

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

TAX NO: _____

PERMIT NO: _____

1. LOCATION OF WELL

County BARRY

Township Name Johnstown

Fraction SW 1/4 SW 1/4 NW 1/4

Section No. 31

Town No. 1N

Range No. 8W

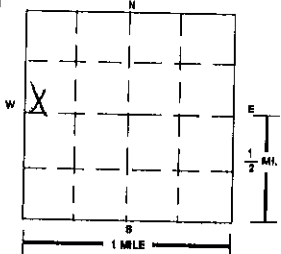
Distance and Direction from Road Intersection _____

Street Address & City of Well Location

SHEFFIELD

Locate with 'x' in Section Below

Sketch Map



3. OWNER OF WELL

Address DICK BUTCHER
851 SHEFFIELD
BC MI

Address Same as Well Location Yes No

4. WELL DEPTH:

104 ft. Date Completed 10/16/95

New Well
 Replacement Well

Cable Tool
 Hollow Rod

Rotary
 Auger/Bored

Driven
 Dug
 Jetted

6. USE:

Household
 Irrigation
 Test Well
 Type I Public
 Type IIa Public
 Type IIb Public
 Type III Public
 Heat Pump

7. CASING:

Steel
 Plastic
 Other
 Threaded
 Welded

Height: Above/Below Surface: 7 ft

Diameter: 5 in. to 98 ft. depth

Weight: _____ lbs./ft.

BORE HOLE:

Diameter: 8 in. to 98 ft. depth

Drive Shoe
 Shale Packer

8. SCREEN:

Not Installed Gravel-Packed

Type 5. Steel Diameter 3"

Slot/Gauge 12 Length: 6'

Set Between 98 ft. and 104 ft.

FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL:

35 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface

_____ ft. After 1 hrs. Pumping at 50 G.P.M.

Plunger Bailer Air Test Pump

11. WELL HEAD COMPLETION:

Pitless Adapter 12" Above Grade
 Basement Offset Well House

12. WELL GROUTED?

No Yes From 0 to 98 ft.
 Neat Cement Bentonite Other

No. of Bags 90 gal Additives grout

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type _____ Distance _____ ft. Direction NONE YET

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 Other _____

PRESSURE TANK:

Manufacturer's Name _____
Model Number _____ Capacity _____ Gallons _____

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

<u>sand & gravel</u>	<u>2</u>	<u>2</u>
<u>brown clay</u>	<u>3</u>	<u>5</u>
<u>sand + gravel</u>	<u>5</u>	<u>10</u>
<u>brown clay</u>	<u>2</u>	<u>12</u>
<u>sand + gravel</u>	<u>65</u>	<u>77</u>
<u>gray clay</u>	<u>2</u>	<u>79</u>
<u>water sand + gravel</u>	<u>25</u>	<u>104</u>

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Mich. Dept. of Public Health
JAN 16 1996
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

Yes No

Casing Diameter _____ in. Depth _____ ft.

PLUGGING MATERIAL:

Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags _____ Casing Removed? Yes No

16. REMARKS: (Elevation, Source of Data, etc.)

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor

Name Mike JW

15. 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.

Smith Wells & Pump
REGISTERED BUSINESS NAME

08-1793

REGISTRATION NO.

Address 2300 Fine Pl BC MI

Signed MJ Smith
AUTHORIZED REPRESENTATIVE

Date 1-3-96

WATER WELL AND PUMP RECORD

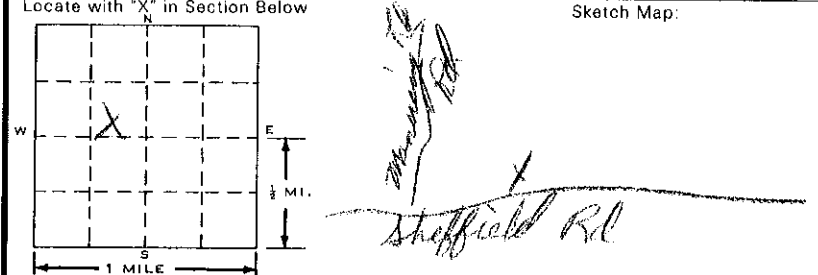
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PERMIT NUMBER

