

**WATER WELL AND PUMP RECORD**

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**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>		
County <i>Easton</i>	Township Name <i>Oscoda</i>	Fraction <i>1/4 1/4 1/4</i>
Section Number <i>16</i>		Town Number <i>4 NS</i>
Range Number <i>4 EW</i>		
Distance And Direction From Road Intersection <i>1/2 mile West of <del>Chippewa</del> Rd. then 75' South by long 75 ft</i>		
Street Address & City of Well Location		
Locate with "X" in Section Below		
Sketch Map:		
<b>2 FORMATION DESCRIPTION</b>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sand &amp; Clay</i>	<i>26</i>	<i>26</i>
<i>Gravel</i>	<i>18</i>	<i>44</i>
<i>Clay &amp; Gravel</i>	<i>33</i>	<i>76</i>
<i>Shale</i>	<i>49</i>	<i>125</i>
<i>Sand rock</i>	<i>30</i>	<i>155</i>
<b>3 OWNER OF WELL:</b>		
Address <i>Harold Hodello Logansport, IN</i>		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4 WELL DEPTH:</b> (completed) <i>155</i> ft.		Date of Completion <i>7-6-88</i>
<b>5</b> <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> _____		
<b>6 USE:</b> <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"/> _____		
<b>7 CASING:</b> Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> _____ <i>5</i> in. to <i>95</i> ft. depth Grouted Drill Hole Diameter <i>6 1/2</i> in. to <i>95</i> ft. depth _____ in. to _____ ft. depth		Height: Above/Below Surface <i>1</i> ft. Weight _____ lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>8 SCREEN:</b> <input type="checkbox"/> Not Installed		
Type _____ Diameter _____		
Slot/Gauze _____ Length _____		
Set between _____ ft. and _____ ft.		
<b>RITTINGS:</b> <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		
<b>9 STATIC WATER LEVEL:</b> <i>30</i> ft. below land surface <input type="checkbox"/> Flow		
<b>10 PUMPING LEVEL:</b> below land surface <i>100</i> ft. after <i>2</i> hrs. pumping at <i>110</i> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <i>0</i> to <i>95</i> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____		
<b>13 Nearest source of possible contamination</b> Type <i>Septic</i> Distance <i>60</i> ft. Direction <i>South</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>14 PUMP:</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <i>Mycus</i> Model number _____ HP <i>1/2</i> Volts <i>230</i> Length of Drop Pipe <i>63</i> ft. capacity <i>10</i> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		
<b>PRESSURE TANK:</b> Manufacturer's name <i>Well World</i> Model number <i>203</i> Capacity <i>8</i> Gallons		
<b>RECEIVED</b> Mich. Dept. of Public Health OCT 10 1988		
<b>15. Remarks, elevation, source of data, etc.</b>		
<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Johnson Well Drilling 0327</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>16440 Callman Rd. I. Mich</i> Signed <i>Monica Johnson</i> Date <i>9-24-88</i> AUTHORIZED REPRESENTATIVE		

**AUG 19 1980**

**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>		
County <b>Eaton</b>	Township Name <b>Oneida</b>	Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>
		Section Number <b>16</b>
		Town Number <b>4 N/S.</b>
		Range Number <b>4 =E/W.</b>
Distance And Direction from Road Intersections <b>1/4 mile W of Oneida Rd. and 100' S off of Saginaw Hwy.</b>		
Street address & City of Well Location <b>Grand Ledge, Michigan</b>		
Locate with "X" in section below		
	Sketch Map: <b>Saginaw Hwy</b> <b>Oneida Rd.</b> <b>H x well</b>	
<b>3 OWNER OF WELL:</b> <b>Mike Davis Construction</b> Address <b>313 S Clinton Grand Ledge, Michigan</b>		
<b>4 WELL DEPTH:</b> (completed) <b>180</b> ft. Date of Completion <b>July 16, 1980</b>		
<b>5</b> <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"/> _____		
<b>6 USE:</b> <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"/> _____		
<b>7 CASING:</b> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above <del>surface</del> Surface <b>1</b> ft. <b>4</b> in. to <b>72</b> ft. Depth Weight <b>11</b> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>8 SCREEN:</b> Type: _____ Diam. _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
<b>9 STATIC WATER LEVEL</b> <b>25</b> ft. below land surface		
<b>10 PUMPING LEVEL</b> below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. <b>Test pumped with air</b> _____ ft. after _____ hrs. pumping <b>35</b> g.p.m.		
<b>11 WATER QUALITY</b> in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
<b>12 WELL HEAD COMPLETION:</b> <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
<b>13 Well Grouted?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <b>0</b> ft. to <b>72</b> ft.		
<b>14 Nearest Source of possible contamination</b> <b>50</b> feet <b>N</b> Direction <b>Septic</b> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>15 PUMP:</b> <input type="checkbox"/> Not installed Manufacturer's Name <b>Blint &amp; Walling</b> Model Number <b>5B48</b> HP <b>1/2</b> Volts <b>230</b> Length of Drop Pipe <b>77</b> ft. capacity <b>10</b> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
<b>16 Remarks, elevation, source of data, etc.</b>  <b>Job No. 690</b>  <b>Saginaw Hwy.</b>  <b>USE A 2ND SHEET IF NEEDED</b>		
<b>17 WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Jim &amp; Sons Well Drilling Inc.</b> <b>0776</b> REGISTERED BUSINESS NAME <b>Temporary</b> REGISTRATION NO. Address <b>7603 Brookfield Rd. Charlotte, Mich.</b> Signed <b>James Niatt</b> Date <b>July 16, 1980</b> AUTHORIZED REPRESENTATIVE		

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

GEOLOGICAL SURVEY NO.

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>				
County <i>Caton</i>	Township Name <i>Onecida</i>	Fraction <i>NE 1/4 NE 1/4 NE 1/4</i>	Section Number <i>16</i>	Town Number <i>4 (N)</i>
			Range Number <i>4 (E)</i>	

Distance And Direction From Road Intersection  
**1/8 Mile West Of Onecida Rd.**  
**200' South of Saginaw Hwy**

Street Address & City of Well Location  
**2780 E Saginaw Grand Ledge Mich.**

Locate with "X" in Section Below

Sketch Map:  
 ONCIDA  
 SAGINAW  
 A

**3 OWNER OF WELL:**  
**Dennis Chopp (Builder)**  
 Address **2880 E St. Joe Grand Ledge Mich. 48837**

Address Same As Well Location?  Yes  No

**4 WELL DEPTH:** **170** FT. Date Completed **9 29 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  
**5** in. to **70** ft. depth Height: Above/Surface **XXXX** ft.  
 Weight **PVC** lbs./ft.  
 Drive Shoe  Yes  No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<b>Clay &amp; Gravel</b>	<b>27</b>	<b>27</b>
<b>Gravel</b>	<b>14</b>	<b>41</b>
<b>Clay</b>	<b>8</b>	<b>49</b>
<b>Shale</b>	<b>86</b>	<b>135</b>
<b>Sandrock</b>	<b>35</b>	<b>170</b>

**8 SCREEN:**  Not Installed  
 Type **NONE** 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:** **50** ft. below land surface  Flow

**10 PUMPING LEVEL:** below land surface  
**54** ft. after **2** hrs. pumping at **15** 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 \_\_\_\_\_  
 No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

**13 Nearest source of possible contamination**  
 Type **Septic** Distance **60** ft. Direction **NW**  
 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 **50RW1-9BC** HP **1/2** Volts **230**  
 Length of Drop Pipe **80** ft. capacity **10** G.P.M.  
 TYPE:  Submersible  Jet  
 PRESSURE TANK: **Wellxtrol**  
 Manufacturer's name **Wellxtrol**  
 Model number **WX205** Capacity **34** Gallons

USE A 2ND SHEET IF NEEDED

**15. Remarks, elevation, source of data, etc.** **OCT 18 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWOS**

**17. Rig Operator's Name:** **Jack Peru**

**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.

**Maurer & Parks Well Drilling Inc. 0383**  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **1700 N. East St. Lansing, Mich. 48906**  
 Signed *Engineer Maurer* Date **9-30-93**  
AUTHORIZED REPRESENTATIVE

