

3111-97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

2634

TAX NO:

1. LOCATION OF WELL

County

Dickinson

Township Name

Felch

Fraction

1/4 NW 14 NE 14

Section No.

19

Town No.

424

Range No.

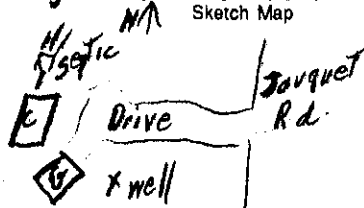
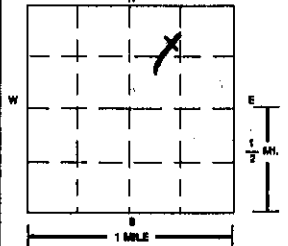
29W

Distance and Direction from Road Intersection

Street Address & City of Well Location

Jaugnet Rd. Felch

Locate with 'x' in Section Below



3. OWNER OF WELL

Boyd Dixon

Address

Jaugnet Rd. Felch
1016 Evergreen Dr.
Farmington, ME 49801

Address Same as Well Location

Yes No

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

Dirty Sand	20'	20'
Sand & Gravel	6'	26'
Dirty Sand	4'	30'
Clay	18'	48'
Clay Gravel	16'	64'
Red Soft Slate	76'	140'
Green & Gray Slate	65'	205'
Hard Gray Granite	47'	252'

4. WELL DEPTH:

Date Completed

New Well

253 ft.

10/20/94

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

Height: Above/Below Surface: 1 ft

Plastic

Welded

Other

Diameter: 6 in. to 67 ft. depth

_____ in. to _____ ft. depth

Weight: 18.97 lbs./ft.

BORE HOLE:

Diameter: _____ in. to _____ ft. depth

_____ in. to _____ ft. depth

Drive Shoe

Shale Packer

8. SCREEN:

Not Installed

Gravel-Packed

Type _____

Diameter _____

Slot/Gauze _____

Length: _____

Set Between _____

ft. and _____

ft.

FITTINGS: K-Packer

Bremer Check

Blank Above Screen

_____ ft. Other _____

9. STATIC WATER LEVEL:

25 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

203 ft.

After 12 hrs. Pumping at 1 1/2 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

Other _____

No. of Bags 4

4 bags Add Well on Side

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type Septic

Distance 60 ft.

Direction NW

Type _____

Distance _____ ft.

Direction _____

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

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

Other _____

PRESSURE TANK:

Manufacturer's Name _____

Model Number _____

Capacity _____

Gallons _____

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

Permission to hydrofracture well given verbally by Ron Matlock on 10/20/94

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.

REGISTERED BUSINESS NAME Kleinman Pump & Well Drilling Inc. 2020 REGISTRATION NO.

Address P.O. Box 704 Iron Mt. Mich. 49801

Signed William C. Wiedersheim AUTHORIZED REPRESENTATIVE

Date 10-25-94

DIST. 3 OFFICE
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
LANSING, MICHIGAN 48906

NOV 16 1994

GW-2-228 9/83

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

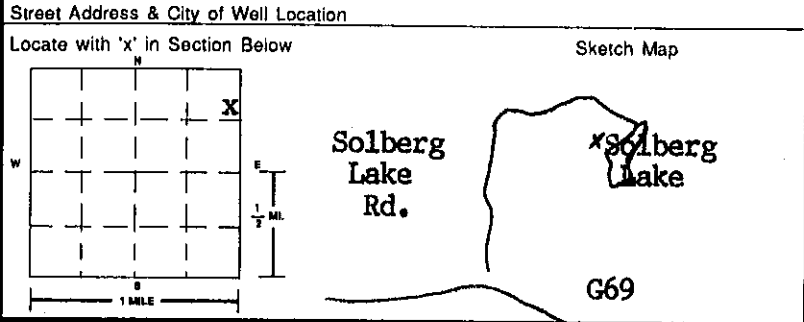
PERMIT NO:
2652

1. LOCATION OF WELL
County **Dickinson**

Township Name **Felch** Fraction **1/4 NE 1/4 NE 1/4** Section No. **19** Town No. **42N** Range No. **29W**

Distance and Direction from Road Intersection
G69 to Solberg Lake Rd., North on Solberg Lake Rd. 1 1/2 miles to # N8596.