1 LOCATION OF WELL					
County BARAY	Township Name Johnstown	Fraction SW 1/4 SE 1/4 NW 1/4	Section Number 31	Town Number 1 N 1/2 S	Range Number 8 E 1/2 W

Distance And Direction From Road Intersection

Street Address & City of Well Location
SHEFFIELD RD



3 OWNER OF WELL:

Address **MARK SHOOK**
3510 E. HALBERT
BC

Address Same As Well Location? Yes No

4 WELL DEPTH: **85 FT.** Date Completed **8/11/89**

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/Below Surface **1** ft.
Weight _____ lbs./ft.
Drive Shoe Yes No

5 in. to **79** ft. depth
_____ in. to _____ ft. depth
Grouped Drill Hole Diameter **7 1/8** in. to **8 1/2** ft. depth
_____ in. to _____ ft. depth

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>sand, clay + rocks</i>	9	9
<i>sand + gravel</i>	29	38
<i>sand + large stones</i>	12	50
<i>gray clay</i>	3	53
<i>sand + large stones</i>	13	66
<i>sand, gravel + stones</i>	19	85

8 SCREEN: Not Installed

Type **PVC** Diameter **3"**
Slot/Gauge **20** Length **6'**
Set between **79** ft. and **85** ft.

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

9 STATIC WATER LEVEL: **50** ft. below land surface Flow

10 PUMPING LEVEL: below land surface

AIR ft. after **1** hrs. pumping at **20** 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 **85** ft.

Neat cement Bentonite Other **Bentol**
No. of bags of cement _____ Additives **Hole Plug**

13 Nearest source of possible contamination: Type **Sewage** Distance **25+** ft. Direction **N**

Well disinfected upon completion? Yes No
Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only

Manufacturer's name **Red Jacket**
Model number _____ HP **1/2** Volts **220**
Length of Drop Pipe **58** ft. capacity **10** G.P.M.
TYPE: Submersible Jet

PRESSURE TANK:
Manufacturer's name **wellpro**
Model number **202** Capacity **5.5** Gallons

15. Remarks, elevation, source of data, etc.

17. Rig Operator's Name: **M J Smith**

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.

Smith Well Pump **08-1793**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **2300 Finck** **BC**
Signed **M J Smith** Date **1-20-90**
AUTHORIZED REPRESENTATIVE

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Mich. Dept. of Public Health
MAR 1 1 1990
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWDS

USE A 2ND SHEET IF NEEDED

MAY 30 1978

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

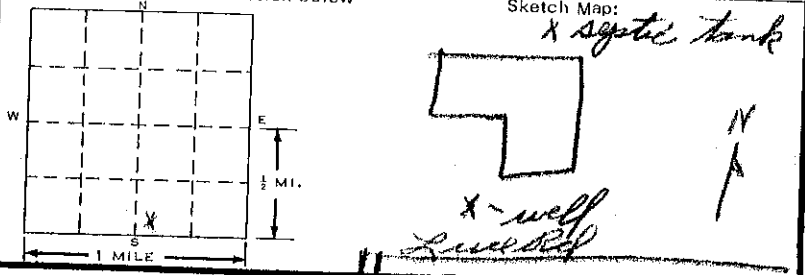


1 LOCATION OF WELL

County Barry Township Name Johnstown Fraction SW 1/4 SE 1/4 Section Number 31 Town Number 1 Range Number 8 N.W.

Distance and Direction from Road Intersections
0.7 N. side of Lucas Rd. 200' E of
Collins Ave.