FEB 23 1981

**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

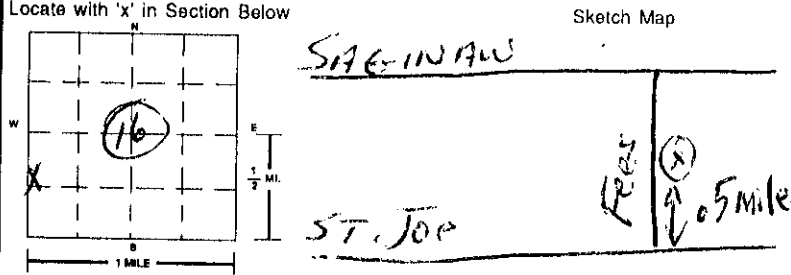
<b>1. LOCATION OF WELL</b> County: <u>Eaton</u> Township Name: <u>Oneida</u> Fraction: <u>NE 1/4 NE 1/4 NW 1/4</u> Section Number: <u>16</u> Town Number: <u>4</u> Range Number: <u>4</u>	
Distance And Direction from Road Intersections: <u>1/4 mile S of Saginaw HWY and 125' W off of Oneida Rd.</u> Street address & City of Well Location: <u>Grand Ledge, Michigan</u> Locate with "X" in section below	
	<b>3 OWNER OF WELL:</b> <u>Mike Davis Construction</u> Address: <u>313 S Clinton Grand Ledge, Michigan</u>
<b>4 WELL DEPTH:</b> (completed) <u>180</u> ft. Date of Completion: <u>11 3 80</u>	
<b>5 CASING:</b> <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"/>	
<b>6 USE:</b> <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"/>	
<b>7 CASING:</b> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above <u>40</u> Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>8 SCREEN:</b> Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
<b>9 STATIC WATER LEVEL:</b> <u>40</u> ft. below land surface	
<b>10 PUMPING LEVEL below land surface:</b> _____ ft. after _____ hrs. pumping _____ g.p.m. <u>Test pumped with air</u> _____ ft. after _____ hrs. pumping <u>35</u> g.p.m.	
<b>11 WATER QUALITY in Parts Per Million:</b> Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____	
<b>12 WELL HEAD COMPLETION:</b> <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
<b>13 Well Grouted?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>68</u> ft.	
<b>14 Nearest Source of possible contamination:</b> <u>50</u> feet <u>E</u> Direction <u>Septic</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>15 PUMP:</b> <input type="checkbox"/> Not installed Manufacturer's Name: <u>Flint &amp; Walling</u> Model Number: <u>5B48</u> HP <u>1/2</u> Volts <u>230</u> Length of Drop Pipe: <u>68</u> ft. capacity <u>10</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
<b>16 Remarks, elevation, source of data, etc.</b>  ONEIDA RD. Job No 708  ADDITIONAL INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK	
<b>17 WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Jim &amp; Sons Well Drilling Inc.</u> REG. NO. <u>7706</u> 0776 Address: <u>7603 Brookfield Rd. Charlotte, Mich</u> Signed: <u>James Liatt</u> Date: <u>Nov -4 -80</u> AUTHORIZED REPRESENTATIVE	

11/27

1. LOCATION OF WELL  
 County Eaton Township Name Oneida Fraction 1/4 SW 1/4 Section No. 16 Town No. 4N Range No. 4W

Distance and Direction from Road Intersection  
.5 mile north of St. Joe on the east side of Fees Road.

Street Address & City of Well Location 11488 Fees Road, Grand Ledge



3. OWNER OF WELL  
 Address Tom Campbell  
319 Madison Street  
Grand Ledge, 48837  
 Address Same as Well Location  Yes  No

4. WELL DEPTH: 200 ft. Date Completed 8 / 31 / 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  
 Diameter: 5 in. to 130 ft. depth  
 BORE HOLE:  Drive Shoe  Shale Packer  
 Diameter: 8 in. to 130 ft. depth  
4 5/8 in. to 200 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: 30 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface \_\_\_\_\_ ft. After \_\_\_\_\_ hrs. Pumping at 70 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 130 ft.  
 Neat Cement  Bentonite  Other 1 gel  
 No. of Bags 6 Additives Quik Grout

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type Drain field Distance 75 ft. Direction S  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name Sta Rite - owners  
 Model Number 2445089003 HP 1 Volts 230  
 Length of Drop Pipe 80 ft. Capacity 20 G.P.M.  
 TYPE:  Submersible  Jet  Other \_\_\_\_\_  
 PRESSURE TANK:  
 Manufacturer's Name Well Mate - owners  
 Model Number WM25-WB Capacity 86 Gallons 25

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Brown clay	14	14
Gray clay	06	20
Red clay with gravel	21	41
Gray clay	04	45
Sand & silt with coal (active)	08	53
Gravel (active)	02	55
Gray clay with gravel	06	61
Gray shale and sandrock	03	64
Gray clay with gravel and coal	10	74
Gray and white shale	05	79
Black shale	02	81
White shale and soft sandrock	08	89
Gray and black shale	20	109
Limestone	03	112
Gray shale	04	116
White shale and sandrock	06	122
Gray shale	02	124
Gray and white sandrock with strips of gray shale	39	163
White sandrock		
Gray shale and sandrock		

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 NOV 06 1996

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.)  
70 gpm at 200'. 35 gpm at 100'

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
 Name Kevin Ouellette, Fred

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.  
Dyer Well Drilling & Service, Inc. 0418  
 REGISTERED BUSINESS NAME  
 Address Laingsburg 48848-0370 REGISTRATION NO.  
 Signed Michael Dyer Date 9-3-96  
 AUTHORIZED REPRESENTATIVE

NCT

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

TAX NO:

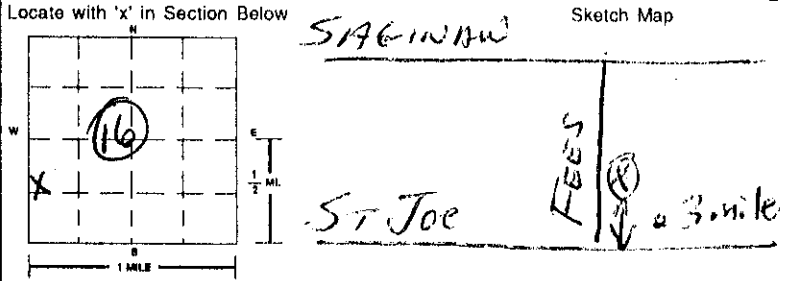
PERMIT NO:

1. LOCATION OF WELL  
County Eaton

Township Name Oneida Fraction NW 1/4 SW 1/4 SW 1/4 Section No. 16 Town No. 4N Range No. 4W

Distance and Direction from Road Intersection  
.3 mile north of St. Joe on the east side of Fees Road.

