Address: [REDACTED]

County: Anoka

Township Name: _____ Township No.: _____ Range: _____ Section: _____ Fraction: 1/4 1/4 1/4

Grid: 1/2 MILE by 1 MILE. Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: _____ Date Completed: _____ Drilled Depth: _____ Present Depth: _____

CASING: MATERIAL: Steel Plastic Concrete Wood Other

Height Above (Below) Land Surface: _____ ft

Diameter: _____ inches

Length: _____ feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known) Mud Rotary Air Rotary Cable Tool Bored/Augered Driven Dug Other

USE: Type & Amount in gallons per day (gpd) Other _____ gpd

Domestic _____ gpd Public Supply _____ gpd

Livestock _____ gpd Commercial _____ gpd

Irrigation _____ gpd Industrial _____ gpd

SCREEN: Make: _____ Or open hole from _____ ft. to _____ ft.

Type: _____ Dia.: _____

Slot/Gage: _____ Length: _____

Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other

Age: _____ years

Pumping Rate: _____ gpm

Pump Setting-submersible (Below Ground Level) _____ ft.

Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____

Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____

Flowing Well: Yes No

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____

Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____

Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____

Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____

Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____

Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 8-20-02 Driller: [Signature] Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: *On Aug 2, 2022 - water pressure was low and then no water.*

- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
3 people and irrigation

- 3) Suspected cause of the problem:
Water level in well dropped

- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
No

- 5) Past well problems? (when and what was the problem?):
No past well problems

- 6) Describe any maintenance that has been done on this well:
None

- 7) Have you corrected the problem? Explain:
Yes, lowered existing pump in well

- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
Reimbursement for well services

- 9) Have you complained before? When? To whom?
No

- 10) General Comments:
We have had no past issues



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 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-292-7067

4506

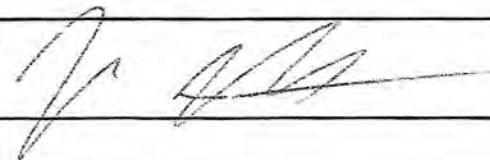
Date 8/3/22
 [Redacted]

JOB:

Lisa Skansen 2011
 2861 Westlead Dr.
 Ham Lake, Lower ~~50~~

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
------	------	-------	------	--------	------	------	------	--------------

DESCRIPTION								AMOUNT
* Truck Charge / Service call								168 ⁰⁰
* Labor								150 ⁰⁰
- pull pump / pipe								
- blow w/ compressor								
- Replace pipe / wire								
* Air Compressor								128 ⁰⁰
* - 100ft of pipe								320 ⁰⁰
- 40ft of wire								
lowered 40ft								
100ft down - pump								

SIGNATURE  TOTAL 766⁰⁰

PART A WELL LOCATION GPS Coordinates:

Owner's Name **THOMAS SLANGA**
 Authorized Agent
 Telephone Number: [REDACTED]

Mailing Address: **3240 144th AVE. NE. HAM LAKE MN 55304**
 Email Address: _____
 Place an "X" on the grid showing the exact location of your well. The grid is one section (840 acres divided into 1/4, 1/4, 1/4 sections). (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County: **ANDOKA** Township Name: **HAM LAKE** Township No.: **32 N.** Range: **23 W.** Section: **27** Fraction: **NW NE SE 1/4 1/4 1/4**

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: **BAROTT** Date Completed: **7/12/1999** Drilled Depth: **260'** Present Depth: **260'**

CASING: MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: _____ ft
 Diameter: **4** inches
 Length: _____ feet
 Interval: from **203** feet to **260** feet

SCREEN: Make: **N/A** Or open hole from _____ ft. to _____ ft.
 Type: _____ Dia.: _____
 Slot/Gage: _____ Length: _____
 Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: **23** years Pumping Rate: **20** gpm
 Pump Setting-submersible (Below Ground Level): **was 60' now 100'** ft.
 Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.

DRILLING METHOD: (if known) **SEE ATTACHED**
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Driven Other _____

USE: Type & Amount in gallons per day (gpd) Other _____
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original: **25'** Current: **65'** feet
 Date measured: **8/18/99** **8/8/22**
 method of measurement (steel tape, etc.) _____

Original & Current Pumping Water Level Below Land Surface:
 Original: _____ Current: _____ feet **SEE ATTACHED**
 Date measured: _____
 method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____
 Comment (Describe method of inspection): **WELL SERVICE HAS COME AND**

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____
 Comment (Describe method of inspection): **N/A GONE. LOWERED PUMP,**

PUMP: Incrusted Rusted/Corroded Electrical Other _____
 Comment (Describe method of inspection): **N/A STATED WELL IS IN GOOD CONDITION, WITH A**

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____
 Comment (Describe method of inspection): **N/A SURPRISING LACK OF CORROSION**

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____
 Comment (Describe method of inspection): **N/A**

OTHER (Describe method of inspection): _____
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not? _____

PART D SIGNATURES

Well Owner or Agent: **[Signature]** Date: **8/18/2022** Driller: _____ Address: _____ Phone: _____ Date: _____

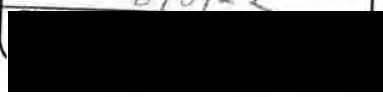
PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: OURS WAS ONE OF THE LAST HOUSES ON OUR BLOCK THAT REQUIRED OUR WELL PUMP TO BE LOWERED. NEIGHBORS BEGAN EXPERIENCING PROBLEMS LAST FALL.
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 PEOPLE, LAWN IRRIGATION
- 3) Suspected cause of the problem:
BLAINE CITY WELL WENT IN SHORTLY BEFORE OUR NEIGHBORHOOD EXPERIENCED PROBLEMS
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
THERE HAS BEEN NO ADDITIONAL BUILDING IN THE AREA THAT WOULD HAVE AFFECTED VS THAT I AM AWARE OF.
- 5) Past well problems? (when and what was the problem?):
NONE
- 6) Describe any maintenance that has been done on this well:
~~NO~~ LOWERED PUMP
- 7) Have you corrected the problem? Explain:
YES
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
RECEIPT ATTACHED. REIMBURSEMENT FOR DAMAGES.
- 9) Have you complained before? When? To whom?
NO
- 10) General Comments:
THE TIMING OF THE DRAWDOWN, WHICH AFFECTED OUR NEIGHBORHOOD IS VERY HARD TO IGNORE.

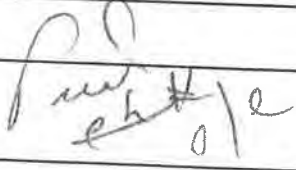
Bastian

Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 8/8/22


JOB: Lower Pump
Next Week

Tom Slanga
3240 149th Ave
Ham Lake, MN

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT
Labor / Service								
Lower Pump in Well								
Add 40' PVC & wire								
Total 100'								
Water Table 65'								
								\$565 ⁰⁰
A.D. of Blair 230								11 ⁰⁰
Stephen Higgins								
								576 ⁰⁰
SIGNATURE 								TOTAL



**DEPARTMENT OF
NATURAL RESOURCES**

WATER WELL INFORMATION

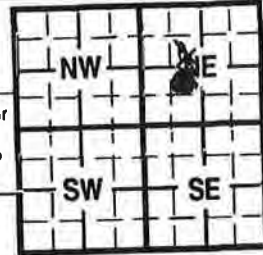
PART A WELL LOCATION GPS Coordinates:

Owner's Name Sam P Sletten
 Authorized Agent

Mailing Address 3434 143rd Ave NE
Ham Lake, MN 55304

Email Address

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).