3. OWNER OF WELL **Ross Jenkins**
Address **N8596 Solberg Lake Rd. Felch, Mi. 49831**
Address Same as Well Location Yes No



4. WELL DEPTH: **125** ft. Date Completed **9 / 20 / 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 Welded
 Plastic Other
Height: Above/Below Surface: **1** ft
Diameter: **6** in. to **64'6"** ft. depth Weight: **19** lbs./ft.
BORE HOLE: Diameter: **6** in. to **125** ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Topsoil	1	1
Sandy clay	34	35
Muddy sand organics	10	45
Reddish clay	10	55
Clay & rock (cobbles)	8	63
Bedrock granite (quartz)	62	125

8. SCREEN: Not Installed Gravel-Packed
Type _____ Diameter _____
Slot/Gauze _____ Length: _____
Set Between _____ ft. and _____ ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

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

10. PUMPING LEVEL: Below Land Surface
80 ft. After **24** hrs. Pumping at **35** 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 **64'6"** ft.
 Neat Cement Bentonite Other _____
No. of Bags **2** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **septic** Distance **65** ft. Direction **SE**
Type _____ Distance _____ ft. Direction _____

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **Goulds**
Model Number **10GS05412** HP **1/2** Volts **230**
Length of Drop Pipe **80** ft. Capacity **12** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **Well-X-Trol**
Model Number **202** Capacity **42** Gallons

16. REMARKS: (Elevation, Source of Data, etc.)
RECEIVED
MAY 9 1996
Dickinson-Iron Health Dept.

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.
Boussum Well Drilling, Inc. 1716
REGISTERED BUSINESS NAME
Address **Box 214 M-95 Channing, Mi. 49815** REGISTRATION NO.
Signed **Robert E. Boussum** Date **5-7-96**
AUTHORIZED REPRESENTATIVE

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Robert E. Boussum**
RECEIVED
DIST. 3 OFFICE
DNR - ESCANABA, MI
MAY 20 1996

WATER WELL RECORD
ACT 294 PA 1965

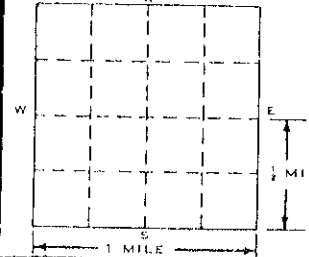
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Dickinson Township Name Leitch Fraction NE SE 1/4 SW 1/4 Section Number 19 Town Number 420 Range Number 29 E

Distance And Direction from Road Intersections _____

Street address & City of Well Location
Locate with "X" in section below



Sketch Map:

3 OWNER OF WELL:

Address Dwayne Rochon
644 Div. Quinnesec, Mich.

4 WELL DEPTH: (completed) Date of Completion

130 ft. 5-30-79

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

6 in. to 130 ft. Depth Surface 1 ft.
Weight 18.9 lbs./ft.
Drive Shoe? Yes No

8 SCREEN:

Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL

40 ft. below land surface

10 PUMPING LEVEL below land surface

60 ft. after 2 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 Drill mud
Depth: From 0 ft. to 25 ft.

14 Nearest Source of possible contamination

_____ feet _____ Direction _____ Type _____
Well disinfected upon completion Yes No

15 PUMP:

Not installed
Manufacturer's Name Ruda
Model Number _____ HP 1/2 Volts 220
Length of Drop Pipe 84 ft. capacity 10 G.P.M.
Type: Submersible Jet Reciprocating

2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
	<u>Sand, Gravel</u>	<u>128</u>	<u>128</u>
	<u>Clay</u>	<u>2</u>	<u>130</u>

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Edna Kumb 506
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 644 Div. Quinnesec, Mich.

Signed Edna Kumb Date 5-30-79
AUTHORIZED REPRESENTATIVE

AUG 6 1979

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

Owner No.

WATER WELL RECORD

Page _____ of _____	County Dickinson	Twp. Felch	Sec. 19	Town 42N N/S.	Range 29W E/W.
---------------------	-------------------------	-------------------	----------------	----------------------	-----------------------

Distance from Roads, Section Lines, etc.

Ralph Quadrangle

Topography: **hilly, at base of hill next to swamp**

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner:
			Address:
			Driller and Address:
			Well Depth: _____ ft. Date of Completion _____
			<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C. <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			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"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. _____ in. to _____ ft. Depth _____ ft. Height: Above/Below surface _____ ft. Type-Weight _____ in. to _____ ft. Depth _____
			Screen: Type: _____ Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.
			Accessories:
			Water level: _____ ft. above/below _____ _____ ft. above/below _____
			Meas. by _____ Date _____
			Drawdown: Unk. ft. after Unk. hrs. pumping 20 g.p.m. (estimated) _____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by _____ Date _____
			Flow: _____ (at discharge) g.p.m./g.p.h. Temp: 47 °F
			Water Quality in Parts Per Million: Iron (Fe) less than 0.1 Chlorides (Cl) 430 Hardness 16 gr/gal-273 ppm
			Elevation: 1230 ft. above MSL pH 8.0
			Source of data:
			Record by: C. J. Doonan Date: 2/5/65
			G. E. Hulbert

Remarks: **Fond and dike 100' x 50' Outlet 3" pipe thru dike.**

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County Dickinson		Twp. Sagola	Fraction ne 1/4 se 1/4 sw 1/4	Section No. 19	Town 42 N/S	Range 29 E/W
Distance And Direction from Road Intersections					OWNER No. _____			
Street address & City of Well Location								

