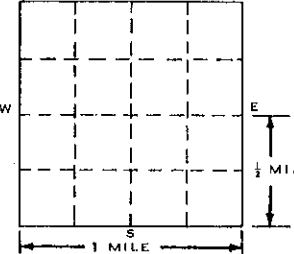


1 LOCATION OF WELL			3 OWNER OF WELL:																										
County CHEBOYGAN	Township Name GRANT	Fraction 1/4 1/4 1/4	Section Number 23	Town Number 36 N/9	Range Number 1 E/W																								
Distance And Direction From Road Intersection IMMEDIATELY W OF E SECTION LINE OF SEC 23 ON BLACK LAKE			Address BLACK LAKE HI BLUFFS																										
Street Address & City of Well Location			Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
Locate with "X" in Section Below			Date of Completion 21 MAY 1984																										
Sketch Map: 			4 WELL DEPTH: (completed) 249 1/2 ft.																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:70%;">2 FORMATION DESCRIPTION</th> <th style="width:10%;">THICKNESS OF STRATUM</th> <th style="width:20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>SAND</td> <td>10</td> <td>10</td> </tr> <tr> <td>CLAY</td> <td>8</td> <td>18</td> </tr> <tr> <td>SAND</td> <td>4</td> <td>22</td> </tr> <tr> <td>TOUGH HARD PAN</td> <td>118</td> <td>140</td> </tr> <tr> <td>SAND</td> <td>1</td> <td>141</td> </tr> <tr> <td>CLAY</td> <td>94</td> <td>235</td> </tr> <tr> <td>SAND</td> <td>14 1/2</td> <td>249 1/2</td> </tr> </table>			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	SAND	10	10	CLAY	8	18	SAND	4	22	TOUGH HARD PAN	118	140	SAND	1	141	CLAY	94	235	SAND	14 1/2	249 1/2	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"/>		
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CLAY	94	235																											
SAND	14 1/2	249 1/2																											
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded			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"/>																										
			8 SCREEN: <input type="checkbox"/> Not Installed Type WW Diameter 4 Slot/Gauge 10 Length 96 X 120 Set between 240 ft. and 249 ft. FITTINGS: <input type="checkbox"/> K-Packer <input checked="" type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 1 1/2 ft. Other _____																										
9 STATIC WATER LEVEL: 106 PM _____ ft. below land surface <input checked="" 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 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 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 SW 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. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY _____ **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____			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. RAMSBY WELL DRILLING, INC. REGISTERED BUSINESS NAME #0382 REGISTRATION NO. Address CHEBOYGAN, MI, 49721 Signed B. Ramsby Date 6-1-84 AUTHORIZED REPRESENTATIVE																										

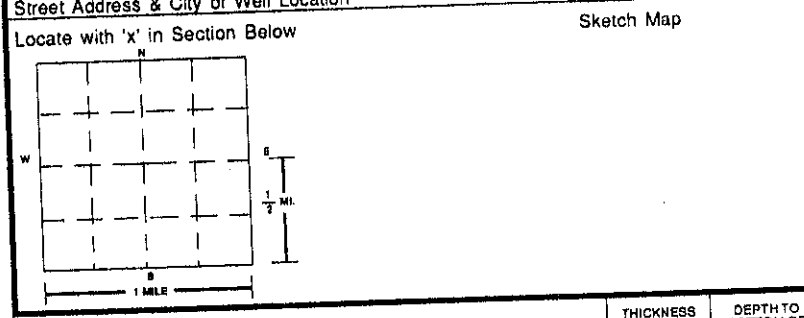
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO: **0823**

TAX NO: **16-151-23-200-002-00**

1. LOCATION OF WELL
 County **Cheboygan** Township Name **Grant** Fraction **NE 1/4 NW 1/4 NE 1/4** Section No. **23** Town No. **36 N** Range No. **1 E**

Distance and Direction from Road Intersection
**1/8 mile South of Doriva Beach Road at
 3031 Cedar Beach Lane.**



3. OWNER OF WELL
Carl Snyder
 Address **3031 Cedar Beach Lane
 Cheboygan, MI. 49721**
 Address Same as Well Location Yes No

4. WELL DEPTH: **143** ft. Date Completed **12 / 11 / 97**
 New Well Replacement Well
 5. Cable Tool Rotary Driven Dug
 Hollow Rod Auger/Bored Jetted

