

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

20-041-003-004-080 18514

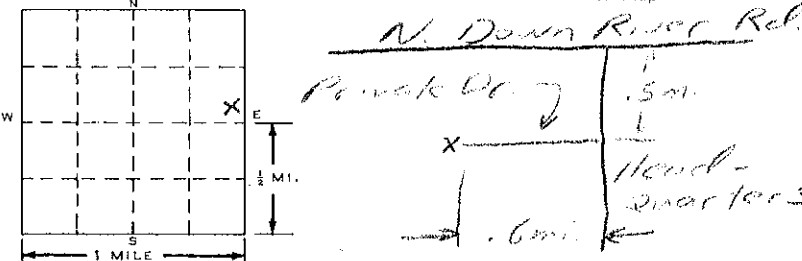
| | | | | | |
|---------------------------|----------------------------------|---|-----------------------------|------------------------------|-------------------------------|
| 1 LOCATION OF WELL | | | | | |
| County <i>Crawford</i> | Township Name <i>Grayling</i> | Fraction <i>SE 1/4 SE 1/4 NW 1/4</i> | Section Number <i>03</i> | Town Number <i>26 N/8</i> | Range Number <i>03 E/W</i> |

Distance And Direction From Road Intersection
.5 mi. S. of N. Down River Rd. on Headquarters

Street Address & City of Well Location

Locate with "X" in Section Below

Sketch Map:



3 OWNER OF WELL:
 DeWayne Lammott
 Address *366 S. Headquarters Rd. Grayling, MI 49738*
 Address Same As Well Location? Yes No

4 WELL DEPTH: *42 FT.* Date Completed *05/26/93*
 New Well
 Replacement Well

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 Plastic Welded
 Height: Above/Below Surface *1* ft. Weight *11* lbs./ft.
 Diameter *4* in. to *36* ft. depth
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

| 2 FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|-------------------------|----------------------|----------------------------|
|-------------------------|----------------------|----------------------------|

| | | |
|-------------------------------|-----------|-----------|
| <i>Medium Sand</i> | <i>9</i> | <i>9</i> |
| <i>Medium Sand & Clay</i> | <i>11</i> | <i>20</i> |
| <i>Medium Coarse Sand</i> | <i>22</i> | <i>42</i> |

8 SCREEN: Not Installed
 Type *Cent. Slot* Diameter *3" Pipe Size*
 Slot/Gauge *15 PVC* Length *60"*
 Set between *36* ft. and *42* ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen *2* ft. Other _____

9 STATIC WATER LEVEL:
9 ft. below land surface 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: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From *4* to *9* ft.
 Neat cement Bentonite Other *EZ-Bond*
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type *Septic* Distance *70* ft. Direction *SE*
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name *Goulds*
 Model number *DEF 5512 HP 1/2* Volts *230*
 Length of Drop Pipe *26* ft. capacity *15* G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name *Well-Rite*
 Model number *PC-66* Capacity *74 DD* Gallons

RECEIVED
 Mich. Dept. of Public Health

USE A 2ND SHEET IF NEEDED

15. Remarks, elevation, source of data, etc. *SEP 8 1993*

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWQS

17. Rig Operator's Name:
Mike Sims & Steve Pocsing

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.
Tom's Well Drilling, 20-1608
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address *PO Box 98 Grayling, MI 49738*
 Signed *Harris R. Lammott* Date *06/16/93*
 AUTHORIZED REPRESENTATIVE

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



JAN 12 1971

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | |
|---|----------------------------------|--|
| 1 LOCATION OF WELL | | |
| County Crawford | Township Name Grayling | Fraction SW 1/4 SE 1/4 SE 1/4 |
| | | Section Number 3 |
| | | Town Number 26 N |
| | | Range Number 2 W |
| Distance And Direction from Road Intersections 1 9/10 mile E. of Stephan Rd. 3/10 mile E. of Shaw Park Rd. 1/10 mile N. of Private Rd. Street address & City of Well Location | | |
| Locate with "X" in section below | | Sketch Map: |
| 3 OWNER OF WELL: Bob Franklin Address 701 Park Rd. Jackson, Mich. 49203 | | |
| 4 WELL DEPTH: (completed) 86 ft. Date of Completion Aug 21, 70 | | |
| 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 | | |
| 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 | | |
| 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 8 1/2 ft. Depth Height: None /Below Surface 4' ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| 2 FORMATION | | THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM |
| Red Clay | | 6 6 |
| Blue Clay | | 64 70 |
| Sand + Streaks of Clay | | 10 80 |
| Red Sand w/ water | | 6 86 |
| 8 SCREEN: Type: SS, Slotted Dia.: 3" Slot/Gauge 10 Length 4" Set between 81 ft. and 86 ft. Fittings: 24x3" leader K. Packer - 3" Plug. | | |
| 9 STATIC WATER LEVEL 9 ft. below land surface | | |
| 10 PUMPING LEVEL below land surface 9 ft. after 1 hrs. pumping 20 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 Depth: From _____ ft. to _____ ft. | | |
| 14 Nearest Source of possible contamination 60 feet N Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Rapidayton Model Number 5P215 HP 1/2 Volts 220 Length of Drop Pipe 65 ft. capacity 20 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating | | |
| 16 Remarks, elevation, source of data, etc. ADDED INFO BY: _____ *CORRECTED BY: _____ **ADDITION ***: _____ | | 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. Jim's Well Drilling & Pump Serv. 0704 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 233 Grayling, Mich. 49738 Signed Date 1-2-71 AUTHORIZED REPRESENTATIVE |



WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

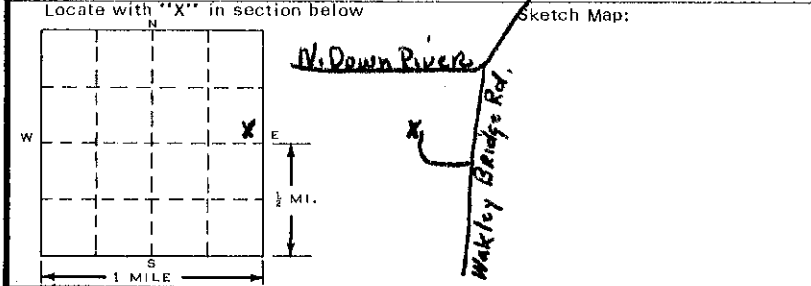
OF
PUBLIC HEALTH

1 LOCATION OF WELL

| | | | | | |
|---------------------------|----------------------------------|---|----------------------------|--------------------------------|-------------------------------|
| County Crawford | Township Name Grayling | Fraction SE 1/4 SE 1/4 NE 1/4 | Section Number 3 | Town Number 26 N 1/2 | Range Number 2 E/W. |
|---------------------------|----------------------------------|---|----------------------------|--------------------------------|-------------------------------|

Distance And Direction from Road Intersections
1/2 mile S. of N. Down River
300 FT W. of Wakley Bridge Rd
200 FT N.

Street address & City of Well Location



3 OWNER OF WELL: **Gehroke and Sons,**
 Address **Mrs Jerry Gritch,**
5744 Rt. Box 154
Grayling, Mich. 49738

4 WELL DEPTH: (Completed) **72** ft. Date of Completion **Sept 15, 69**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

6 USE: Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well

7 CASING: Threaded Welded Height: Above/Below
 Diam. _____ Surface **1** ft.
2 in. to **68** ft. Depth Weight **3.75** lbs./ft.
 _____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION

| FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|----------------------------|----------------------|----------------------------|
| Red Sand. | 8 | 8 |
| Red Clay | 7 | 15 |
| Redish Sand | 25 | 40 |
| Blue Clay | 25 | 65 |
| Redish Sand w/water | 7 | 72 |

8 SCREEN:
 Type **S.S. Gauze Wrap.** Dia.: **1 1/4"**
~~60~~ Gauze **60** Length **48 X 42**
 Set between **68** ft. and **72** ft.
 Fittings: **16" leader**
Bremmer Check.

9 STATIC WATER LEVEL **40** ft. below land surface

10 PUMPING LEVEL below land surface
40 ft. after **1** hrs. pumping **10** 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: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination **Not In**
 _____ feet _____ Direction _____ Type
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name **Rapidayton**
 Model Number **SE2** HP **1/2** Volts **110**
 Length of Drop Pipe **60** ft. capacity **8** G.P.M.
 Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM NO. _____

CORRECTED BY: _____

MODIFICATION 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.
Jim's Well Drilling + Pump Serv. 0704
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 233 Grayling, Mich. 49738,**
 Signed **James Starns** Date **12/12/69**
 AUTHORIZED REPRESENTATIVE

