

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

M

1 LOCATION OF WELL		County	Twp.	Fraction	Section No.	Town	Range
Distance And Direction from Road Intersections On SW side of Savage Rd. 1/2 mile SE of the end of Kirk Lake Rd.		Cass	Newberg	1/4 1/4 SW 1/4	20	6 N/S.	13 E/W.
Street address & City of Well Location RFD, Vandalia, Michigan		3 OWNER OF WELL: Church of God Address 11914 S. Paulina, Calumet Park, Ill.					
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion 46 ft. May 2, 1968			
Surface dirt		3	3	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
Sand & gravel		12	15	6 USE: <input type="checkbox"/> Domestic <input checked="" 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"/>			
Gravel & clay		21	36	7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/ Below surface 2 ft. 2 in. to 42 ft. Depth Weight 3 3/4 lbs./ft. ___ in. to ___ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Sand & gravel		6	42	8 SCREEN: Type: Gauze Dia.: 1 1/2" Wire Gauze 80 Length 48" Set between 42 ft. and 46 ft. Fittings: Check valve			
Sand & gravel (screened)		4	46	9 STATIC WATER LEVEL 22 ft. below land surface			
				10 PUMPING LEVEL below land surface ___ ft. after ___ hrs. pumping ___ g.p.m. Plunger tested ___ ft. after 1 hrs. pumping 15 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 checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> ___ Depth: From ___ ft. to ___ ft.			
				14 SANITARY: Nearest Source of possible contamination unknown ___ feet ___ Direction ___ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
ADDED INFO. BY DRILLER, ITEM NO.				15 PUMP: Manufacturer's Name Sear Roebuck Model Number unknown HP 1 Length of Drop Pipe 31 ft. capacity 15 G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> ___ <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
CORRECTED BY:				16 Remarks, elevation, source of data, etc. Source of data, well: Michael Grahl " " Pump: Robert M. Korp RECEIVED MAY 17 1968 CASS COUNTY HEALTH DEPT			
**NOTATION 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. B. J. Lewis & Sons 0088 REGISTERED BUSINESS NAME REGISTRATION NO. Address M-60 East, Cassopolis, Michigan Signed Frank McLearnick Date 5-8-68 AUTHORIZED REPRESENTATIVE			

WATER WELL AND PUMP RECORD

--	--	--	--	--	--	--	--

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		
County <i>Cass</i>	Township Name <i>Newberg</i>	Fraction <i>SE 1/4 SW 1/4 SE 1/4</i>
Section Number <i>20</i>		Town Number <i>6 N 10</i>
Range Number <i>13 E 10</i>		
Distance And Direction From Road Intersection <i>1 mile North of Born St on east side of Savage Rd</i>		
Street Address & City of Well Location		
Locate with "X" in Section Below		
	Sketch Map: <i>Savage Rd</i> <i>Born St</i>	
2 FORMATION DESCRIPTION		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>surfact</i>	<i>2</i>	<i>2</i>
<i>Gravel</i>	<i>3</i>	<i>5</i>
<i>sand</i>	<i>5</i>	<i>10</i>
<i>Gravel</i>	<i>20</i>	<i>30</i>
<i>clay</i>	<i>40</i>	<i>70</i>
<i>sand</i>	<i>10</i>	<i>80</i>
3 OWNER OF WELL:		
Name: <i>Robert Forster</i>		
Address: <i>60003 Savage Rd Vandalia MI</i>		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: (completed) <i>2" ft. 80</i> Date of Completion <i>7/27/84</i>		
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input checked="" 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"/>		
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. 2 in. to <i>76</i> ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8 SCREEN <input type="checkbox"/> Not Installed Type <i>Johnson</i> Diameter <i>1 1/4"</i> Slot/Gauze <i>6</i> Length <i>4'</i> Set between <i>76</i> ft. and <i>80</i> 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 _____		
9 STATIC WATER LEVEL: <i>33</i> ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
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 GROUDED? <input 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 _____		
13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input 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		
15. Remarks, elevation, source of data, etc. <div style="text-align: center;"> RECEIVED Mich. Dept. of Public Health OCT 15 1984 Bureau of Environmental and Occupational Health - GWQS </div>		
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. <i>Cass Well & Pump</i> <i>1708</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>125 S Broadway Cassopolis</i> Signed <i>Michael Grahl</i> Date <i>7/28/84</i> AUTHORIZED REPRESENTATIVE		



AUG 30 1978

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County Cass	Township Name Newberg	Fraction SW 1/4 SE 1/4 SW 1/4	Section Number 20	Town Number 6	Range Number 13
Distance And Direction from Road Intersections M-60 turn left on Born St. curves right to Savage Rd. go left go around to top of hill.			3 OWNER OF WELL: Benjamin Lee Address R.# 1 Box 48 A Jones, Mich.		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 144' ft. June 5, 1978		
			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			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"/>		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/ Below Surface 2 ft. Diam. 2 in. to 140 ft. Depth Weight 33/4 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: gauze Dia.: 1 1/2" xxxx /Gauze 80 Length 4' Set between 140 ft. and 144 ft. Fittings: check valve		
THICKNESS OF STRATUM			9 STATIC WATER LEVEL 50' ft. below land surface		
DEPTH TO BOTTOM OF STRATUM			10 PUMPING LEVEL below land surface plunger tested after ___ hrs. pumping ___ g.p.m. 1 ft. after 1 hrs. pumping 15 g.p.m.		
Surface			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Red sand and gravel			12 WELL HEAD COMPLETION: <input type="checkbox"/> in Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
Blue clay and stone			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		
Sand			14 Nearest Source of possible contamination unknown _____ feet _____ Direction _____ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
ADDED INFO BY DRILLER, ITEM NO.			15 PUMP: <input checked="" type="checkbox"/> Not installed 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 <input type="checkbox"/> Reciprocating		
*CORRECTED BY			16 Remarks, elevation, source of data, etc. Source of data: Otto Bickel		
**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. B.J. Lewis & Sons 0088 REGISTERED BUSINESS NAME REGISTRATION NO. Address M-60 East Cassopolis, Mich.		
ELEVATION			Signed <i>B.J. Lewis</i> Date 6/2-78 AUTHORIZED REPRESENTATIVE		
DEPTH TO ROCK					
USE A 2ND SHEET IF NEEDED					