1/2
MILE

County Anoka Township Name Ham Lake Township No. _____ Range _____ Section _____ Fraction 1/4 1/4 1/4

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Mc Alpine Well Drilling of Dayton Date Completed 1997 Drilled Depth 300 FT Present Depth 300 FT

CASING
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: _____ ft. Interval: _____ from _____ feet to _____ feet
 Diameter: _____ inches
 Length: _____ feet

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other
 Driven
USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN
 SCREEN: Make _____ Or open hole from _____ ft. to _____ ft.
 Type _____ Dia.: _____
 Slot/Gage _____ Length: _____
 Set between _____ ft. and _____ ft. **FITTINGS:**

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

PUMP
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting--submersible (Below Ground Level) _____ ft.
 Drop Pipe Length--non-submersible (Below Ground Level) _____ ft.

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____ Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): _____

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: Sam Sletten Date: 9-22-2002 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

no water out of any faucets

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3 people

3) Suspected cause of the problem: Dropped water table

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Saw neighbor have well service come out and fix their no water problem.

5) Past well problems? (when and what was the problem?):

yes Had some electrical or electronic parts replaced in controls in basement.

6) Describe any maintenance that has been done on this well:

Same *

7) Have you corrected the problem? Explain:

yes. Bastian well service came out and extended pump 40ft Lower!

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

9) Have you complained before? When? To whom?

NO

10) General Comments:

Bastian 
Well Service, Inc.
 Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date 8/4/22
 [Redacted]

JOB:

Sam Sletten
3434 143rd Ave,
Han Lake, MN

1997
Lower Pump
\$550⁰⁰

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
DESCRIPTION								AMOUNT
Labor / Service								
6. ft + Add 40' PVC								
P.P. → wire								
100' Total								550 ⁰⁰
8/6/22								}
Paid 320 ⁰⁰								
69' water table								
SIGNATURE <u>Sam Sletten</u>								TOTAL

PART A WELL LOCATION GPS Coordinates:			
<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent		Alan Sondles	
Mailing Address 17163 Lexington Ave NE		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).	
Email Address			
County Anoka	Township No.	Range	Section Fraction 1/4 1/4 1/4
PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)			
Name of Company which drilled well:		Date Completed	Drilled Depth
Present Depth			
CASING SCREEN PUMP	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft Diameter: _____ inches Length: _____ feet	Interval: _____ from _____ feet to _____ feet
	SCREEN: Make _____ Or open hole from _____ ft. to _____ ft. Type _____ Dia.: _____ Slot/Gage _____ Length: _____ Set between _____ ft. and _____ ft. FITTINGS: _____	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Air Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other	
	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Age: _____ years Pump Setting-submersible (Below Ground Level) _____ ft Drop Pipe Length-non-submersible (Below Ground Level) _____ ft	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd
Original & Current Non-Pumping Water Level (Above) Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)		Original & Current Pumping Water Level Below Land Surface: Original _____ Current _____ _____ feet _____ date measured _____ method of measurement (steel tape, etc.)	
Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART C WELL CONDITION			
NOTE: Attach additional sheets as needed.			
CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other		Comment (Describe method of inspection): McCullough Well Drilling told Amanda Yourd on 11/8/2022 that they could not	
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other		Comment (Describe method of inspection): remember why pump was replaced. Since the pump was only replaced and was not lowered,	
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other		Comment (Describe method of inspection): driller guessed the issue was more a water quality or pump issue than a water level issue.	
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other		Comment (Describe method of inspection):	
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other		Comment (Describe method of inspection):	
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?			
PART D SIGNATURES			
Well Owner or Agent: _____ Date: 8-30-22		Driller: _____ Address: _____ Phone: _____ Date: _____	

Conversation with Alan Sondles on 3/6/2023: Alan is still having issues with black sediment and bad-smelling water. He has to replace his water filter every three weeks. They have had these issues since they bought the house in October 2021 and well did not pass inspection when they bought the house, but the seller did something to get the well to pass inspection. He isn't sure what they did to get the well to pass. He said replacing pump and softener did not help with issues. He said he has low water pressure when the water filter gets clogged with sediment, but the pressure returns to normal when he replaced the filter.

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem: Well quit Pumping water. Called McCollough & Son's Well Drilling. Replaced well pump as pump no longer pumping. They replaced pump AND lots of sediment like black roots or coal, very BAD Smell. This is still collecting in water filter AND smell is worse now.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
2 Adults AND A Large Dog Live here. We Bought the home in OCT. 21 WAS not Good enough to drink to me then, So I ordered Bottled water AND still Do For Drinking & Cooking. Use well For Dog, Laundry, Showers, Brushing teeth.

3) Suspected cause of the problem:
Well Ran Dry I think, Clogging well Pump to Failure.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
NO.

5) Past well problems? (when and what was the problem?):
?

6) Describe any maintenance that has been done on this well:
I do know well FAILED BY Sale WAS Final. The home owner contacted someone to help with well, AND Few Days later, the well PASSED.

7) Have you corrected the problem? Explain:
Have Replaced well Pump 2/9/22, But still Getting A Lot of Sediment IN Filter, AND Now 8/2022 water Softner FAILED Due to Sediment Build up. Now After Repairs, water Smell is Terrible.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
Some kind of Settlement

9) Have you complained before? When? To whom?
NO.

10) General Comments:



PUMP REPAIRING

Office Phone 651-464-3939
 Wisc. Res. 1-715-386-3992
 After Hours: 651-433-2240

20335 FOREST BOULEVARD NORTH

FOREST LAKE, MINNESOTA 55025

Customer's Order No. 24221 Date 2-9 2022

Name Alan Olson

Address 17163 Lexington ave NE Ham Lake, mn 55304

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	Service call and labor		
	pull 1 1/2 HP pump and		
	Re Place with 1/2 HP		
	Flowm pump		1,800.00
	#1253 \$1050		1050.00
	#1253 \$800		800.00

All claims and returned goods MUST be accompanied by this bill.

1% INTEREST CHARGED PER MONTH WHICH IS ANNUAL PERCENTAGE RATE OF 12%.

Received by _____

Thank You!

I clicked on it and sent but didn't go, so try again lol.

