

3
DEC 27 1976

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

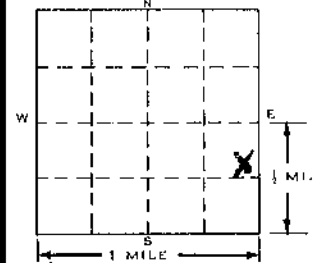
1 LOCATION OF WELL

County <i>Benzie</i>	Township Name <i>Flushing</i>	Fraction <i>SE 1/4 NW 1/4 SE 1/4</i>	Section Number <i>24</i>	Town Number <i>8 N/S.</i>	Range Number <i>5 E/W.</i>
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Distance And Direction from Road Intersections
1/2 mi W of Elma
7064 Carpenter

Street address & City of Well Location
Flushing

Locate with "X" in section below



3 OWNER OF WELL:
Address *Harvey Thomas*
5467 Richfield Rd
Flint

4 WELL DEPTH: (completed) Date of Completion
183 ft. *4-28-76*

6 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 _____ ft.
Weight *3.75* lbs./ft. Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sand & gravel</i>	<i>10</i>	<i>10</i>
<i>Clay</i>	<i>60</i>	<i>70</i>
<i>black shale</i>	<i>30</i>	<i>100</i>
<i>gray shale</i>	<i>40</i>	<i>140</i>
<i>black shale</i>	<i>43</i>	<i>183</i>

8 SCREEN:
Type: *none* Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL
33 ft. below land surface

10 PUMPING LEVEL below land surface
33 ft. after *3* hrs. pumping *6 1/2* 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 *94* ft.

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

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

16 Remarks, elevation, source of data, etc.

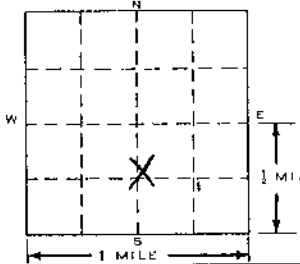
ADDED INFO BY DRILLER, ITEM NO:
*CORRECTED BY *MSB*
**ADDITION BY
ELEVATION
DEPTH TO ROCK

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.
Lee Baker Well Drilling *0411*
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *5135 Seymour Rd Flushing*
Signed *Lee Baker* Date *5-3-76*
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County Genesee	Township Name Flushing	Fraction SE 1/4 NE 1/4 SW 1/4	Section Number 24
		Town Number 8 N/SK	Range Number 5 E/WK
Distance And Direction From Road Intersection .3 miles south of Coldwater on the west side of Johnson		Address Darryl Rose 5481 Johnson Rd	
Street Address & City of Well Location 5481 Johnson		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below 		Date Completed 9 27 91	
Sketch Map		4 WELL DEPTH: 121 FT.	
		Date Completed MO. DAY YEAR 9 27 91	
		<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		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: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded	
		Diameter 5 1/8 in. to 8 1/2 ft. depth	
		<input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Weight _____ lbs./ft.	
		Grouted Drill Hole Diameter	
		10 in. to 8 1/2 ft. depth	
		5 3/8 in. to 12 1/2 ft. depth	
		Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2 FORMATION DESCRIPTION		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"/> Load Packer <input type="checkbox"/> Bromer Check	
		<input type="checkbox"/> Blank above screen _____ ft. Other _____	
		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow	
Gray Clay		10 PUMPING LEVEL: below land surface	
Fine Sand		Air 120 ft. after 1 hrs pumping at 3-4 G.P.M.	
Gray Clay		_____ ft. after _____ hrs. pumping at _____ G.P.M.	
Gray Shale		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pileless adapter <input type="checkbox"/> 12" above grade	
White Sandrock		<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
Gray Shale		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 81 ft.	
Black Shale		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Clay cuttings	
REDRILL		No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination	
		Type Septic Distance 75 ft. Direction West	
		Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Was old well plugged? <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 _____	
		Model number _____ volts _____	
		Length of Drop Pipe _____ ft. capacity _____ G.P.M.	
		TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet	
		PRESSURE TANK	
		Manufacturer's name _____	
		Model number _____ Capacity _____ Gallons	
15. Remarks. elevation, source of data, etc. REDRILL		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.	
		Ed Birkmeier Well Drilling Ltd. 1607	
		REGISTERED BUSINESS NAME REGISTRATION NO.	
		Address 10655 Easton Rd New Lothrop Mi 48460	
17. Rig Operator's Name Scott Griffin		Signature Ed Birkmeier Date 9-27-91	

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO:

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1 1

TAX NO:

1. LOCATION OF WELL

County: GENESEE Township Name: FLUSHING

Fraction: SW 1/4 SE 1/4 NE 1/4

Section No: 24

Town No: 8 N

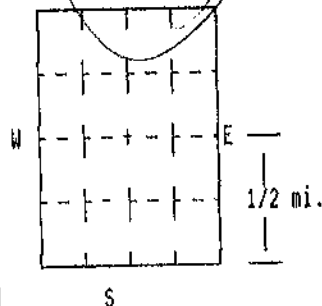
Range Number: 5 E

Distance And Direction From Road Intersection
ABOUT 1/2 MILE WEST OF ELMS AND ABOUT 125 FEET SOUTH OF CARPENTER

Well Addr: 7335 W CARPENTER RD FLUSHING MI 48433

Locate with 'X' in Sec. Below

Sketch Map



3. Owner of Well: O'BRIEN BUILDERS
Address: 5369 DEVON FLINT MI 48532
Address Same as Well Location? NO

4. WELL DEPTH: 200 ft. Date Compl: 11/03/98 This is a: NEW WELL

5. EQUIPMENT USED: ROTARY
6. WELL USE: HOUSEHOLD

7. CASING Type: PLASTIC Connection: OTHER
Diam. 5 in. to 85 ft. Height ABOVE Surface 1 ft
Weight 2.92 lb./ft.
BORE HOLE: Drive Shoe YES
7 7/8 in. to 85 ft. Shale Packer NO
4 1/2 in. to 200 ft.

Formation Description	Thickness	Depth
YELLOW SANDY CLAY	12	12
SANDY CLAY	25	37
FINE SAND	14	51
GRAY CLAY	28	79
SANDSTONE	9	88
SHALE	86	174
SANDSTONE	26	200

8. Screen Type: _____ Diam: _____ [X] Not Inst.
Length: _____
Set Between _____ ft. and _____ ft.
Fittings: _____ [] Blank above scrn: _____ ft

9. Static Level: 30 ft. Flow: [N]

10. Pumping Level below land surface:
140 ft. after 2 hrs. @ 8 GPM
[] Plunger [] Bailer [X] Air [] Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 0 to 85 ft Material: BENTONITE
No. of Bags 5 bags Additives: EZMUD

13. Nearest source of possible contamination:
Type: SEPTIC TANK Distance: 60 ft. Dir: NORTH
Type: _____ Distance: _____ ft. Dir: _____

14. Pump: [] Not Installed [] Installation Only
Manufacturer's Name: AERMOTOR
Model: T12B-50 HP: 0.5 Voltage: 230
Drop pipe: 140 ft. Capacity: 12 GPM
Pump type: SUBMERSIBLE
Pressure Tank Manufacturer's Name: WELL MATE
Model: WM9 Capacity: 30 Gal.

