

WATER WELL AND PUMP RECORD

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

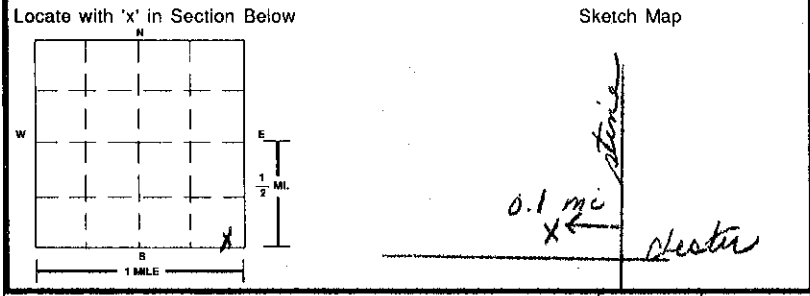
TAX NO:

PERMIT NO: **11389**

1. LOCATION OF WELL
County: **EATON** Township Name: **CARMEL** Fraction: **SE 1/4 SE 1/4 SE 1/4** Section No.: **4** Town No.: **2N** Range No.: **5W**

Distance and Direction from Road Intersection
0.1 miles west of Stone Road, on the North side of Valley Road.

Street Address & City of Well Location



3. OWNER OF WELL
Address: **Cheryl Moist, Valley Hwy., Charlotte**

Address Same as Well Location Yes No

4. WELL DEPTH: **108** ft. Date Completed: **1/26/98**

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: **XXXX**

Diameter: **5** in. to **100** ft. depth
8 in. to **108** ft. depth

Weight: **SDR 21** lbs./ft.

BORE HOLE: Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
BROWN CLAY	12	12
SAND AND GRAVEL	43	55
SAND	53	108

8. SCREEN: Not Installed Gravel-Packed

Type: **STAINLESS** Diameter: **4"**
Slot/Gauze: **XXXX** Length: **8 FT.**
Set Between: **100** ft. and **108** ft.

FITTINGS: K-Packer Bremer Check Blank Adapter THREADED TO PIPE

9. STATIC WATER LEVEL: **20** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface _____ ft. After _____ hrs. Pumping at _____ 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 **95** ft.

Neat Cement Bentonite Other

No. of Bags: **6** Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type: **septic** Distance: **50+** ft. Direction: **N**

14. PUMP: Not Installed Pump Installation Only

Manufacturer's Name: **RED JACKET** Model Number: _____ Volts: **220**

Length of Drop Pipe: **40** ft. Capacity: **12** G.P.M.

TYPE: Submersible Jet Other

PRESSURE TANK: Manufacturer's Name: **WELL RITE** Model Number: **WR 60** Capacity: _____ Gallons

FEB 11 1998
BARRY-EATON DIST. HEALTH DEPT. CHARLOTTE

MICH DEPT ENV QUALITY
Drinking Water & Radiological Protection
Construction Unit

15. ABANDONED WELL PLUGGED? Yes No

Casing Diameter: _____ 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: **L. Gray**

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.

CHAS. KLEINFELT & SON 0107
REGISTERED BUSINESS NAME REGISTRATION NO.

Address: **3402 W 5PT. HWY. CHARLOTTE, MI. 48813**

Signed: *Lynnwood Gray* Date: **1/26/98**
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

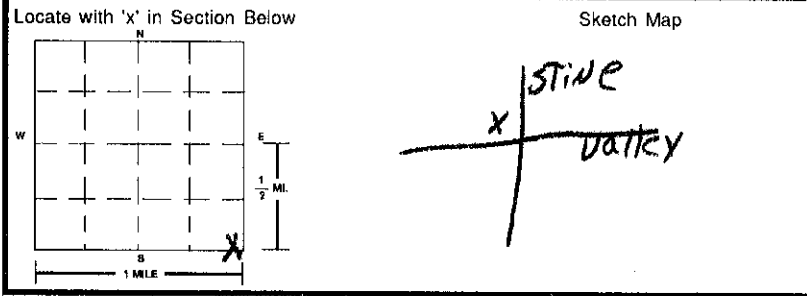
Completion is required under authority of Part 127 Act 368 PA 1978
 Failure to comply is a misdemeanor

TAX NO:

PERMIT NO:
 11715

1. LOCATION OF WELL
 County Eaton Township Name Carmel Fraction SE 1/4 SE 1/4 SE 1/4 Section No. 4 Town No. 24 Range No. 5W