Sent from Outlook

From: Nelson, Carmelita M (DMR) ccarmelita.nelson@state.mn.us
 Sent: Tuesday, August 30, 2022 10:44 AM
 To: Alan Sordine <11763@outlook.com>
 Cc: Cassidine, Ellen (DMR) ellen.cassidine@state.mn.us
 Subject: RE: DMR Well Interference Form

Culligan Finance Company

Customer Service: (888) 327-7600
 Payment Address: Culligan Finance Company, PO BOX 83184, CHICAGO IL 60691-0184
 Culligan Finance Company, P.O. Box 844, Wausau, WI 54402-0844

SUMMARY OF ACCOUNT ACTIVITY					
Account number X406442783		Credit Line \$7,500.00	Credit Available \$4,495.31	Days in Billing Cycle 31	Statement Closing Date 08/18/22
Previous Balance \$0.00	- Payments and Credits \$0.00	+ Purchases and Debit \$2,999.00	+ INTEREST CHARGES \$5.69	+ Miscellaneous Fees \$0.00	= New Balance \$3,004.69
PAYMENT INFORMATION					
NEW BALANCE \$3,004.69		MINIMUM PAYMENT DUE \$45.00		PAYMENT DUE DATE 09/15/22	

LATE PAYMENT WARNING: If we do not receive your minimum payment within 10 days of the payment due date, you may have to pay a \$2.25 late fee and your APRs may be increased up to the Penalty APR of N/A.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
Only the minimum payment	8 years	\$4,384
\$97	3 years	\$3,492 (Savings=\$892)

If you would like information about credit counseling services, please call (888) 327-7600 ext 1785
 Please send billing inquiries and correspondence to: Culligan Finance Company, P.O. Box 844, Wausau, WI 54402-0844

TRANSACTION SUMMARY				
Post Date	Transaction Date	Reference Number	Description	Amount
08/12/22	08/12/22		WATER TREATMENT	2,999.00
			INTEREST CHARGED	
08/18/22	08/18/22		INTEREST CHARGED	5.69
			TOTAL INTEREST CHARGED FOR THIS PERIOD	5.69

Water Softener Replacement

TOP PG 1



2022 TOTALS YEAR-TO-DATE	
Total Fees Charged in 2022	\$0.00
Total Interest Charged in 2022	\$5.69

Interest Charge Calculation - Your Annual Percentage Rate (APR) is the annual interest rate on your account.				
Purchase Type	Annual Percentage Rate (APR) (V = variable rate)	Periodic Daily Rate	Balance Subject to Interest Rate	Interest Charge
Regular	9.9000%	0.02712%	\$677.19	\$5.69
Promotion	9.9000%	0.02712%	\$0.00	\$0.00

NOTICE: See reverse side for important information concerning your account.

For prompt credit, mail payment to location shown below. Payment in any other way may delay crediting your account up to 5 days.
DETACH TOP PORTION AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAIL DELIVERY. You may pay your entire balance at any time
 Culligan Finance Company, PO BOX 83184, CHICAGO IL 60691-0184
 Aqua Finance, Inc. is not affiliated with Culligan International Company

ATTENTION CHECK WRITERS - WE GLADLY ACCEPT YOUR CHECKS: When you provide a check as payment, you authorize Culligan Finance Company to either use information from your check to make a one-time electronic fund transfer from your account or to process the transaction as a check transaction. When we use your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you may not receive your check back from your financial institution. If your payment is returned unpaid, you authorize us to make a one-time electronic fund transfer from your account to collect the non-sufficient funds fee (NSF fee) as disclosed in your Revolving Credit Agreement. Your payment by check is deemed acceptance of this electronic check recovery system.

Enrollment Token: If you are interested in our automatic withdrawal programs, please contact RICHARD YANG at (888) 327-7600 ext 1785 XEAGEECHID *** View and pay your bill online for FREE at www.aquafinance.com ***

AFI

For questions regarding this statement, to report a lost or stolen card or would like a payoff quote, please call (888) 327-7600

For account information call (888) 327-7600
 Print change of address or new telephone number below

Culligan Finance Company
 PO Box 101028 Dept 812A

Address

ACCOUNT NUMBER

2022 TOTALS YEAR-TO-DATE	
Total Fees Charged in 2022	\$0.00
Total Interest Charged in 2022	\$5.69

Interest Charge Calculation - Your Annual Percentage Rate (APR) is the annual interest rate on your account.				
Purchase Type	Annual Percentage Rate (APR) (V = variable rate)	Periodic Daily Rate	Balance Subject to Interest Rate	Interest Charge
Regular	9.9000%	0.02712%	\$677.19	\$5.69
Promotion	9.9000%	0.02712%	\$0.00	\$0.00

NOTICE: See reverse side for important information concerning your account.
For prompt credit, mail payment to location shown below. Payment in any other way may delay crediting your account up to 5 days.
DETACH TOP PORTION AND RETURN WITH PAYMENT. ALLOW 10 DAYS FOR MAIL DELIVERY. You may pay your entire balance at any time
Culligan Finance Company, PO BOX 83184, CHICAGO IL 60691-0184
Aqua Finance, Inc. is not affiliated with Culligan International Company

ATTENTION CHECK WRITERS - WE GLADLY ACCEPT YOUR CHECKS: When you provide a check as payment, you authorize Culligan Finance Company to either use information from your check to make a one-time electronic fund transfer from your account or to process the transaction as a check transaction. When we use your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you may not receive your check back from your financial institution. If your payment is returned unpaid, you authorize us to make a one-time electronic fund transfer from your account to collect the non-sufficient funds fee (NSF fee) as disclosed in your Revolving Credit Agreement. Your payment by check is deemed acceptance of this electronic check recovery system.

Enrollment Token: If you are interested in our automatic withdrawal programs, please contact RICHARD YANG at (888) 327-7600 ext 1785
XEAGEECHID *** View and pay your bill online for FREE at www.aquafinance.com ***

AFI

For questions regarding this statement, to report a lost or stolen card or would like a payoff quote, please call (888) 327-7600

Culligan Finance Company
 PO Box 101928 Dept 612A
 Birmingham, AL 35210-6928
 FORWARDING SERVICE REQUESTED



For account information call (888) 327-7600
 Print change of address or new telephone number below

Address	ACCOUNT NUMBER	
City	PAYMENT DUE DATE	09/15/22
State Zip ()	MINIMUM PAYMENT DUE	\$45.00
Home phone ()	Please write in amount of payment enclosed	
Work phone	* SEE PAYOFF INFO BELOW	

Please sign here and check box to get set up on our automatic payment deduction program.

Please check this box and make your changes or comments in the space provided

***AUTO**MIXED AADC 350
 Alan Sondles
 17163 Lexington Ave NE
 Ham Lake MN 55304-4620

56
 111671-19C
 RIY

Make check payable to:



Culligan Finance Company
 PO BOX 83184
 CHICAGO IL 60691-0184

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X04064427830S0NDLES000000000000000000000000450000000050009

↑
 Bottom
 Page 1

can do let me know, and thanks. Alan.

Scm from Outlook

From: Nelson, Carmelita M (DMR) <carmelita.nelson@state.mn.us>
 Sent: Monday, August 29, 2022 12:50 PM
 To: alan.sondles@state.mn.us; 441210@outlook.com
 Subject: DMV Mail Insurance Form

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent George Allen Sorensen

Mailing Address 13511 Yalta St NE
 Email Address Ham Lake, MN 55304

County Anoka Township Name Ham Lake Township No. 32 Range 23 Section 35 Fraction 1/4 1/4 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

1/2 MILE
1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: _____ Date Completed _____ Drilled Depth _____ Present Depth _____

CASING:
 MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: _____ ft.
 Diameter: _____ inches
 Length: _____ feet
 Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary Cable Tool Dug
 Air Rotary Bored/Augered Other
 Driven

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

PUMP:
 TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifugal Other
 Age: _____ years
 Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____
 Comment (Describe method of inspection): 11/10/2022 email from Mork Well Drilling: Amanda Yourd asked why

SCREEN (if one exists): Incrusted Plugged Rusted/Corroded Other _____
 Comment (Describe method of inspection): pump was replaced. Driller replied: "The pump was over 20 years old and had been

PUMP: Incrusted Rusted/Corroded Electrical Other _____
 Comment (Describe method of inspection): running dry occasionally. We always give the homeowner the choice to replace or

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____
 Comment (Describe method of inspection): re-install the old pump."