Street address & City of Well Location
Locate with "X" in section below



3 OWNER OF WELL:
Dana Cline
Address 53 N. Mason Battle Creek MI.

4 WELL DEPTH: (completed) Date of Completion
115 ft. 8-11-77

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded
Diam. 4 in. to 110 ft. Depth
Height: Above/Below Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Red Clay</u>	<u>8</u>	<u>8</u>
<u>Red clay & gravel</u>	<u>19</u>	<u>27</u>
<u>Gravel, some Red clay</u>	<u>17</u>	<u>44</u>
<u>Blue Clay</u>	<u>8</u>	<u>52</u>
<u>Sand, Gravel, blue clay</u>	<u>33</u>	<u>85</u>
<u>Gravel, blue clay</u>	<u>12</u>	<u>97</u>
<u>fine sand, dirty</u>	<u>8</u>	<u>105</u>
<u>fine to medium sand</u>	<u>10</u>	<u>115</u>
ADDED INFO BY DRILLER, ITEM NO.		
*CORRECTED BY		
**ADDITION BY		
ELEVATION		
DEPTH TO ROCK		

8 SCREEN:
Type: SS Dia.: 3 3/4"
Slot/Gauze 7 Length _____
Set between 110 ft. and 115 ft.
Fittings: 3X12 nipple & H packer,
3' plug in bottom

9 STATIC WATER LEVEL
26 ft. below land surface

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

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
60 feet NE Direction Septic Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Burkes
Model Number 5SN88 HP 1/2 Volts 230
Length of Drop Pipe 65 ft. capacity 10 G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
60 gpm w/4" plunges

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.
Newton Well Service 0212
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 550 E Choudard Rd Hastings
Signed Lawrence Newton Date 5/17/78
AUTHORIZED REPRESENTATIVE



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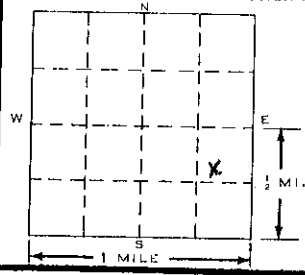
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Barry Township Name Johnstown Fraction SW 1/4 NE 1/4 SE 1/4 Section Number 31 Town Number 1 N 1/2 Range Number 8 E W.

Distance And Direction from Road Intersections About 0.2 mile West of Budd rd. About 1200 ft. South of Sheffield rd.
Street address & City of Well Location 191 Sheffield Rd. Battle Creek, Mich.



3 OWNER OF WELL: Roger HUNTINGTON
Address 191 Sheffield rd. Battle Creek, Mich. 49017

4 WELL DEPTH: (completed) Date of Completion 81 ft. 10-20-76

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below Surface 3 ft.
Weight 3.68 lbs./ft. Drive Shoe? Yes No

8 SCREEN: Type: Johanson Redhead Dia.: 1 1/4"
Slot/Gauge 7 Length 6'
Set between 75 ft. and 81 ft.
Fittings: Drive couplings

9 STATIC WATER LEVEL 36 ft. below land surface

10 PUMPING LEVEL below land surface 36 ft. after 1 1/2 hrs. pumping 18 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite Slurry
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination 55 feet SE Direction Septic tank Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Rapidayton
Model Number 5E2 HP 1/2 Volts 110
Length of Drop Pipe 42 ft. capacity 7 G.P.M.
Type: Submersible Jet Reciprocating

2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
	Top soil	1	1
	Fill gravel	3	4
	Clay	34	38
	Gravel, fine, sand, fine	6	44
	Sand, very fine	28	72
	Sand, water	9	81

16 Remarks, elevation, source of data, etc.
ADDED INFO BY OWNER, ITEM NO. _____
CORRECTED BY _____
ADDITION BY _____
ELEVATION _____
DEPTH TO TOP _____

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.
L+D Well Drilling 1560
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 1418 STALWART ST Kalamazoo, MI
Signed Leonard Brown Date 10-21-76
AUTHORIZED REPRESENTATIVE