Distance and Direction from Road Intersection
N.W. CORNER OF STINE & VALLEY



3. OWNER OF WELL
 Address Harry Thompson
Stine Rd
Charlotte
 Address Same as Well Location Yes No

4. WELL DEPTH: 260 ft. Date Completed 12/23/97
 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 Plastic Welded
 Other _____ Height: Above/Below Surface: 1 ft

Diameter: 5 in. to 167 ft. depth Weight: _____ lbs./ft.
 in. to _____ ft. depth

BORE HOLE: Drive Shoe
 Diameter: 7 7/8 in. to 167 ft. depth Shale Packer
 in. to _____ ft. depth

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: 24 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
260 ft. After 3 hrs. Pumping at 50 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 167 ft.
 Neat Cement Bentonite Other ABT GROUT
 No. of Bags _____ Additives _____

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

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name McDonald
 Model Number _____ HP 5 Volts 230
 Length of Drop Pipe 45 ft. Capacity 10 G.P.M.
 TYPE: Submersible Jet Other _____
 PRESSURE TANK:
 Manufacturer's Name His Tank
 Model Number _____ Capacity _____ Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
clay & gravel	12	12
gravel & sand	45	57
gray clay	6	63
gray sand & clay ^{ST. AS}	92	160
blue shale & black	37	197
gray shale	15	212
lime & shale & ST. of sandrock	38	250
white sandrock	10	260

JAN 20 1998
 BARRY-EATON DIST.
 HEALTH DEPT.
 CHARLOTTE

RECEIVED
 MICH DEPT OF ENVIRONMENTAL QUALITY
 JAN 27 1998
 Drinking Water & Radiological Protection Division
 Greater Water Supply Section
 WELL CONSTRUCTION UNIT

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 Terry

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.
TERRY'S WELL SERVICE 23-2033
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 2120 BELLEVUE HWY. OLIVET, MI 49076
 Signed Terry Corda AUTHORIZED REPRESENTATIVE Date 12-28-97

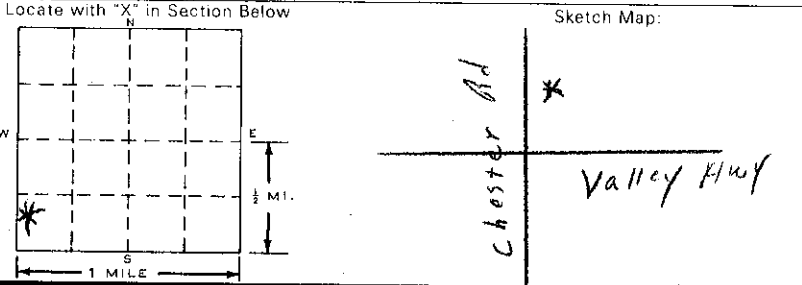
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

9005
 PERMIT NUMBER

1 LOCATION OF WELL				
County Eaton	Township Name Carmel	Fraction Nw 1/4 SW 1/4 SW 1/4	Section Number 4	Town Number 2 N/8
			Range Number 5 EW	

Distance And Direction From Road Intersection
2/10 mi. N. of Valley on Chester Rd.
E. side

Street Address & City of Well Location



3 OWNER OF WELL:
Mark Gammage
 Address
1170 N. Chester Rd. Charlotte
 Address Same As Well Location? Yes No

4 WELL DEPTH: **202** FT. Date Completed **5 12 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: Diameter Steel Threaded Plastic Welded
 Height: Above/Below Surface **1** ft.
 Weight **SDR 21** lbs/ft.
 Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
brown clay	21	21
gravel	57	78
grey clay	7	85
shale	102	187
sandrock	15	202

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

9 STATIC WATER LEVEL: **47** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
air test
 _____ 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 **118** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

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

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **Red Jacket**
 Model number _____ HP **1/2** Volts **220**
 Length of Drop Pipe **80** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name **250 xtrol**
 Model number _____ Capacity _____ Gallons

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.
Chas. Kleinfelt & Son 2064
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **3402 W 5Pt. Hwy. Charlotte, MI. 48813**
 Signed **Symon Bracy** AUTHORIZED REPRESENTATIVE Date **5/12/93**

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

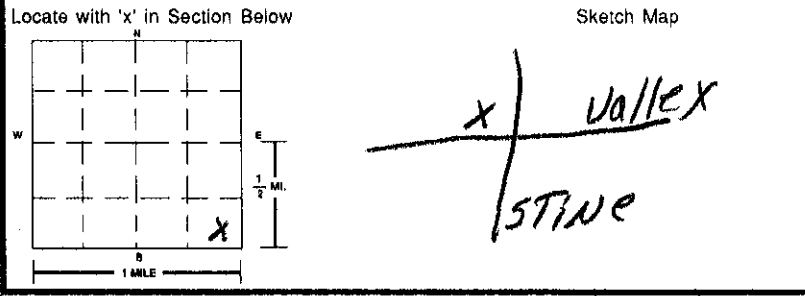
PERMIT NO:
11388

1. LOCATION OF WELL
County **EATON**

Township Name **CARMEL** Fraction **SE 1/4 SE 1/4 SE 1/4** Section No. **4** Town No. **2N** Range No. **5W**