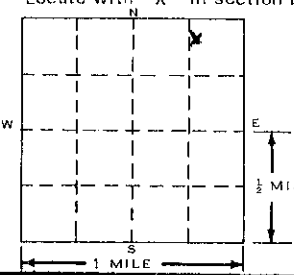
MAR 10 1970

JAN 18 1978

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

| | | | |
|---|--|---|--|
| 1 LOCATION OF WELL | | County <u>Crawford</u> Township <u>Shayline</u> Fraction <u>NW 1/4 NE 1/4</u> Section Number <u>3</u> Town Number <u>26 N.B.</u> Range Number <u>2 E.W.</u> | |
| Distance And Direction from Road Intersection <u>.2 mile W of Wabekley Rd lane .1 mile South of North Down River Rd.</u> | | 3 OWNER OF WELL: <u>Robert Srudzian</u> Address <u>R#2 Box 3056B</u> <u>Shayline, Mi 49738</u> | |
| Street address & City of Well Location Locate with "X" in section below | | 4 WELL DEPTH: (completed) <u>75</u> ft. Date of Completion <u>May 29, 1977</u> | |
| Sketch Map:  | | 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> | |
| 2 FORMATION | | 6 USE: <input 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"/> | |
| <u>red sand + gravel</u> | | 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. <u>2</u> in. to <u>71</u> ft. Depth Weight <u>3.75</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| <u>red sand + water</u> | | 8 SCREEN: Type: <u>fluted point</u> Dia.: <u>1 1/4"</u> <u>60 SS</u> Length <u>42" x 48"</u> Set between <u>71</u> ft. and <u>75</u> ft. Fittings: <u>brass check & leader</u> | |
| THICKNESS OF STRATUM | | 9 STATIC WATER LEVEL <u>54</u> ft. below land surface | |
| DEPTH TO BOTTOM OF STRATUM | | 10 PUMPING LEVEL below land surface <u>no test</u> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. | |
| <u>54</u> | | 11 WATER QUALITY in Parts Per Million: <u>no test</u> Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____ | |
| <u>21</u> | | 12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade | |
| <u>75</u> | | 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 <u>50</u> feet <u>W</u> Direction <u>Septic</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | 15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <u>Rapidayton</u> Model Number <u>722</u> HP <u>3/4</u> Volts <u>220</u> Length of Drop Pipe <u>53</u> ft. capacity <u>8</u> G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating | |
| USE A 2ND SHEET IF NEEDED | | 16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <u>SKK</u> **ADDITION BY ELEVATION DEPTH TO ROCK | |
| | | 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. <u>Jim's Well Drilling</u> <u>1608</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>P.O. Box 98, Shayline, Mi 49738</u> Signed <u>Harris L. Carlson</u> Date <u>Oct 12, 1977</u> AUTHORIZED REPRESENTATIVE | |

MAY 23 1990



WATER WELL RECORD

ACT 294 PA 1965

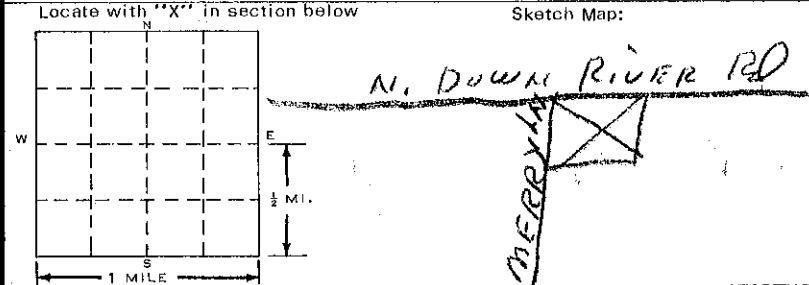
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

| | | | | | |
|---------------------------|----------------------------------|---------------------------|----------------------------|-------------------------------|-------------------------------|
| County CRAWFORD | Township Name GRAYLING | Fraction NE 1/4 | Section Number 3 | Town Number 26 N/B. | Range Number 2 E/W. |
|---------------------------|----------------------------------|---------------------------|----------------------------|-------------------------------|-------------------------------|

Distance And Direction from Road Intersections
100 ft. S. N. DOWN RIVER RD.
60 ft. E. MERRY LN. **LOT #6**
 Street address & City of Well Location
WAKELEY WOODS

3 OWNER OF WELL:
SHELDON STITES
 Address **Box 3057 RT 3**
GRAYLING MI



4 WELL DEPTH: (completed) **56** ft. **Date of Completion** **1 Oct 1979**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

6 USE: Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well

7 CASING: Threaded welded Height: Above/Below
 Diam. Surface **5** ft.

2 in. to **53** ft. Depth Weight **325** lbs./ft.
 ___ in. to ___ ft. Depth Drive Shoe? Yes No

2 FORMATION

| FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|------------------------------------|----------------------|----------------------------|
| Sand & gravel | 40 | 40 |
| Sand & gravel / w water | 16 | 56 |

8 SCREEN:
 Type: **S.S.** Dia.: **1 1/4"**
 Slot/Gauze **60gr.** Length **36"**
 Set between **50** ft. and **56** ft.
 Fittings: **RK. TYPE**

9 STATIC WATER LEVEL
40 ft. below land surface

10 PUMPING LEVEL below land surface
40 ft. after **3** hrs. pumping **12** 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: Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No.
 Neat Cement Bentonite
 Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
60 feet **5** Direction **Septic** Type
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name **Burks**
 Model Number **5 HVA** HP **1/2** Volts **230**
 Length of Drop Pipe **42** ft. capacity **8** G.P.M.
 Type: Submersible Reciprocating

16 Remarks, elevation, source of data, etc.
ADDED INFO BY DRILLER, ITEM NO.
***CORRECTED BY** *Sup*
****ADDITION BY**
ELEVATION
DEPTH TO ROCK

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.
Wadenburg's Well Drilling #0389
REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **Box 2567 Grayling, MI**
 Signed *Donald W. Wadenburg* Date **1 Oct 1979**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

| | | | |
|--|-------------------------|--|-------------------------|
| 1 LOCATION OF WELL | | | |
| County CRAWFORD | Twp. Grayling | Fraction SE 1/4 SE 1/4 | Section No. 3 |
| | | Town 26 N | Range 2 W |
| Distance And Direction from Road Intersections From Stephan Rd N. Turn E. on Shaw Rd. Go straight to River. Do not take turn going N. Enter Private Rd at Turn & continue to End. | | | |
| | | 3 OWNER OF WELL: Victor Hill Address 785 Backline Saginaw Mich 48603 OWNER No. 15 | |
| 2 FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | |
| Wh. Sand & Gravel w/water | 10 | 10 | |
| Blue Clay | 15 | 25 | |
| Red Sandy Clay | 5 | 30 | |
| Red Water Sand. | 5 | 35 | |
| 4 WELL DEPTH: (completed) 35 ft. Date of Completion 4-23-68 | | | |
| 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"/> _____ | | | |
| 7 CASING: Diam. 2 in. to 31 ft. Depth <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below surface 1 ft. Weight 3.75 lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 8 SCREEN: Type: Gauze Wrap Dia.: 1 1/4 Slot/Gauze 60 Length 42 x 48 Set between 31 ft. and 35 ft. Fittings: Bremmer Check. | | | |
| 9 STATIC WATER LEVEL 4 ft. below land surface | | | |
| 10 PUMPING LEVEL below land surface 4 ft. after 1 hrs. pumping 10 g.p.m. _____ ft. after _____ hrs. pumping _____ 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: S Nearest Source of possible contamination 50 feet S Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 15 PUMP: Not Installed. Manufacturer's Name _____ 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. ADDED INFO. BY DRILLER, ITEM NO. map *CORRECTED BY: **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. Jim's Well Drilling & Pump Ser 0704 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 233 Grayling, Mich 49735 Signed James J. Stearns Date 4-27-68 AUTHORIZED REPRESENTATIVE | |

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD
040003016220

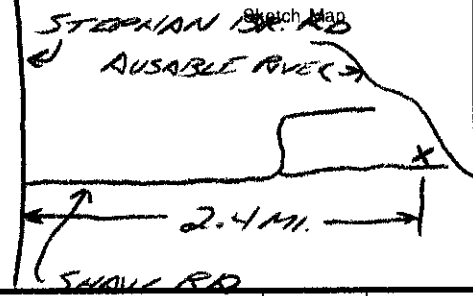
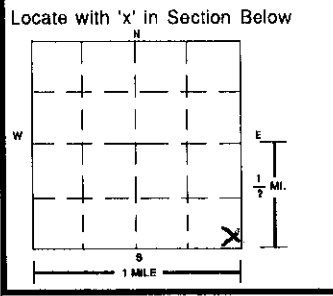
PERMIT NO: 21115

1. LOCATION OF WELL
County
Crawford

Township Name
GRAYLING 26-2
Fraction
5/4
Section No.
03
Town No.
26
Range No.
02

Distance and Direction from Road Intersection
SHAW RD 2.4 MILES EAST OF STEPHAN
BRIDGE RD IS LAST PLACE ON LEFT.

Street Address & City of Well Location



| 2. FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|-----------------------------|----------------------|----------------------------|
| SAND & CLAY MIX | 10 | 10 |
| CLAY | 32 | 42 |
| FINE SAND & SLIGHT CLAY MIX | 15 | 57 |

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 MIKE SIMS
STEVE PERSING

3. OWNER OF WELL
Address
ADELINE EVERHARDUS
%JIM'S WELL DRILLING
GRAYLING, MI 49738
Address Same as Well Location Yes No

4. WELL DEPTH: _____ ft. Date Completed 08/31/94
 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: _____ ft.
Diameter: _____ 4 in. to _____ 48 ft. depth Weight: _____ 11 lbs./ft.
_____ in. to _____ ft. depth
BORE HOLE: _____ 4 in. to _____ 55 ft. depth
_____ in. to _____ ft. depth Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type CONTINUOUS SLOT Diameter 3"
Slot/Gauge 15 PVC Length: 60"
Set Between 48 ft. and 54 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen 2 ft. Other _____

9. STATIC WATER LEVEL: _____ 16 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface _____ ft. After _____ hrs. Pumping at _____ 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 _____ to _____ ft.
 Neat Cement Bentonite dry Other _____
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type SEPTIC (FRANK) Distance 50+ ft. Direction E
Type SEPTIC (DRAIN FIELD) Distance 50+ ft. Direction WNW

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name GOULDS
Model Number DEJ55V02 HP 1/2 Volts 230
Length of Drop Pipe 30 ft. Capacity 15 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name WELL-RITE
Model Number PC-66 Capacity 20 Gallons 26

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.
JIM'S WELL DRILLING 20-1628
REGISTERED BUSINESS NAME REGISTRATION NO.
Address RD Box 98 GRAYLING, MI 49738
Signed Steve Persing Date SEPT 21 94
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