15. Abandoned Well Plugged? NO
Casing Diameter in. Depth ft.
Plugging Material:
No. of Bags Casing Removed?

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

17. Drilling Machine Operator: [X] Employee [] Subcontractor
Name BRIAN SUNDE

WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered Bus. Name GIL SUNDE WELL DRILLING INC. 1710
Business Address G-8035 Corona Road Flint MI 48532
Signed _____ 11/04/98
Authorized Representative Date

GW-2-228 9/93
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

WATER WELL AND PUMP RECORD

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

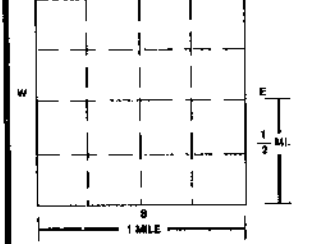
TAX NO:

PERMIT NO:

1. LOCATION OF WELL
County Genesee Township Name Flushing Fraction SE 1/4 NE 1/4 SW 1/4 Section No. 24 Town No. 8N Range No. 5E

Distance and Direction from Road Intersection
Elms Rd. north past Carpenter Rd. to Hickory St. West on south side at corner of Blossom.

Street Address & City of Well Location 7065 Hickory St. Flushing



3. OWNER OF WELL Avon Bright
Address 7065 Hickory St. Flushing, MI. 48433
Address Same as Well Location Yes No

4. WELL DEPTH: 155 ft. Date Completed 10/09/98
 New Well Replacement Well

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

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

7. CASING: Steel Threaded Plastic Welded Other
Height: Above/Below Surface: 1 ft
Diameter: 5 in. to 64 ft. depth
Weight: SDR21 lbs./ft.

BORE HOLE: Drive Shoe Shale Packer
Diameter: 7-7/8 in. to 64 ft. depth
4 1/2 in. to 155 ft. depth

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

9. STATIC WATER LEVEL: 40 ft. Below Land Surface Flowing

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

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

12. WELL GROUTED? No Yes From 0 to 64 ft.
 Neat Cement Bentonite Other _____
No. of Bags 2 1/2 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Sewer Distance 20 ft. Direction W
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Gould
Model Number 12SB0521 HP 1/2 Volts 115
Length of Drop Pipe 60 ft. Capacity 7 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name Well-X-Trol
Model Number (4) WX103 Capacity _____ Gallons 80

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	15	15
Clay	47	62
Limestone	3	65
Shale	15	80
Sandstone	12	92
Shale	13	105
Sandstone	5	110
Shale	30	140
Sandstone & shale	10	150
Shale	5	155

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter 2 in. Depth 170 ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags 6 Cement Casing Removed? Yes No

16. REMARKS: 1. Electric Seal of Data, etc.)

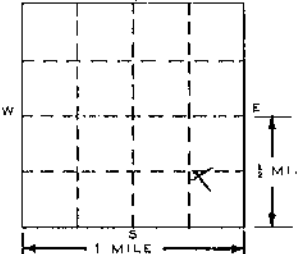
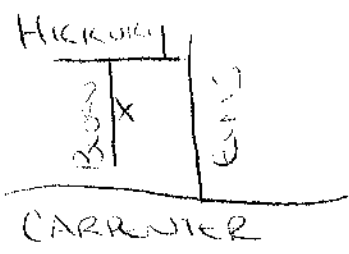
17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name Eddie Eaton

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.
Burns Well Drilling Co. REGISTERED BUSINESS NAME REGISTRATION NO. 25-1047
Address 5370 Corunna Rd. Flint, MI. 48532
Signed William D. Burns AUTHORIZED REPRESENTATIVE Date 10-15-98

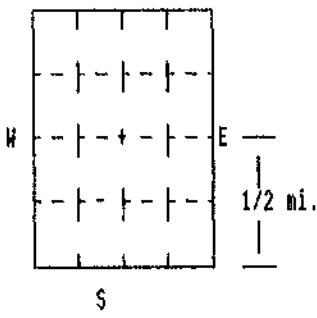
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL											
County Genesee	Township Name Flushing	Fraction NW 1/4 SE 1/4 SE 1/4	Section Number 24	Town Number 8 N/S	Range Number 5 E/W						
Distance And Direction From Road Intersection West of Elms Road on the east side of Blossom Road						3 OWNER OF WELL: Jim Springer Address 6507 W. Coldwater Flushing Mi 48433 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Street Address & City of Well Location 5214 Blossom						4 WELL DEPTH: 180 FT. Date Completed MO. 11 DAY 3 YEAR 92 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well					
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"/>					
Sketch Map: 						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II 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"/>					
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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/Below Surface 1 ft. Weight _____ lbs./ft.	
						Yellow Sand		30	30	5 in. to 60 ft. depth	
Gray Clay						40	70	8 1/2 in. to 60 ft. depth		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow	
Gray Sandrock						20	90	4 1/2 in. to 180 ft. depth		10 PUMPING LEVEL: below land surface Air 180 ft. after 1 hrs. pumping at 2 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
Black Shale						60	150			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	
White Sandrock						10	160			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 80 ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Bneseal No. of bags of cement _____ Additives 5 Bags	
Gray Shale						10	170			13 Nearest source of possible contamination Type Septic Tank _____ ft. Direction East 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	
Brown Sandrock						10	180			14 PUMP <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK. Manufacturer's name _____ Model number _____ Capacity _____ Gallons	
15. Remarks, elevation, source of data, etc. RECEIVED Mich. Dept. of Public Health DEC 17 1992						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. Ed Birkmeier Well Drilling Ltd. 1607 REGISTERED BUSINESS NAME REGISTRATION NO. Address 6555 East 1st Rd New Lothrop Mi 48460 Signed Ed Birkmeier Date 11-3-92 AUTHORIZED REPRESENTATIVE					
						17. Rig Operator's Name: Bob Griffin					

