

**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD**

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PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County Arenac	Township Name Clayton	NE 1/4 NE 1/4 NE 1/4	23	20 N 1/4	4 E 1/4

Distance And Direction From Road Intersection
On SW Corner of Berry & Reed Rd.

Street Address & City of Well Location
Locate with "X" in Section Below

Sketch Map:
Ph. 517-873-3000

3. OWNER OF WELL:
Mr. Robert C. Browne
Address **1445 Reed Road**
Sterling, MI. 48659
Address Same As Well Location? Yes No

4. WELL DEPTH: Date Completed MO. DAY YEAR New Well
57 FT. **4 8 93** Replacement Well

5. Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Diameter Steel Threaded Plastic Welded
4 in. to **51** ft. depth
7 in. to **46** ft. depth
Gauged Drill Hole Diameter
7 in. to **46** ft. depth

Height: Above/Below Surface **1** ft.
Weight **10.79** lbs./ft.
Drive Plate
Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Red Clay	12'	12'
Gray Clay	18'	30'
Dry Sand	11'	41'
Water Bearing Sand	16'	57'

8 SCREEN: Not Installed
Type **PVC** Diameter **3"**
Slot/Gauge **7 Slot** Length **6'**
Set between **51** ft. and **57** ft.
FITTINGS: K-Packer Lead Packer Bromer Check
 Blank above screen **1** ft. Other _____

9 STATIC WATER LEVEL:
41 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
50 ft. after **1** hrs. pumping at **30** G.P.M.
_____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **5** to **30** ft.
 Neat cement Bentonite Other _____
No. of bags of cement **2** Additives _____

13 Nearest source of possible contamination
Type **Septic** Distance **55** ft. Direction **SE**
Well disinfected upon completion? Yes No
Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name **Mayers**
Model number **N512** HP **1/2** Volts **230**
Length of Drop Pipe **42** ft. capacity _____ G.P.M.
TYPE: Submersible Jet _____
PRESSURE TANK:
Manufacturer's name **Flex-Con**
Model number **PC-66** Capacity **20** Gallons

15. Remarks, elevation, source of data, etc.
APR 20 1993

17. Rig Operator's Name:
Mark Rehil

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

R. Webb & Son Well Drilling 35-0593
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **3120 M-65 Hale, Mich. 48739**
Signed *[Signature]* Date **April 12, 1993**
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

WATER WELL AND PUMP RECORD

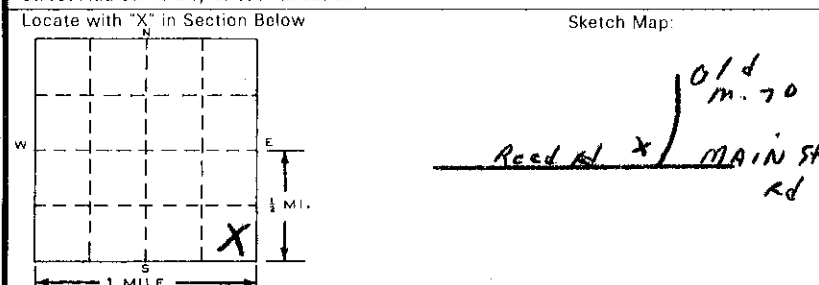
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PERMIT NUMBER

1 LOCATION OF WELL

County ARENAC	Township Name CLAYTON	Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 23	Town Number 20W N/S	Range Number 4E E/W
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Distance And Direction From Road Intersection
**AT INSIDE OF CURVE AT JUNCTION
OLD M-70 AND MAIN ST. RD. E SIDE**



3 OWNER OF WELL:
Address **JOYCE DeBARTOLO**
1025 REED RD.
STERLING MI 48659

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND	10	10
CLAY	5	15
WATERSAND, FINE GRAVEL	33	48

4 WELL DEPTH: 48 FT. Date Completed **07-20-92**

New Well Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Diameter Steel Threaded Plastic Welded

Height: Above **XXX** Surface **1** ft.
Weight **SDR 17** lbs./ft.

Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

8 SCREEN: Not Installed

Type **PVC WOP** Diameter **3**
 Slot/Gauze **10 SLOT** Length **4**
 Set between **43** ft. and **48** ft.

FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **5** ft. Other _____

9 STATIC WATER LEVEL: **10** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
35 ft. after **1** hrs. pumping at **10** G.P.M.
 _____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **0** to **43** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **SEPTIC** Distance **75** ft. Direction **W**
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only

Manufacturer's name _____
 Model number _____ HP _____ Volts _____
 Length of Drop Pipe _____ ft. capacity _____ G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name _____
 Model number _____ Capacity _____ Gallons

15. Remarks, elevation, source of data, etc.
**BUYER MIKE SHILLAIR RESPONSIBLE
 FOR ABANDONMENT OF OLD 1 1/4 WELL
 APPROX. 11' DEPTH**

17. Rig Operator's Name:
LEE SHAFFER

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

Shaffer Waterwell Drilling 26-1951
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **3783 Shaffer Beaverton, MI 48612**
 Signed *[Signature]* Date **7-23-92**
AUTHORIZED REPRESENTATIVE

RECEIVED
 Mich. Dept. of Public Health
JUL 27 1992
 BUREAU OF ENVIRONMENTAL AND
 OCCUPATIONAL HEALTH - GWOS

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

LOCATION OF WELL					
County <i>Alcona</i>	Twp. <i>Clayton</i>	Fraction <i>SW 1/4 SW 1/4</i>	Section No. <i>23</i>	Town <i>20 N.W.</i>	Range <i>#4 E7E</i>
Distance And Direction from Road Intersections <i>Corner of Melton Rd Bishop Rd</i>			OWNER No. _____		
Street address & City of Well Location			3 OWNER OF WELL: <i>Glen Berry</i> <i>1740 Dobler Rd</i> <i>Stirling Mich</i>		
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <i>42</i> ft. Date of Completion <i>11-7-68</i>		
<i>clay</i>	<i>31</i>	<i>31</i>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
<i>sand & clay</i>	<i>5</i>	<i>34</i>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
<i>sand</i>	<i>6</i>	<i>42</i>	7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <i>1</i> ft. <i>3</i> in. to <i>36</i> ft. Depth Weight <i>3.75</i> lbs/ft. <i>2</i> in. to <i>42</i> ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type <i>2" I.D. Hub Dia.</i> <i>2"</i> Slot/Gauze <i>80</i> Length <i>4</i> Set between <i>33</i> ft. and <i>42</i> ft. Fittings: <i>2" 5" comp lining</i> <i>5/8" pipe</i>		
			9 STATIC WATER LEVEL <i>15</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>15</i> ft. after <i>2</i> hrs. pumping <i>30</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 SANITARY: Nearest Source of possible contamination: <i>75</i> feet <i>NW</i> Direction <i>Basement drainage tile</i> Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name _____ Model Number <i>Not installed</i> Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. CORRECTED BY: ADDITION BY:			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Summers Well Drilling</i> <i>0033</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>220 S. Grand West Branch Mich</i> Signed <i>Summers K. Summers</i> Date <i>11-7-68</i> AUTHORIZED REPRESENTATIVE		