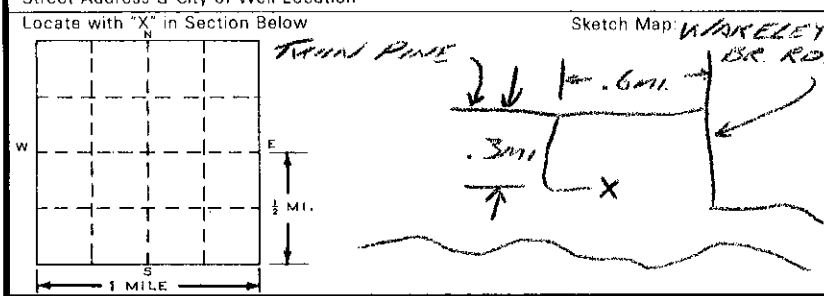
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|--|--|--|--|

PERMIT NUMBER **20254**

| | | | | | |
|---------------------------|---------------------------------------|--------------------------------|-----------------------------|------------------------------|-------------------------------|
| 1 LOCATION OF WELL | | | | | |
| County Crawford | Township Name GRAYLING 26-2 | Fraction 1/4 1/4 1/4 | Section Number 03 | Town Number 26 N/S | Range Number 02 E/W |

Distance And Direction From Road Intersection
SPITE AVENUE / WAKELEY BR. RD. TO TRAIL PINE RD THEN WEST .6 MILES TO PRIVATE DRIVE THEN SOUTH .3 MILES



3 OWNER OF WELL:
JIM & JEANNIE PRATT
 Address **% DAVE WYMAN BLDG. GRAYLING, MI 49738**

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION

| FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|---------------------------------|----------------------|----------------------------|
| MEDIUM SAND & STONES | 46 | 46 |

4 WELL DEPTH: **46 FT.**

Date Completed: **07/19/94**

New Well
 Replacement Well

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 Plastic Welded

Height: Above/Below Surface **1** ft.
 Weight **11** lbs./ft.

4 in. to **40** ft. depth

GROUTED DRILL HOLE DIAMETER: _____ in. to _____ ft. depth

Drive Shoe Yes No

8 SCREEN: Not Installed

Type **CONT. SLOT** Diameter **3"**
 Slot/Gauge **15 PVC** Length **60"**
 Set between **40** ft. and **46** ft.

FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2** ft. Other _____

9 STATIC WATER LEVEL: **19** ft. below land surface 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: 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

Type **SEPTIC** Distance **50+** ft. Direction **NE**

Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only

Manufacturer's name **GRUNDFOS**
 Model number **10505-9 HP 1/2** Volts **230**
 Length of Drop Pipe **30** ft. capacity **15** G.P.M.
 TYPE: Submersible Jet

PRESSURE TANK:
 Manufacturer's name **WELL-X-TROL**
 Model number **WX-203** Capacity **12.2** Gallons

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

17. Rig Operator's Name:
STEVE PERSING & MIKE SIMS

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 WELL DRILLING 20-1608
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address **RR 130 98 GRAYLING, MI 49738**

Signed **Heller C. Carlson** Date **AUG 08, 94**
 AUTHORIZED REPRESENTATIVE

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

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

04584000004

21192

1. LOCATION OF WELL

County Crawford Township Name Grayling (26-2) Fraction 1/4 1/4 1/4 Section No. 03 Town No. 26 Range No. 02

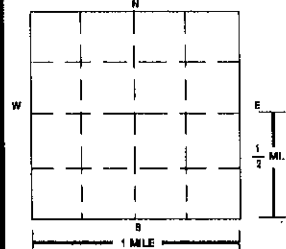
Distance and Direction from Road Intersection

SHAW PARK FOUR (4)

Street Address & City of Well Location

Locate with 'x' in Section Below

Sketch Map



2. FORMATION DESCRIPTION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

| FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|---------------------------------------|----------------------|----------------------------|
| <u>Course gravel</u> | <u>8</u> | <u>8</u> |
| <u>clay</u> | <u>37</u> | <u>45</u> |
| <u>SAND med to fine water bearing</u> | <u>15</u> | <u>60</u> |

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MICH. DEPT. OF PUBLIC HEALTH
JUL - 3 95
BUREAU OF ENVIRONMENTAL
AND OCCUPATIONAL HEALTH

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 _____

3. OWNER OF WELL

Address WILLIAM KEATING
GRAYLING WATER WELLS
GRAYLING, MI 49738
Address Same as Well Location Yes No

4. WELL DEPTH: 60 ft. Date Completed 11-8-94 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: 4 in. to 55 ft. depth Weight: 11 lbs./ft.
_____ in. to _____ ft. depth

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

8. SCREEN: Not Installed Gravel-Packed
Type PVC Diameter 4"
Slot/Gauze 10 Length: 5
Set Between 55 ft. and 60 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen 2 ft. Other _____

9. STATIC WATER LEVEL: 18 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface 26 ft. After 3 hrs. Pumping at 14 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 30 ft.
 Neat Cement Bentonite Other _____
No. of Bags 4 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 55 ft. Direction N
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name _____
Model Number Bustlar HP 1/2 Volts 230
Length of Drop Pipe 40 ft. Capacity 12 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name Challenger
Model Number PC66 Capacity 42 Gallons

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.

Grayling Water Wells 201870
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 1860 Hillside Farm Rd. Grayling

Signed William Beard Date 11-11-94
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | | | | | | |
|---|--|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-------------------------------------|--|--------------------------------|--------------------------|
| 1 LOCATION OF WELL | | | | | | | | | | |
| County CRAWFORD | Twp. Grayling | Fraction SE 1/4 NE 1/4 NE 1/4 | | | | | | | | |
| | | Section No. 3 | | | | | | | | |
| | | Town 26 N 1/2 | | | | | | | | |
| | | Range 2 W. | | | | | | | | |
| Distance And Direction from Road Intersections NORTH Down River Rd. Then S. on Wakley Rd. 1/4 mile. Double Trailer House On West Side of Road. | | | | | | | | | | |
| OWNER No. 58 | | 3 OWNER OF WELL: GARRY THORN. | | | | | | | | |
| Street address & City of Well Location | | Address 308 S. PROSPECT, Ypsilante Mich. | | | | | | | | |
| 2 FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | | | | | | | | |
| Red Sand | 30 | 30 | | | | | | | | |
| Red Sand + Gravel | 30 | 60 | | | | | | | | |
| Red Water Sand. | 15 | 75 | | | | | | | | |
| 4 WELL DEPTH: (completed) 75 ft. Date of Completion 7-22-68 | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Cable tool</td> <td style="width: 33%;"><input type="checkbox"/> Rotary</td> <td style="width: 33%;"><input type="checkbox"/> Driven</td> <td><input type="checkbox"/> Dug</td> </tr> <tr> <td><input type="checkbox"/> Hollow rod</td> <td><input checked="" type="checkbox"/> Jetted</td> <td><input type="checkbox"/> Bored</td> <td><input type="checkbox"/></td> </tr> </table> | | | <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"/> |
| <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"/> | | | | | | | | | | |
| 7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> | | | | | | | | | | |
| 2 in. to 20 ft. Depth | | Height: Above/Below surface 1 ft. | | | | | | | | |
| _____ in. to _____ ft. Depth | | Weight 3.75 lbs/ft. | | | | | | | | |
| Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 8 SCREEN: | | | | | | | | | | |
| Type: Gauze Dia.: 1 1/4 | | | | | | | | | | |
| Slot/Gauze: 60 Length 48 X 42 | | | | | | | | | | |
| Set between 70 ft. and 75 ft. | | | | | | | | | | |
| Fittings: Bremmer Check. | | | | | | | | | | |
| 9 STATIC WATER LEVEL | | | | | | | | | | |
| 60 ft. below land surface | | | | | | | | | | |
| 10 PUMPING LEVEL below land surface | | | | | | | | | | |
| 60 ft. after 1 hrs. pumping 10 g.p.m. | | | | | | | | | | |
| _____ ft. after _____ hrs. pumping _____ 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: NOT Installed. | | | | | | | | | | |
| Nearest Source of possible contamination | | | | | | | | | | |
| 50 feet S Direction Septic Type | | | | | | | | | | |
| Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 15 PUMP: | | | | | | | | | | |
| Manufacturer's Name Monitor Hand Pump. | | | | | | | | | | |
| 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: | | | | | | | | |
| ADDED INFO. BY DRILLER, ITEM NO. | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | | | | | | | |
| CORRECTED BY: | | Jim's Well Drilling + Pump Ser 0704 | | | | | | | | |
| **ADDITION BY: | | REGISTERED BUSINESS NAME REGISTRATION NO. | | | | | | | | |
| | | Address Box 233 Grayling, Mich. 49738 | | | | | | | | |
| | | Signed James Stearns Date 7-31-68 | | | | | | | | |
| | | AUTHORIZED REPRESENTATIVE | | | | | | | | |

WATER WELL AND PUMP RECORD

| | | | | | | | |
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| | | | | | | | |
|--|--|--|--|--|--|--|--|