Distance and Direction from Road Intersection
NW, CORNER OF STINE & Valley

3. OWNER OF WELL
Address **JEFF RANDALL
3086 VALLEY HWY.
CHARLOTTE MI 48813**
Address Same as Well Location Yes No



4. WELL DEPTH: **290** ft. Date Completed **2-20-97**
 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: **5** in. to **191** ft. depth Weight: _____ lbs./ft.
BORE HOLE: Diameter: **77/8** in. to **191** ft. depth Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
CLAY & SAND	14	14
GRAVEL	31	45
FINE GRAVEL	12	57
SAND	26	83
GRAY CLAY	21	104
SAND	7	111
GRAY CLAY & ST. OF SAND	18	129
GRAY CLAY	40	169
GRAY SANDROCK	16	185
GRAY CLAY	4	189
GRAY SHALE, LIME, ST. SANDROCK	101	290

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:
53 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
290 ft. After **3** hrs. Pumping at **12** 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 **191** ft.
 Neat Cement Bentonite **API GROUT**
No. of Bags **19** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **SEPTIC** Distance **50** ft. Direction _____
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **McDonald**
Model Number _____ HP **5** Volts **230**
Length of Drop Pipe **105** ft. Capacity **10** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **Well-rite**
Model Number **100** Capacity _____ Gallons

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.)
FEB 24 1997
BARRY-EATON DIST 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.
TERRY'S WELL SERVICE 23-2033
REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____
Address **2120 BELLEVUE HWY. OLIVET, MI 49076**
Signed **Terry Chads** Date **2-20-97**
AUTHORIZED REPRESENTATIVE

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **TERRY**

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978

Failure to comply is a misdemeanor

PERMIT NO:

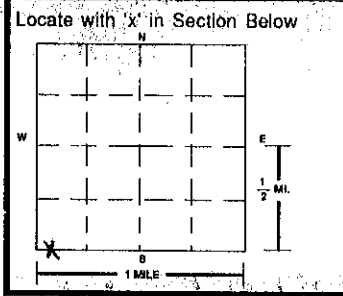
12028

TAX NO:

1. LOCATION OF WELL
County **EATON**

Township Name **CARMEL** Fraction **NW 1/4 NW 1/4 NW 1/4** Section No. **6** Town No. **22** Range No. **525**

Distance and Direction from Road Intersection
0.1 mile east of Chester Ave, on the north side of Valley Road



3. OWNER OF WELL
Address **Karen Mueller Valley Hwy. Charlotte**
Address Same as Well Location Yes No

4. WELL DEPTH: **75** ft. Date Completed **10 18 1977**
 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** Surface: **1** ft
Diameter: **5** in. to **71** ft. depth
Weight: **DR 21** lbs./ft.
BORE HOLE: Diameter: **8** in. to **71** ft. depth

8. SCREEN: Not Installed Gravel-Packed
Type **Stanley Stud** Diameter **4"**
Slot/Gauze **10 Slot** Length: **48"**
Set Between **71** ft. and **75** ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen ft. Other **SL**

9. STATIC WATER LEVEL: **30** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
ft. After _____ hrs. Pumping at **40** 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 **71** ft.
 Neat Cement Bentonite Other
No. of Bags **6** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **Septic** Distance **50+** ft. Direction **NW**
Type **Sump Clock** Distance **50+** ft. Direction **NW**

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **Myers**
Model Number **SCAB** HP **1/2** Volts **230**
Length of Drop Pipe **60** ft. Capacity **12** G.P.M.
TYPE: Submersible Jet Other
PRESSURE TANK:
Manufacturer's Name **Perma Air**
Model Number **Rad 20** Capacity **5.7** Gallons **40**

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sandy Brown Clay</i>	<i>18</i>	<i>18</i>
<i>Sandy Grey Clay</i>	<i>36</i>	<i>54</i>
<i>Gravel</i>	<i>21</i>	<i>75</i>

RECEIVED MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY NOV 13 1977
WORLD GROUND WATER SUPPLY SEC.
OCT 30 1997
BARRY-EATON DIST. HEALTH DEPT. CHARLOTTE
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 **Alan Ewing**

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.
Ewing Well Drilling Inc 11612
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **10076 Nashville Hwy Beavertown**
Signed **Alan Ewing** Date _____
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL				
County <i>Caton</i>	Township Name <i>Carmel</i>	Fraction <i>NW 1/4 NW 1/4 NE 1/4</i>	Section Number <i>4</i>	Town Number <i>2 N/S</i> Range Number <i>5 W</i>

Distance And Direction From Road Intersection
1/4 mile E of Chester Rd and 75' S off of Kinzel Hwy.