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

TAX NO:		PERMIT NO: 02694			Page of 1 1	
1. LOCATION OF WELL County: GENESEE Township Name: FLUSHING		Fraction: NE 1/4 NE 1/4 SE 1/4	Section No: 24	Town No: 8 N	Range Number: 5 E	
Distance And Direction From Road Intersection .1 MILE WEST OF ELMS ROAD ON THE NORTH SIDE OF HICKORY STREET Well Addr: 7026 HICKORY STREE			3. Owner of Well: TERRY HUNT Address: 7026 HICKORY STREET FLUSHING MI 48433 Address Same as Well Location? YES			
Locate with 'X' in Sec. Below  Sketch Map			4. WELL DEPTH: 193 ft. Date Compl: 12/10/99 This is a: REPLACEMENT			
Formation Description			Thickness	Depth		
BROWN SAND & GRAVEL			18	18		
GRAY CLAY			22	40		
FINE SILTY SAND			12	52		
CLAY			6	58		
SAND			2	60		
CLAY			14	74		
SHALE			106	180		
SANDSTONE			13	193		
DRILLER NOTES: 5 7/8" TO 100' 4 3/4" TO 193'			5. EQUIPMENT USED: ROTARY 6. WELL USE: HOUSEHOLD			
			7. CASING Type: PLASTIC Connection: WELDED Diam. 5 in. to 90 ft. Height ABOVE Surface 1 ft Weight lb./ft. BORE HOLE: 8 3/4 in. to 90 ft. Drive Shoe NO Shale Packer NO			
			8. Screen Type: _____ Diam: _____ [X] Not Inst. Length: _____ Set Between _____ ft. and _____ ft. Fittings: _____ [] Blank above scrn: _____ ft			
			9. Static Level: 60 ft. Flow: [N]			
			10. Pumping Level below land surface: 193 ft. after 1 hrs. @ 10 GPM [] Plunger [] Bailer [X] Air [] Test Pump			
			11. Well Head Completion: PITLESS ADAPTER			
			12. Grouted from 85 to 0 ft Material: BENSEAL No. of Bags 10 bags Additives: EZ MUD			
			13. Nearest source of possible contamination: Type: SEPTIC TANK Distance: 50 ft. Dir: NORTH Type: _____ Distance: _____ ft. Dir: _____			
15. Abandoned Well Plugged? NO Casing Diameter in. Depth ft. Plugging Material: No. of Bags Casing Removed?			14. Pump: [] Not Installed [] Installation Only Manufacturer's Name: AERMOTOR Model: A12850 HP: 0.5 Voltage: 230 Drop pipe: 80 ft. Capacity: 10 GPM Pump Type: SUBMERSIBLE Pressure Tank Manufacturer's Name: WELL X-TROL Model: 203 Capacity: 10 Gal.			
16. Remarks, elevation, source of data, etc. PUMP - JEFF BABINGER OLD WELL UNDER DRIVEWAY			17. Drilling Machine Operator: [X] Employee [] Subcontractor Name PAUL WENDLING			

GW-2-228 9/93

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

WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered Bus. Name ED BIRKMEIER WELL DRILLING LTD 1607
Business Address 10655 Easton Road New Lothrop MI 48460
Signed Edward Birkmeier 12/13/99
Authorized Representative Date

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

TAX NO:

PERMIT NO:

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1 1

1. LOCATION OF WELL

County: GENESEE Township Name: FLUSHING

Fraction: SW 1/4 SE 1/4 NE 1/4

Section No: 24

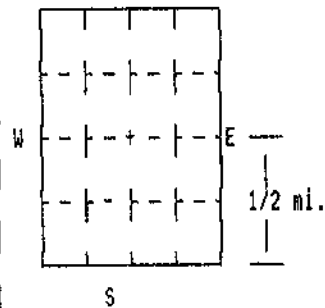
Town No: 8 N

Range Number: 5 E

Distance And Direction From Road Intersection
ABOUT 1/2 MILE WEST OF ELMS AND ABOUT 40 FEET SOUTH OF
CARPENTER RD
Well Addr: 7371 W CARPENTER RD FLUSHING MI 48433

3. Owner of Well: BILL VORACHEK
Address: 7290 W. COLDWATER
FLUSHING MI 48433
Address Same as Well Location? NO

Locate with 'X' in Sec. Below Sketch Map



4. WELL DEPTH: 200 ft. Date Compl: 09/21/98 This is a: NEW WELL

5. EQUIPMENT USED: ROTARY
6. WELL USE: HOUSEHOLD

7. CASING Type: PLASTIC Connection: OTHER
Dian. Height ABOVE
5 in. to 85 ft. Surface 1 ft
in. to ft. Weight 2.92 lb./ft.
BORE HOLE: Drive Shoe YES
7 7/8 in. to 85 ft. Shale Packer NO
4 1/2 in. to 200 ft.

Formation Description	Thickness	Depth
YELLOW SANDY CLAY	12	12
SANDY CLAY	25	37
FINE SAND	14	51
GRAY CLAY	28	79
SANDSTONE	9	88
SHALE	86	174
SANDSTONE	26	200
YELLOW CLAY		

8. Screen Type: _____ Diam: _____ [X] Not Inst.
Length: _____
Set Between _____ ft. and _____ ft.
Fittings: _____ [] Blank above scrn: _____ ft

9. Static Level: 50 ft. Flow: [N]

10. Pumping Level below land surface:
140 ft. after 2 hrs. @ 0 GPM
[] Plunger [] Bailer [X] Air [] Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 0 to 85 ft Material: BENTONITE
No. of Bags 5 bags Additives: EZMUD

13. Nearest source of possible contamination:
Type: SEPTIC TANK Distance: 60 ft. Dir: SOUTH
Type: N/A Distance: ft. Dir:

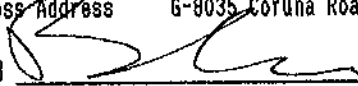
15. Abandoned Well Plugged? NO
Casing Diameter in. Depth ft.
Plugging Material:
No. of Bags Casing Removed?

14. Pump: [] Not Installed [] Installation Only
Manufacturer's Name: AERMOTOR
Model: T12B-50 HP: 0.5 Voltage: 230
Drop pipe: 140 ft. Capacity: 12 GPM
Pump type: SUBMERSIBLE
Pressure Tank Manufacturer's Name: WELL MATE
Model: WM9 Capacity: 30 Gal.

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

17. Drilling Machine Operator: [X] Employee [] Subcontractor
Name BRIAN SUNDE

GW-2-228 9/93
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision
is a misdemeanor.

WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report
is true to the best of my knowledge and belief.
Registered Bus. Name GIL SUNDE WELL DRILLING INC. 1710
Business Address G-8035 Coruna Road Flint MI 48532
Signed  09/22/98
Authorized Representative Date

1 Location of Well
 County **GENESEE** Township Name **FLUSHING** Fraction **SE 1/4 NW 1/4 SW 1/4** Section Number **24** Town Number **BN** N/S **N/S** Range Number **5E** E/W **E/W**

Distance and Direction From Road Intersection
ABOUT 300 FEET NORTH OF CARPENTER AND ABOUT 40 FEET WEST OF PLEASANT 5161 PLEASANT FLUSHING

3 Owner of Well **OLSEN, LINDA**
 Address **5161 PLEASANT FLUSHING MI 48433-**

Street Address and City of Well Location **Address Same as Well Location? Yes**

Sketch Map

4 Well Depth (Completed) **190 ft.** Date of Completion **03/10/98**
 Replacement Well

5 Drilling Method **ROTARY**

6 Proposed Use **HOUSEHOLD**

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PLASTIC	Height Above Surface
YELLOW SAND	8	8	5 in. to 80 ft. depth	1 ft.
SANDY CLAY	17	25	Bore Hole Diameter	Weight 2.92 lbs./ft.
BLUE CLAY	32	57	7 7/8 in. to 80 ft. depth	Drive Shoe Yes
GRAY CLAY	20	77	in. to ft. depth	Shale Packer No
SANDSTONE	15	92	8 Screen Not Installed	Gravel-packed? No
SHALE	86	178		
SANDSTONE	12	190		