PERMIT NUMBER

| 1 LOCATION OF WELL | | | | | | | | | | | | | | | | | |
|--|----------------------------------|---|----------------------|----------------------------|-------------|---|---|-----------------------------|---|----|-------------|----|----|---------------------|----|----|--|
| County CRAWFORD | Township Name GRAYLING | Fraction SE 1/4 NE 1/4 SW 1/4 | | | | | | | | | | | | | | | |
| Distance And Direction From Road Intersection 0.6 MI. W. OF WAKELEY RD. & 0.3 MI. S. OF PINE RD. ALONG A PRIVATE DRIVE | | Section Number 3 | | | | | | | | | | | | | | | |
| Street Address & City of Well Location | | Town Number 26 N | | | | | | | | | | | | | | | |
| Locate with "X" in Section Below | | Range Number 2 W | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Sketch Map:</p> </div> <div style="width: 50%;"> <p>3 OWNER OF WELL: RICHARD GAY Address 1141 S. ROSE ST. SUITE F KALAMAZOO, MI 49001 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> </div> </div> | | | | | | | | | | | | | | | | | |
| <p>4 WELL DEPTH: 48 FT. Date Completed MO. 12 DAY 10 YEAR 92</p> <p><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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/></p> | | <p><input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well</p> | | | | | | | | | | | | | | | |
| <p>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"/></p> | | <p>7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded Diameter 4 in. to 4 1/2 ft. depth Height: Above/Below Surface 1 ft. Weight 11 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> | | | | | | | | | | | | | | | |
| <p>2 FORMATION DESCRIPTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">FORMATION DESCRIPTION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>MEDIUM SAND</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COARSE SAND & 2"-6" COBBLES</td> <td style="text-align: center;">8</td> <td style="text-align: center;">10</td> </tr> <tr> <td>COARSE SAND</td> <td style="text-align: center;">10</td> <td style="text-align: center;">20</td> </tr> <tr> <td>COARSE SAND & WATER</td> <td style="text-align: center;">28</td> <td style="text-align: center;">48</td> </tr> </tbody> </table> | | FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | MEDIUM SAND | 2 | 2 | COARSE SAND & 2"-6" COBBLES | 8 | 10 | COARSE SAND | 10 | 20 | COARSE SAND & WATER | 28 | 48 | <p>8 SCREEN: <input type="checkbox"/> Not Installed Type CONT. SLOT Diameter 3" Slot/Gauge 15 PVC Length 60" Set between 43 ft. and 48 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 2 ft. Other _____</p> |
| FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | | | | | | | | | | | | | | | |
| MEDIUM SAND | 2 | 2 | | | | | | | | | | | | | | | |
| COARSE SAND & 2"-6" COBBLES | 8 | 10 | | | | | | | | | | | | | | | |
| COARSE SAND | 10 | 20 | | | | | | | | | | | | | | | |
| COARSE SAND & WATER | 28 | 48 | | | | | | | | | | | | | | | |
| <p>9 STATIC WATER LEVEL: 20 ft. below land surface <input type="checkbox"/> Flow</p> | | <p>10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.</p> | | | | | | | | | | | | | | | |
| <p>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</p> | | <p>12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 5 to 25 ft. APPROX <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____</p> | | | | | | | | | | | | | | | |
| <p>13 Nearest source of possible contamination Type SEPTIC Distance 65 ft. Direction W Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | <p>14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name GOULDS Model number 10EJ05422AP 1/2 Volts 230 Length of Drop Pipe 30 ft. capacity 15 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name WELL-RITE Model number R-66 Capacity 7.4 D.D. Gallons</p> | | | | | | | | | | | | | | | |
| <p>USE A 2ND SHEET IF NEEDED</p> | | <p>15. Remarks. elevation, source of data, etc.</p> | | | | | | | | | | | | | | | |
| <p>17. Rig Operator's Name: MIKE SIMS & STEVE PARSING</p> | | <p>16. WATER WELL CONTRACTOR'S CERTIFICATION 35-65 AS1 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. JIM'S WELL DRILLING 20-1608 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 98 GRAYLING, MI 49738 Signed Walter R. Carl Date 1-8-93 AUTHORIZED REPRESENTATIVE</p> | | | | | | | | | | | | | | | |

WATER WELL AND PUMP RECORD

PERMIT NUMBER

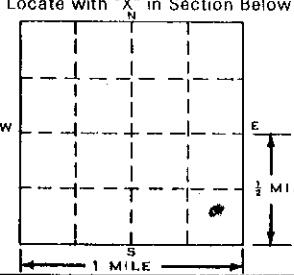
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| | | | | | |
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| | | |
|--|---------------------------------|---|
| 1 LOCATION OF WELL | | |
| County <i>Crawford</i> | Township Name <i>Mayling</i> | Fraction <i>SW 1/4 SW 1/4 SW 1/4</i> |
| Section Number <i>3</i> | | Town Number <i>24N/8</i> |
| Range Number <i>2 W</i> | | |
| Distance And Direction From Road Intersection <i>1.0 mile south of M-18 on Gardiner Tr. at the South Branch of the An Sable River</i> | | |
| Street Address & City of Well Location <i>11013 Gardiner Roscommon, MI 48653</i> | | |
| Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Locate with "X" in Section Below | Sketch Map: | |
| | | |
| 2 FORMATION DESCRIPTION | | |
| FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
| <i>Medium sand</i> | <i>5</i> | <i>5</i> |
| <i>Clay</i> | <i>2</i> | <i>7</i> |
| <i>Sand</i> | <i>3</i> | <i>10</i> |
| <i>Clay</i> | <i>3</i> | <i>13</i> |
| <i>Slightly Clayish sand + water</i> | <i>21</i> | <i>34</i> |
| <i>Clay + silt</i> | <i>21</i> | <i>55</i> |
| 3 OWNER OF WELL: <i>Alan Bromm</i> | | |
| Address <i>11013 Gardiner Roscommon, MI 48653</i> | | |
| Date Completed: <i>8/29/91</i> | | |
| WELL DEPTH: <i>34 FT.</i> | | |
| <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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> _____ | | |
| <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"/> _____ | | |
| 4 WELL DEPTH: <i>34 FT.</i> Date Completed: <i>8/29/91</i> <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well | | |
| 5 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter <i>4 in.</i> to <i>29 ft.</i> depth Height: Above/Below Surface <i>1 ft.</i> Weight <i>11 lbs./ft.</i> Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| 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 SCREEN: <input type="checkbox"/> Not Installed Type <i>Cent. Slot</i> Diameter <i>3"</i> Slot/Gauge <i>15 PVC</i> Length <i>60"</i> Set between <i>29 ft.</i> and <i>34 ft.</i> FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen <i>2 ft.</i> Other _____ | | |
| 8 STATIC WATER LEVEL: <i>6 ft.</i> below land surface <input type="checkbox"/> Flow | | |
| 9 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M. | | |
| 10 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 | | |
| 11 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <i>0</i> to <i>25</i> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <i>approx</i> No. of bags of cement _____ Additives _____ | | |
| 12 NEAREST SOURCE OF POSSIBLE CONTAMINATION: Type <i>Septic</i> Distance <i>60 ft.</i> Direction <i>W</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 13 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <i>Honda</i> Model number <i>10EJ05422</i> HP <i>1/2</i> Volts <i>230</i> Length of Drop Pipe <i>20</i> ft. capacity <i>15</i> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <i>Well-x-Trol</i> Model number <i>WX-250</i> Capacity <i>16</i> Gallions | | |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED Mich. Dept. of Public Health NOV 12 1991 </div> | | |
| 14 REMARKS, ELEVATION, SOURCE OF DATA, ETC. <i>Old 13ft deep well was abandoned & hole grouted</i> | | |
| 15 RIG OPERATOR'S NAME: <i>Mike Sims, Steve Persing</i> | | |
| 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>Swes's Well Drilling 20-1608</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>P.O. Box 98, Mayling, MI 49738</i> Signed <i>Harris R. Carlson</i> Date <i>9-24-91</i> AUTHORIZED REPRESENTATIVE | | |

WATER WELL AND PUMP RECORD

| | | | | | | | |
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PERMIT NUMBER

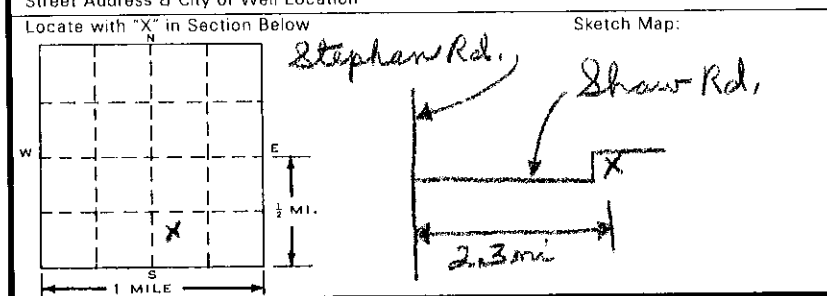
| | | |
|--|----------------------------------|--|
| 1 LOCATION OF WELL | | |
| County Crawford | Township Name Grayling | Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ 3 |
| Distance And Direction From Road Intersection End of Shaw Park Rd. 2 1/2 miles East of Stephan Blvd. | | Section Number 26 N 3 E/W |
| Street Address & City of Well Location End of Shaw Park Rd. 2 1/2 miles East of Stephan Blvd. | | Range Number 3 E/W |
| Locate with "X" in Section Below  | | 3 OWNER OF WELL: DAVE EASTMAN Address Grayling |
| Sketch Map: | | Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 FORMATION DESCRIPTION | | 4 WELL DEPTH: Date Completed <input checked="" type="checkbox"/> New Well 50 FT. 5 10 90 <input type="checkbox"/> Replacement Well |
| Peat | | 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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> |
| Sand with streaks of clay | | 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"/> |
| Clay Blue | | 7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Surface 1 ft. |
| Sand course | | 4 in. to 45 ft. depth Weight 11 lbs./ft. _____ in. to _____ ft. depth _____ in. to _____ ft. depth _____ in. to _____ ft. depth |
| | | Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | 8 SCREEN: <input type="checkbox"/> Not Installed Type PVC Diameter 4 Slot/Gauze 10 Length 5 Set between 45 ft. and 50 ft. |
| | | FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 1 ft. Other _____ |
| | | 9 STATIC WATER LEVEL: _____ ft. below land surface <input checked="" type="checkbox"/> Flow |
| | | 10 PUMPING LEVEL: below land surface Not test _____ 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 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 _____ |
| | | 13 Nearest source of possible contamination Type Septic Distance 80 ft. Direction S Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | 14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Red Jacket Model number _____ HP 1/2 Volts 230 Length of Drop Pipe 20 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: x trol Manufacturer's name _____ Model number 202 Capacity 6 Gallons |
| 15. Remarks, elevation, source of data, etc. | | 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. |
| 17. Rig Operator's Name: W Boone | | RECEIVED Mich. Dept. of Public Health AUG 22 1996 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS REGISTERED BUSINESS NAME: Grayling Well 201870 Address: 212 Box 2628 SIGNED: William Boone Date: 5-15-90 AUTHORIZED REPRESENTATIVE |

WATER WELL AND PUMP RECORD

| 1 LOCATION OF WELL | | | | | |
|---------------------------|----------------------------------|---|----------------------------|------------------------------|----------------------------|
| County <i>Crawford</i> | Township Name <i>Grayling</i> | Fraction <i>NW 1/4 SW 1/4 SE 1/4</i> | Section Number <i>3</i> | Town Number <i>26 N/8</i> | Range Number <i>2 W</i> |

Distance And Direction From Road Intersection
2.3 mile east of Stephan Rd along Shaw Rd. Lot 26 Shaw Park Sub.