Street Address & City of Well Location 11322 Fees Road, Grand Ledge



3. OWNER OF WELL  
Address Joseph Newman  
235 E. Saginaw Highway  
Grand Ledge 48837  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 180 ft. Date Completed 8 / 31 / 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  
Diameter: 5 in. to 135 ft. depth  
BORE HOLE: Diameter: 8 1/2 in. to 135 ft. depth  
4 5/8 in. to 180 ft. depth  
Height: Above/Below Surface: 1 ft  
Weight: SDR21 lbs./ft.  
 Drive Shoe  Shale Packer

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

9. STATIC WATER LEVEL: 37 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface \_\_\_\_\_ ft. After \_\_\_\_\_ hrs. Pumping at 60 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 135 ft.  
 Neat Cement  Bentonite  Other 1 gel  
No. of Bags 6 Additives Quik Grout

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type Septic Distance 75 ft. Direction N  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name Red Jacket  
Model Number 75SEW1-6CC HP 3/4 Volts 230  
Length of Drop Pipe 80 ft. Capacity 18 G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name Well Rite  
Model Number 260 Capacity 86 Gallons 26

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Brown sand	04	04
Brown clay	11	15
Gray clay with gravel	17	32
Red clay with gravel	08	40
Gravel and coal (active)	05	45
Red clay with gravel	17	62
Gray clay with gravel	03	65
Gray shale	04	69
White shale with sandrock	05	74
Gray shale	04	78
Black shale	02	80
White and gray shale with sandrock	07	87
Gray shale	35	122
Black shale	08	130
Gray shale	02	132
Sandrock	04	136
Gray shale and sandrock	19	155
Sandrock	25	180

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Mich. Dept. of Public Health  
NOV 6 1996

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

USE A 2ND SHEET IF NEEDED

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

16. REMARKS: (Elevation, Source of Data, etc.)  
60 gpm at 180', 30 gpm at 100'.

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name Kevin Ouellette, Fred

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.  
Dyer Well Drilling & Service, Inc. 0418  
REGISTERED BUSINESS NAME  
Address Laingsburg 48848-0370 REGISTRATION NO.  
Signed Michael Dyer AUTHORIZED REPRESENTATIVE Date 9-4-96

GW-2-228 9/93

GEOLOGICAL SURVEY COPY

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

MT

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

TAX NO:

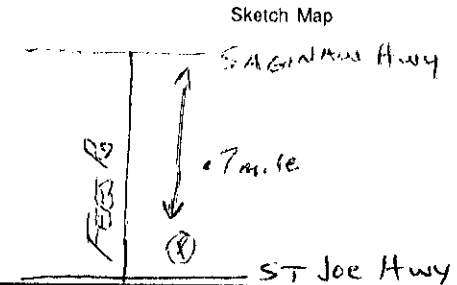
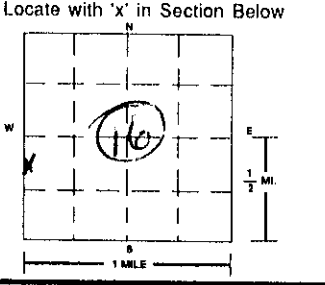
PERMIT NO:  
10101

1. LOCATION OF WELL  
County Eaton

Township Name Oneida Fraction 1/4NW 1/4 SW 1/4 Section No. 16 Town No. 4N Range No. 4W

Distance and Direction from Road Intersection  
.7 mile south of Saginaw Highway on the east side of Fees Road.

Street Address & City of Well Location 11266 Fees Road, Grand Ledge



3. OWNER OF WELL  
Address Doug Spalding  
2621 Champion Way  
Lansing 48910  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 180 ft. Date Completed 3/27/96  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 107 ft. depth Weight: SDR21 lbs./ft.  
BORE HOLE:  Drive Shoe  Shale Packer  
Diameter: 8 1/2 in. to 107 ft. depth  
4 3/4 in. to 180 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: 38 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface \_\_\_\_\_ ft. After \_\_\_\_\_ 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 107 ft.  
 Neat Cement  Bentonite  Other 3 holeplug  
No. of Bags 5 Additives Quik Grout

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type Septic Distance 65 ft. Direction NE  
Type Drain field Distance 90 ft. Direction ENE

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name Red Jacket  
Model Number 75SE 1-12BC HP 3/4 Volts 230  
Length of Drop Pipe 80 ft. Capacity 10 G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name Well Rite  
Model Number 260 Capacity 26 Gallons 86

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Brown clay	14	14
Gray clay	05	19
Purple clay with gravel	11	30
Gravel	11	41
Brown clay and gravel	08	49
Gray clay with stones	04	53
Brown clay with gravel	12	65
Gray clay	06	71
Black shale	10	81
Gray shale	08	89
Black shale	03	92
Sandrock	20	112
Gray shale with sandrock strips	68	180

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.)  
Red Jacket control box with run capacitor

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name Kevin Ouellette, Fred

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.  
Dyer Well Drilling & Service, Inc. 0418  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address Laingsburg 48848-0370  
Signed Michael Dyer AUTHORIZED REPRESENTATIVE Date 3/29/96

SP-T

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

TAX NO:

PERMIT NO:  
10661

1. LOCATION OF WELL  
County Eaton

Township Name Oneida

Fraction 1/4 1/4 NE 1/4

Section No. 16

Town No. 4N

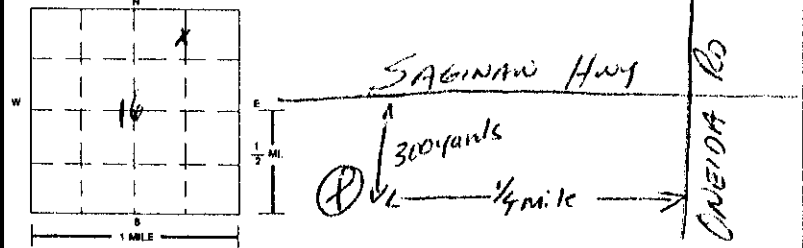
Range No. 4W

Distance and Direction from Road Intersection  
1/4 mile west of Oneida Road and 300 yards south of Saginaw Highway.

Street Address & City of Well Location 2146 E. Saginaw Hwy., Grand Ledge

Locate with 'x' in Section Below

Sketch Map



3. OWNER OF WELL  
Address Kim Cohoon  
8809 Davis Highway  
Lansing 48917  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 176 ft. Date Completed 11 / 14 / 95  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 114 ft. depth  
Weight: SDR21 lbs./ft.  
BORE HOLE:  Drive Shoe  Shale Packer  
Diameter: 8 1/2 in. to 114 ft. depth  
4 3/4 in. to 176 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: 30 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface  
ft. After \_\_\_\_\_ hrs. Pumping at 90+ 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 114 ft.  
 Neat Cement  Bentonite  Other  
No. of Bags 8 Additives Quik Grout

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type Septic Distance 55 ft. Direction NE  
Type Sewer Distance 10 ft. Direction E

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top soil	03	03
Gray clay; sand	03	06
Brown clay, gritty and gravelly	04	10
Gray stiff clay	08	18
Sand, fine to coarse; gravel, fine to medium	13	31
Gray clay, gritty & gravelly w/stones	10	41
Gray to dark gray shale w/gray soft sandstone streaks; coal strips	63	104
Gray sandstone and shale mix.	33	137
Light gray sandstone	37	174
Gray shale	02	176

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.)  
90+ gpm at bottom, 20+ gpm at 58 ft.

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name Steve Daily, John Boise

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name Red Jacket  
Model Number 50SEW1-9BC 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 Well Rite  
Model Number 250 Capacity 45 Gallons 13

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.  
Dyer Well Drilling & Service, Inc. 0418  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address Laingsburg 48848-0370  
Signed Michael Dyer Date 11-16-95  
AUTHORIZED REPRESENTATIVE