Street Address & City of Well Location
Charlotte, Mich

Locate with "X" in Section Below

1 MILE

Sketch Map:

3 OWNER OF WELL:
Joe Montgomery Builders
Address
1904 S Bradley Charlotte, Mi
Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) *106 ft.* Date of Completion *12-8-86*

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING
Diameter Steel Threaded Plastic Welded
Height: Above/Below Surface *1* ft.
Weight _____ lbs./ft.
Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>0-16 Clay</i>	<i>16</i>	<i>16</i>
<i>16-23 Fine sand</i>	<i>7</i>	<i>23</i>
<i>23-49 Clay</i>	<i>26</i>	<i>49</i>
<i>49-50 Gravel</i>	<i>1</i>	<i>50</i>
<i>50-65 Shale</i>	<i>15</i>	<i>65</i>
<i>65-77 Sandrock</i>	<i>12</i>	<i>77</i>
<i>77-83 Shale + Sandrock</i>	<i>6</i>	<i>83</i>
<i>83-92 Sandrock</i>	<i>9</i>	<i>92</i>
<i>92-106 Shale</i>	<i>14</i>	<i>106</i>

8 SCREEN: Not installed
Type _____ Diameter _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: *18* ft. below land surface Flow

10 PUMPING LEVEL: below land surface
60 ft. after *1* hrs. pumping at *20* 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 *S*
Well disinfected upon completion? Yes No

14 PUMP: Not installed Pump installation Only
Manufacturer's name *Webtrol*
Model number _____ HP *1/2* Volts *230*
Length of Drop Pipe *45* ft. capacity _____ G.P.M.
TYPE: Submersible Jet
PRESSURE TANK:
Manufacturer's name *AQUA AIR*
Model number _____ Capacity _____ Gallons

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

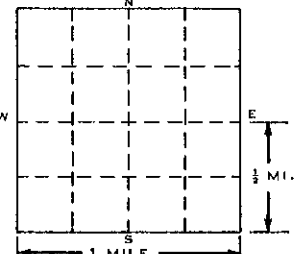
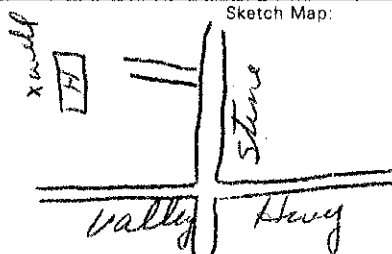
RECEIVED
Mich. Dept. of Public Health
DEC 07 1987

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 & Sons Well Drilling Inc. 1791
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *4743 Brady Rd Charlotte, Mi*
Signed *James Hiatt* AUTHORIZED REPRESENTATIVE Date *12-8-86*

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL									
County <u>Baton</u>	Township Name <u>Carmel</u>	Fraction <u>SE 1/4 SE 1/4 SE 1/4</u>	Section Number <u>4</u>	Town Number <u>2</u>	Range Number <u>5</u>				
Distance And Direction From Road Intersection <u>1/8 mile N of Valley Hwy. and 300' W off of Stine Rd.</u>				3 OWNER OF WELL: <u>Joe Montgomery Builders</u>					
Street Address & City of Well Location <u>Charlotte, Michigan</u>				Address <u>122 S Lincoln Charlotte, Mich.</u>					
Locate with "X" in Section Below				Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
		Sketch Map:		4 WELL DEPTH: (completed) <u>67</u> ft. Date of Completion <u>12-2-87</u>					
				5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
						7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. <u>4</u> in. to <u>63</u> ft. depth Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
<u>0-61 Clay</u>		<u>61</u>		<u>61</u>		8 SCREEN: <input type="checkbox"/> Not installed <u>Stainless Steel</u> Diameter <u>4"</u> Slot/Gauze <u>12</u> Length <u>4'</u> Set between <u>63</u> ft. and <u>67</u> 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 <u>2</u> ft. Other _____			
<u>61-67 Sand & Gravel</u>		<u>6</u>		<u>67</u>		9 STATIC WATER LEVEL: <u>36</u> ft. below land surface <input type="checkbox"/> Flow			
						10 PUMPING LEVEL: below land surface <u>60</u> ft. after <u>1</u> hrs. pumping at <u>30</u> 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			
<u>Stine Rd.</u>						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>63</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
						13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>50</u> ft. Direction <u>E</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump installation Only Manufacturer's name <u>Lowara</u> Model number _____ HP <u>1/2</u> Volts <u>230</u> Length of Drop Pipe <u>60</u> ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name <u>Aqua Air</u> Model number <u>V-60</u> Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc.						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Jim & Sons Well Drilling Inc. 1791</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>4743 S Pracy Rd. Charlotte, Mich.</u> Signed <u>James Scott</u> Date <u>12-3-87</u> AUTHORIZED REPRESENTATIVE			
						Authority: Act 368 PA 1978 Completion: Required Penalty: Conviction of a violation of any provision is a misdemeanor.			