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____
 Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: George Sorensen Date: 9-6-2022 Driller: Barrott Drilling Address: _____ Phone: _____ Date: _____

06/16/2000

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: well was running out of water.
- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s): 1
- 3) Suspected cause of the problem: water level seems to have went down. I moved here in 2000, no problems until now.
- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)
Contacted city of Blaine, they said my drop was 28'. Anything over 25 they do not cover.
- 5) Past well problems? (when and what was the problem?):
No
- 6) Describe any maintenance that has been done on this well:
has not needed any work.
- 7) Have you corrected the problem? Explain:
yes, added 40' to my well depth.
- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)
problem was fixed by making my well deeper.
- 9) Have you complained before? When? To whom?
No
- 10) General Comments:

Barrott Drilling was the installer in 2000

Mark performed the service work on 8/9/2022

Since 1945



MORK
WELL CO. INC.

763-753-2530

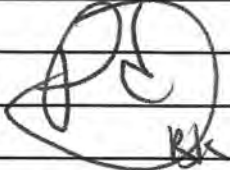
7303 185th Ave. NW, Anoka, MN 55303

WORK ORDER

ACCOUNT #	DATE	TERMS	REP	SERVICE #
SOREGE	8/9/2022	DUE UPON COMPLETION OF JOB	Billy/Kenn	14978
Customer Phone		Customer Alt. Phone	START TIME	END TIME
[REDACTED]			11:40	1:16
LOCATION/DESCRIPTION				
4x1 1/4" Sharp, L.F.A. F.V. (H:11)				

NAME / ADDRESS

GEORGE SORENSEN
13511 YALTA ST. NE
HAM LAKE, MN 55304

DESCRIPTION	QTY	COST	TOTAL
LOSING PRESSURE AND GETTING SOME AIR WHEN RUNNING IRRIGATION			
<i>SERVICE CALL</i>			255.00
<i>S.W.L. Dropped to 52'</i>			
<i>Install 1Hp P18510</i>			2,075.00
<i>46' 1" Sch. 80</i>			160.00
<i>105' 12/2 sub. line</i>			243.00
<i>1" ck valve, (2) 1 1/4 x 1/2 pc bush, (3) 1 1/4 pc coupl</i>			105.00
			
1 TECH ADDITIONAL HR \$195 HR			
2 TECHS \$295 HR			
EA ADDITIONAL TECH \$110 HR			
RECYCLE TANK \$15-\$50 EA			
RECYCLE PUMP \$15.00 EA			
DROP PIPE \$ 2.50 EA			
CHLORINATED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			

**Email Invoice for cost of lowering pump down w/out replacing.*

Payment in full is due the day of service. Customer authorizes Mork Well Co., Inc. to charge credit/debit card job was secured with plus 4% fee if payment is not received date of service.

A monthly \$35.00 admin fee will be applied on all late accounts, including interest accruing at a rate of 1.5% per month (18% annual) with a \$5.00 per month minimum on any outstanding balance. \$30.00 charge on all returned checks. Customer agrees to pay any and all cost associated with collections including, but not limited to any and all legal fees.

We try to be careful; however, damage to your property (lawn, trees, landscape, sidewalks, driveways, wires, lines, gutters, awnings, siding, cement, carpet, etc.) may occur and in certain cases is inevitable while we are performing the work you hired us for. Your signature indicates that you are aware of this and will not hold Mork Well Co., Inc. or its employees responsible.

My Signature indicates that I have read and agree to the above.

CUSTOMER SIGNATURE _____

TOTAL MATERIALS
TOTAL LABOR
TOTAL \$2,583.00
PAYMENT METHOD: CASH / CHECK / CREDIT CARD



PART A WELL LOCATION GPS Coordinates:

<input checked="" type="checkbox"/> Owner's Name <input type="checkbox"/> Authorized Agent		Telephone Number Home: [REDACTED] Work: [REDACTED] Cell: [REDACTED]			
Mailing Address: 3226 142nd Ave NE Ham Lake MN 55304		Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).			
Email Address: [REDACTED]		County: Anoka			
Township Name:	Township No.:	Range:	Section:	Fraction: 1/4 1/4 1/4	1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well:		Date Completed:	Drilled Depth:	Present Depth:
CASING	MATERIAL: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Other	Height Above (Below) Land Surface: _____ ft. Diameter: _____ inches Length: _____ feet	Interval: from _____ feet to _____ feet	DRILLING METHOD: (if known) <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Air Rotary <input type="checkbox"/> Bored/Augered <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Other
	SCREEN:	Or open hole from _____ ft. to _____ ft. Type: _____ Dia.: _____ Slot/Gage: _____ Length: _____ Set between _____ ft. and _____ ft.	FITTINGS:	USE: Type & Amount in gallons per day (gpd) <input type="checkbox"/> Domestic _____ gpd <input type="checkbox"/> Livestock _____ gpd <input type="checkbox"/> Irrigation _____ gpd <input type="checkbox"/> Public Supply _____ gpd <input type="checkbox"/> Commercial _____ gpd <input type="checkbox"/> Industrial _____ gpd <input type="checkbox"/> Other _____ gpd
	PUMP	TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet, Shallow <input type="checkbox"/> Jet, Deep <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other	Age: _____ years Pump Setting-submersible (Below Ground Level): _____ ft. Drop Pipe Length-non-submersible (Below Ground Level): _____ ft.	Pumping Rate: _____ gpm
				Original & Current Pumping Water Level Below Land Surface: Original _____ feet Current _____ feet date measured _____ method of measurement (steel tape, etc.) _____
				Flowing Well: <input type="checkbox"/> Yes <input type="checkbox"/> No

PART C WELL CONDITION

NOTE: Attach additional sheets as needed.

CASING: <input type="checkbox"/> Cracked <input type="checkbox"/> Holes <input type="checkbox"/> Filled with Sediments <input type="checkbox"/> Incrusted <input type="checkbox"/> Other	Comment (Describe method of inspection): 3/6/2023: Tom Trempe called and left a voicemail for Amanda Yourd. He said he doesn't remember exactly when the driller visited, but he knows it was in early August. He guess that it was around August 10, 2022.
SCREEN (if one exists): <input type="checkbox"/> Incrusted <input type="checkbox"/> Plugged <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Other	Comment (Describe method of inspection):
PUMP: <input type="checkbox"/> Incrusted <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Electrical <input type="checkbox"/> Other	Comment (Describe method of inspection):
DROP PIPE: <input type="checkbox"/> Rusted/Corroded <input type="checkbox"/> Holes/Cracks <input type="checkbox"/> Water Marks <input type="checkbox"/> Other	Comment (Describe method of inspection):
DISTRIBUTION: <input type="checkbox"/> Plugged Lines <input type="checkbox"/> Vacuum in Lines <input type="checkbox"/> Other	Comment (Describe method of inspection):
OTHER (Describe method of inspection): Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?	