GEOLOGICAL SURVEY COPY

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

SEP 28 1976

**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>																															
County <b>EATON</b>	Township Name <b>ONEIDA</b>	Fraction <b>NENE NE 1/4</b>	Section Number <b>16</b>																														
Distance And Direction from Road Intersections <b>APPX. 0.1 MI. W. OF ONEIDA RD. APPX. 30 YDS. S. OF SAGINAW HWY.</b>		Town Number <b>04 N</b>																															
Street address & City of Well Location <b>SAGINAW HWY. GR. LEDGE LANSING, MI.</b>		Range Number <b>04 W.</b>																															
Locate with "X" in section below 		Date of Completion <b>181 ft. SEPT. 10, 1976</b>																															
<b>2 FORMATION</b> <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>BRN. SANDY CLAY</td><td>4</td><td>4</td></tr> <tr><td>BRN. GRAVELY CLAY</td><td>10</td><td>14</td></tr> <tr><td>GRAY GRAVELY CLAY</td><td>10</td><td>24</td></tr> <tr><td>GRAY STICKEY CLAY</td><td>20</td><td>44</td></tr> <tr><td>LARGE GRAVEL</td><td>10</td><td>54</td></tr> <tr><td>BOULDERS</td><td>10</td><td>64</td></tr> <tr><td>GRAY SHALE &amp; DRY SANDSTONE</td><td>71</td><td>135</td></tr> <tr><td>GRAY SANDSTONE (SOME WATER)</td><td>25</td><td>160</td></tr> <tr><td>WHITE SANDSTONE (WATER)</td><td>21</td><td>181</td></tr> </tbody> </table>		FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	BRN. SANDY CLAY	4	4	BRN. GRAVELY CLAY	10	14	GRAY GRAVELY CLAY	10	24	GRAY STICKEY CLAY	20	44	LARGE GRAVEL	10	54	BOULDERS	10	64	GRAY SHALE & DRY SANDSTONE	71	135	GRAY SANDSTONE (SOME WATER)	25	160	WHITE SANDSTONE (WATER)	21	181	Address <b>5121 WEXFORD LANSING, MI.</b>	
		FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																													
BRN. SANDY CLAY	4	4																															
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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		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. <b>4 in.</b> to <b>94 ft.</b> Depth Height: Above/Below Surface <b>ONE</b> ft. Weight <b>11</b> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		8 SCREEN: Type: <b>NONE</b> Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																															
9 STATIC WATER LEVEL <b>60</b> ft. below land surface		10 PUMPING LEVEL below land surface <b>APPX. 65</b> ft. after <b>1</b> hrs. pumping <b>30</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.																															
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) <b>NOT TAKEN</b> 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 Depth: From <b>0</b> ft. to <b>94</b> ft.		14 Nearest Source of possible contamination _____ feet _____ Direction <b>NOT INSTALLED</b> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <b>FEIN STAINLESS STEEL</b> Model Number <b>5BA 8</b> HP <b>1/2</b> Volts <b>230</b> Length of Drop Pipe <b>84</b> ft. capacity <b>10</b> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		16 Remarks, elevation, source of data, etc. <b>WELL YIELD APPX. 30-35 GPM</b>  <b>PERMIT # 6092</b>																															
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <b>5</b> **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. <b>PEDERSON &amp; SMITH, INC. 1511</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>12255 US-27 DEWITT</b> Signed <b>William R. Schuman</b> Date <b>Sept. 11-76</b> AUTHORIZED REPRESENTATIVE																															

USE A 2ND SHEET IF NEEDED

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

TAX NO:

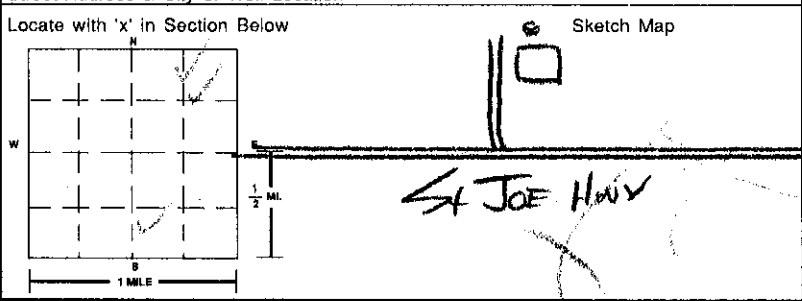
PERMIT NO: 19782

1. LOCATION OF WELL  
 County EATON

Township Name ONEIDA Fraction 1/4 1/4 1/4 Section No. 16 Town No. 10702 Range No.

Distance and Direction from Road Intersection  
150' North of St Joe Hwy

3. OWNER OF WELL  
 Address Elaine Kruger  
2379 St Joe Hwy,  
Grand Ledge  
 Address Same as Well Location  Yes  No



4. WELL DEPTH: 05 ft. Date Completed 11-01-95  
 New Well  
 Replacement Well

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

2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	24	24
Clay & Gravel	31	55
Gravel	7	62
Clay	8	70
Shale	185	255
Sandrock	50	305

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 88 ft. depth  
 Weight: \_\_\_\_\_ lbs./ft.  
 BORE HOLE:  Drive Shoe  Shale Packer  
 Diameter: \_\_\_\_\_ 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:  
50 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface  
100 ft. After \_\_\_\_\_ hrs. Pumping at 20 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 88 ft.  
 Neat Cement  Bentonite  Other  
 No. of Bags \_\_\_\_\_ Additives Benseal

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type septic Distance 50 ft. Direction south  
 Type gas Distance 100 ft. Direction west

15. ABANDONED WELL PLUGGED?  Yes  No  
 Casing Diameter 3 in. Depth 60 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 Gould's  
 Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts 230  
 Length of Drop Pipe \_\_\_\_\_ ft. Capacity 0 G.P.M.  
 TYPE:  Submersible  Jet  Other  
 PRESSURE TANK:  
 Manufacturer's Name Well-Rite  
 Model Number W-80 Capacity 26 Gallons

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
 Name Steve

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.  
Johnson Well Drilling 1723  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address 12577 State Rd. Grand Ledge  
 Signed Ronald Hodge AUTHORIZED REPRESENTATIVE Date 11-1-95

RECEIVED  
 Mich. Dept. of Public Health  
 NOV 27 1995  
 BUREAU OF ENVIRONMENTAL AND  
 OCCUPATIONAL HEALTH-GWQS

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

TAX NO:

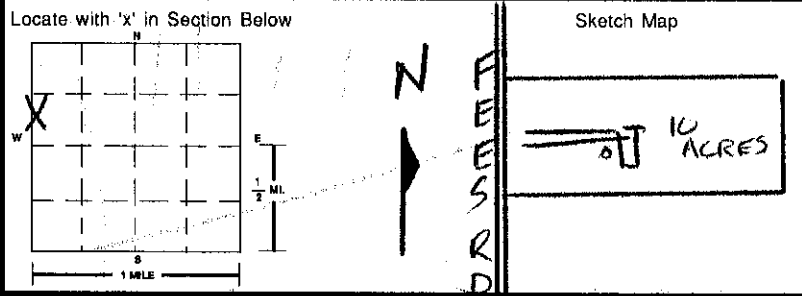
PERMIT NO:  
**10173**

1. LOCATION OF WELL  
 County **EATON**

Township Name **ONEIDA** Fraction **N10W S24N W14** Section No. **16** Town No. **4A1** Range No. **4L1**

Distance and Direction from Road Intersection  
**180 EAST OF FEES ROAD.**

3. OWNER OF WELL  
 Address **Reynaldo Guzman**  
**Fees Rd Parcel I**  
 Address Same as Well Location  Yes  No



4. WELL DEPTH: **200** ft. Date Completed **5/19/95**  
 New Well  Replacement Well  
 5.  Cable Tool  Rotary  Driven  Dug  
 Hollow Rod  Auger/Bored  Jetted

2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	6	6
Sand + Clay	12	18
Clay	57	75
Shale	85	160
Shale of Sandstone	35	195
Shale	5	200

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 **90** ft. depth Weight: **SDR21** lb./ft.  
 BORE HOLE:  Drive Shoe  
 Diameter: **8** in. to **90** ft. depth  Sdr 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:  
**38** ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface  
 \_\_\_\_\_ ft. After **1** 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 **90** ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
 No. of Bags \_\_\_\_\_ Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type **Septic** Distance **75** ft. Direction **E**  
 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 **Meyers**  
 Model Number **SN52** HP **1/2** Volts \_\_\_\_\_  
 Length of Drop Pipe **80** ft. Capacity **220** G.P.M.  
 TYPE:  Submersible  Jet  Other **10/15**  
 PRESSURE TANK:  
 Manufacturer's Name **A.O. Smith**  
 Model Number **A034** Capacity **34** Gallons

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
 Name **pe West**

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.  
**Ed W. M. Dooling Inc**  
 REGISTERED BUSINESS NAME \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
 Address **2065 Glen**  
 Signed **Ed W. M. Dooling** Date **5/19/95**  
 AUTHORIZED REPRESENTATIVE