Street Address & City of Well Location



3 OWNER OF WELL: *Ed Rivet*
Address *3072 West Birch Dr., Bay City, Mi 48706*
Address Same As Well Location? Yes No

4 WELL DEPTH: *47 FT.* Date Completed MO. *10* DAY *23* YEAR *90*
 New Well Replacement Well

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 Plastic Welded
4 in. to 42 ft. depth
Height: Above/Below Surface *1* ft.
Weight *11* lbs./ft.
Grouted Drill Hole Diameter
Drive Shoe Yes No

| 2 FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|----------------------------|----------------------|----------------------------|
| <i>Medium sand</i> | <i>4</i> | <i>4</i> |
| <i>Coarse gravel</i> | <i>1</i> | <i>5</i> |
| <i>Blue clay</i> | <i>10</i> | <i>15</i> |
| <i>Coarse gravel</i> | <i>1</i> | <i>16</i> |
| <i>Medium sand</i> | <i>4</i> | <i>20</i> |
| <i>Medium sand + water</i> | <i>10</i> | <i>30</i> |
| <i>Coarse sand + water</i> | <i>17</i> | <i>47</i> |

8 SCREEN: Not Installed
Type *Cont. Slot* Diameter *3"*
Slot/Gauge *15 PVC* Length *60"*
Set between *42* ft. and *47* ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen *2* ft. Other _____

9 STATIC WATER LEVEL: *20* ft. below land surface 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: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From *0* to *25* ft.
 Neat cement Bentonite Other *Approx*
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
Type *Septic* Distance *70* ft. Direction *NE*
Well disinfected upon completion? Yes No
Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name *Soulds*
Model number *10EJDS422* HP *1/2* Volts *230*
Length of Drop Pipe *30* ft. capacity *15* G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: Manufacturer's name *A. O. Smith*
Model number *V-60* Capacity *7.4* Gallons

RECEIVED
Mich. Dept. of Public Health
NOV 14 1990

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

17. Rig Operator's Name:
Mike Sims, Steve Persing

16. WATER WELL CONTRACTOR'S CERTIFICATION: *35-65 PSI Range*
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Jim's Well Drilling 20-1608
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *P.O. Box 98, Grayling, Mi 49738*
Signed *Hal's R. Cab...* Date *10-10-90*
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

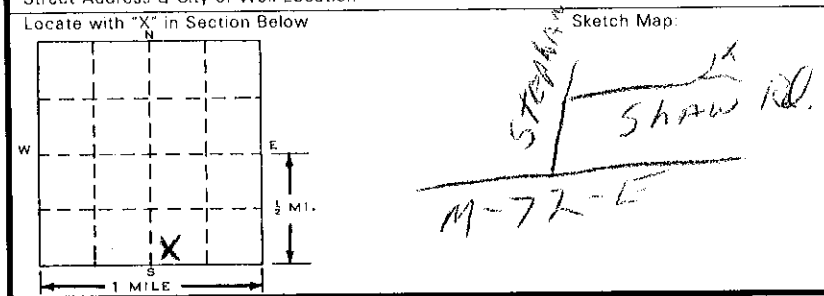
PERMIT NUMBER

17013

1 LOCATION OF WELL

County: CRAWFORD Township Name: GRAYLING Fraction: 5/8 1/4 S 1/4 E 1/4 Section Number: 3 Town Number: 26 Range Number: 2 ENW

Distance And Direction From Road Intersection
M 72 E to STEPHAN RD
North go to show rd



3 OWNER OF WELL:
SHAW
 Address: SHAW RD. GRAYLING MI
 Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed New Well Replacement Well
29 FT. 7 30 91

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 Plastic Welded
2 in. to 25 ft. depth
1 1/4 in. to 29 ft. depth
 Grouted Drill Hole Diameter
 _____ in. to _____ ft. depth
 _____ in. to _____ ft. depth
 Height: Above Below
 Surface 1 ft.
 Weight 375 lbs./ft.
 Drive Shoe Yes No

2 FORMATION DESCRIPTION THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

| | | |
|-----------------------------|-----------|-----------|
| <u>SAND</u> | <u>6</u> | <u>6</u> |
| <u>SAND + GRAVEL</u> | <u>10</u> | <u>16</u> |
| <u>SAND + GRAVEL + CLAY</u> | <u>3</u> | <u>19</u> |
| <u>SAND</u> | <u>2</u> | <u>21</u> |
| <u>SAND + WATER</u> | <u>8</u> | <u>29</u> |

8 SCREEN: Not Installed
 Type Janson Diameter 1 1/4
 Slot/Gauze 10 Length 60
 Set between 25 ft. and 29 ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: 21 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
22 ft. after 1 hrs. pumping at 10 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 1 to 29 ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type Field Distance 53 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 _____
 Model number _____ HP _____ Volts _____
 Length of Drop Pipe _____ ft. capacity _____ G.P.M.
 TYPE: Submersible Jet _____
 PRESSURE TANK:
 Manufacturer's name _____
 Model number _____ Capacity _____ Gallons

RECEIVED
 Mich. Dept. of Public Health
 SEP 16 1991

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

17. Rig Operator's Name:

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.

J.P. Well Drilling 20-1800
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 103 Bay 3180
 Signed James R. Farmer Date July 30, 91
 AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | | | |
|--|--|--|--|---|--|----------------|----------------|
| 1 LOCATION OF WELL | | | Fraction <u>NE 1/4 NE 1/4</u> | | Section No. <u>3</u> | Town <u>Ab</u> | Range <u>2</u> |
| County <u>Crawford</u> Twp. <u>Grayling</u> | | | OWNER No. <u>4</u> | | 3 OWNER OF WELL: <u>Tom Leonard</u> | | |
| Distance And Direction from Road Intersections <u>200 ft. South of Wakley Rd and N. Down River Rd. CORNER, W. side of Road, Facing Wakley Rd.</u> | | | Street address & City of Well Location | | Address <u>Tamx Place, Detroit, Mich.</u> | | |
| 2 FORMATION | | | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | 4 WELL DEPTH: (completed) Date of Completion | | |
| <u>Red Sand & Gravel</u> | | | <u>60</u> | <u>60</u> | <u>74</u> ft. <u>4-5-68</u> | | |
| <u>Reddish Water Sand</u> | | | <u>14</u> | <u>74</u> | 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"/> | | |
| | | | | | 7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>1</u> ft. <u>2</u> in. to <u>70</u> ft. Depth Weight <u>3.75</u> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| | | | | | 8 SCREEN: Type: <u>Gauze</u> Dia.: <u>1 1/4</u> Slot/Gauze <u>60</u> Length <u>48 x 42</u> Set between <u>70</u> ft. and <u>74</u> ft. Fittings: <u>Bremmer Check</u> | | |
| | | | | | 9 STATIC WATER LEVEL <u>55</u> ft. below land surface | | |
| | | | | | 10 PUMPING LEVEL below land surface <u>55</u> ft. after <u>1</u> hrs. pumping <u>12</u> g.p.m. _____ ft. after _____ hrs. pumping _____ 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: <u>Not Installed</u> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | 15 PUMP: <u>Not Installed</u> Manufacturer's Name _____ 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: | | | |
| ADDED INFO. BY DRILLER, ITEM NO. | | | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | | |
| CORRECTED BY: | | | | Signed <u>James Stearns</u> Date <u>4-5-68</u> | | | |
| ADDITION BY: | | | | Address <u>P.O. Box 233, Grayling, Mich 49738</u> | | | |
| | | | | REGISTERED BUSINESS NAME <u>Jim's Well Drilling & Pump Ser.</u> REGISTRATION NO. <u>0704</u> | | | |
| | | | | AUTHORIZED REPRESENTATIVE | | | |

WATER WELL RECORD
ACT 294 PA 1965



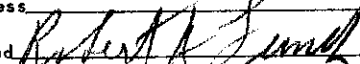
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH M

| | | | | | | | | | | | |
|---|--------------------------|---|---|--|-------------------------------|--|--|--|--|--|--|
| 1 LOCATION OF WELL | | | | | | | | | | | |
| County Crawford | Twp. Grayling | Fraction SW 1/4 SW 1/4 SW 1/4 | Section No. 3 | Town 26 | Range N/S. R2W E/W. | | | | | | |
| Distance And Direction from Road Intersections 1 1/4 mile north to Stephan rd on Shaw rd | | | OWNER No. | | | 3 OWNER OF WELL: Bromley Properties Inc Address 6500 Russell Detroit Mich 48211 | | | | | |
| 2 | FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | 4 WELL DEPTH: (completed) 34 ft. Date of Completion 1 June 68 | | | | | | | |
| | Sand white coarse | 34 | 34 | 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 checked="" 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"/> _____ | | | | | | | |
| | | | | 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface 1 ft. 2 in. to _____ ft. Depth Weight _____ lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | |
| | | | | 8 SCREEN: Screen screwed to casing Type: 129 Brass Dia.: 1 1/2" Slot/Gauze 60 Length 48 Set between 30 ft. and 34 ft. Fittings: _____ | | | | | | | |
| | | | | 9 STATIC WATER LEVEL 19 ft. below land surface | | | | | | | |
| | | | | 10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ 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 50 feet S Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| | | | | 15 PUMP: by others 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. ADDED INFO. BY DRILLER, ITEM NO. CORRECTED BY: RE-ADDED 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. Grayling Electric and Htg 138 <small>REGISTERED BUSINESS NAME REGISTRATION NO.</small> Address 409 Chestnut Grayling Signed <i>[Signature]</i> Date 18 July <small>AUTHORIZED REPRESENTATIVE</small> | | | | | | | |