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3 OWNER OF WELL:
Glacial till	110	110	Address Art Shivy Star Rt. M-69 Iron Mountain, Mich.
Dirty silty gravel	1	111	4 WELL DEPTH: (completed) Date of Completion 114 ft. 12-10-74
Six mile Lake Amphibolite	3	114	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> 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 type="checkbox"/> Welded <input checked="" type="checkbox"/> Diam. <u>6</u> in. to <u>1 1/2</u> ft. Depth _____ in. to _____ ft. Depth Height: Above/Below surface <u>1</u> ft. Weight <u>18.97</u> lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
---	--

8 SCREEN:	9 STATIC WATER LEVEL
Type: _____ Dia.: _____	<u>26</u> ft. below land surface
Slot/Gauze _____ Length _____	10 PUMPING LEVEL below land surface
Set between _____ ft. and _____ ft.	<u>55</u> ft. after <u>1</u> hrs. pumping <u>4</u> g.p.m.
Fittings: _____	_____ 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 checked="" 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 <u>75</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: Manufacturer's Name <u>Reda</u> Model Number <u>12D5P051</u> HP <u>1/2</u> Length of Drop Pipe <u>100</u> ft. capacity <u>5</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	16 Remarks, elevation source of data, etc.
--	---

17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	16 Remarks, elevation source of data, etc.
---	---

Kleiman Pump & Well Drilling, Inc. REGISTERED BUSINESS NAME	16 Remarks, elevation source of data, etc.
---	---

Address <u>PO Box 104, Iron Mountain, Mi.</u>	16 Remarks, elevation source of data, etc.
---	---

Signed <u>H.P. Kleiman</u> Date <u>1-7-75</u>	16 Remarks, elevation source of data, etc.
---	---

AUTHORIZED REPRESENTATIVE	16 Remarks, elevation source of data, etc.
---------------------------	---

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978
Failure to comply is a misdemeanor

TAX NO:

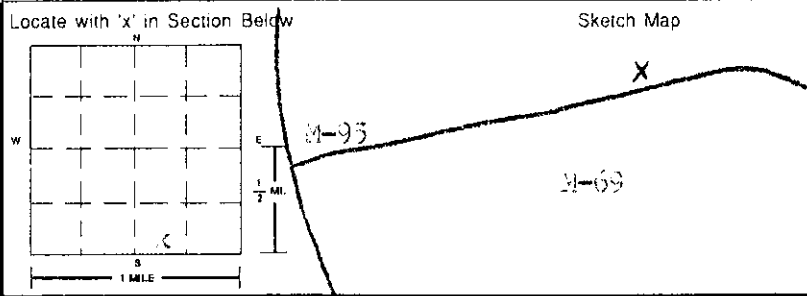
PERMIT NO: 3079

1. LOCATION OF WELL
County Dickinson Township Name Felch Fraction 1/4 SE 1/4 SW 1/4 Section No. 19 Town No. 42N Range No. 29N

Distance and Direction from Road Intersection
North side of M-59 approximately 3 3/4 miles East of M-95.

Street Address & City of Well Location

3. OWNER OF WELL Brian LaVigne
Address P.O. Box 2552 Kingsford, MI. 49802
Address Same as Well Location Yes No



4. WELL DEPTH: 410 ft. Date Completed 10/15/97 New Well Replacement Well

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

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

7. CASING: Steel Threaded Welded
 Plastic Other
Height: Above/Below Surface: 1 ft
Diameter: 6 in. to 63 ft. depth Weight: 19 lbs./ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: 6 in. to 410 ft. depth

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Topsoil	1	1
Sandy clay & gravel	27	28
Medium sand	7	35
Sandy clay	4	39
Fine sand	4	43
Clay & silt	23	66
Granite (Layered red, black, orange with quartz)	344	410
USE A 2ND SHEET IF NEEDED		

8. SCREEN: Not installed Gravel-Packed
Type _____ Diameter _____
Slot/Gauze _____ Length: _____
Set Between _____ ft. and _____ ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: 29 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
149 ft. After 1 hrs. Pumping at 3 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 63 ft.
 Neat Cement Bentonite Other _____
No. of Bags 4 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type septic Distance 60+ ft. Direction NE
Type _____ Distance _____ ft. Direction _____

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Red Jacket
Model Number 75CNWIL2BC HP 3/4 Volts 220
Length of Drop Pipe 280 ft. Capacity 10 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK: Well-X-Trol
Manufacturer's Name _____
Model Number 202 Capacity 42 Gallons

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

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.
Boussum Well Drilling, Inc. 1716
REGISTERED BUSINESS NAME REGISTRATION NO.
Address P.O. Box 214 M-95 Channing, MI. 49815
Signed Robert E. Boussum Date 6-30-99
AUTHORIZED REPRESENTATIVE

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name Robert E. Boussum