**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>		County <u>Eaton</u> Twp. <u>Onanda</u>		Fraction <u>NE 1/4 NE 1/4 SE 1/4</u>	Section No. <u>10</u>	Town <u>4 N.P.</u>	Range <u>4 W.</u>
Distance And Direction from Road Intersections <u>1/4 miles north of St Joe on Onanda Rd then 150' West</u>				OWNER OF WELL: <u>Wayne Peake</u> Address <u>Rt 2 Grand Lodge</u>			
<b>2 FORMATION</b>		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>305</u> ft. Date of Completion <u>Nov - 67</u>			
<u>Clay</u>		<u>10</u>	<u>10</u>	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"/>			
<u>sandy</u>		<u>10</u>	<u>20</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>			
<u>sandy clay</u>		<u>37</u>	<u>57</u>	7 CASING: Thru <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4 in.</u> to <u>5 1/2 ft.</u> Depth <u>57</u> ft. Height: Above/Below surface _____ ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
<u>Shale</u>		<u>203</u>	<u>260</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
<u>Sand rock</u>		<u>45</u>	<u>305</u>	9 STATIC WATER LEVEL <u>23</u> ft. below land surface			
				10 PUMPING LEVEL below land surface <u>40</u> ft. after <u>5</u> hrs. pumping <u>40</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 checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade			
				13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> <u>Pentacrete</u> Depth: From <u>0</u> ft. to <u>57</u> ft.			
				14 SANITARY: Nearest Source of possible contamination <u>50 feet north</u> Direction <u>Up the bank</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 PUMP: Manufacturer's Name <u>W. J. Young</u> Model Number <u>5F30</u> HP <u>2</u> Length of Drop Pipe <u>63</u> ft. capacity <u>15</u> G.P.M. Type: <input checked="" 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: <u>None</u>  *INSPECTED BY: <u>[Signature]</u>  *MODIFIED BY: <u>None</u>				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>Johnson Well Drilling 0327</u> REGISTERED BUSINESS NAME REGISTRATION NO. _____ Address <u>Rt 1 Grand Lodge</u> Signed <u>Morris Johnson</u> Date <u>Jan 67</u> AUTHORIZED REPRESENTATIVE			

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

GEOLOGICAL SURVEY NO.

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>																				
County <u>Clinton</u>	Township Name <u>Onondaga</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>16</u>	Town Number <u>4</u> <u>N</u>	Range Number <u>4</u> <u>E</u> <u>W</u>																		
Distance And Direction From Road Intersection <b>1/2 Mile East of Fees Rd. 300' North of St. Joe</b>			Address <b>Ron &amp; Salley LaCross 2235 E St. Joe Grand Ledge Mich.</b>																				
Street Address & City of Well Location			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Locate with "X" in Section Below			Date Completed <u>3</u> <u>1</u> <u>94</u>																				
			<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">2 FORMATION DESCRIPTION</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>Clay</td> <td>16</td> <td>16</td> </tr> <tr> <td>Clay &amp; Gravel</td> <td>18</td> <td>34</td> </tr> <tr> <td>Gravel &amp; Sand</td> <td>26</td> <td>60</td> </tr> <tr> <td>Shale</td> <td>195</td> <td>255</td> </tr> <tr> <td>Sandrock</td> <td>20</td> <td>275</td> </tr> </table>			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	16	16	Clay & Gravel	18	34	Gravel & Sand	26	60	Shale	195	255	Sandrock	20	275	4 WELL DEPTH: <u>275</u> FT.		
			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																		
Clay	16	16																					
Clay & Gravel	18	34																					
Gravel & Sand	26	60																					
Shale	195	255																					
Sandrock	20	275																					
			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>																				
			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: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/ <u>XXXX</u> Surface <u>1</u> ft. <u>5</u> in. to <u>85</u> ft. depth Weight <u>PVC</u> lbs./ft. Grouted Drill Hole Diameter <u>8</u> in. to <u>85</u> ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																				
			8 SCREEN: <input type="checkbox"/> Not installed Type <u>NONE</u> Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____																				
			9 STATIC WATER LEVEL: <u>44</u> ft. below land surface <input type="checkbox"/> Flow																				
			10 PUMPING LEVEL: below land surface <u>53</u> ft. after <u>2</u> hrs. pumping at <u>15</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																				
			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>25</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>60</u> ft. Direction <u>N</u> 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 <u>Red Jacket</u> Model number <u>50RTW1-MN9BC</u> Volts <u>230</u> Length of Drop Pipe <u>80</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>WX202 Wellxtrol</u> Model number <u>WX202</u> Capacity <u>20</u> 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.																				
17. Rig Operator's Name: <u>Jack Peru</u>			Maurer & Parks Well Drilling, Inc. 0383 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>1700 N. East St. Lansing, Mich. 48906</u> Signed <u>Eugene Maurer</u> Date <u>2-23-94</u> AUTHORIZED REPRESENTATIVE																				

RECEIVED  
 MICH. DEPT. OF PUBLIC HEALTH  
 APR - 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.

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

PERMIT NO:  
9737

TAX NO:

1. LOCATION OF WELL  
 County Eaton

Township Name Onsted

Fraction Section 14 S 1/4 Sec 14

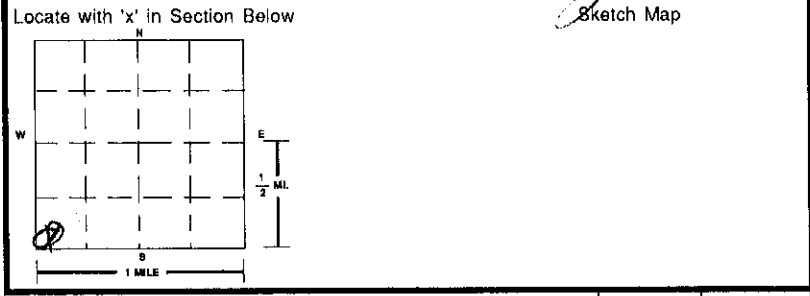
Section No. 16

Town No. 4N

Range No. 4W

Distance and Direction from Road Intersection  
600' east of Fees Rd  
500' North of St Joe  
 Street Address & City of Well Location St Joe MI

3. OWNER OF WELL  
 Address Bill Hankens  
2119 E St Joe  
 Address Same as Well Location  Yes  No



4. WELL DEPTH: 276 ft. Date Completed 8-2-94  
 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: 5 in. to 8.5 ft. depth Weight: 50R21 lbs/ft.  
 BORE HOLE: Diameter: 8 in. to 8.5 ft. depth  
 Drive Shoe  Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	36	36
Gravel + Clay	22	58
Stone + Gravel	12	70
Shale	12	82
Shale + Sandrock	3	85
Shale	24	109
Sandrock	29	138
Shale	49	187
Sandrock	17	204
Shale	24	228
Sandrock	44	272
Shale	4	276

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

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

10. PUMPING LEVEL: Below Land Surface \_\_\_\_\_ ft. After 1 hrs. Pumping at 60 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 85 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
 No. of Bags \_\_\_\_\_ Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type Septic Distance 70 ft. Direction N  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

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

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name Myers  
 Model Number S2NS2 HP 1/2 Volts 220  
 Length of Drop Pipe 75 ft. Capacity 10-15 G.P.M.  
 TYPE:  Submersible  Jet  Other \_\_\_\_\_  
 PRESSURE TANK:  
 Manufacturer's Name Clayton  
 Model Number C14 Capacity 34 Gallons

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
 Name Steve P.

