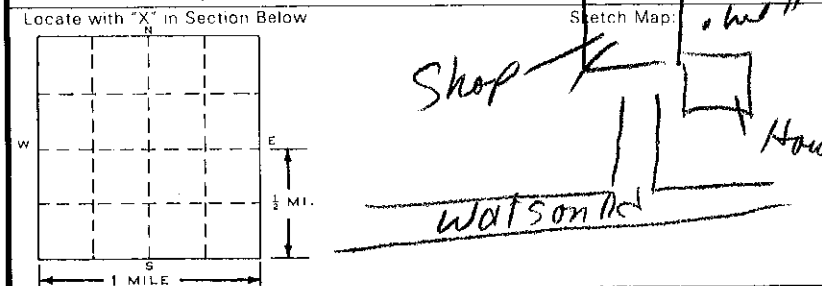


WATER WELL AND PUMP RECORD

1 LOCATION OF WELL					
County CHEBOYGAN	Township Name MENTOR	Fraction SE 1/4 SE 1/4 SE 1/4	Section Number 29	Town Number 34 MS	Range Number 3 EW

Distance And Direction From Road Intersection
1/4 mile west of + of Watson Rd and Roman Rd on north side of Watson Rd

Street Address & City of Well Location



3 OWNER OF WELL: **CHARLES HAMPSHIRE**
 Address **10008 WATSON RD, WOLVERINE, MI 49759**
 Address Same As Well Location? Yes No

4 WELL DEPTH: **147 FT.** Date Completed **4/28/94**
 New Well Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jatted

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 **1.5** ft.
 Weight _____ lbs./ft.
 Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
TOPSOIL	0	1
RED SAND - LITTLE CLAY	21	22
RED CLAY	2	24
GRAVEL - SAND - SOME CLAY	3	27
HARD CLAY	4	31
SAND / GRAVEL	26	57
SAND - GRAVEL - LITTLE CLAY	55	112
SAND - GRAVEL	8	120
SAND - GRAVEL - LITTLE RED CLAY	27	147
RED STICKY CLAY	2	149

8 SCREEN: Not Installed
 Type **STAINLESS STEEL** Diameter **4"**
 Slot/Gauze **12** Length **5'**
 Set between **142** ft. and **147** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **116** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **15** G.P.M.
 _____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Wellless adaptor 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **0** to **141** ft.
 Neat cement Bentonite Other **HUEBING**
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **Sepic** Distance **50** ft. Direction **E**
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **GRUNDIGS**
 Model number **10507-12 HP 3/4** Volts **230**
 Length of Drop Pipe **140** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name **PERMA AIR**
 Model number **PAD20** Capacity **6.5** Gallons

15. Remarks, elevation, source of data, etc.
5 1/4 REDUCER BELL
6" LEADER

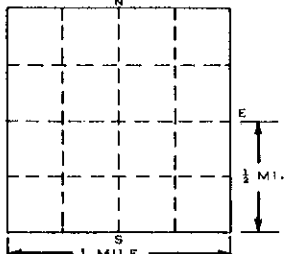
17. Rig Operator's Name:
JOHN P SACKPIDER

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.
Sackpider Well Drilling 1889
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **10507-12 HP WOLVERINE, MI**
 Signed **J. Sackpider** Date **4/30/94**
 AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		
County Cheboygan	Township Name Mentor	Fraction 1/4 SE 1/4 NE 1/4
		Section Number 29
		Town Number 34N N/S
		Range Number 3W E/W
Distance And Direction From Road Intersection 10100 Holiday Road		
Street Address & City of Well Location Locate with "X" in Section Below		
Sketch Map: 		
3 OWNER OF WELL: Mr. Wilfred Beebe Address 2851 Gratiot Indian River, Mi 49749 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4 WELL DEPTH: (completed) 177 ft.		Date of Completion 5-20-87
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input 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"/>		
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4 in. to 172 ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth		Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8 SCREEN: <input type="checkbox"/> Not Installed Type S.S. Diameter 3 3/4" Slot/Gauze # 12 Length 5' Set between 172 ft. and 177 ft. FITTINGS: <input type="checkbox"/> K-Packer <input checked="" type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 18" ft. Other _____		
9 STATIC WATER LEVEL: 70' ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 50 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From B to T ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination Type Septic Distance 50-ft. Direction E 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		
15. Remarks, elevation, source of data, etc.		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. Mattson & Sons Well Drilling 16-0511 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9864 S. Straits Hy Wolverine, Michigan 49799 Signed <u>Wayne Mattson</u> Date 5-22-87 AUTHORIZED REPRESENTATIVE <i>WMM</i>