9 Static Water Level **40** Ft. Below Land Surface Flow

10 Pumping Level Below Land Surface
100 ft. after **2** hrs. pumping at **11.67** G.P.M.
ft. after **hrs.** pumping at **G.P.M.**
 Using **AIR**

11 Well Head Completion **PITLESS ADAPTER**

12 Well Grouted? **Yes** From **0** to **80** ft.
BENTONITE
 No. of bags **4** Additives **EZMUD**

13 Nearest Source of Possible Contamination
SANITARY Distance **20** ft. Direction **W**
 Distance ft. Direction

15 Abandoned well plugged? **No**
 Casing Diameter **in.** Depth **ft.**
 Casing removed? **No**

14 Pump Installed **Pump Installation Only? No**
 Manufacturer's Name **STA-RITE**
 Model Number **10SP4C02J** HP **1/2** Volts **230**
 Length of Drop Pipe **100** ft. Capacity **10** G.P.M.
 Type **SUBMERSIBLE** Jet
 Pressure tank:
 Manufacturer's Name **OWNERS TANK**
 Pressure Tank Model: Capacity **0** gal.

16 Remarks, elevation, source of data, etc.
OLD WELL UNDER TREE

17 Drilling machine operator:
 Employee
 Name **GARY SCHONBER**
 Authority: Act 368 PA 1978
 Completion: Required.
 Penalty: Conviction of violation of any provision is a misdemeanor.
 IMPORTANT: File with deed.

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.
 Registered business name: **GIL SUNDE WELL DRLG, INC.**
 Registration number: **1710**
 Address: **68035 CORUNNA RD, FLINT, MI 48532**
 Signed: *[Signature]* Date **3/10/98**
 (Authorized representative)

RECEIVED
 MICHIGAN DEPARTMENT OF
 NATURAL RESOURCES
 APR -2 98
 DIVISION OF
 GROUND WATER SUPPLY SEC.

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

WATER WELL AND PUMP RECORD

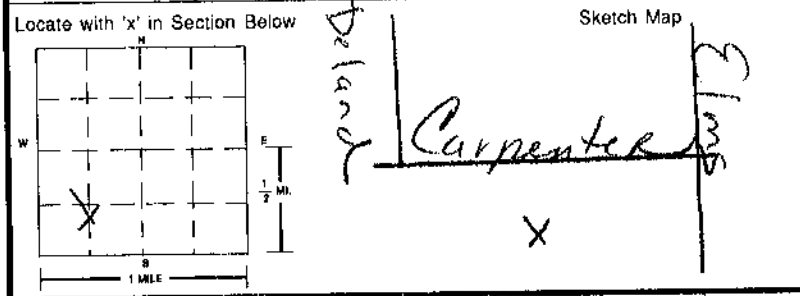
Completion is required under authority of Part 127 Act 368 PA 1978
 Failure to comply is a misdemeanor

TAX NO:

PERMIT NO:

1. LOCATION OF WELL
 County: Genesee Township Name: Flushing Fraction: NW 1/4 SE 1/4 SW 1/4 Section No.: 24 Town No.: A Range No.: 6

Distance and Direction from Road Intersection
Between: Deland and Elms Rd.
OFF: Carpenter Rd.
7359 Carpenter Rd.



3. OWNER OF WELL
 Address: Larry Peck
11508 Duffield Rd.
Gaines, MI. 48436
 Address Same as Well Location Yes No

4. WELL DEPTH: 160 ft. Date Completed: 04/06/99
 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 Plastic Welded
 Other _____ Height: Above/Below Surface: _____ ft.
 Diameter: 2 in. to 77 ft. depth Weight: _____ lbs./ft.
 BORE HOLE: Diameter: 4 in. to 77 ft. depth
4.5 in. to 160 ft. depth Drive Shoe Shale Packer
SHALE ROD

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: _____ ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
140 ft. After 2 hrs. Pumping at 30 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 1 to 77 ft.
 Neat Cement Bentonite Other _____
 No. of Bags 4 Additives _____

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

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name: Hermetic
 Model Number: T12-50 HP: 5 Volts: 220
 Length of Drop Pipe: 60 ft. Capacity: 12 G.P.M.
 TYPE: Submersible Jet Other _____
 PRESSURE TANK:
 Manufacturer's Name: Challenger
 Model Number: 66 Capacity: 20 Gallons 6.2

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	29	29
Sand	6	35
Clay	15	50
Sandy Clay	10	60
Clay	11	71
Sandy Shale	19	90
Sandstone	15	105
Black Shale	125	130
Sandstone	12	142
Sandy Shale	8	150
Black Shale	10	160

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: MIKE MUNSSELL

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.
LYONS WELL DRILLING, INC. 1886
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address: 8107 N. Dorn Hwy Mt Morris MI. 48450
 Signed: Ray M. Pien Date: 04/15/1999
 AUTHORIZED REPRESENTATIVE

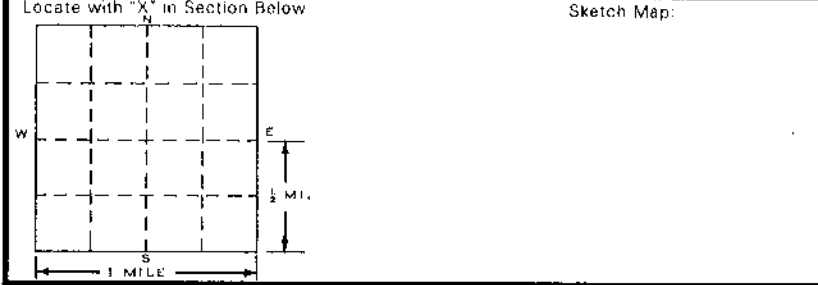
**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD**

PERMIT NUMBER

1 LOCATION OF WELL				
County Genesee	Township Name Flushing	Fraction NE 1/4 SW 1/4 NW 1/4	Section Number 24	Town Number 8 N/SX
			Range Number 5 E/WX	

Distance And Direction From Road Intersection
1/4 mile south of Coldwater on the west side of Johnson Road

Street Address & City of Well Location
5465 Johnson



3 OWNER OF WELL

Bill Stout
Address
**5465 Johnson
Flushing MI 48433**

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	78	78
Shale & Sandrock	42	120

4 WELL DEPTH: Date Completed Now Well Replacement Well

120 FT. **6** DAY **20** YEAR **91**

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

6 in. to **80** ft. depth

Height: Above/Below Surface **1** ft

Weight _____ lbs /ft

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: _____ ft. below land surface Flow

10 PUMPING LEVEL: below land surface

Air 120 ft. after **1/2** hrs. pumping at **6-10** P.M.