AUG 17 1973

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:																	
County Eaton	Township Name Carmel	Fraction SW 1/4 SE 1/4	Section Number 4	Town Number 2 N.	Range Number 5 W.															
Distance And Direction from Road Intersections 1/2 mi. W. of Stine on Valley			Address Jack Mann 1469 E. Clinton Trl. Charlotte																	
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 225 ft. 7-7-73																	
Sketch Map: 			5 <input checked="" 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"/>																	
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay & Sand</td> <td>95</td> <td>95</td> </tr> <tr> <td>Clay, Gravel & Sand</td> <td>90</td> <td>185</td> </tr> <tr> <td>Soft Sand Rock</td> <td>15</td> <td>200</td> </tr> <tr> <td>Sand Rock & Lime</td> <td>25</td> <td>225</td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay & Sand	95	95	Clay, Gravel & Sand	90	185	Soft Sand Rock	15	200	Sand Rock & Lime	25	225	7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. Diam. _____ Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM															
			Clay & Sand	95	95															
			Clay, Gravel & Sand	90	185															
			Soft Sand Rock	15	200															
Sand Rock & Lime	25	225																		
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																				
9 STATIC WATER LEVEL <u>24</u> ft. below land surface																				
10 PUMPING LEVEL below land surface <u>30</u> ft. after <u>1</u> hrs. pumping <u>30</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.																				
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____																				
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade																				
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																				
14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number _____ HP <u>1/2</u> Volts <u>230</u> Length of Drop Pipe <u>30</u> ft. capacity _____ G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																				
16 Remarks, elevation, source of data, etc. ONE			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. LJT Rotary Well Drilling Inc 1077 REGISTERED BUSINESS NAME REGISTRATION NO. Address Rt 2 Charlotte Signed Loy Perkins AUTHORIZED REPRESENTATIVE Date 7-15-73																	

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

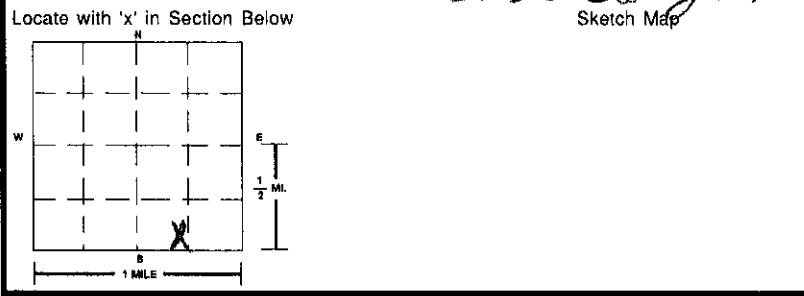
PERMIT NO:

1. LOCATION OF WELL
County Eaton

Township Name Carnel Fraction SE 1/4 Sec 14 T21N R14W Section No. 4 Town No. 21N Range No. 14W

Distance and Direction from Road Intersection

Street Address & City of Well Location 3530 Valley Rd.



3. OWNER OF WELL
Address Bowker Building
6320 Tamberland
Dumondville
Address Same as Well Location Yes No

4. WELL DEPTH: 66 ft. Date Completed 9/20/96
 New Well
 Replacement Well

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

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

7. CASING: Steel Threaded
 Plastic Welded
 Other _____
Height: Above/Below Surface: 1 ft
Diameter: 5 in. to 56 ft. depth Weight: 500 lbs/ft.
BORE HOLE: Diameter: 8 in. to 56 ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type Johnson Diameter 4"
Slot/Gauze 15 Length: 10'
Set Between 56 ft. and 66 ft.
FITTINGS: Packer Bremer Check
 Blank Above Screen 3 ft. Other _____