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

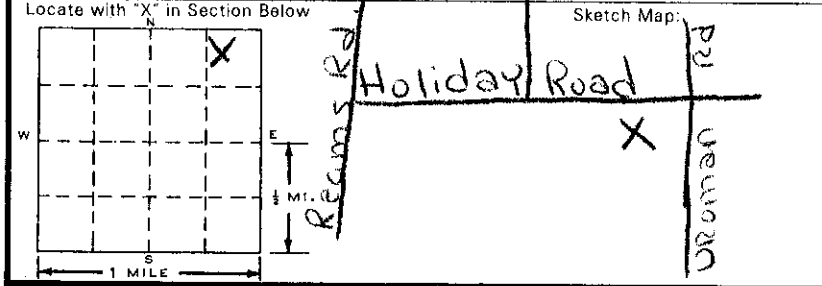
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PERMIT NUMBER

1 LOCATION OF WELL			
County CHEBOYGAN	Township Name METOR	Fraction NE 1/4 NE 1/4 NE 1/4	Section Number 29
		Town Number 34N N/S	Range Number 3W E/W

Distance And Direction From Road Intersection
RIGHT OFF OF HOLIDAY ROAD

Street Address & City of Well Location
HOLIDAY ROAD WOLVERINE, MICHIGAN



3 OWNER OF WELL:
FLOYD DOTSON
Address **915 MAKINAW AVENUE CHEBOYGAN, MICHIGAN 49721**
Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) **134** ft. Date of Completion **8-20-86**

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: Steel Threaded Welded
 Plastic Height: Above/Below Surface **1** ft.
Weight **SDR-21** lbs/ft.
Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
TOP SOIL	3.0	3.0
SAND	4.0	7.0
SAND AND GRAVEL	9.0	14.0
CLAY	7.0	23.0
HARD PAN	11.0	34.0
SAND	21.0	55.0
HARD PAN	6.0	61.0
SAND AND GRAVEL	21.0	82.0
HARD PAN	14.0	96.0
SAND AND GRAVEL	1.0	97.0
LIMESTONE	8.0	105.0
SAND AND GRAVEL	29.0	134.0

8 SCREEN: Not installed
Type **S.S.** Diameter **4"**
Slot/Gauze **10** Length **4'**
Set between **130** ft. and **134** ft.
FITTINGS: X-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **75** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
134 ft. after **2** hrs. pumping at **4** 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 **131** ft.
 Neat cement Bentonite Other _____
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
Type **SEPTIC** Distance **75** ft. Direction **SE**
Well disinfected upon completion? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name **MYERS**
Model number **SRJ51J54** HP **1/2** Volts **115**
Length of Drop Pipe _____ ft. capacity **4** G.P.M.
TYPE: Submersible Jet _____
PRESSURE TANK:
Manufacturer's name **X-TROL**
Model number **WX251-UG** Capacity _____ Gallons

15. Remarks, elevation, source of data, etc.
8-59P
RECEIVED
Mich. Dept. of Public Health
DEC 17 1986
Bureau of Environmental and Occupational Health - EMCS

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.
KEISER WELL DRILLING 1156
REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____
Address **2219 LEVERING RD. CHEBOYGAN, MI**
Signed **David J. Keiser** Date **8-21-86**
AUTHORIZED REPRESENTATIVE