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH 91

| | | | |
|---|-------------------------|---|---|
| 1 LOCATION OF WELL | | | |
| County Crawford | Twp. Grayling | Fraction se ¼ se ¼ | Section No. 3 Town 26 n N/S. Range 2 w E/W. |
| Distance And Direction from Road Intersections 495 W/ E to Wakley Rd 1420 Ft N. to Down Rd. | | OWNER No. | 3 OWNER OF WELL: Mitchell Glenn (Holcomb Realty) Grayling, Mich |
| 2 FORMATION | | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
| Sand | | 18 | 18 |
| Clay | | 2 | 20 |
| Sand fine | | 47 | 67 |
| Sand Course | | 7 | 74 |
| | | | 4 WELL DEPTH: (completed) Date of Completion ft. |
| | | | 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"/> 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"/> _____ |
| | | | 7 CASING: Thru Diam. <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface 1 ft. 2 in. to 70 ft. Depth Weight 3.75 lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| | | | 8 SCREEN: Type: 129 Trade Dia.: 1 1/4 Slot/Gauze 60 GA Length 48" Set between 70 ft. and 74 ft. Fittings: |
| | | | 9 STATIC WATER LEVEL 56 ft. below land surface |
| | | | 10 PUMPING LEVEL below land surface no Test ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. |
| | | | 11 WATER QUALITY in Parts Per Million: Iron (Fe) no test 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 Septic not installed Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input 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"/> Hand Pump <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating |
| 16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER: HEBA 1002 CORRECTED BY:  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. Grayling Elec And Htg 0138 REGISTERED BUSINESS NAME REGISTRATION NO. 409 Chestnut Grayling Address Signed  Date 22 Sept 67 AUTHORIZED REPRESENTATIVE | |

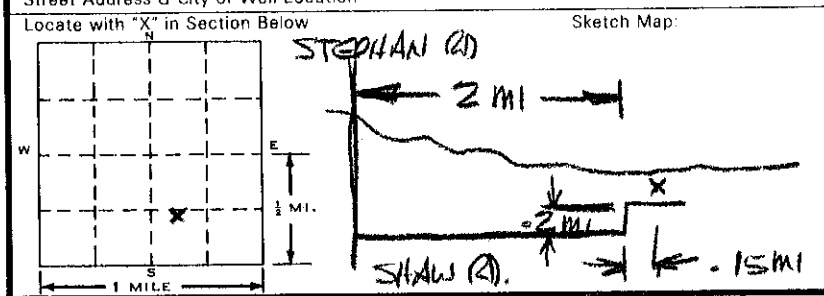
GEOLOGICAL SURVEY NO.

WATER WELL AND PUMP RECORD

PERMIT NUMBER

| 1 LOCATION OF WELL | | | | | |
|---------------------------|----------------------------------|---|----------------------------|---|-----------------------------|
| County CRAWFORD | Township Name GRAYLING | Fraction N¹/₄ SW¹/₄ SE¹/₄ | Section Number 3 | Town Number 26 N¹/₂ | Range Number 2 EW |

Distance And Direction From Road Intersection
2 MI E. OF STEPHAN RD., .2 MI N. ON SHAW, .15 MI E. ON SHAW RD.



3 OWNER OF WELL: **JIM DIERCKS**
 Address **R#2 Box 2316 GRAYLING MI 49738**
 Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) **40** ft. Date of Completion **JULY 23-1985**

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 Unthreaded Height: Above/Below
 Plastic Welded Surface **1** ft.
4 in. to **36** ft. depth Weight **11** lbs./ft.
 _____ in. to _____ ft. depth
 Grouted Drill Hole Diameter Drive Shoe Yes No
 _____ in. to _____ ft. depth

2 FORMATION DESCRIPTION

| FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|--------------------------------|----------------------|----------------------------|
| COARSE SAND | 2 | 2 |
| COARSE SAND & WATER | 38 | 40 |

8 SCREEN: Not Installed
 Type **WELDED BAR** Diameter **4"**
 Slot/Grate **12 SS** Length **48"**
 Set between **36** ft. and **40** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2** ft. Other _____

9 STATIC WATER LEVEL: **2** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
3 1/2 after **1** hrs. pumping at **13** 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
 Type **SEPTIC** Distance **75** ft. Direction **S**
 Well disinfected upon completion? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **MOULDS**
 Model number **10E503422** hp **1/3** Volts **230**
 Length of Drop Pipe **28** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: **WX-202 Well-x-TROL**
 Manufacturer's name _____
 Model number **WX-202** Capacity **6.2 DD** 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 WELL DRILLING 20-1608
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **PO BOX 98, GRAYLING, MI 49738**
 Signed **Nellis R. Carlson** Date **JULY 30, 1985**
 AUTHORIZED REPRESENTATIVE

RECEIVED
 Mich. Dept. of Public Health
 MAY 27 1985
 Bureau of Environmental and
 Occupational Health Services

USE A 2ND SHEET IF NEEDED

**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD**

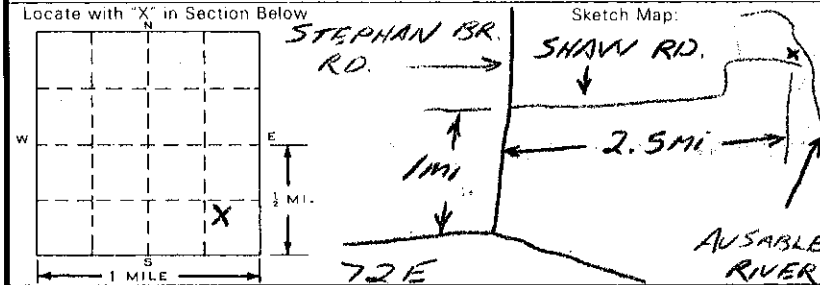
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PERMIT NUMBER

| | | | | | |
|---------------------------|----------------------------------|---|----------------------------|----------------------------|----------------------------|
| 1 LOCATION OF WELL | | | | | |
| County CRAWFORD | Township Name GRAYLING | Fraction NW 1/4 SE 1/4 SE 1/4 | Section Number 3 | Town Number 26 N | Range Number 2 W |

Distance And Direction From Road Intersection
NORTH ON STEPHAN BR. RD TO SHAW RD GO EAST TO LAST HOUSE ON LEFT

Street Address & City of Well Location



| | |
|--|--|
| 3 OWNER OF WELL: DAVE EASTMAN | |
| Address 3871 GROVE ST. GRAYLING, MI 49738 | |
| Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--------------------------------|-----------------------------|-----------------------------------|
| 2 FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|--------------------------------|-----------------------------|-----------------------------------|

| | | |
|--------------------|-----------|-----------|
| SAND | 2 | 2 |
| CLAY | 25 | 27 |
| MEDIUM SAND | 24 | 51 |

| | | |
|---|--|---|
| 4 WELL DEPTH: 51 FT. | Date Completed MO. 07 DAY 22 YEAR 93 | <input type="checkbox"/> New Well <input checked="" type="checkbox"/> DEEPEN |
| <input type="checkbox"/> Replacement Well | | |

| | | | |
|-------------------------------------|---|---------------------------------|------------------------------|
| <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"/> Auger | <input type="checkbox"/> Jetted | |

| | | |
|--|--|--|
| <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 | |

| | | |
|--|--|--|
| 7 CASING: Diameter 4 in. to 46 ft. depth | <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded | Height: Above/Below Surface 1 ft. |
| Grouted Drill Hole Diameter | | Weight 11 lbs./ft. |
| | | Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

| | |
|---|--|
| 8 SCREEN: | <input type="checkbox"/> Not Installed |
| Type CONT. SLOT Diameter 3" | |
| Slot/Gauge 15 PVC Length: 60" | |
| Set between 46 ft. and 51 ft. | |
| FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check | |
| <input type="checkbox"/> Blank above screen 2 ft. Other | |

| | |
|------------------------------|--|
| 9 STATIC WATER LEVEL: | 10 GPM |
| _____ ft. below land surface | <input checked="" 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 GROUTED? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 25 ft. |
| | <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> DRY 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 |
| Was old well plugged? <input 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.