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. 1868  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address 2065 Glen  
 Signed Richard Date 8-2-94  
 AUTHORIZED REPRESENTATIVE

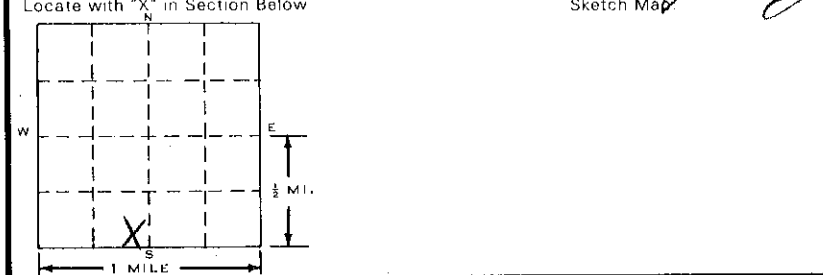
**WATER WELL AND PUMP RECORD**

**1 LOCATION OF WELL**

County Eaton Township Name Onida Fraction SE 1/4 SE 1/4 SW 1/4 Section Number 16 Town Number 40 N 15 Range Number 4 E 11

Distance And Direction From Road Intersection  
1/2 mile west of Onida Rd on N side of St Joe

Street Address & City of Well Location  
2175 W. J. Kelly Hwy



**3 OWNER OF WELL:**  
 Bowler Building  
 Address 6350 Timberlow Diamondale MI  
 Address Same As Well Location?  Yes  No

**4 WELL DEPTH:** 276 FT. Date Completed 5/10/94  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  Plastic  Threaded  Welded  
5 in. to 92 ft. depth Height: Above/Below Surface 1 ft. Weight 500 lb  
 Grouded Drill Hole Diameter 8 in. to 92 ft. depth Drive Shoe  Yes  No

**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:** 40 ft. below land surface  Flow

**10 PUMPING LEVEL:** below land surface 40  
 \_\_\_\_\_ 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 50 ft.  
 Neat cement  Bentonite  Other \_\_\_\_\_  
 No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

**13 Nearest source of possible contamination**  
 Type Septic Distance 65 ft. Direction N  
 Well disinfected upon completion?  Yes  No  
 Was old well plugged?  Yes  No

**14 PUMP:**  Not Installed  Pump Installation Only  
 Manufacturer's name Myers  
 Model number 52NS2 HP 1/2 Volts 220  
 Length of Drop Pipe 80 ft. capacity 10-15 G.P.M.  
 TYPE:  Submersible  Jet  
 PRESSURE TANK: Well-x-Tand  
 Manufacturer's name \_\_\_\_\_  
 Model number WX203 Capacity 34 Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Clay</u>	<u>36</u>	<u>36</u>
<u>Clay + Gravel</u>	<u>34</u>	<u>70</u>
<u>Shale</u>	<u>112</u>	<u>182</u>
<u>Shale + Sandrock</u>	<u>6</u>	<u>188</u>
<u>Shale</u>	<u>70</u>	<u>258</u>
<u>Sandrock</u>	<u>18</u>	<u>276</u>

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

**17. Rig Operator's Name:** Steve

**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.  
Fo Well Driller 1568  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address 2065 Glen  
 Signed Paul Kelly Date 5-11-94  
 AUTHORIZED REPRESENTATIVE

RECEIVED  
 MICH. DEPT. OF PUBLIC HEALTH  
 MAY 23 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 AND PUMP RECORD**

<b>1 LOCATION OF WELL</b>		
County <i>Eaton</i>	Township Name <i>Omerida</i>	Fraction <i>SW 1/4 SW 1/4 SE 1/4</i>
Distance And Direction From Road Intersection		Section Number <i>16</i>
Street Address & City of Well Location		Town Number <i>4 NW</i>
Locate with "X" in Section Below		Range Number <i>4 EW</i>
Sketch Map:		
<b>2 FORMATION DESCRIPTION</b>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Brown Clay + Corneal</i>	<i>60</i>	<i>60</i>
<i>Gray Clay + Stones</i>	<i>30</i>	<i>90</i>
<i>Gray + White Sandstone</i>	<i>50</i>	<i>140</i>
<i>Gray + Black Shale</i>	<i>60</i>	<i>200</i>
<i>Gray + White Sandstone</i>	<i>50</i>	<i>250</i>
<b>3 OWNER OF WELL:</b> <i>Bob Woodland Builder</i>		
Address <i>1735 Willow Wood Lane Lansing, MI 48917</i>		
Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>4 WELL DEPTH:</b> <i>250</i> FT. Date Completed <i>5-1-94</i>		
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well		
<b>5</b> <input type="checkbox"/> Cable tool <input checked="" 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"/>		
<b>6 USE:</b> <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"/>		
<b>7 CASING:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded		
Diameter <i>5"</i> in. to <i>100</i> ft. depth		
Height: Above/Below Surface <i>1</i> ft.		
Weight _____ lbs./ft.		
Covered Drill Hole Diameter <i>7/8</i> in. to <i>100</i> ft. depth		
Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8 SCREEN:</b> <input checked="" type="checkbox"/> Not Installed		
Type _____ Diameter _____		
Slot/Gauze _____ Length _____		
Set between _____ ft. and _____ ft.		
FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check		
<input type="checkbox"/> Blank above screen _____ ft. Other _____		
<b>9 STATIC WATER LEVEL:</b> <i>20</i> ft. below land surface <input type="checkbox"/> Flow		
<b>10 PUMPING LEVEL:</b> below land surface <i>248</i> ft. after <i>1</i> hrs. pumping at <i>100</i> G.P.M.		
_____ ft. after _____ hrs. pumping at _____ G.P.M.		
<b>11 WELL HEAD COMPLETION:</b> <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade		
<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <i>0</i> to <i>100</i> ft.		
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____		
No. of bags of cement <i>17</i> Additives _____		
<b>13 Nearest source of possible contamination:</b> Type <i>TANK</i> Distance <i>65</i> ft. Direction <i>S</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		
<b>14 PUMP:</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
Manufacturer's name <i>Red Jacket</i>		
Model number _____ HP <i>1/2</i> Volts <i>230</i>		
Length of Drop Pipe <i>40</i> ft. capacity <i>10</i> G.P.M.		
TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		
PRESSURE TANK: <i>Well Lite</i>		
Manufacturer's name _____		
Model number <i>U-80</i> Capacity <i>30</i> Gallons		
<b>15. Remarks, elevation, source of data, etc.</b>		
<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<i>M.W. Cornell + Sons Inc 0819</i>		
REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____		
Address <i>5077 N Meridian Winstona</i>		
Signed <i>Merwin W Cornell</i> Date <i>5-18-94</i>		
AUTHORIZED REPRESENTATIVE		
<b>17. Rig Operator's Name:</b> <i>Paul</i>		

RECEIVED  
MICH. DEPT. OF PUBLIC HEALTH  
JUL 11 94  
BUREAU OF ENVIRONMENTAL  
AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

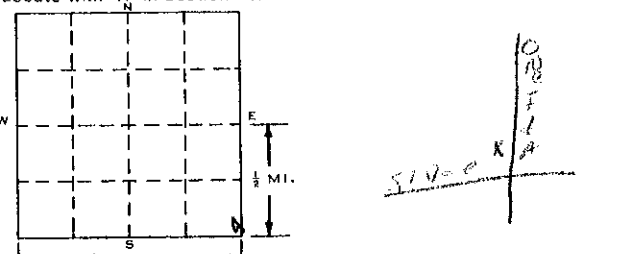
P.O.A. C.H

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

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

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**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>			
County <i>Eastern</i>	Township Name <i>ONCIDA</i>	Fraction <i>1/4 1/4 1/4</i>	Section Number <i>10</i> Town Number <i>74 N18</i> Range Number <i>R4 EW</i>
Distance And Direction From Road Intersection <i>2 ml. N. of State Hwy 50' W. of ONCIDA</i>		3 OWNER OF WELL: <i>Deb Pierce</i> Address: <i>1123 Grand Ave Grandville MI</i>	
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: (completed) <i>245</i> ft.    Date of Completion <i>1-11-94</i>	
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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
2 FORMATION DESCRIPTION		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: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded    Height: Above/Below <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded    Surface <i>1</i> ft. <i>5</i> in. to <i>70</i> ft. depth    Weight _____ lbs./ft. _____ in. to _____ ft. depth    Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <input type="checkbox"/> No	
CLAY SAND CLAY GRAVEL SHALE SAND ROCK		8 SCREEN: <input checked="" type="checkbox"/> Not installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft.    Other _____	
		9 STATIC WATER LEVEL: <i>26</i> ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface <i>150</i> ft. after <i>1/2</i> hrs. pumping at <i>30</i> 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 <i>0</i> to <i>25</i> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other <i>HOLES PLUG</i> No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination Type <i>SEPTIC</i> Distance <i>60</i> ft. Direction <i>W</i> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Pump Installation Only Manufacturer's name <i>MYERS</i> Model number _____ HP <i>1/2</i> Volts <i>230</i> Length of Drop Pipe <i>60</i> ft. capacity <i>12</i> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: <i>WELL CONTROL</i> Manufacturer's name _____ Model number <i>202</i> Capacity <i>5.7</i> 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. <i>JOHNSON WELL DRILLING 1733</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>1237 STAFF RD GRANDVILLE</i> Signed <i>Ronald Hodge</i> Date <i>1-13-94</i> AUTHORIZED REPRESENTATIVE	