PART D SIGNATURES

Well Owner or Agent: [Signature]	Date: 8-18-22	Driller: Address: Phone:	Date:
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PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

- 1) Describe the problem: loss water pressure, can hear a lot of air
in water lines (gurgling, etc)

- 2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):
7

- 3) Suspected cause of the problem: Blaine adding 4 new wells

- 4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

- 5) Past well problems? (when and what was the problem?):

- 6) Describe any maintenance that has been done on this well: new pump June 2020

- 7) Have you corrected the problem? Explain: lowered pump 40 ft

- 8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem) reimburse cost

- 9) Have you complained before? When? To whom? no

- 10) General Comments:

Bastian

Well Service, Inc.

Licensed • Bonded • Pumps • Abandonment
 4970 164th Lane N.W. • Andover, MN 55304
 wmbastian@comcast.net
 612-282-7067

Date [REDACTED]

JOB:

Tom Truempt
3226 142nd Ave
Han Lake, MN

550-600⁰⁰
2

DATE	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	ASSIGNED TO:
				8:00				

DESCRIPTION	AMOUNT
-------------	--------

Drawing Down	
Truck charge / Labor	
Lower Pump in well	
Add 40' PVC + wire	
Total 120' pipe	
Water Table 68'	\$525 ⁰⁰

SIGNATURE	TOTAL
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PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
DWAYNE VANSTROM

Telephone Number
 Home [REDACTED]
 Work [REDACTED]
 Cell [REDACTED]

Mailing Address **14960 W VERMILLION CIRCLE NE
 HAM LAKE MN 55304**

Email Address [REDACTED]

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

County ANOKA		Township Name	Township No. 32N	Range 23W	Section 21	Fraction 1/4 1/4 1/4
------------------------	--	---------------	----------------------------	---------------------	----------------------	--------------------------------

NW	NE	1/2 MILE
SW	SE	

1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: **Torgerson Well Co.** Date Completed: **2013** Drilled Depth: **295** Present Depth: **295**

CASING

MATERIAL:
 Steel
 Plastic
 Concrete
 Wood
 Other

Height Above (Below) Land Surface: **1** ft
 Diameter: **4** inches
 Length: **252** feet

Interval: from _____ feet to _____ feet

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd
 Other _____ gpd

SCREEN

SCREEN: Make _____ Or open hole from **252** ft. to **295** ft.
 Type _____ Dia.: _____
 Slot/Gage _____ Length: _____
 Set between _____ ft. and _____ ft. FITTINGS: _____

PUMP

TYPE:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifical
 Other

Age: **2013** years Pumping Rate: **20** gpm
 Pump Setting-submersible (Below Ground Level) **100** ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original **30** Current **59** feet
 Date measured **6-14-13** **8-9-22**
 Method of measurement (steel tape, etc.) **Tape**

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 Date measured _____
 Method of measurement (steel tape, etc.) _____

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments
 Cracked Incrusted
 Holes Other _____

Comment (Describe method of inspection): _____

SCREEN (if one exists): Incrusted Rusted/Corroded
 Plugged Other _____

Comment (Describe method of inspection): _____

PUMP: Incrusted Rusted/Corroded
 Electrical Other _____

Comment (Describe method of inspection): _____

DROP PIPE: Rusted/Corroded Holes/Cracks
 Water Marks Other _____

Comment (Describe method of inspection): _____

DISTRIBUTION: Plugged Lines Vacuum in Lines
 Other _____

Comment (Describe method of inspection): _____

OTHER (Describe method of inspection): _____

Does this well comply with the MN Health Department Water Well Construction Code? **Yes** If not, why not?

PART D SIGNATURES

Well Owner or Agent: **Dwayne Vanstrom** Date: **8/17/22**

Driller: **Mark Well Co.** Date: **8-18-22**
 Address: **7303 185th Ave NW**
 Phone: [REDACTED]

PART E**COMPLAINT QUESTIONNAIRE**

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

LOW WATER PRESSURE

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

3 ADULTS

3) Suspected cause of the problem:

WATER LEVEL DROPPED FROM 30' IN 2013 TO 60' IN 2022.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

CONTACTED CITY OF BLAINE. THEY REFERRED ME TO DNR.

5) Past well problems? (when and what was the problem?):

NO

6) Describe any maintenance that has been done on this well:

NONE

7) Have you corrected the problem? Explain:

YES. MORE WELL DRILLING EXTENDED DROP PIPE 40'

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

REIMBURSEMENT OF \$655 COST TO EXTEND DROP PIPE.

9) Have you complained before? When? To whom?

NO

10) General Comments:

Since 1945



MORK
WELL CO. INC.

763-753-2530

7303 185th Ave. NW, Anoka, MN 55303

WORK ORDER

ACCOUNT #	DATE	TERMS	REP	SERVICE #
VANSW	8/2/2022 8/19/22	DUE UPON COMPLETION OF JOB	Billy/Sol	14992
Customer Phone		Customer Alt. Phone	START TIME	END TIME
[REDACTED]			2:08	3:00

NAME / ADDRESS

DWAYNE VANSTROM
14960 WEST VERMILLION CIR NE
HAM LAKE, MN 55304

LOCATION/DESCRIPTION

4x1 Aqua-Sol F.y. G.T.A 100' 1" Schl. 80

DESCRIPTION	QTY	COST	TOTAL
LOW PRESSURE - AIR IN LINES SERVICE CALL	1	260.00	
S.W.L. Dropped to 59'			
Service Call			260.00
Additional Tech	1		100.00
40' 1" Schl. 80 Dropped + 40' 12/3 Sub. W.L.			270.00
Misc. Fittings/Supply			25.00
(Signature) Will Hobbs			

- 1 TECH ADDITIONAL HR \$195 HR
- 2 TECHS \$295 HR
- EA ADDITIONAL TECH \$110 HR
- RECYCLE TANK \$15-\$50 EA
- RECYCLE PUMP \$15.00 EA
- DROP PIPE \$ 2.50 EA
- CHLORINATED YES NO

Payment in full is due the day of service. Customer authorizes Mork Well Co., Inc. to charge credit/debit card job was secured with plus 4% fee if payment is not received date of service.

A monthly \$35.00 admin fee will be applied on all late accounts, including interest accruing at a rate of 1.5% per month (18% annual) with a \$5.00 per month minimum on any outstanding balance. \$30.00 charge on all returned checks. Customer agrees to pay any and all cost associated with collections including, but not limited to any and all legal fees.

We try to be careful; however, damage to your property (lawn, trees, landscape, sidewalks, driveways, wires, lines, gutters, awnings, siding, cement, carpet, etc.) may occur and in certain cases is inevitable while we are performing the work you hired us for. Your signature indicates that you are aware of this and will not hold Mork Well Co., Inc. or its employees responsible.

My Signature indicates that I have read and agree to the above.