17. Rig Operator's Name:
MIKE SIMMS & STEVE PERSING

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 WELL DRILLING 20-1608
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **P.O. BOX 98 GRAYLING, MI 49738**

Signed **Heelis R. Carl** Date **09/21/93**
AUTHORIZED REPRESENTATIVE

RECEIVED
MICH. DEPT. OF PUBLIC HEALTH
JAN - 4 94
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

| | | | |
|--|-----------------------------------|---|--|
| 1 LOCATION OF WELL | | | |
| County Crawford | Twp. Grayling | Fraction SW 1/4 SW 1/4 SE 1/4 | Section No. 3 |
| Distance And Direction from Road Intersections Lot 19-Shaw Park. off Stephan Rd on Shaw Rd about 3 miles East. New Turquoise House S. side Road. | | Town 26 N 1/2 | |
| Street address & City of Well Location | | Range 2 E/W. | |
| 2 FORMATION | | 3 OWNER OF WELL: Uirl Sunday STAR RT Box 94 Grayling Mich 49738 | |
| | | Address | |
| Red Sand | THICKNESS OF STRATUM 20 | DEPTH TO BOTTOM OF STRATUM 20 | 4 WELL DEPTH: (completed) 35 ft. Date of Completion 6-14-67 |
| White Water Sand | 15 | 35 | 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"/> |
| | | | 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface 1 ft. Diam. 2 in. to 32 ft. Depth Weight 3.75 lbs/ft. ___ in. to ___ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | | | 8 SCREEN: Type: Gauze Wrap Dia.: 1 1/4 Slot/Gauze 60 Length 54 x 36 Set between 32 ft. and 35 ft. Fittings: Bremmer Check, |
| | | | 9 STATIC WATER LEVEL 22 ft. below land surface |
| | | | 10 PUMPING LEVEL below land surface 22 ft. after 1 hrs. pumping 600 g.p.m. ___ ft. after ___ hrs. pumping ___ 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 50 feet SE Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | 15 PUMP: NOT Installed, Manufacturer's Name _____ HP _____ Model Number _____ 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. ADDED INFO. BY DRILLER. ITEM NO. _____ CORRECTED BY: _____ 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. Jim's Well Drilling & Pump Ser. 0704 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 223 Grayling, Mich 49738 Signature [Signature] Date 7-1-67 AUTHORIZED REPRESENTATIVE | |

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | | | | | | |
|---|--|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-------------------------------------|--|--------------------------------|--------------------------|
| 1 LOCATION OF WELL | | | | | | | | | | |
| County Crawford | Twp. Grayling | Fraction NW 1/4 SW 1/4 SE 1/4 | | | | | | | | |
| | | Section No. 3 | | | | | | | | |
| | | Town 26 N 2 W | | | | | | | | |
| | | Range 2 W | | | | | | | | |
| Distance And Direction from Road Intersections Shaw Rd off Stephan Rd. North at Black Bend. Follow Rd To End. Last Cottage On Rd. | | | | | | | | | | |
| OWNER No. | | 3 OWNER OF WELL: Robert Brown | | | | | | | | |
| Street address & City of Well Location | | Address Toledo, Ohio, | | | | | | | | |
| 2 FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | | | | | | | | |
| White Sand-Gravel | 4 | 4 | | | | | | | | |
| Blue Clay | 27 | 31 | | | | | | | | |
| White Water Sand | 4 | 35 | | | | | | | | |
| 4 WELL DEPTH: (completed) 35 ft. Date of Completion 8-2-67 | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Cable tool</td> <td style="width: 33%;"><input type="checkbox"/> Rotary</td> <td style="width: 33%;"><input type="checkbox"/> Driven</td> <td><input type="checkbox"/> Dug</td> </tr> <tr> <td><input type="checkbox"/> Hollow rod</td> <td><input checked="" type="checkbox"/> Jetted</td> <td><input type="checkbox"/> Bored</td> <td><input type="checkbox"/></td> </tr> </table> | | | <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"/> |
| <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"/> | | | | | | | | | | |
| 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> | | | | | | | | | | |
| Diam. 2 in. to 31 ft. Depth | | Height: Above/Below surface 1 ft. | | | | | | | | |
| _____ in. to _____ ft. Depth | | Weight 3.75 lbs/ft. | | | | | | | | |
| Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 8 SCREEN: | | | | | | | | | | |
| Type Gauze Wrap Dia. 1 1/4 | | | | | | | | | | |
| Slot/Gauze 60 Length 48 x 42 | | | | | | | | | | |
| Set between 31 ft. and 35 ft. | | | | | | | | | | |
| Fittings: Reducing Coupl. | | | | | | | | | | |
| 9 STATIC WATER LEVEL 2 ft. below land surface | | | | | | | | | | |
| 10 PUMPING LEVEL below land surface 2 ft. after 1 hrs. pumping 600 g.p.m. | | | | | | | | | | |
| _____ ft. after _____ hrs. pumping _____ 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: NOT Installed | | | | | | | | | | |
| Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ | | | | | | | | | | |
| Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 15 PUMP: NOT Installed. | | | | | | | | | | |
| 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: | | | | | | | | |
| ADDED INFO. BY DRILLER, ITEM NO. | | This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. | | | | | | | | |
| * CORRECTED BY: | | Jimmie Well Drilling & Pump Svc 0704 | | | | | | | | |
| REVISION BY: | | REGISTERED BUSINESS NAME REGISTRATION NO. | | | | | | | | |
| | | Address P.O. Box 233 Grayling, Mich 49735 | | | | | | | | |
| | | Signed Jimmie Stewart Date 8-2-67 | | | | | | | | |
| | | AUTHORIZED REPRESENTATIVE | | | | | | | | |

TAX NO.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER WELL AND PUMP RECORD

PERMIT NO:

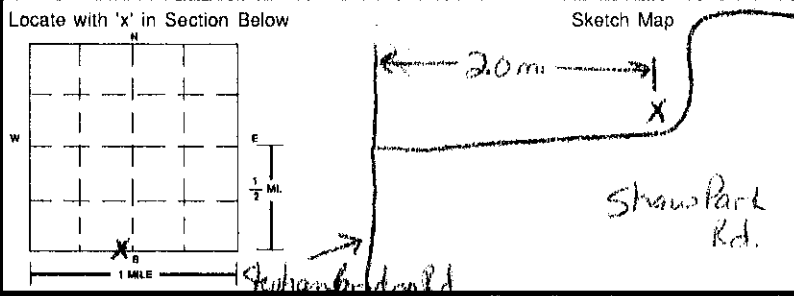
25045

1. LOCATION OF WELL
10-0000000-12-040-00

| | | | | | |
|---------------------------|---------------------------------|----------------------------------|-------------------------|-----------------------|-----------------------|
| County Crawford | Township Name Graying | Fraction SE 1/4 1/4 SW | Section No. 3 | Town No. 26 | Range No. 2 |
|---------------------------|---------------------------------|----------------------------------|-------------------------|-----------------------|-----------------------|

Distance and Direction from Road Intersection
3331 Shaw Park Rd.

Street Address & City of Well Location



| 2. FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|----------------------------|----------------------|----------------------------|
| Sand | 5 | 5 |
| Sand & scattered stones 1" | 10 | 15 |
| Coarse Sand | 35 | 50 |

3. OWNER OF WELL
Address **Sue Anderson**
3331 Shaw Park Rd.
Graying, MI 49738
Address Same as Well Location Yes No

4. WELL DEPTH: **50** ft. Date Completed **8/4/96**
 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: **2** in. to **46** ft. depth Weight: **375** lbs./ft.
BORE HOLE: _____
Diameter: _____ in. to _____ ft. depth
_____ in. to _____ ft. depth
 Drive Shoe Shale Packer
Closed Shoe

8. SCREEN: Not Installed Gravel-Packed
Type **Flush Point** Diameter **1 1/4"**
Slot/Gauze **60SS** Length: **48"**
Set Between **46** ft. and **50** ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other **Closed Shoe**

9. STATIC WATER LEVEL:
21 ft. Below Land Surface Flowing

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

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

12. WELL GROUTED? No Yes From _____ to _____ ft.
 Neat Cement Bentonite **Dry** Other _____
No. of Bags _____ Additives _____

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

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter **1 1/4** in. Depth **30** ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags **42** Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **Gaults**
Model Number **355** HP **1/2** Volts **110**
Length of Drop Pipe **30** ft. Capacity **10** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **Well Rate**
Model Number **R 60** Capacity **30** Gallons **7.5**

16. REMARKS: (Elevation, Source of Data, etc.)

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Colin Carlson**

18. 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 Well Drilling 20-1608
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 98 Graying MI 49738**
Signed **Harris R. Carl** Date **10-31-96**
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health
NOV 23 1996
BUREAU OF ENVIRONMENTAL AND
OCCUPATIONAL HEALTH (EWHOS)