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 MICH. DEPT. OF PUBLIC HEALTH  
 FEB 23 1994  
 BUREAU OF ENVIRONMENTAL  
 AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

SEP 06 1972

**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County: **Eaton** Township Name: **Oneida** Fraction: **NW 1/4 NW 1/4 NE 1/4** Section Number: **16** Town Number: **4 N.P.** Range Number: **4 W.**

Distance And Direction from Road Intersections

Street address & City of Well Location: **2742 Saginaw Hwy**

Locate with "X" in section below

Sketch Map:

3 OWNER OF WELL:

Address: **Bill H. Edmonds  
2742 Saginaw Hwy  
Grand Lodge, Michigan**

4 WELL DEPTH: (completed) Date of Completion

**200** ft. **8/18/72**

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 **0** ft.  
**4** in. to **88** ft. Depth Weight **11** lbs./ft.  
 Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top soil	4	4
Red Clay	6	10
Gravelly clay	12	22
Grey Clay	12	34
Gravelly Clay	32	66
Black shale - sandy	2	68
Black shale - some sandstone	2	70
Hard Black shale and sand rock	65	135
White sandstone	35	170
White sandstone, some shale black	30	200
<del>XXXXXXXXXXXXXXXXXXXX</del>		

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

\_\_\_\_\_ 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 **0** ft. to **88** ft.

14 Nearest Source of possible contamination

**50** feet **EAST** Direction **Septic** Type  
 Well disinfected upon completion  Yes  No

15 PUMP:  Not installed

Manufacturer's Name: **Myers**  
 Model Number: **9G 52 5A** HP **1/4** Volts **230**  
 Length of Drop Pipe: **63** ft. capacity **10** G.P.M.  
 Type:  Submersible  Jet  Reciprocating

16 Remarks, elevation, source of data, etc.

**Inv. 4821**

ADDED INFO. BY DRILLER, ITEM NO. \_\_\_\_\_

CORRECTED BY: **KB**

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.

**Gilbert and Ingalls, Inc.** **0408**  
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address: **6461 W. Howe Road, DeWitt, Michigan 48820**

Signed \_\_\_\_\_ Date **8/24/72**

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

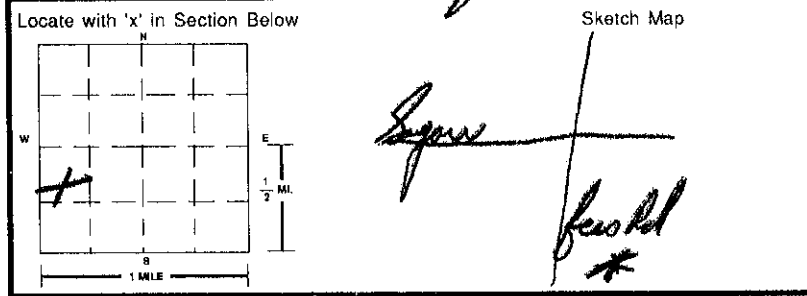
TAX NO:

PERMIT NO:  
 14762

1. LOCATION OF WELL  
 County: East

Township Name: Onondaga Fraction: SW 1/4 NW 1/4 Section No.: 16 Town No.: 4W Range No.: 4R

Distance and Direction from Road Intersection  
3/4 mile south of Super Hwy and 50' E of  
field



3. OWNER OF WELL  
 Address: Julia Effsworth  
113411 field

Address Same as Well Location  Yes  No

4. WELL DEPTH: 200 ft. Date Completed: 10-25-99

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 96 ft. depth Weight: PK lbs./ft.

BORE HOLE:  Drive Shoe  Shale Packer  
 Diameter: 4 1/2 in. to 200 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: 50 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface  
80 ft. After 2 hrs. Pumping at 50 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 96 ft.  
 Neat Cement  Bentonite  Other  
 No. of Bags 5 Additives Sp-Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type SPR Distance 50 ft. Direction E  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name Well Pit  
 Model Number 95BZ HP 6 Volts 230  
 Length of Drop Pipe 80 ft. Capacity 10 G.P.M.  
 TYPE:  Submersible  Jet  Other

PRESSURE TANK:  
 Manufacturer's Name Well Pit  
 Model Number W-80 Capacity 8 Gallons 28

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Argo Stone</u>	<u>30</u>	<u>30</u>
<u>Argo Shell &amp; Stone</u>	<u>10</u>	<u>40</u>
<u>Dark clay</u>	<u>10</u>	<u>50</u>
<u>Argo shell</u>	<u>15</u>	<u>75</u>
<u>Silt</u>	<u>95</u>	<u>170</u>
<u>Silt</u>	<u>30</u>	<u>200</u>

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?  Yes  No

Casing Diameter 2 in. Depth \_\_\_\_\_ ft.

PLUGGING MATERIAL:  Neat Cement  Bentonite Slurry  
 Cement/Bentonite Slurry  Concrete Grout  Bentonite Chips

No. of Bags 2 Casing Removed?  Yes  No

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Contractor  
 Name [Signature]

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.

[Signature] 2246  
 REGISTERED BUSINESS NAME \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
 Address 12577 8th Rd  
 Signed [Signature] Date 10-25-99  
 AUTHORIZED REPRESENTATIVE

# 1486  
S/N 8R72-14

APR 12 1974

**WATER WELL RECORD**  
ACT 294 PA 1965

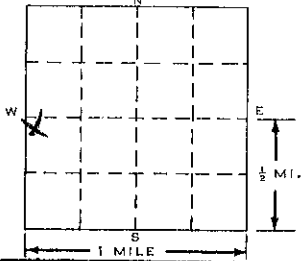
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL					
County <b>Eaton</b>	Township Name <b>Oneida</b>	Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>	Section Number <b>16</b>	Town Number <b>T1N</b>	Range Number <b>N/S. R1W E/W.</b>

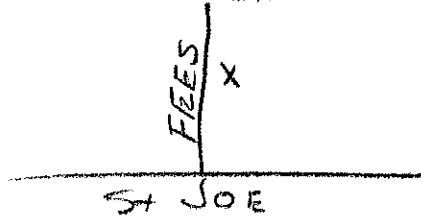
Distance And Direction from Road Intersections  
**1/2 Mile North on Fees off St Joe, Right Side**

Street address & City of Well Location

Locate with "X" in section below



Sketch Map:



2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay & Gravel	20'	20'
Gravel-Sand-Hardpan	50'	70'
Hardpan	10'	80'
Shale & Rock	60'	140'
Rock	38'	178'
95% Shale & 5% Rock	92'	270'

3 OWNER OF WELL:  
**Schultz**  
Address: **Fees Road**  
**Grand Ledge, Mich**

4 WELL DEPTH: (completed) Date of Completion  
**270** ft. **8-22-72**

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** ft.  
Weight **11** lbs./ft.  
Drive Shoe? Yes  No

8 SCREEN:  
Type: **None** Dia.: \_\_\_\_\_  
Slot/Gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
Fittings: \_\_\_\_\_

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

10 PUMPING LEVEL below land surface  
\_\_\_\_\_ ft. after \_\_\_\_\_ 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 \_\_\_\_\_ Other **Unknown**

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  
\_\_\_\_\_ feet \_\_\_\_\_ Direction \_\_\_\_\_ Type \_\_\_\_\_  
Well disinfected upon completion  Yes  No