_____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Pitless adaptor 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **1** to **80** ft.

Neat cement Bentonite Other **Clay cuttings**

No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination

Type **Sewage** Distance **70+** ft. Direction **West**

Well disinfected upon completion? Yes No

Was old well plugged? Yes No

14 PUMP: Not installed Pump Installation Only

Manufacturer's name **Burks**

Model number **5SNB8B** IIP **1/2** Volts **230**

Length of Drop Pipe **80** ft. capacity **10** G.P.M.

TYPE: Submersible Jet

PRESSURE TANK: Manufacturer's name **Amtrol**

Model number **203** Capacity **10** Gallons

Plugged

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Mich. Dept. of Public Health

AUG 2 1991

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

17. Rig Operator's Name:
Ed Birkmeier

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.

Ed Birkmeier Well Drilling Ltd. 1607

REGISTERED BUSINESS NAME **10655 Easton Rd New Lothrop MI 48460** REGISTRATION NO. _____

Address _____

Signed *Ed Birkmeier* Date **6-20-91**

AUTHORIZED REPRESENTATIVE

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

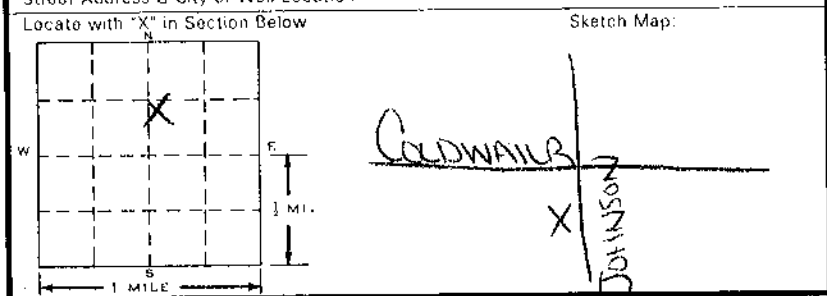
1 LOCATION OF WELL			
County Genesee	Township Name Flushing	Fraction NE¹/₄ SW¹/₄ NW¹/₄	Section Number 24
		Town Number 8 N¹/₈	Range Number 5 E¹/₄

Distance And Direction From Road Intersection
1/4 mile south of Coldwater on the west side of Johnson Road

Street Address & City of Well Location
5465 Johnson Rd.

3 OWNER OF WELL:
Bill Stout
5465 Johnson
Flushing MI 48430

Address Same As Well Location? Yes No



4 WELL DEPTH: Date Completed **6/3/91**

71 FT. New Well Replacement Well

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Yellow Sand	10	20
Gray Clay	10	20
Gray Gravel	5	25
Gray Clay	40	65
Gray Coarse Gravel	6	71

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

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

7 CASING: Steel Threaded Hight: Above/Below
 Plastic Welded Surface **1** ft.
5 in. to **63** ft. depth Weight _____ lbs./ft.
 _____ in. to _____ ft. depth
 Grouted Drill Hole Diameter **8 1/2** in. to **71** ft. depth Drive Shoe Yes No
 _____ in. to _____ ft. depth

8 SCREEN: Not Installed
 Type **Wrapped** Diameter **5"**
 Slot/Gauze **20** Length **8'**
 Set between **63** ft. and **71** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **10** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
Air 71 ft. after **1** hrs. pumping at **4-5** 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 **62** ft.
 Neat cement Bentonite Other **Clay cuttings**
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **Sewage** Distance **75** ft. Direction **West**
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **Burks**
 Model number **5SNB8B** HP **1/2** Volts **230**
 Length of Drop Pipe **80** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **Amtrol**
 Model number **203** Capacity **10** Gallons

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 Mich. Dept. of Public Health
AUG 2 1991

15. Remarks, elevation, source of data, etc.
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS

17. Rig Operator's Name:
Mike Ebenhoeh

16. WATER WELL CONTRACTOR'S CERTIFICATION:
 This well was drilled under my jurisdiction and this report is true and correct to the best of my knowledge and belief.
Ed Birkmeier Well Drilling Ltd. 1607
 (REGISTERED BUSINESS NAME) REGISTRATION NO. _____
 Address **10655 Easton Rd New Lothrop MI 48460**
 Signed _____ Date **6-3-91**
 AUTHORIZED REPRESENTATIVE

1 Location of Well
 County **GENESEE** Township Name **FLUSHING** Fraction **NE 1/4 SE 1/4 SE 1/4** Section Number **24** Town Number **8N** N/S **N/S** Range Number **5E** E/W **E/W**

Distance and Direction From Road Intersection
ABOUT 1/8 MILE S OF COLDWATER AND ABOUT 75 YARDS W OF ELMS

5377 N. ELMS
 FLUSHING

3 Owner of Well **BURGESS, HELEN**
 Address **5377 N. ELMS FLUSHING MI 48433-**

Street Address and City of Well Location **Address Same as Well Location? Yes**

Sketch Map

4 Well Depth (Completed) **170 ft.** Date of Completion **11/01/96**
 Replacement Well

5 Drilling Method **ROTARY**

6 Proposed Use **HOUSEHOLD**

2 FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PLASTIC	Height Above Surface
SAND & GRAVEL	8	8	5 in. to 70 ft. depth	1 ft.
BLUE CLAY	27	35	in. to ft. depth	Weight 2.92 lbs./ft.
SANDY CLAY	2	37	Bore Hole Diameter	
SAND	6	43	7 7/8 in. to 70 ft. depth	Drive Shoe No
BLUE CLAY	24	67	in. to ft. depth	Shale Packer Yes
SANDSTONE	6	73	8 Screen Not Installed	Gravel-packed? No
SHALE	97	170		

9 Static Water Level **30** Ft. Below Land Surface Flow

10 Pumping Level Below Land Surface
150 ft. after **2** hrs. pumping at **5** G.P.M.
 ft. after hrs. pumping at G.P.M.
 Using **AIR**

11 Well Head Completion **PITLESS ADAPTER**

12 Well Grouted? **Yes** From **0** to **70** ft.
BENTONITE
 No. of bags **4** Additives **EZMUD**

13 Nearest Source of Possible Contamination
SANITARY Distance **40** ft. Direction **E**
SANITARY Distance ft. Direction

15 Abandoned well plugged? **No**
 Casing Diameter in. Depth ft.
 Casing removed? **No**

14 Pump Installed Pump Installation Only? **No**
 Manufacturer's Name **STA-RITE**
 Model Number **10SP4C01J-02** HP **1/2** Volts **115**
 Length of Drop Pipe **150** ft. Capacity **10** G.P.M.
 Type **SUBMERSIBLE** Jet
 Pressure tank:
 Manufacturer's Name **WELL MATE**
 Pressure Tank Model **WM9** Capacity **30** gal.