9. STATIC WATER LEVEL: _____ ft. Below Land Surface Flowing 19gpm

10. PUMPING LEVEL: Below Land Surface
54 ft. After 112 hrs. Pumping at 35 G.P.M.
 Plunger Bailor Air Test Pump

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

12. WELL GROUTED? No Yes From 0 to 56 ft.
 Neat Cement Bentonite Other _____
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 75 ft. Direction W
Type _____ Distance _____ ft. Direction _____

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sand + Clay</u>	<u>8</u>	<u>8</u>
<u>Clay</u>	<u>45</u>	<u>53</u>
<u>Shovel</u>	<u>13</u>	<u>66</u>
<u>Clay</u>	<u>-</u>	<u>66</u>

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 Joe West

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Red Bull
Model Number 201 HP 1 1/2 Volts 220
Length of Drop Pipe 40 ft. Capacity 15 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK: Manufacturer's Name Well-rted
Model Number WX205 Capacity 39 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.
F. W. Well Drilling Inc. 1808
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 2005 Glen
Signed Richard Egan Date 9-20-96
AUTHORIZED REPRESENTATIVE

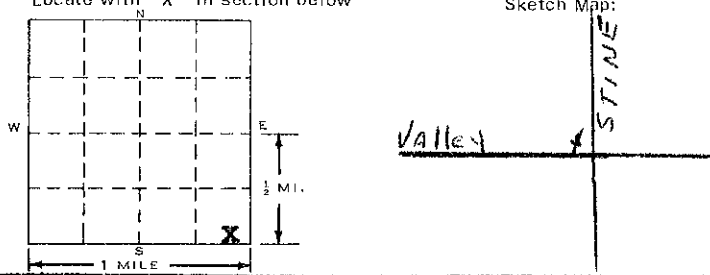


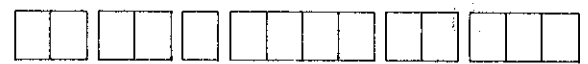
FEB 1 1977

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL															
County Eaton		Township Name Carmel		Fraction SE 1/4 SE 1/4		Section Number 4		Town Number 2 N.W.		Range Number 5 E.W.					
Distance And Direction from Road Intersections NW Corner Valley & Stine Hwy.												3 OWNER OF WELL: Address Halsey Construction R# 5 Box 91 Charlotte, Mi. 48813			
Street address & City of Well Location Locate with "X" in section below												4 WELL DEPTH: (completed) Date of Completion 265 ft. 10/76			
Sketch Map: 												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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 200 ft. Depth Height: Above/Below Surface 1 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											
Clay		73		73											
Clay & Sand		26		99											
Clay		94		193											
Shale & Sand Rock		72		265											
												8 SCREEN: Type: NONE Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
												9 STATIC WATER LEVEL 70 ft. below land surface			
												10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m.			
												11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____			
												12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
												13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Drill Mud to Depth: From _____ ft. to _____ ft. G.L.			
												14 Nearest Source of possible contamination 50 feet E Direction S.T. Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
												15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number _____ HP 1/2 Volts 230 Length of Drop Pipe 105 ft. capacity 10 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 DRILLER, ITEM NO. *CORRECTED BY **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. Chas. Kleinfelt & Son 0107 REGISTRATION NO. 3400 Address Charlotte R#2, Mi. 48813 Signed <i>[Signature]</i> Date 10/30/76 AUTHORIZED REPRESENTATIVE			



JAN 16 1978

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:																	
County EATON	Township Name CARMEL	Fraction NW 1/4 NW 1/4 SW 1/4	Section Number 4	Town Number 2 N.W.	Range Number 5 E.W.															
Distance And Direction from Road Intersections 1/2 Mi. N. of Valley on Chester - E. Side			Address Halsey Construction R# 5 Box 91 Charlotte, Mi. 48813																	
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 100 ft. 9/77																	
Sketch Map: 			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"/>																	
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>31</td> <td>31</td> </tr> <tr> <td>Sand & Clay</td> <td>32</td> <td>63</td> </tr> <tr> <td>Clay</td> <td>22</td> <td>85</td> </tr> <tr> <td>Sand Rock</td> <td>15</td> <td>100</td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	31	31	Sand & Clay	32	63	Clay	22	85	Sand Rock	15	100	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 90 ft. Depth Height: Above Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM															
			Clay	31	31															
			Sand & Clay	32	63															
Clay	22	85																		
Sand Rock	15	100																		
8 SCREEN: Type: NONE Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																				
9 STATIC WATER LEVEL 12 ft. below land surface																				
10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. AIR TEST _____ ft. after _____ hrs. pumping _____ g.p.m.																				
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____																				
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade																				
13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Drill Mud to G.L. Depth: From _____ ft. to _____ ft.																				
14 Nearest Source of possible contamination 50 feet S Direction S.T. Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number _____ HP 1/2 Volts 230 Length of Drop Pipe 21 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																				
16 Remarks, elevation, source of data, etc. *CORRECTED BY _____ **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. Chas. H. Kleinfelt & Son 0107 REGISTERED BUSINESS NAME REGISTRATION NO. P.O. Box 337 Address Charlotte, Mi. 48813 Signed <i>Ch H Kleinfelt</i> Date 9/29/77 AUTHORIZED REPRESENTATIVE																				