CUSTOMER SIGNATURE _____

TOTAL MATERIALS \$295.00

TOTAL LABOR \$360.00

TOTAL \$655.00

PAYMENT METHOD:
CASH / CHECK / CREDIT CARD

PART A WELL LOCATION GPS Coordinates:

Owner's Name MARK VAINTREASE Telephone Home: [REDACTED]
 Authorized Agent Work Cell: [REDACTED]

Mailing Address: 3118 144TH AVE NE
HAM LAKE MN 55304 Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

Email Address: [REDACTED]

County: ANOKA Township Name: HAM LAKE Township No.: 23 Range: 23 Section: 27 Fraction: SW SW NE
1/4 1/4 1/4 1 MILE 1/2 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: G12/1998 ART TORGESON & SON WELL Date Completed: G12/1998 Drilled Depth: SEE THE WELL RECORD ATTACHED Present Depth: [REDACTED]

CASING: Height Above (Below) Land Surface: Interval: DRILLING METHOD: (if known)
 Steel ft. from from Mud Rotary Cable Tool Dug
 Plastic Diameter: feet to Air Rotary Bored/Augered Other
 Concrete inches Driven
 Wood Length: feet **USE: Type & Amount in gallons per day (gpd)** Other _____ gpd
 Other feet Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

SCREEN: Or open hole Original & Current Non-Pumping Water Level (Above) Land Surface:
 Make _____ from _____ ft. to _____ ft. Original Current
 Type _____ Dia.: _____ _____ feet
 Slot/Gage _____ Length: _____ _____ date measured
 Set between _____ ft. and _____ ft. FITTINGS: _____ method of measurement (steel tape, etc.)

PUMP: Age: Pumping Rate: Original & Current Pumping Water Level Below Land Surface:
 Submersible years gpm Original Current
 Jet, Shallow Pump Setting-submersible _____ feet
 Jet, Deep (Below Ground Level)n _____ date measured
 Reciprocating ft. _____ method of measurement (steel tape, etc.)
 Centrifical Drop Pipe Length-non-submersible
 Other (Below Ground Level) ft. Flowing Well: Yes No

SEE WELL RECORD ATTACHED

PART C WELL CONDITION
NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Comment (Describe method of inspection):
 Cracked Incrusted SEE WELL RECORD ATTACHED AND REPAIR
 Holes Other _____

SCREEN (if one exists): Comment (Describe method of inspection):
 Incrusted Rusted/Corroded RECEIPT FOR LOWERING WELL DEPTH
 Plugged Other _____

PUMP: Electrical Comment (Describe method of inspection):
 Incrusted Other Amanda Yourd Conversation with Torgerson Well Drilling on 10/25/22: Well driller confirmed that he lowered pump by 63 feet and that static water level was below the pump (66 feet) when he visited. Driller said low water levels caused the problem.
 Rusted/Corroded

DROP PIPE: Water Marks Comment (Describe method of inspection):
 Rusted/Corroded Other

DISTRIBUTION: Comment (Describe method of inspection):
 Plugged Lines Other
 Vacuum in Lines

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not?

PART D SIGNATURES

Well Owner or Agent: Mark Vaintrese Date: 8-31-2022 Driller: _____ Date: _____
 Address: _____ Phone: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

WELL WATER FLOW COULD NOT KEEP UP TO BASIC HOUSE DEMAND. LOTS OF SEDIMENT IN THE WATER THAT WAS FLOWING

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

HOUSEHOLD ONLY - 2 ADULTS & 2 TEENS

3) Suspected cause of the problem:

I CALLED WELL PERSON & PER THEM THE WELL DEPTH HAD INADEQUATE WATER LEVEL FOR THE QUIPPER NOW

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

NO

5) Past well problems? (when and what was the problem?):

- NOT THE WELL - NEW PRESSURE TANK WAS INSTALLED

2 YEAR AGO. NUMEROUS NEIGHBORS ARE HAVING THE SAME

6) Describe any maintenance that has been done on this well:

NOTHING ELSE

ISSUE & CITY OF BLAINE HAS ACCEPTED RESPONSIBILITY FOR HOME) TWO OR THREE BLOCKS SOUTH [BUNKER BLVD]

7) Have you corrected the problem? Explain: IT SEEMS TO. I WILL MONITOR & WATCH FOR OTHER ISSUES

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

THE WELL WAS LOWERED 66 FEET - I WOULD LIKE TO

9) Have you complained before? When? To whom?

- NO -

BE REIMBURSED PLEASE - RECEIPT ATTACHED

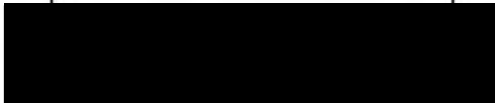
10) General Comments:

STATEMENT

ART TORGERSON & SON WELL CO.

18579 Highway 65 NE
 East Bethel, MN 55011
 (763) 434-6180

DATE	8/11/22
NUMBER	



MARK VANTREAST
 3113 144th AVENUE NE
 HAM LAKE

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ _____

DATE	CHARGES AND CREDITS	BALANCE	
	BALANCE FORWARD		
8/11/22	mobilize service truck + pull pump	500	00
	+ ADD 63' OF 1" pipe + pump wire		
	63' 1" GALVANIZED DROP PIPE-TM	250	00
	63' 14/3 WIRE PUMP WIRE	100	00
	TOTAL	\$ 850	00
	WATER LEVEL 66'		
	pump level 73'		
8/10/22	PAID CK # 4090		

ART TORGERSON & SON WELL CO.

*Sup
page*

Thank You

PAY LAST AMOUNT
 IN THIS COLUMN

PART A WELL LOCATION GPS Coordinates:

Owner's Name Seng Vu Telephone Number Home ()
 Authorized Agent Work Cell [REDACTED]

Mailing Address 612 Bunker Lake Blvd NE
Ham Lake MN 55304

Email Address [REDACTED]

County Anoka Township Name Ham Lake Township No. 32 Range 23 Section 35 Fraction NW 1/4 NE 1/4 NW 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections). (1960, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: A-Well Inc. Date Completed 11/26/1990 Drilled Depth 60 Present Depth 60

CASING: MATERIAL: Steel Plastic Concrete Wood Other
 Height Above (Below) Land Surface: 1.8 ft
 Diameter: 4" inches
 Length: _____ feet
 Interval: from _____ feet to _____ feet

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

PUMP: TYPE: Submersible Jet, Shallow Jet, Deep Reciprocating Centrifical Other
 Age: _____ years Pumping Rate: _____ gpm
 Pump Setting-submersible (Below Ground Level) _____ ft.
 Drop Pipe Length-non-submersible (Below Ground Level) _____ ft.

DRILLING METHOD: (if known) Mud Rotary Cable Tool Dug Air Rotary Bored/Augered Other
 USE: Type & Amount in gallons per day (gpd) Other _____ gpd
 Domestic _____ gpd Public Supply _____ gpd
 Livestock _____ gpd Commercial _____ gpd
 Irrigation _____ gpd Industrial _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments Cracked Incrusted Holes Other _____ Comment (Describe method of inspection): casing looks ok as checked by Vander waal

SCREEN (if one exists): Incrusted Rusted/Corroded Plugged Other _____ Comment (Describe method of inspection): Amanda Yourd conversation w Dana's Well Inc on 2/1/2023 well driller visited property, but did not open the well or inspect the well. He explained to Mr. Vu that he needed to have the

PUMP: Incrusted Rusted/Corroded Electrical Other _____ Comment (Describe method of inspection): pump pulled out and test pumped, but he didn't end up doing that work because Mr. Vu wanted to go with another company.
Amanda Yourd conversation w Seng Vu on 2/1/2023: Seng

DROP PIPE: Rusted/Corroded Holes/Cracks Water Marks Other _____ Comment (Describe method of inspection): Vu has not had a driller come out and actually open the well to test pump it, inspect it, or collect a water level. Drillers have told him that low water levels are the problem and that he

DISTRIBUTION: Plugged Lines Vacuum in Lines Other _____ Comment (Describe method of inspection): needs a new well, but no one has actually inspected the well. I told him this is what we need from the driller. He said he would call them back and ask them to come out again to document the problem and email me the invoice with details on it.