16 Remarks, elevation, source of data, etc.
OLD WELL UNDER HOUSE/;3GPM DOLE VALVE

17 Drilling machine operator:
 Employee Name **BRIAN SUNDE**
 Authority: **Act 368 PA 1978**
 Completion: **Required.**
 Penalty: **Conviction of violation of any provision is a misdemeanor.**
IMPORTANT: File with deed.

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.
 Registered business name: **GIL SUNDE WELL DRLG, INC.**
 Registration number: **0169**
 Address: **G8035 CORUNNA RD. FLINT, MI 48532**
 Signed: *[Signature]* Date **11/1/96**
 (Authorized representative)

RECEIVED
 Mich. Dept. of Public Health
DEC 23 1996
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWQS

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

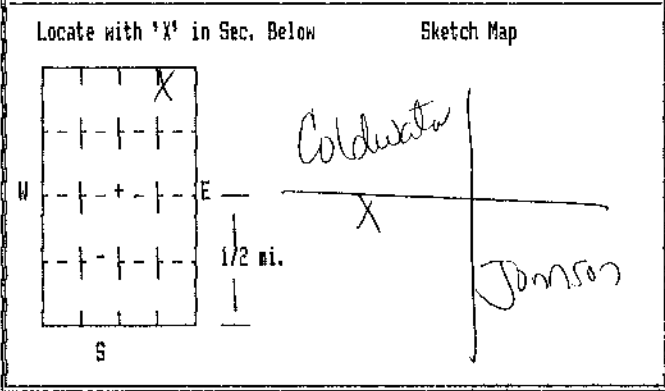
PERMIT NO: _____ Page of
1 1

TAX NO: _____

1. LOCATION OF WELL					
County GENESEE	Township Name FLUSHING	Fraction NW 1/4 NE 1/4 NE 1/4	Section No 24	Town No B N	Range Number 5 E

Distance And Direction From Road Intersection
WEST OF JOHNSON ROAD ON THE SOUTH SIDE OF COLDWATER ROAD
Well Addr: 7465 COLDWATER ROAD

3. Owner of Well KEN BLAIR
Address 5470 JOHNSON ROAD
FLUSHING MI 48433
Address Same as Well Location? NO



4. WELL DEPTH Date Compl This is a:
57 ft. 11/04/96 NEW WELL

5. EQUIPMENT USED: ROTARY
6. WELL USE: HOUSEHOLD

Formation Description	Thickness	Depth
CLAY	15	15
GRAY CLAY	15	30
SUPER FINE SAND	29	59
CLAY	1	60

7. CASING Type: PLASTIC Connection: WELDED
Diam. Height ABOVE
5 in. to 37 ft. Surface 1 ft
in. to ft. Weight 1b./ft.
Grouted Drill Hole Drive Shoe NO
10 1/2 in. to 60 ft. Shale Packer NO
in. to ft.

8. Screen Type: SLOTTED Diam: 5 [] Not Inst.
SLOT 15 Length: 20
Set Between 37 ft. and 57 ft.
Fittings: [] Blank above scrm: ft

9. Static Level: 15 ft. Flow: (N)

10. Pumping Level below land surface:
57 ft. after 1 hrs. @ 25 GPM
[] Plunger [] Bailer [X] Air [] Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 37 to 0 ft Material: BENSEAL
Cement: 3 bags Additives: SUPER MUD

13. Nearest source of possible contamination:
Type: SEPTIC TANK Distance: 60 ft. Dir: WEST
Type: Distance: ft. Dir:

15. Abandoned Well Plugged? NO N/A
Casing Diameter in. Depth ft.
Plugging Material:
No. of Bags Casing Removed?

14. Pump: [] Not Installed [] Installation Only
Manufacturer's Name: GOULDS
Model: 10EJ510 HP: 0.5 Voltage: 230
Drop pipe: 40 ft. Capacity: 10 GPM
Pump type: SUBMERSIBLE
Pressure Tank Manufacturer's Name: WELL X-TROL
Model: 251 Capacity: 19 Gal.

16. Remarks, elevation, source of data, etc.
PUMP - TONY NEWMAN

17. Drilling Machine Operator: [X] Employee [] Subcontractor
Name MATT TRANKA

WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered Bus. Name ED BIRMEIER WELL DRILLING LTD 1607
Business Address 10655 Easton Road New Lothrop MI 48060
Signed _____ Date 11/26/96
Authorized Representative

GW-2-228 9/93
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

1 Location of Well
 County **GENESEE** Township Name **FLUSHING** Fraction **SE 1/4 NE 1/4 SW 1/4** Section Number **24** Town Number **0N** N/S **N/S** Range Number **5E** E/W **E/W**

Distance and Direction From Road Intersection
ABOUT 1/8 MILE WEST OF ELMS AND ABOUT 75 FEET NORTH OF CARPENTER
7150 W. CARPENTER
FLUSHING

3 Owner of Well **GREGORY, TERRY**
 Address **7150 W. CARPENTER**
FLUSHING MI 48433-

Street Address and City of Well Location
 Sketch Map

Address Same as Well Location? **Yes**
 4 Well Depth (Completed) **190** ft. Date of Completion **01/16/98**
 Replacement Well
 5 Drilling Method **ROTARY**
 6 Proposed Use **HOUSEHOLD**

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum
YELLOW SAND	12	12
SANDY CLAY	25	37
FINE SAND	14	51
GRAY CLAY	28	79
SANDSTONE	9	88
SHALE	86	174
SANDSTONE	16	190

7 Casing **PLASTIC** Height Above Surface **1** ft.
 5 in. to 83 ft. depth Weight **2.92** lbs./ft.
 Bore Hole Diameter **7 7/8** in. to 83 ft. depth Drive Shoe **Yes**
 in. to ft. depth Shale Packer **No**
 8 Screen **Not Installed** Gravel-packed? **No**
 9 Static Water Level **40** Ft. Below Land Surface Flow
 10 Pumping Level Below Land Surface
100 ft. after 2 hrs. pumping at **8.33** G.P.M.
 ft. after hrs. pumping at G.P.M.
 Using **AIR**
 11 Well Head Completion **PITLESS ADAPTER**
 12 Well Grouted? **Yes** From **0** to **83** ft.
BENTONITE
 No. of bags **4** Additives **EZMUD**
 13 Nearest Source of Possible Contamination
SEPTIC Distance **60** ft. Direction **E**
 Distance ft. Direction

15 Abandoned well plugged? **Yes**
 Casing Diameter **2** in. Depth **200** ft.
 Plugging material: **NEAT CEMENT**
 No. of bags **5** Casing removed? **No**

14 Pump Installed **Pump Installation Only? No**
 Manufacturer's Name **STA-RITE**
 Model Number **10SP4C01J** HP **1/2** Volts **115**
 Length of Drop Pipe **100** ft. Capacity **10** G.P.M.
 Type **SUBMERSIBLE** Jet
 Pressure tank:
 Manufacturer's Name **WELL MATE**
 Pressure Tank Model **WM9** Capacity **30** gal.