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

Country Eaton Twp Carmel Fraction SW1/4NW1/4 Section No. 4 Town 2 N/S 5 Range 5 EW.

Distance And Direction from Road Intersections: 300' North on Wally Hwy on Chester Road east side OWNER No. _____

Street address & City of Well Location: _____

3 OWNER OF WELL
 Name: Lloyd Eaton
 Address: 1010 1/2 floor Charlotte

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) ft.	Date of Completion
<u>Clay</u>	<u>70</u>	<u>70</u>	<u>200</u>	<u>8-21-68</u>
<u>Sand</u>	<u>40</u>	<u>110</u>		
<u>Shale</u>	<u>14</u>	<u>124</u>		
<u>Soft sand rock</u>	<u>8</u>	<u>132</u>		
<u>Shale</u>	<u>48</u>	<u>180</u>		
<u>Sand rock</u>	<u>20</u>	<u>200</u>		

4 WELL DEPTH: (completed) Date of Completion 8-21-68

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. 4 in. to 180 ft. Depth Height: Above/Below surface 77 ft.
 Weight 77 lbs/ft. Drive Shoe? Yes No

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

9 STATIC WATER LEVEL 50 ft. below land surface

10 PUMPING LEVEL below land surface
60 ft. after 3 hrs. pumping 25 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: In Approved Pit
 Pitless Adapter 12" Above Grade

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

14 SANITARY:
 Nearest Source of possible contamination 50 feet E Direction up hill type _____
 Well disinfected upon completion Yes No

15 PUMP: N/A installed
 Manufacturer's Name _____
 Model Number _____ HP _____
 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.

Leonard Well Drilling 0404
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address 111 Springfield

Signed M. Leonard Date 8-24-68
 AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <i>Calvin</i>	Twp. <i>Carmel</i>	Fraction <i>SW 1/4 Sec 4 NW 1/4</i>	Section No. <i>4</i>	Town <i>2</i>	Range <i>5</i>
Distance And Direction from Road Intersections <i>1/2 mile North Valley View on Chester Road East side</i>			OWNER OF WELL: <i>Donat Royce</i> Address <i>51758 Chester Road Charlotte</i>		
Street address & City of Well Location					

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion
<i>Clay</i>	<i>7</i>	<i>7</i>	<i>175 ft. 12-26-68</i>
<i>Clay Gravelly</i>	<i>5</i>	<i>12</i>	5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____
<i>Clay</i>	<i>3</i>	<i>15</i>	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"/> _____
<i>Gravel</i>	<i>29</i>	<i>(44)</i>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <i>4</i> in. to <i>108</i> ft. Depth Height: Above/Below surface <i>2</i> ft. Weight <i>11</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<i>Soft sand rock</i>	<i>12</i>	<i>54</i>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
<i>Shale</i>	<i>89</i>	<i>145</i>	9 STATIC WATER LEVEL <i>20</i> ft. below land surface
<i>Sand Rock</i>	<i>30</i>	<i>175</i>	10 PUMPING LEVEL below land surface <i>50</i> ft. after <i>3</i> hrs. pumping <i>30</i> 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 checked="" type="checkbox"/> Pitless Adapter <input 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 <i>75</i> feet <i>NE</i> Direction <i>septic</i> type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: Manufacturer's Name <i>O. Thero</i> 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

<p>16 Remarks, elevation, source of data, etc.</p> <p>ADDED INFO. BY DRILLER, ITEM NO.</p> <p>CORRECTED BY:</p> <p>**ADDITION BY:</p>	<p>17 WATER WELL CONTRACTOR'S CERTIFICATION:</p> <p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p><i>Leon Well Drilling</i> <i>0404</i> REGISTERED BUSINESS NAME REGISTRATION NO.</p> <p>Address <i>P.O. Springport</i></p> <p>Signed <i>M. Leonard</i> Date <i>12/28/68</i> AUTHORIZED REPRESENTATIVE</p>
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MAR 06 1979