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ . If not, why not? 2/9/2023: Seng Vu had driller come out to inspect well (see invoice).

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 8/19/2022 Driller: _____ Address: _____ Phone: _____ Date: _____

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

Water runs out after continuous use, around 15 minutes.
(out-of-water) Taken 20-40 minutes for water level to recover.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

7 domestic use; small garden; filling swimming pool in spring but could not this summer due to limited duration of pumping

3) Suspected cause of the problem:

Heard called plumber and after testing, pump was still good. Stated that water level was low according to plumber's opinion.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Talked to neighbor across Bunker Lake Blvd. He had water issues last summer (discoloration).

5) Past well problems? (when and what was the problem?):

Bought house August 2021, ~~so no problems at that time.~~ Thought water issues were "normal". Had issues with lack of water at first.

6) Describe any maintenance that has been done on this well:

Plumber checked on pump. Well drillers checked well and stated that a new well likely needed.

7) Have you corrected the problem? Explain:

No.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

Has 2 estimates for deeper well, will email in .pdf form.

9) Have you complained before? When? To whom?

No, only to well drillers.

10) General Comments:

Husnik Well Co. 651-462-1957

Dana's Wells Inc. [redacted] checked out well and told him about Blaine well interference issue.

Neither well driller charged for services. No action taken.

Amanda Yourd Conversation Summary With Seng Vu 2/9/2023:

Seng Vu had a well driller come out today. Driller said pump is in good working condition. They pump tested the well and the water ran out, but water levels came back up within an hour. Seng said he's deciding if he wants to acid treat the old well or just drill a new well. He said that he has had problems since they moved in in August 2021. The problems get a little better in wintertime and worse in summertime. But the problems do not completely go away in the winter.

Amanda Yourd conversation with Mike from McCullough Well Drilling on 4/4/2023: Mike visited the well and test pumped it on 2/7/2023. He said the pump is just a few feet above the screen and the water level is just a few feet above the pump. He said that when he test pumped it, the water level would drop quickly and fall below the pump. Driller's assessment is that the well and the pump are in good condition and this is a water level issue. He inspected well, pump, and tank in the basement and said they are all in good condition. He said this is a water level issue and that the well needs to be replaced because the pump cannot be lowered any further.

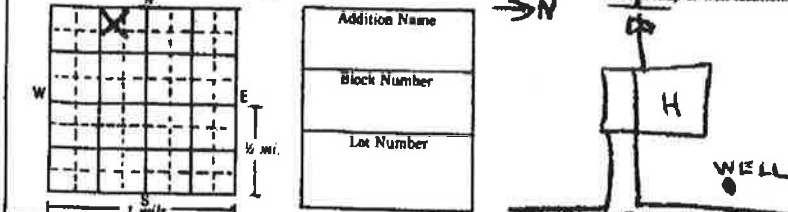
4/10/2023 Amanda Yourd conversation summary with Seng Vu: Seng Vu called to let DNR know that he is going to drill a new well so he can have access to water again. He has talked to drillers and knows he needs a new, deeper well. He said he is running out of water every day now. I told him to keep all of his receipts and documentation of well work done and to not seal his old well until DNR says that it can be sealed.

Township Name: **Ham Lake** Township Number: **32** Range Number: **23** Section No.: **35** Fraction: **NW 1/4 NE 1/4 NW 1/4**

4. WELL DEPTH (completed) **60** ft. Date of Completion **11/26/90**

Numerical Street Address and City of Well Location or Distance from Road Intersection.
3612 Bunker Lake Blvd. NE

5. DRILLING METHOD
 Cable Tool Reverse Driven Dug
 Hollow Rod Air Bored
 Rotary Jetted Power Auger



6. DRILLING FLUID **Wyogel**

7. USE
 Domestic Monitoring Heat Pump
 Irrigation Public Industry
 Test Well Municipal Commercial
 Air Conditioning

2. PROPERTY OWNER'S NAME
Tim Lang

8. CASING
 Black Threaded HEIGHT: Above/Below Surface Galv. Welded Drive Shoe? Yes No
 Plastic
4 in. to **56** ft. Weight **1.89** lbs./ft. **3 3/8** in. to **30** ft.
 _____ in. to _____ ft. Weight _____ lbs./ft. **5 1/2** in. to **60** ft.
 _____ in. to _____ ft. Weight _____ lbs./ft. _____ in. to _____ ft.

Mailing Address if different than property address indicated above.
3702 Bunker Lake Blvd. NE
Ham Lake, MN.

3. FORMATION LOG

FORMATION LOG	COLOR	HARDNESS OF FORMATION	FROM	TO
Sand	Tan	soft	0	25
Sandy clay	Gray	med.	25	50
Course Gravel	Gray	soft	50	60

9. SCREEN
 Make: **Johnson** Or open hole from _____ ft. to _____ ft.
 Type: **Stainless Steel** Diam. **2"**
 Slot/Gauge: **10** Length: **4'**
 Set between **56** ft. and **60** ft. FITTINGS:

10. STATIC WATER LEVEL
22 ft. below above land surface Date Measured **11/26/90**

11. PUMPING LEVEL (below land surface)
42 ft. after **3** hrs. pumping **30** g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.

12. HEAD WELL COMPLETION
 Pitless adapter manufacturer **Sweeney** Model _____
 Basement offset At least 12" above ground
 Plastic casing protection

13. WELL GROUTED? Yes No
 Neat Cement Bentonite
 Grout material **Portland** from **6** to **30** ft. cu. yds.

14. NEAREST SOURCES OF POSSIBLE CONTAMINATION
65 feet **W** direction **on site sewer** type
 Well disinfected upon completion? Yes No

15. PUMP
 Date installed **11/27/90** Not installed
 Manufacturer's name **Aermotor**
 Model number **SD 12-50** HP **1/2** Volts **230**
 Length of drop pipe **40** ft. Capacity **12** g.p.m.
 Material of drop pipe **plastic**
 Type: Submersible L.S. Turbine Reciprocating
 Jet Centrifugal

16. ABANDONED WELLS
 Unused well on property? Yes No
 Sealed Permanent Temporary Not sealed

17. REMARKS, ELEVATION, SOURCE OF DATA, etc.
 Use a second sheet, if needed

18. WATER WELL CONTRACTOR CERTIFICATION
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
A-Well, Inc. Licensee Business Name **02484** License No.
 Address **7791 Lake Dr., Lino Lakes, MN.**
 Signed **Tom Koran** **11/28/90**
 Authorized Representative
 Name of Driller **Tom Koran** Date **11/27/90**



PUMP REPAIRING

Office Phone: [redacted]
Wisc. Res. 1: [redacted]
After Hours: [redacted]

20335 FOREST BOULEVARD NORTH

FOREST LAKE, MINNESOTA 55025

Customer's Order No. 2923-5 Date 2/9 2023

Name SENG Vu

Address 3612 BUNKER LAKE BLVD NE HAM LAKE

[redacted]
PAID BY Sy Hulse

CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RETD.	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
	SERVICE CALL	300.00	
	Well WAS Pumping Shut After 4 min's of Tub Running		
	STATIC water level 29' Pump is at 51'		
	Pump is in good working condition When water level will allow Pump will build up to 60 psi and shut off + Hickle		
	After 1 hour Water level was at 41'		

All claims and returned goods MUST be accompanied by this bill.