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public

7. CASING: Steel Threaded Welded
 Plastic Other
 Height: Above ~~GROUND~~ Surface: **2** ft.
 Diameter: **5** in. to **139** ft. depth Weight: **SDR21** lbs./ft.
 BORE HOLE: Diameter: **8-3/4** in. to **143** ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
 Type **Stainless Steel** Diameter **4"**
 Slot/Gauze **10 slot** Length: **4'**
 Set Between **139** ft. and **141** ft.
 FITTINGS: K-Packer Bremer Check
 Blank Above Screen **1 1/2** ft. Other

9. STATIC WATER LEVEL:
~~xxxxxx~~ ft. Below Land Surface Flowing **5 GPM**

10. PUMPING LEVEL: Below Land Surface
143 ft. After **1** hrs. Pumping at **25** G.P.M.
 Plunger Bailor Air Test Pump

11. WELL HEAD COMPLETION:
 Pitless Adapter **12"** Above Grade **24"**
 Basement Offset Well House

12. WELL GROUTED? No Yes From **120** to **0** ft.
 Neat Cement Bentonite Other
 No. of Bags **See Remarks**

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **Septic** Distance **50+** ft. Direction **South**
 Type _____ Distance _____ ft. Direction _____

14. PUMP: Not installed Pump Installation Only
 Manufacturer's Name **Completed by Others**
 Model Number _____ HP _____ Volts _____
 Length of Drop Pipe _____ ft. Capacity _____ G.P.M.
 TYPE: Submersible Jet Other _____
 PRESSURE TANK:
 Manufacturer's Name _____ Capacity _____ Gallons
 Model Number _____

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Swamp Muck	2'	2'
Sand	2'	4'
Soft Clay	16'	20'
Sand & Gravel	5'	25'
Clay	4'	29'
Coarse Gravel	5'	34'
Hardpan	2 1/2'	36 1/2'
Clay & Sand streaks	13 1/2'	50'
Medium Fine Sand	4'	54'
Clay	77'	131'
Sandy Clay & Sand streaks	6'	137'
Medium Fine Sand	6'	143'

RECEIVED
 MICHIGAN DEPT OF ENVIRONMENTAL QUALITY
DEC 26 1997
 Drinking Water & Radiological Protection Division
 Ground Water Supply Section
WELL CONSTRUCTION UNIT

DEC 18 1997

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED? Yes No **In Use**
 Casing Diameter _____ in. Depth _____ ft.
 PLUGGING MATERIAL:
 Cement/Bentonite Slurry Neat Cement Bentonite Slurry
 Concrete Grout Bentonite Chips
 No. of Bags _____ Casing Removed? Yes No

16. REMARKS: (Elevation, Source of Data, etc.)
120' - 40': 15 Bags Neat Cement Grout
40' - 0': 5 Bags Bentonite/EZ Mud Grout.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name _____

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.
RAMSBY DRILLING, INC #16-2031
 REGISTERED BUSINESS ADDRESS REGISTRATION NO.
 Address **1885 South Straits Hwy. Indian River, MI 49749**
 Signed *[Signature]* Dec 17, 1997
 AUTHORIZED REPRESENTATIVE

TAX NO: 16-151-*23-200-002-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO: 0823

1. LOCATION OF WELL
 County **Cheboygan**

Township Name **Grant**

Fraction **NE 1/4 NW 1/4 NE 1/4**

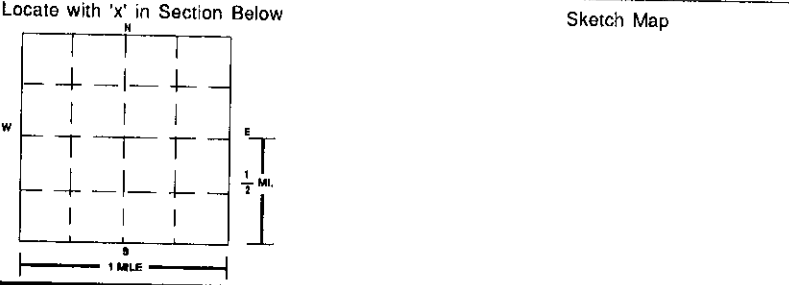
Section No. **23**

Town No. **36 N**

Range No. **1 E**

Distance and Direction from Road Intersection
**1/8 mile South of Doriva Beach Road at
 3031 Cedar Beach Lane.**

Street Address & City of Well Location



3. OWNER OF WELL
 Address **Carl Snyder
 3031 Cedar Beach Lane
 Cheboygan, MI. 49721**

Address Same as Well Location Yes No

4. WELL DEPTH: **143** ft. Date Completed **12 / 11 / 97**
 New Well
 Replacement Well

5. Cable Tool Rotary Driven Dug
 Hollow Rod Auger/Bored Jetted

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public

7. CASING: Steel Threaded Welded
 Plastic Other

Height: Above ~~Surface~~ Surface: **2** ft
 Weight: **SDR21** lbs./ft.

Diameter: **5** in. to **139** ft. depth
8-3/4 in. to **143** ft. depth

BORE HOLE:
 Diameter: _____ in. to _____ ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
 Type **Stainless Steel** Diameter **4"**
 Slot/Gauze **10 slot** Length: **4"**
 Set Between **139** ft. and **141** ft.

FITTINGS: K-Packer Bremer Check
 Blank Above Screen **1 1/2** ft. Other _____

9. STATIC WATER LEVEL:
 _____ ft. Below Land Surface Flowing **5 GPM**

10. PUMPING LEVEL: Below Land Surface
143 ft. After **1** hrs. Pumping at **25** G.P.M.
 Plunger Bailer Air Test Pump

11. WELL HEAD COMPLETION:
 Pitless Adapter **1"** Above Grade **24"**
 Basement Offset Well House

12. WELL GROUTED? No Yes From **120** to **0** ft.
 Neat Cement Bentonite Other _____
 No. of Bags **See Remarks** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **Septic** Distance **50+** ft. Direction **South**
 Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name **Completed by Others**
 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
Swamp Muck	2'	2'
Sand	2'	4'
Soft Clay	16'	20'
Sand & Gravel	5'	25'
Clay	4'	29'
Coarse Gravel	5'	34'
Hardpan	2 1/2'	36 1/2'
Clay & Sand streaks	13 1/2'	50'
Medium Fine Sand	4'	54'
Clay	77'	131'
Sandy Clay & Sand streaks	6'	137'
Medium Fine Sand	6'	143'

15. ABANDONED WELL LOGGED? Yes No **In Use**
 Casing Diameter _____ in. Depth _____ ft.
 Neat Cement Bentonite Slurry
 Concrete Grout Bentonite Chips
 No. of Bags _____ Casing Removed? Yes No

16. REMARKS: (Elevation, Source of Data, etc.)
10' - 40': 15 Bags Neat Cement Grout
40' - 0': 5 Bags Bentonite/EZ Mud Grout.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name _____

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.
RAMSBY DRILLING, INC. #16-2031
 REGISTERED BUSINESS NAME **1865 South Straits Hwy.** REGISTRATION NO.
 Address **Indian River, MI 49749**
 Signed *Michael L. Ramsby* Dec 17, 1997
 AUTHORIZED REPRESENTATIVE

RECEIVED
 DEPT OF ENVIRONMENTAL QUALITY
 JAN 02 1998
 Michigan Department of Environmental Quality
 Water Protection Division
 Construction Section
 WELLS CONSTRUCTION UNIT

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

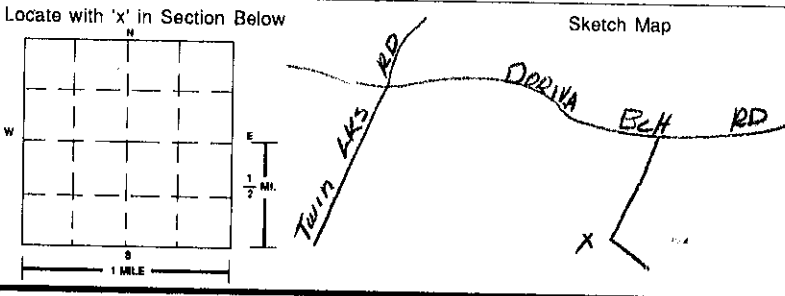
TAX NO:

PERMIT NO:

1. LOCATION OF WELL
County Cheboygan

Township Name Grant Fraction NE 1/4 Section No. 23 Town No. 36N Range No. 1E

Distance and Direction from Road Intersection
Approx 2 miles from corner of Twin Lakes Rd and Doriva Beach Rd.
Street Address & City of Well Location



3. OWNER OF WELL
Address **Donald Closser**
3189 Doriva Beach Road
Cheboygan MI
Address Same as Well Location Yes No

4. WELL DEPTH: 35 ft. Date Completed 8/6/96
 New Well
 Replacement Well

5. Cable Tool Rotary Driven Dug
 Hollow Rod Auger/Bored Jetted

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public

7. CASING: Steel Threaded Plastic Welded
 Other
Height: Above/Below Surface: 1+ ft.
Diameter: 5 in. to 32 ft. depth **SDR-21** Weight: _____ lbs./ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: 8 in. to bottom ft. depth

8. SCREEN: Not Installed Gravel-Packed
Type Stainless Steel Diameter 3"
Slot/Gauze 15 Length: 4ft
Set Between 31 35 ft. and 40 35 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen 1 1/2 ft. Other _____

9. STATIC WATER LEVEL: ground level ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
bottom ft. After 1 hrs. Pumping at 11 G.P.M.
 Plunger Bailor Air Test Pump

11. WELL HEAD COMPLETION:
 Pitless Adapter 12" Above Grade
 Basement Offset Well House

12. WELL GROUTED? No Yes From 0 to 27 ft.
 Neat Cement Bentonite Other _____
No. of Bags 2 Additives 20oz EZ mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 70 ft. Direction NE
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Goulds
Model Number 10GS HP 1/2 Volts 115
Length of Drop Pipe 24 ft. Capacity _____ G.P.M.
TYPE: Submersible Jet Other 10
PRESSURE TANK:
Manufacturer's Name WellxTrol
Model Number 202 Capacity _____ Gallons 20

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	10	10'
Soft Clay	17	27'
Coarse Gravel	8	35'
Gravel with Hard Pan	5	40'
RECEIVED Mich. Dept. of Public Health SEP 18 1996 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWQS		
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 Joseph Antkoviak (helper-Joe)

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.
NORTHERN DRILLING INC 16-2002
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 8750 Church Rd Cheboygan MI 49721
Signed Joe Antkoviak Date 8-29-96
AUTHORIZED REPRESENTATIVE

249

GEOLOGICAL SURVEY NO.

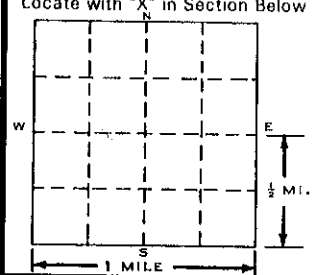
WATER WELL AND PUMP RECORD

PERMIT NUMBER 0823

1 LOCATION OF WELL
County: Cheboygan, Township Name: Grant, Fraction: NE 1/4 NW 1/4 NE 1/4, Section Number: 23, Town Number: 36, Range Number: 1

Distance And Direction From Road Intersection: 1/8 mile SOUTH OF Doriva Beach Rd at 3031 Cedar Beach Lane

Street Address & City of Well Location: 3031 Cedar Beach Lane, Cheboygan MI 49721



3 OWNER OF WELL: Carl Snyder, Address: 939 Raymond St, Ann Arbor MI 48103

4 WELL DEPTH: (completed) ft., Date of Completion

5 Cable tool, Rotary, Driven, Dug, Hollow rod, Auger, Jetted

6 USE: Domestic, Type I Public, Type II Public, Type III Public, Irrigation, Heat pump, Test Well

7 CASING: Diameter, Steel, Plastic, Threaded, Welded, Height: Above/Below, Surface, Weight, Drive Shoe

Table with 3 columns: FORMATION DESCRIPTION, THICKNESS OF STRATUM, DEPTH TO BOTTOM OF STRATUM. Includes a vertical stamp: MAR 04 1998

8 SCREEN: Not Installed, Type, Diameter, Slot/Gauze, Length, Set between, FITTINGS: K-Packer, Lead Packer, Bremer Check

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

10 PUMPING LEVEL: below land surface, 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 to ft., Neat cement, Bentonite, Other

13 Nearest source of possible contamination: Type, Distance, Direction, Well disinfected upon completion?

14 PUMP: Not Installed, Pump Installation Only, Manufacturer's name: Goulds, Model number: 136510422, HP: 1, Volts: 230, Length of Drop Pipe: 100 ft., capacity: 20 G.P.M., TYPE: Submersible, Jet, PRESSURE TANK: Manufacturer's name: Well-X-Trol, Model number: WX-252, Capacity: 86 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. Jim's Handyman & Repair Service Inc, 161582, Address: 4247 Mullett Burt, Signed: James H. Swan, Date: 2/27/98

Authority: Act 368 PA 1978, Completion: Required, Penalty: Conviction of a violation of any provision is a misdemeanor.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

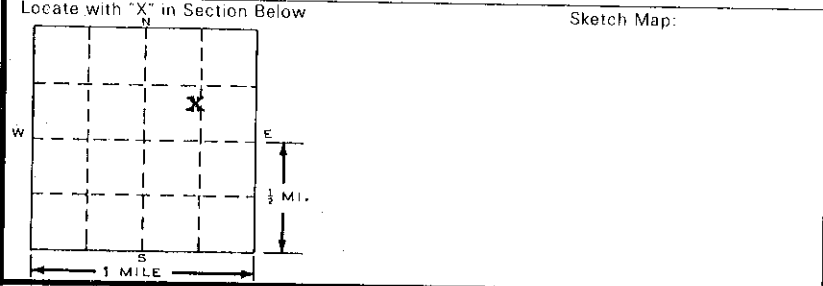
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1 LOCATION OF WELL			
County Cheboygan	Township Name Grant	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 23 Town Number 36 Range Number 1 E/W

Distance And Direction From Road Intersection
off Doriva Beach Rd. on Bluffs Rd. in a sub called SunSet Bluffs

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

3 OWNER OF WELL:
Mark Schultz
 Address **9114 Frederick Lovonia, MI 48150**
 Address Same As Well Location? Yes No



4 WELL DEPTH: **80** FT. Date Completed **7 20 94** New Well
 Replacement Well

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	14	14
Soft clay	2.5	16.5
Sand, gravel,	4.5	21
Clay	51	72
Sand and gravel	8	80

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 Height: Above/Below Surface **1** ft.
 Plastic Welded Weight _____ lbs./ft.
5 in. to **76** ft. depth
 _____ in. to _____ ft. depth
 Grouted Drill Hole Diameter **77/8** to **76** ft. depth
 _____ in. to _____ ft. depth
 Drive Shoe Yes No

8 SCREEN: Not Installed
 Type **S.S.** Diameter **4"**
 Slot Size **12** Length **4'**
 Set between **76** ft. and **80** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

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

10 PUMPING LEVEL: below land surface
80 ft. after **2** hrs. pumping at **60** 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 **76** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

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

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **Myers**
 Model number **RM2N5112** HP **1/2** Volts **115**
 Length of Drop Pipe **42** ft. capacity **12** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **X-trol**
 Model number **202** Capacity **40** Gallons

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

17. Rig Operator's Name:
Andrew Keiser

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 Drlg, Inc **1156**
REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **2219 Levering RD, Cheboygan, mi**
 Signed *David L. Keiser* Date **7-20-94**
AUTHORIZED REPRESENTATIVE

RECEIVED
 MICH. DEPT. OF PUBLIC HEALTH
 JUL 26 95
 BUREAU OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

SEP 17 1970

1 LOCATION OF WELL

County: Cheboygan Twp.: Grant Fraction: N.E. 1/4 S.E. 1/4 N.E. 1/4 Section No.: 23 Town: 36 N Range: 1 E/W.

Distance And Direction from Road Intersections: Cedar Lane Road.

OWNER No. _____

3 OWNER OF WELL: David Wilbur
Address: 175 Large Troy Mich, 48090

Street address & City of Well Location

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
<u>sand</u>	<u>8</u>	<u>8</u>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
<u>Soft Clay</u>	<u>10</u>	<u>18</u>	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
<u>hard clayt soft clay</u>	<u>148</u>	<u>146</u>	7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> <u>4</u> in. to _____ ft. Depth Height: Above/Below surface <u>12</u> ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			8 SCREEN: Type: <u>none</u> Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
			9 STATIC WATER LEVEL <u>artesian</u> _____ ft. below land surface
			10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping <u>100</u> g.p.m. _____ ft. after _____ hrs. pumping <u>100</u> g.p.m.
			11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>0.5</u> Chlorides (Cl) <u>12.5</u> Hardness <u>1</u>
			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 checked="" 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 <u>100</u> feet <u>S</u> Direction <u>Septic</u> Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			15 PUMP: Manufacturer's Name _____ Model Number _____ HP _____ 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.

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.

Chester Johnston & Sons 0080
REGISTERED BUSINESS NAME REGISTRATION NO.

Address: Ann Arbor Mich.
Signed: Chester Johnston Date: aug. 1970
AUTHORIZED REPRESENTATIVE