16 Remarks, elevation, source of data, etc.

17 Drilling machine operator:
 Employee
 Name **GARY SCHOMBER**
 Authority: Act 368 PA 1978
 Completion: Required.
 Penalty: Conviction of violation of any provision is a misdemeanor.
IMPORTANT: File with deed.

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.
 Registered business name: **GIL-SUNDE WELL DRLG, INC.**
 Registration number: **1710**
 Address: **68035 FORUNNA RD, FLINT, MI 48532**
 Signed: *[Signature]* Date **1/16/98**
 (Authorized representative)

RECEIVED
MICH. DEPT. OF ENVIRONMENTAL QUALITY
FEB 02 1998
 Drinking Water & Sanitological Protection Division
 Ground Water, Surface Water
WELL CONSTRUCTION UNIT

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

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:

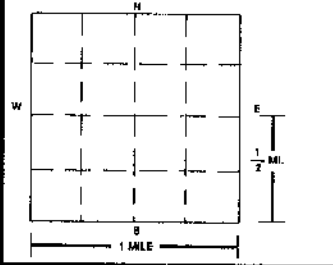
1. LOCATION OF WELL
County **Genesee**

Township Name **Flushing** Fraction **NW 1/4 NW 1/4 NW 1/4** Section No. **24** Town No. **8N** Range No. **5E**

Distance and Direction from Road Intersection
4th. house west of Johnson Rd. on south side.

3. OWNER OF WELL **John Tahash**
Address **7461 W. Coldwater Rd. Flushing, MI. 48433**
Address Same as Well Location Yes No

Street Address & City of Well Location **7461 W. Coldwater Rd. Flushing**



4. WELL DEPTH: **160** ft. Date Completed **12/16/97** 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 **82** ft. depth Weight: **SDR21** lbs./ft.
BORE HOLE: Diameter: **7-7/8** in. to **82** ft. depth Drive Shoe Shale Packer
4 1/2 in. to **160** ft. depth

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	10	10
Gravel	8	18
Clay	7	25
Sand	29	54
Clay	22	76
Shale	5	81
Sandstone	4	85
Sandstone & shale	55	140
Shale	20	160

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
FEB 12 1998
Drinking Water & Radiological Protection Division
Ground Water Supply Section
WELL CONSTRUCTION UNIT

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: **45** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
100 ft. After **1** hrs. Pumping at **13** 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 **82** ft.
 Neat Cement Bentonite Other _____
No. of Bags **3 1/2** Additives _____

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

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter **2** in. Depth **45** ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags **1 Bensen** Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **Gould**
Model Number **10LS05421** HP **1/2** Volts **115**
Length of Drop Pipe **75** ft. Capacity **10** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **A.O. Smith**
Model Number **V-100** Capacity _____ Gallons **80**

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Eddie Eaton**

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.
Burns Well Drilling Co. **25-1947**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **5370 Corunna Rd. Flint, MI. 48532**
Signed **William R. Burns** Date **12-16-97**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <u>Benzie</u>	Twp. <u>Flushing</u>	Fraction <u>NE 1/4 SE 1/4</u>	Section No. <u>24</u>	Town <u>8 N.P.</u>	Range <u>5 E.P.</u>
Distance And Direction from Road Intersections <u>500 FT. N. of Carpenter on Elm to Hickory W to 7034</u>			OWNER No. _____		
Street address & City of Well Location			Address <u>7034 Hickory, Flushing, Mich</u>		
2 FORMATION			4 WELL DEPTH: (completed) Date of Completion		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>168</u> ft. <u>3-30-68</u>		
<u>Gravel</u>	<u>17</u>	<u>17</u>	5 <input type="checkbox"/> Coble tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<u>Clay</u>	<u>53</u>	<u>70</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
<u>shale</u>	<u>5</u>	<u>75</u>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
<u>Sandstone</u>	<u>5</u>	<u>80</u>	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <u>9</u> ft.		
<u>shale</u>	<u>88</u>	<u>168</u>	<u>2</u> in. to <u>75</u> ft. Depth Weight <u>3.75</u> lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			8 SCREEN:		
			Type: <u>none</u> Dia.: _____		
			Slot/Gauze: _____ Length _____		
			Set between _____ ft. and _____ ft.		
			Fittings: _____		
			9 STATIC WATER LEVEL		
			<u>35</u> ft. below land surface		
			10 PUMPING LEVEL below land surface		
			<u>35</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m.		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million:		
			Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
			<input type="checkbox"/> Pitless Adapter <input 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>grout</u>		
			Depth: From <u>0</u> ft. to <u>75</u> ft.		
			14 SANITARY:		
			Nearest Source of possible contamination		
			<u>60 feet IV</u> Direction <u>South</u> Type _____		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP:		
			Manufacturer's Name <u>Did not install</u>		
			Model Number _____ HP _____		
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
			Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____		
			<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
ADDED INFO. BY _____			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
CORRECTED BY: _____			<u>Lee Baker well drilling</u> <u>0411</u>		
ADDITION BY: _____			REGISTERED BUSINESS NAME REGISTRATION NO.		
			Address <u>5735 Superior Flushing</u>		
			Signed <u>Lee Baker</u> Date <u>4-13-68</u>		
			AUTHORIZED REPRESENTATIVE		

TAX NO: 38-268-4443

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

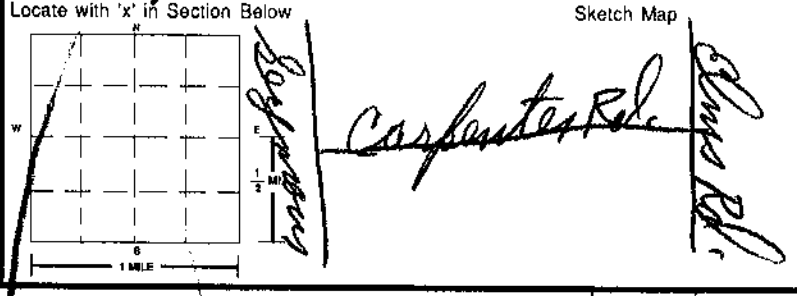
PERMIT NO:

1. LOCATION OF WELL County: Lenexia

Township Name: Shelby Twp. Fraction: 1/4 1/4 Section No: 29 Town No: TRN Range No: ORSE

Distance and Direction from Road Intersection: 1/2 mi. W. of Elms Rd. on N. Side of Carpenter

3. OWNER OF WELL Address: Luke Rogo 2254 W. Carpenter Flushing, MI



4. WELL DEPTH: 60 ft. Date Completed: 9-10-94

Table with 3 columns: FORMATION DESCRIPTION, THICKNESS OF STRATUM, DEPTH TO BOTTOM OF STRATUM. Rows include Brown Sand & Gravel, Gray Clay, and Gray Sand.