15 PUMP:  Not installed  
Manufacturer's Name **Red Jacket**  
Model Number **R75N112BC** HP **3/4** volts **230**  
Length of Drop Pipe **63** 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  
ELEVATION  
DEPTH TO ROCK

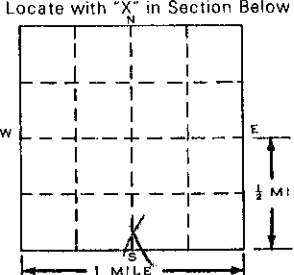
17 WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
**DAILY & JACKSON WELL DRILLING, INC.** **0390**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address **6534 Aurelius Rd., Lansing, Mich 48910**  
Signed *[Signature]* Date **8-22-72**  
AUTHORIZED REPRESENTATIVE



**WATER WELL AND PUMP RECORD**

--	--	--	--	--	--	--	--

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		County <u>Clinton</u>		Township Name <u>Orinida</u>		Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>		Section Number <u>16</u>		Tows Number <u>4</u> <u>N</u> <u>W</u>		Range Number <u>4</u> <u>W</u> <u>E/W</u>	
Distance And Direction From Road Intersection <u>1 mile west of Orinida Rd then 100' north of St Joe</u>						3 OWNER OF WELL: <u>Jim Price</u> Address <u>Grand Lodge Mich</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location						4 WELL DEPTH: (completed) <u>230</u> ft. Date of Completion <u>7-30-87</u>							
Locate with "X" in Section Below 						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
2 FORMATION DESCRIPTION						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: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>5</u> in. to <u>28</u> ft. depth Height: Above/Below <u>6 1/8</u> in. to <u>28</u> ft. depth Surface <u>1</u> ft. Grouted Drill Hole Diameter Weight _____ lbs./ft. <u>6 1/8</u> in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____							
						9 STATIC WATER LEVEL: <u>34</u> ft. below land surface <input type="checkbox"/> Flow							
10 PUMPING LEVEL: below land surface <u>100</u> ft. after <u>2</u> hrs. pumping at <u>25</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.													
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input checked="" type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit													
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>78</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>75</u> ft. Direction <u>West</u> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No													
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Myers</u> Model number _____ HP <u>3</u> Volts <u>230</u> Length of Drop Pipe <u>63</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name <u>Wells Head</u> Model number <u>202</u> Capacity <u>5</u> 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>Johnson Well Drilling 0327</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>16440 Tallman Rd S L</u> Signed <u>Mois Johnson</u> Date <u>9-30-87</u> AUTHORIZED REPRESENTATIVE							

RECEIVED  
Mich. Dept. of Public Health  
OCT 15 1987  
Michigan Department of Environmental and  
Occupational Health - GWWS

USE A 2ND SHEET IF NEEDED



DEC 19 1980

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>		
County <u>Ontonagon</u>	Township Name <u>Omeida</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>
Section Number <u>16</u>		Town Number <u>4</u> <u>N.W.S.</u>
Range Number <u>4</u>		<u>E.W.</u>
Distance And Direction from Road Intersections <u>1/4 mile north of St Joe Hwy then 150' west of Omeida Rd</u>		
Street address & City of Well Location <u>Rt 12 Omeida Rd Grand Lodge</u>		
Locate with "X" in section below		Sketch Map:
<b>3 OWNER OF WELL:</b> <u>Wayne Banks</u>		
Address <u>Rt 12 Omeida Rd Grand Lodge</u>		
<b>4 WELL DEPTH:</b> (completed) <u>200</u> ft. Date of Completion <u>9-3-80</u>		
<b>5</b> <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"/> _____		
<b>6 USE:</b> <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"/> _____		
<b>7 CASING:</b> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/>		
Diam. <u>4</u> in. to <u>35</u> ft. Depth		Height: Above/Below Surface <u>1</u> ft.
_____ in. to _____ ft. Depth		Weight <u>11</u> lbs./ft.
		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>8 SCREEN:</b>		
Type: _____ Dia.: _____		
Slot/Gauze _____ Length _____		
Set between _____ ft. and _____ ft.		
Fittings: _____		
<b>9 STATIC WATER LEVEL</b> <u>4</u> ft. below land surface		
<b>10 PUMPING LEVEL</b> below land surface <u>100</u> ft. after <u>2</u> hrs. pumping <u>25</u> g.p.m.		
_____ ft. after _____ hrs. pumping _____ g.p.m.		
<b>11 WATER QUALITY</b> in Parts Per Million:		
Iron (Fe) _____ Chlorides (Cl) _____		
Hardness _____ Other _____		
<b>12 WELL HEAD COMPLETION:</b> <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
<b>13 Well Grouted?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From <u>0</u> ft. to <u>35</u> ft.		
<b>14 Nearest Source of possible contamination</b> <u>50</u> feet <u>North</u> Direction <u>Septic</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>15 PUMP:</b> <input type="checkbox"/> Not installed Manufacturer's Name <u>McDonald</u> Model Number <u>3</u> HP <u>3</u> Volts <u>230</u> Length of Drop Pipe <u>21</u> ft. capacity <u>12</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
USE A 2ND SHEET IF NEEDED		
<b>16 Remarks, elevation, source of data, etc.</b> ADDED INFO BY DRILLER (ITEM NO.) *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK		
<b>17 WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Johnnie Johnson</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>Rt 12 Grand Lodge Mich</u> Signed <u>Johnnie Johnson</u> Date <u>12-8-80</u> AUTHORIZED REPRESENTATIVE		



DEC 30 1977

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

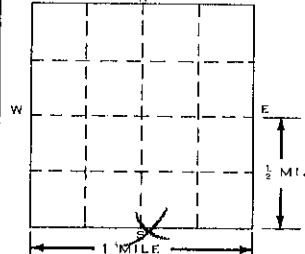
**1 LOCATION OF WELL**

County <i>Caton</i>	Township Name <i>Onondaga</i>	Fraction <i>SE 1/4 SW 1/4</i>	Section Number <i>16</i>	Town Number <i>9 NYS.</i>	Range Number <i>4 E/W.</i>
------------------------	----------------------------------	----------------------------------	-----------------------------	------------------------------	-------------------------------

Distance And Direction from Road Intersections  
*1/4 mile West of Onondaga Rd. then 200' North on St Joe Hwy to Grand Lodge*

Street address & City of Well Location  
*Grand Lodge Mich*

Locate with "X" in section below



Sketch Map:

**3 OWNER OF WELL:**  
*Tom Westfall & family*  
Address  
*Grand Lodge Mich*

**4 WELL DEPTH: (completed)** *230* ft. **Date of Completion** *1-19-77*

**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* ft.  
Weight *11* lbs./ft.  
Drive Shoe? Yes  No

**2 FORMATION**

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Clay &amp; Stones</i>	<i>0</i>	<i>10</i>
<i>Clay &amp; Gravel</i>	<i>8</i>	<i>34</i>
<i>Shale</i>	<i>166</i>	<i>200</i>
<i>Shale &amp; Sandrock</i>	<i>30</i>	<i>230</i>

**8 SCREEN:**  
Type: \_\_\_\_\_ Dia.: \_\_\_\_\_  
Slot/Gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
Fittings: \_\_\_\_\_

**9 STATIC WATER LEVEL**  
\_\_\_\_\_ ft. below land surface

**10 PUMPING LEVEL** below land surface  
*100* ft. after *2* 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 *0* ft. to *68* ft.

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

**15 PUMP:**  Not installed  
Manufacturer's Name *McDonald*  
Model Number *16050F3* HP *1/2* Volts \_\_\_\_\_  
Length of Drop Pipe *112* ft. capacity *1/2* G.P.M.  
Type:  Submersible  Jet  Reciprocating

16 Remarks, elevation, source of data to  
**RECEIVED**  
Mich Dept of Public Health  
*3*  
DEC 28 1977  
Bureau of Environmental and 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.  
*Johnson Well Drilling* 0327  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address *R1 Grand Lodge Mich*  
Signed *Morris Johnson* Date *12-16-77*  
AUTHORIZED REPRESENTATIVE

