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| 1 LOCATION OF WELL | | |
| County: <u>Barry</u> | Township Name: <u>Barry</u> | Fraction: <u>S 1/4 SE 1/4 SW 1/4</u> |
| Distance And Direction From Road Intersection: <u>3/10th mile East of Brook Lodge</u> <u>1/2 mile North side of Boyes Rd.</u> | | Section Number: <u>22</u> Town Number: <u>1 NYS</u> Range Number: <u>9 EW</u> |
| Street Address & City of Well Location: Locate with "X" in Section Below | | 3 OWNER OF WELL: <u>William Mc Nally</u> Address: <u>3842 Boyes Rd</u> <u>Hickory Corners, MI</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Sketch Map: | | 4 WELL DEPTH: (completed) <u>78</u> ft. Date of Completion: <u>9-10-84</u> |
| 2 FORMATION DESCRIPTION | | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> |
| | | 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/> |
| THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM <u>CLAY</u> <u>10</u> <u>10</u> <u>SAND & GRAVEL</u> <u>50</u> <u>60</u> <u>CLAY</u> <u>10</u> <u>70</u> <u>GRAVEL</u> <u>8</u> <u>78</u> | | 7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded Height: Above/Below Surface <u>3.70</u> ft. <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight <u>3.70</u> lbs./ft. _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 8 SCREEN: <input type="checkbox"/> Not installed Type <u>STAINLESS</u> Diameter <u>1 1/4"</u> Slot/Opening <u>10</u> Length <u>4 ft</u> Set between <u>74</u> ft. and <u>78</u> ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____ |
| RECEIVED Mich. Dept. of Public Health FEB 21 1985 Bureau of Environmental and Occupational Health - GWQS | | 9 STATIC WATER LEVEL: <u>30</u> ft. below land surface <input type="checkbox"/> Flow |
| | | 10 PUMPING LEVEL: below land surface <u>40</u> ft. after <u>1</u> hrs. pumping at <u>15</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M. |
| USE A 2ND SHEET IF NEEDED 15. Remarks, elevation, source of data, etc. <u>well permit #1 605</u> | | 11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit |
| | | 12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____ |
| 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. <u>Henson Water Wells</u> 1771 REGISTERED BUSINESS NAME REGISTRATION NO. Address: <u>9350 Kingsbury</u> <u>Delton</u> Signed: <u>Gene Henson</u> Date: <u>10-12-84</u> AUTHORIZED REPRESENTATIVE | | 13 Nearest source of possible contamination Type <u>septic</u> Distance <u>60</u> ft. Direction <u>W.</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons |