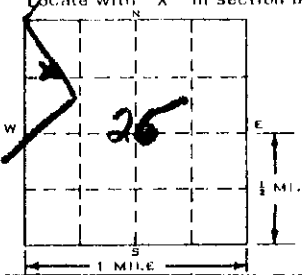


WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Chippewa	Township Name Trout Lake	Fraction 25 1/4 NW 1/4 NW 1/4	Section Number 25	Town Number 44	Range Number 6 SW
Distance And Direction from Road Intersections			Address Trout Lake Mich		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion 278 ft. Jan 69		
Locate with "X" in section below			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 <input type="checkbox"/>		
Sketch Map: 			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"/>		
2 FORMATION			7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/below Surface 1 1/2 ft. Weight 1 1/2 lbs./ft.		
			4 in. to 278 ft. Depth in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Sand			8 SCREEN:		
Sand + mud			Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.		
Sand + Gravel			Fittings: _____		
			9 STATIC WATER LEVEL 10 ft. below land surface		
			10 PUMPING LEVEL below land surface 12 ft. after _____ hrs. pumping 6 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: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			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.		
			14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Goulds Model Number UE14 HP 1/2 Volts 230 Length of Drop Pipe 20 ft. capacity 76 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <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. Loose's Well Drill 0917 REGISTERED BUSINESS NAME REGISTRATION NO. Address Fibre, Mich Signed Louise Meyer Date 5/10/70 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER MB

1 LOCATION OF WELL

County Chippewa Township Name Trout Lake Fraction NE 1/4 Sec 25 Section Number 25 Town Number 44 Range Number 6 E

Distance And Direction From Road Intersection _____

Street Address & City of Well Location _____

Locate with "X" in Section Below

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sand</u>	<u>50</u>	<u>50</u>
<u>Sand & clay</u>	<u>10</u>	<u>60</u>
<u>Sand</u>	<u>32</u>	<u>92</u>

3 OWNER OF WELL: John K & m Now
Address 304 1185 Mackinac Island
Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) 92 ft. Date of Completion 6-11-82

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 4 in. to _____ ft. depth
 Steel Threaded Welded
 Plastic _____
Grouted Drill Hole Diameter _____ in. to _____ ft. depth
Drive Shoe Yes No

8 SCREEN: Not Installed
Type plastic Diameter 4
Slot/Gauge 12 Length 10
Set between 82 ft. and 92 ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen 3 ft. Other _____

9 STATIC WATER LEVEL: 40 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
40 ft. after 2 hrs. pumping at 8 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 _____ to _____ ft.
 Neat cement Bentonite Other _____
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination none
Type _____ Distance _____ ft. Direction _____
Well disinfected upon completion? Yes No

14 PUMP Not Installed Pump Installation Only
Manufacturer's name Goold
Model number 7EH HP 1/2 Volts 230
Length of Drop Pipe 44 ft. capacity 8 G.P.M.
TYPE: Submersible Jet
PRESSURE TANK:
Manufacturer's name well & tool
Model number 202 Capacity 20 Gallons

15. Remarks, elevation, source of data, etc.
H 266

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.
Louie's well Drilling 0917
REGISTERED BUSINESS NAME REGISTRATION NO.
Address Fibria MI
Signed Louie Muff Date 10-10-82
AUTHORIZED REPRESENTATIVE