2

APR 21 1978

WATER WELL RECORD

ACT 294 PA. 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

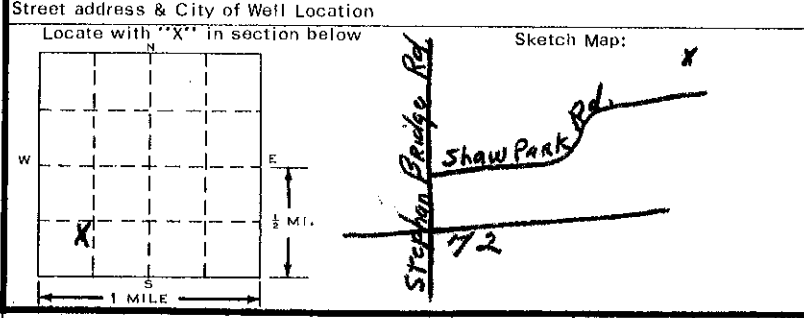
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|---|--|---|-------------------------------------|---------------------------------|---------------------------------|------------------------------|-------------------------------------|--|--------------------------------|--------------------------|
| 1 LOCATION OF WELL | | | | | | | | | | |
| County <i>Crawford</i> | Township Name <i>Sharon</i> | Fraction <i>SW 1/4 NE 1/4</i> | | | | | | | | |
| Distance And Direction from Road Intersections <i>.2 mile W. of Wakesley Rd & .1 mile South of N.D. R. Rd.</i> | | Section Number <i>3</i> | | | | | | | | |
| Street address & City of Well Location | | Town Number <i>26 No.</i> | | | | | | | | |
| Locate with "X" in section below | | Range Number <i>2 E.W.</i> | | | | | | | | |
| | | Sketch Map: <i>WAKESLEY RD</i> | | | | | | | | |
| 3 OWNER OF WELL: | | | | | | | | | | |
| Address <i>Mitchel Midwagon General Delivery Bragging, Mi 49738</i> | | | | | | | | | | |
| 4 WELL DEPTH: (completed) Date of Completion <i>73 ft. 7-6-77</i> | | | | | | | | | | |
| <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Cable tool</td> <td><input type="checkbox"/> Rotary</td> <td><input type="checkbox"/> Driven</td> <td><input type="checkbox"/> Dug</td> </tr> <tr> <td><input type="checkbox"/> Hollow rod</td> <td><input checked="" type="checkbox"/> Jetted</td> <td><input type="checkbox"/> Bored</td> <td><input type="checkbox"/></td> </tr> </table> | | | <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"/> |
| <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"/> | | | | | | | | | | |
| 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <i>3</i> ft. <i>2</i> in. to <i>69</i> ft. Depth Weight <i>3.75</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | |
| 8 SCREEN: | | | | | | | | | | |
| Type: <i>flush point</i> Dia.: <i>1/4"</i> | | | | | | | | | | |
| Spiral/Gauze <i>60SS</i> Length <i>42" x 48"</i> | | | | | | | | | | |
| Set between <i>69</i> ft. and <i>73</i> ft. | | | | | | | | | | |
| Fittings: <i>brass chafe & lead</i> | | | | | | | | | | |
| 9 STATIC WATER LEVEL <i>55</i> ft. below land surface | | | | | | | | | | |
| 10 PUMPING LEVEL below land surface <i>no test</i> _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. | | | | | | | | | | |
| 11 WATER QUALITY in Parts Per Million: <i>no test</i> Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____ | | | | | | | | | | |
| 12 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> In Approved Pit <input 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 <i>50</i> feet <i>S</i> Direction <i>septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | |
| 15 PUMP: <input type="checkbox"/> Not installed <i>NONE</i> 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 | | | | | | | | | | |
| USE A 2ND SHEET IF NEEDED | | | | | | | | | | |
| 16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <i>VA-7</i> **ADDITION BY ELEVATION DEPTH TO ROCK | | 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. <i>Jim's Well Drilling</i> <i>1608</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>P.O. Box 98, Bragging, Mi 49738</i> Signed <i>Halls R. Carlson</i> Date <i>2-16-78</i> AUTHORIZED REPRESENTATIVE | | | | | | | | |

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | | | |
|---------------------------|--|---------------------------|----------------------------------|--------------------------------------|----------------------------|--------------------------------|-----------------------------|
| 1 LOCATION OF WELL | | County CRAWFORD | Township Name GRAYLING | Fraction N 1/2 S 1/2 E 1/4 | Section Number 3 | Town Number 26 N 1/2 | Range Number 2 W. |
|---------------------------|--|---------------------------|----------------------------------|--------------------------------------|----------------------------|--------------------------------|-----------------------------|

Distance And Direction from Road Intersections
**2-3/4 mile E. of Stephan Rd.
10 FT E. of Shaw Rd.**



3 OWNER OF WELL: **Jim Wakley**
Address **Star Route, (Sully)**
Grayling, Mich.

4 WELL DEPTH: (completed) **46** ft. Date of Completion **Aug 9, 69**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

6 USE: Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well

7 CASING: Threaded Welded Height: Above/Below Surface **1** ft.
Diam. **2** in. to **42** ft. Depth Weight **3.75** lbs./ft.
Drive Shoe? Yes No

| 2 FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|--------------------|----------------------|----------------------------|
| Gray Sand | 2 | 2 |
| Blue Clay | 38 | 40 |
| Gray Sand w/water. | 6 | 46. |

8 SCREEN:
Type: **35 Gauge Wrap** Dia.: **1 1/4**
Gauge **60** Length **48 X 42**
Set between **42** ft. and **46** ft.
Fittings: **16" leader**
Bremner Check.

9 STATIC WATER LEVEL
Flow ft. below land surface

10 PUMPING LEVEL below land surface
Flow ft. after ___ hrs. pumping ___ 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: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite _____
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
50 feet **N** Direction **Septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM NO. _____

* CORRECTED BY:

** POSITION 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.
Jim's Well Drilling + Pump Serv. 0704
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 233 Grayling, Mich 49738**
Signed Date **10/29/69**
AUTHORIZED REPRESENTATIVE

REV. 10 1969

TAX NO: 20-040-45-930-00-002-00

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER WELL AND PUMP RECORD

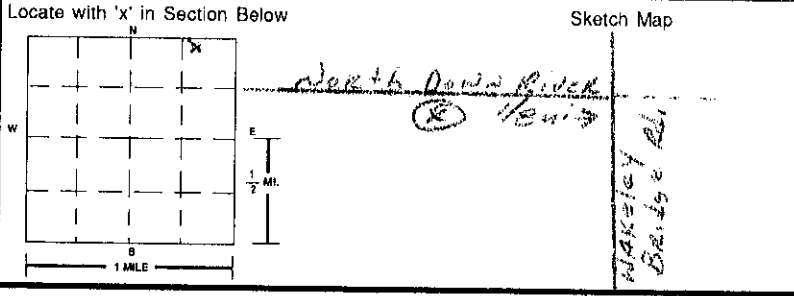
PERMIT NO: 25742

1. LOCATION OF WELL
County Crawford

Township Name Grayling Fraction NE 1/4 NE 1/4 Section No. 3 Town No. 26 Range No. 2

Distance and Direction from Road Intersection
N. Down River Road
Wakely Woods 09

3. OWNER OF WELL
Dale Sumner
Address 13920 Shannon Drive
Cement City, MI 49233
Address Same as Well Location Yes No



4. WELL DEPTH: 68 ft. Date Completed 1/13/98
 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 60 ft. depth Weight: _____ lbs./ft.
BORE HOLE: Diameter: 7 1/2 in. to 60 ft. depth Drive Shoe
 Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type Johnson-PVC Diameter 4"
Slot/Gauge 15 Length: 10'
Set Between 60 ft. and 68 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen 22 ft. Other _____

9. STATIC WATER LEVEL: 43 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
52 ft. After 12 hrs. Pumping at 12 G.P.M.
 Plunger Bailer Air Test Pump

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

12. WELL GROUTED? No Yes From 0 to 50 ft.
 Neat Cement Bentonite Other _____
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 50' Direction SE
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Red Jacket
Model Number 900 HP 1/2 Volts 230-240
Length of Drop Pipe 51 ft. Capacity 12 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name Wellmate
Model Number WM6 Capacity 20 Gallons

| 2. FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|--------------------------|----------------------|----------------------------|
| <u>SAND & GRAVEL</u> | <u>18</u> | <u>18</u> |
| <u>GRAVEL & CLAY</u> | <u>14</u> | <u>32</u> |
| <u>SAND & GRAVEL</u> | <u>3</u> | <u>35</u> |
| <u>GRAVEL & CLAY</u> | <u>10</u> | <u>45</u> |
| <u>FINE SAND</u> | <u>10</u> | <u>55</u> |
| <u>SAND & GRAVEL</u> | <u>13</u> | <u>68</u> |
| <u>FINE SAND 69'-73'</u> | | |
| <u>CLAY 73 1/2'</u> | | |

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
JAN 20 1998
Drinking Water & Radiological Protection
Ground Water Supply Section
WELL CONSTRUCTION UNIT

RECEIVED
JAN 6 1998
D.H.D. #10

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 _____

18. 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.
MEL WELLS INC. 1619
REGISTERED BUSINESS NAME REGISTRATION NO.
Address RT 1 Box 246-A Lewiston, MI 49756
Signed Russell Miller Date 1/13/98
AUTHORIZED REPRESENTATIVE

MAR 09 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

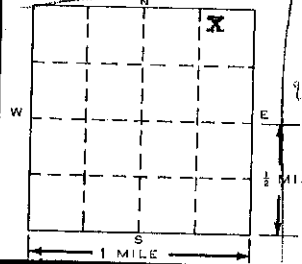
1 LOCATION OF WELL

| | | | | | |
|--|----------------------------------|---|----------------------------|---------------------------|---------------------------|
| County Crawford | Township Name Grayling | Fraction NE 1/4 NE 1/4 NE 1/4 | Section Number 3 | Town Number 26N | Range Number 2W |
| Distance And Direction from Road Intersections | | | E/W. | | |

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



W. Dawn (lined) Rd
Wadley Bridge Rd

| 2 FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|-------------|----------------------|----------------------------|
| Sand | 20 | 20 |
| Clay | 1 | 21 |
| Sand | 42 | 63 |

3 OWNER OF WELL:
T. Windingland
668 E Auburn
Rochester MI 48063

4 WELL DEPTH: (completed) Date of Completion
63 ft. **sept 71**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

6 USE: Domestic Public Supply Industry
 Irrigation Air Conditioning Commercial
 Test Well

7 CASING: Threaded Welded
Diam. _____ Height: Above/Below Surface **1 above** ft.
Weight **3.78** lbs./ft.
Drive Shoe? Yes No

8 SCREEN:
Type: **129 SS** Dia.: **1 1/4**
Slot/Gauze **60 GA** Length **4 ft**
Set between **59 63** and _____ ft.
Fittings: **Closed Shoe**

9 STATIC WATER LEVEL
46 ft. below land surface

10 PUMPING LEVEL below land surface
no test after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) **no test** Chlorides (Cl) _____
Hardness _____ Other _____

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
Septic to be built _____ feet _____ Direction _____ Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. capacity _____ G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
ADDED INFO BY DRILLER, ITEM No. _____
CORRECTED BY: _____
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.
Grayling Elec & Htg **0138**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **409 Chestnut Grayling MI.**
Signed *Robert A. Lund* Date **Jan 72**
AUTHORIZED REPRESENTATIVE

RECEIVED
3-7-72
DISTRICT HEALTH DEPT #1
CRAWFORD COUNTY OFFICE