1% INTEREST CHARGED PER MONTH WHICH IS ANNUAL PERCENTAGE RATE OF 12%.

Received by _____

Thank You!



DEPARTMENT OF NATURAL RESOURCES

WATER WELL INFORMATION

PART A WELL LOCATION GPS Coordinates:

Owner's Name
 Authorized Agent
 Jonathan and Heather Wright

Telephone Number
 Home: [Redacted]
 Work: [Redacted]
 Cell: [Redacted]

Mailing Address: 3029 144th Ave NE
 Ham Lake, MN 55304

Email Address: [Redacted]

County: Anoka Township Name: Township No.: Range: Section: Fraction: 1/4 1/4 1/4

Place an "X" on the grid showing the exact location of your well. The grid is one section (640 acres divided into 1/4, 1/4, 1/4 sections), (1980, 40, 10 acres). Attach a map or aerial photograph indicating the location of well(s).

Grid labels: NW, NE, SW, SE. Scale: 1/2 MILE, 1 MILE

PART B Describe the well with water problems WELL CONSTRUCTION (Submit a copy of original Water Well Record, if available)

Name of Company which drilled well: Data Completed: Drilled Depth: Present Depth:

CASING:
 Steel
 Plastic
 Concrete
 Wood
 Other

Height Above (Below) Land Surface: ft. Interval: from _____ feet to _____ feet
 Diameter: inches Length: feet

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

PUMP:
 Submersible
 Jet, Shallow
 Jet, Deep
 Reciprocating
 Centrifugal
 Other

Age: years Pumping Rate: gpm
 Pump Setting-submersible (Below Ground Level) ft.
 Drop Pipe Length-non-submersible (Below Ground Level) ft.

DRILLING METHOD: (if known)
 Mud Rotary
 Air Rotary
 Cable Tool
 Bored/Augered
 Driven
 Dug
 Other

USE: Type & Amount in gallons per day (gpd)
 Domestic _____ gpd
 Livestock _____ gpd
 Irrigation _____ gpd
 Public Supply _____ gpd
 Commercial _____ gpd
 Industrial _____ gpd
 Other _____ gpd

Original & Current Non-Pumping Water Level (Above) Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Original & Current Pumping Water Level Below Land Surface:
 Original _____ Current _____
 _____ feet
 _____ date measured
 _____ method of measurement (steel tape, etc.)

Flowing Well: Yes No

PART C WELL CONDITION
 NOTE: Attach additional sheets as needed.

CASING: Filled with Sediments
 Cracked Incrusted
 Holes Other

Comment (Describe method of inspection):

SCREEN (if one exists):
 Incrusted Rusted/Corroded
 Plugged Other

Comment (Describe method of inspection):

PUMP: Electrical
 Incrusted Other
 Rusted/Corroded

Comment (Describe method of inspection):

DROP PIPE: Water Marks
 Rusted/Corroded Other
 Holes/Cracks

Comment (Describe method of inspection):

DISTRIBUTION:
 Plugged Lines Other
 Vacuum in Lines

Comment (Describe method of inspection):

OTHER (Describe method of inspection):
 Does this well comply with the MN Health Department Water Well Construction Code? _____ If not, why not?

PART D SIGNATURES

Well Owner or Agent: [Signature] Date: 8/8/2022 Driller: Address: Phone: Date:

PART E

COMPLAINT QUESTIONNAIRE

Please answer the following questions by providing as much information as possible. Attach any documents involved, such as receipts, worklists, bids, water level measurements, observation or related investigative information, etc.

1) Describe the problem:

No water, Air in lines. Pump burned out due to no water.
effective 8/2/2022. Repaired same day by Contractor, E.H. Renner & Sons.

2) Indicate the number of people, livestock and other type(s) of water use supplied by the well(s):

2 Adults and 2 Children

3) Suspected cause of the problem:

Sudden drop in Water level.

4) Have you contacted well owner(s) whose well(s) you suspect might be affecting yours? Explain (provide their name, address and phone number)

Yes, I emailed Stephen Higgins with the City of Blaine. [Redacted]

5) Past well problems? (when and what was the problem?):

N/A

6) Describe any maintenance that has been done on this well:

N/A.

7) Have you corrected the problem? Explain: Yes, Contracted w/ E.H. Renner & Sons.

Invoice attached.

8) How do you feel this problem can be fairly resolved? (if possible, attach a list of work, materials, and costs needed to resolve the problem)

please see Invoice attached.

9) Have you complained before? When? To whom? N/A

10) General Comments:

Many in our neighborhood are experiencing the same issue within the last 2 weeks. Names and contact information will be provided upon request.

E.H. Renner & Sons

15688 Jarvis St NW
Elk River, MN 55330

INVOICE



Invoice Number: 7216
Date: 8/3/2022

Terms: Due on Receipt

JOHNATHAN & HEATHER WRIGHT
3029 144TH AVENUE NE
HAM LAKE, MN 55304

Service Location
Address: 3029 144TH AVENUE NE
City: HAM LAKE
Job/Well #
Purchase Order

Page 1 of 2

NO WATER UPON ARRIVAL; PULLED PUMP AND WATER LEVEL WAS AT 67' AND PUMP WAS SET AT 67'. STATIC CHANGED FROM 33' TO 67'. REPLACED PUMP AND LOWERED ANOTHER 20' FOR A TOTAL OF 80' PLUS THE 6' PITLESS. PUMPING LEVEL IS NOW 72' AT 28GPM OPEN DISCHARGE. 1" SNAPPY PITLESS.

*NO TRIP CHARGE PER HEATHER

Quantity	Unit	Item	Unit Price	Extended Price
2.00	Hour	SERVICE TECHNICIAN	\$150.00	\$300.00
2.00	Hour	HELPER	\$100.00	\$200.00
2.00	Hour	SMEAL 5T/6T TRUCK	\$150.00	\$300.00
1.00	Each	PUMP GRUNDFOS 22SQE10-190-2	\$1,915.37	\$1,915.37
0.50	Hour	COMPRESSOR I.R. 185/150	\$96.00	\$48.00
1.00	Each	BUSHING BRASS 1-1/2 X 1-1/4	\$23.64	\$23.64
1.00	Each	BUSHING BRASS 1-1/4 X 1	\$19.24	\$19.24
20.00	Feet	PIPE PVC 1" SHUR-ALIGN	\$4.45	\$89.00
86.00	Feet	WIRE 14/2 W/GRD FLAT JKT SUB-CABLE	\$1.42	\$122.12
3.00	Each	SHRINK TUBE #10 - #14 (CLEAR)	\$0.96	\$2.88
3.00	Each	STA-KON #10 - #14	\$0.37	\$1.11

Total Charges \$3,021.36

Taxable Total \$0.00

If paying by CARD: \$3,081.79
If paying by CHECK: \$3,021.36

Thank you for the opportunity to work for you.

*pd via check
8/4/2022*