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County EATON	Township Name Carmel	Fraction NE 1/4 SE 1/4
Distance And Direction from Road Intersections about 0.2 mi N. of Valley on west side of Stine		Section Number 4
Street address & City of Well Location Stine Rd Charlotte, Michigan		Town Number 2 N.S.
Locate with "X" in section below		Range Number 5 E/W.
		Sketch Map:
2 FORMATION		
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	50	50
mixed clay & fine sand	10	60
Clay Brown	30	90
mixed sand	9	99
3 OWNER OF WELL: Jim Grier		
Address Stine Rd Charlotte, Michigan		
4 WELL DEPTH: (completed) 99 ft. Date of Completion Jun 31 - 1979		
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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 1 ft. Diam. 4 in. to 9.5 ft. Depth 11 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8 SCREEN:		
Type: Stainless Dia.: 3"		
Slot/Screen 20 Length 48"		
Set between 95 ft. and 99 ft.		
Fittings: 4x3 Reduc Coupling		
9 STATIC WATER LEVEL 44 ft. below land surface		
10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ G.P.M.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From 6 ft. to 95 ft.		
14 Nearest Source of possible contamination 75 feet W 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 Flint & Walling Model Number 5BAR HP 1/2 Volts 230 Length of Drop Pipe 84 ft. capacity 10 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 DRILLER, ITEM NO. _____ *CORRECTED BY _____ **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____ RECEIVED Mich. Dept. of Public Health MAR 02 1979 Bureau of Environmental Occupational Health		
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.		
and Ewing Well Drilling 1612 REGISTERED BUSINESS NAME REGISTRATION NO.		
Address Rt 4 Allegan Rd Vermontville Mich		
Signed Michael J. Egan		Date Jun 31 1979
AUTHORIZED REPRESENTATIVE		

OCT 15 1979

WATER WELL RECORD
ACT 294 PA 1965

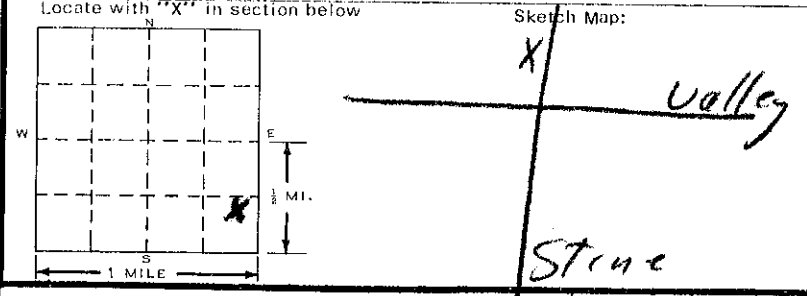
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County EATON Township Name Carnel Fraction NE 1/4 SE 1/4 Section Number 4 Town Number 2 N.W. Range Number 5 E.W.

Distance And Direction from Road Intersections
About 0.2 mi N of Valley on
West side of Stine Rd

Street address & City of Well Location
Stine Rd
Charlotte, Mich



2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Brown Clay</u>	<u>50</u>	<u>50</u>
<u>Mixed clay & fine sand</u>	<u>10</u>	<u>60</u>
<u>Brown Clay</u>	<u>30</u>	<u>90</u>
<u>Mixed sand</u>	<u>10</u>	<u>100</u>
<u>Grey clay</u>	<u>114</u>	<u>214</u>
<u>Boulders & stones</u>	<u>10</u>	<u>224</u>
<u>Green sand stone</u>	<u>6</u>	<u>230</u>
<u>Dark Brown limestone</u>	<u>12</u>	<u>242</u>
<u>off white sandstone</u>	<u>8</u>	<u>250</u>

3 OWNER OF WELL: Jim Grier
Address Stine Rd
Charlotte, Mich

4 WELL DEPTH: (completed) 250 ft. Date of Completion Sept 10-79

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 Surface 1 ft.
4 in. to 228 ft. Depth Weight 11 lbs./ft.
Drive Shoe? Yes No

8 SCREEN:
Type: None Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: Rotary shoe seated in
Gravel Rock

9 STATIC WATER LEVEL
_____ ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping 30 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 6 ft. to 228 ft.

14 Nearest Source of possible contamination
75 feet W Direction Septic Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Flint & Walling
Model Number 5088 H.P. 10 Volts 230
Length of Drop Pipe 90 ft. capacity 10 G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY
**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.
Ewing Well Drilling 1612
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 6459 Allegan Rd Vermontville
Signed Richard G Date Sept 19 79
AUTHORIZED REPRESENTATIVE