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

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

7. CASING: Steel, Plastic, Threaded, Welded, Other

BORE HOLE: 1 7/8 in. to 50 ft. depth

8. SCREEN: Not Installed, Gravel-Packed, Type Johnson, Diameter 5 1/2 in., Length 50 ft.

9. STATIC WATER LEVEL: 12 ft. Below Land Surface

10. PUMPING LEVEL: 60 ft. After 1 hrs. Pumping at 20 G.P.M.

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

12. WELL GROUTED? Yes, From 0 to 50 ft. No. of Bags 4

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION: Type Septic, Distance 90 ft. Direction N

15. ABANDONED WELL PLUGGED? Casing Diameter, Depth, PLUGGING MATERIAL: Cement/Bentonite Slurry, Concrete Grout, Bentonite Slurry, Bentonite Chips

14. PUMP: Not Installed, Pump Installation Only, Manufacturer's Name Sta Rite, Model Number SD-210F, HP 1/2, Volts 230

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

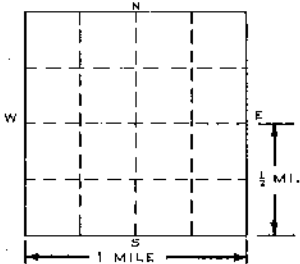
14. PUMP: Length of Drop Pipe 50 ft. Capacity 10 G.P.M. TYPE: Submersible, Jet, Other

17. DRILLING MACHINE OPERATOR: Employee, Subcontractor, Name Ed Burman

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. Thomas Well Drilling, 1271 1186 N. Center Rd., Okemos, MI. Signed John Thomason, Date 9-10-94

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

PERMIT NUMBER

1 LOCATION OF WELL									
County Genesee		Township Name Flushing		Fraction NE 1/4 NW 1/4 NE 1/4		Section Number 24		Town Number 8 N/6	
Range Number 5 E/W		Distance And Direction From Road Intersection Between Elms & Johnson Rd. on south side way back off road.		3 OWNER OF WELL: Nancy Hubbard		Address 101 E. Main St. Unit C Flushing, MI. 48433		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address & City of Well Location 7359 W. Coldwater Rd. Flushing		Locate with "X" in Section Below 		4 WELL DEPTH: 59 ft. Date Completed 12 13 94		<input checked="" type="checkbox"/> New Well		<input type="checkbox"/> Replacement Well	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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	
						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	
Sand		15		15		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded		Height: Above/ Surface Surface 1 ft	
Clay		24		39		5 in. to 49 ft. depth		Weight SDR21 lbs./ft.	
Sand		20		59		Grouted Drill Hole Diameter		Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
						8 SCREEN: <input type="checkbox"/> Not installed		Type PVC Diameter 5"	
						Slot 1/2" #10 Length 10'		Set between 49 ft. and 59 ft.	
						FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Brenner Check		<input type="checkbox"/> Blank above screen _____ ft Other _____	
						9 STATIC WATER LEVEL: 15 ft. below land surface <input type="checkbox"/> Flow			
						10 PUMPING LEVEL: below land surface 40 ft. after 1 hrs. pumping at 1500 G.P.M./ H.			
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade		<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 49 ft.		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
						13 Nearest source of possible contamination		Type Septic Distance 50 ft. Direction S	
						Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		Manufacturer's name Nyera	
						Model number _____ HP 1/2 Volts 230		Length of Drop Pipe 43 ft. capacity 10 G.P.M.	
						TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		PRESSURE TANK: Manufacturer's name Well-Rite	
						Model number WR60-02 Capacity 40 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:						Burns Well Drilling Co.		25-1947	
						REGISTERED BUSINESS NAME		REGISTRATION NO.	
						Address 5370 Corunna Rd. Flint, MI. 48532			
						Signed <i>William Burns</i>		Date 12-14-94	
						AUTHORIZED REPRESENTATIVE			

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL															
County <u>Benzie</u>		Twp. <u>Flushing</u>		Fraction <u>1/4 NE 1/4 SE 1/4</u>		Section No. <u>24</u>		Town <u>8 N.</u>		Range <u>5 E.</u>					
Distance And Direction from Road Intersections <u>2 Blk W of Elm on Carpenter To Pleasant Dr 5161 Pleasant Dr.</u>				OWNER No. _____		3 OWNER OF WELL: Address <u>James Duff 5161 Pleasant Dr. Flushing, Mich</u>									
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) <u>200</u> ft. Date of Completion <u>4-12-68</u>									
<u>Clay</u>		<u>20</u>		<u>20</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>fine sand</u>		<u>40</u>		<u>60</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>Clay</u>		<u>10</u>		<u>70</u>		7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2</u> in. to <u>7 7/8</u> ft. Depth Height: <u>1</u> Above/Below surface ft. Weight: <u>3.25</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
<u>shale</u>		<u>5</u>		<u>75</u>		8 SCREEN: Type: <u>none</u> Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____									
<u>sand stone</u>		<u>10</u>		<u>85</u>		9 STATIC WATER LEVEL <u>40</u> ft. below land surface									
<u>shale</u>		<u>115</u>		<u>200</u>		10 PUMPING LEVEL below land surface <u>40</u> ft. after <u>3</u> hrs. pumping <u>320</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.									
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input 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>fill</u> Depth: From <u>0</u> ft. to <u>7 7/8</u> ft.						14 SANITARY: Nearest Source of possible contamination <u>50 feet N.W.</u> Direction <u>Septic</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
15 PUMP: Manufacturer's Name <u>Did not install</u> Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating						16 Remarks, elevation, source of data, etc.									
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lee Baker well drilling</u> <u>0411</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>5135 Supreme Flushing</u> Signed <u>Lee Baker</u> Date <u>4-14-68</u> AUTHORIZED REPRESENTATIVE						ADDED INFO. BY DRILLER, ITEM NO.									
CORRECTED BY:						ADDITION BY:									

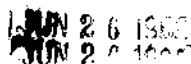
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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		SE		Section No. 24		Town 8 N.S.		Range 5 E.W.	
County <u>Seneca</u>		Twp. <u>Flushing</u>		Fraction 1/4					
Distance And Direction from Road Intersections <u>7126 Hickory St.</u>				OWNER No. <u>75</u>		3 OWNER OF WELL: <u>Boyle & Walling</u> Address <u>7306 Main Flushing Mich.</u>			
Street address & City of Well Location				4 WELL DEPTH: (completed) <u>37</u> ft.		Date of Completion <u>4-10-68</u>			
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
<u>Clay</u>		<u>9</u>		<u>9</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>sand</u>		<u>2</u>		<u>11</u>		7 CASING: Digm. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: <u>1</u> ft. Above/Below surface <u>2</u> in. to <u>31</u> ft. Depth Weight <u>375</u> lbs./ft. <input checked="" type="checkbox"/> Drive Shoe? Yes <input type="checkbox"/> No			
<u>soft clay</u>		<u>19</u>		<u>30</u>		8 SCREEN: Type: <u>Clayton</u> Dia.: <u>1 1/4"</u> Slot/Gauze Length <u>3' and 4'</u> Set between <u>30</u> ft. and <u>37</u> ft. Fittings: <u>3 ft 1/4" pipe drop check seal</u>			
<u>Water sand</u>		<u>7</u>		<u>37</u>		9 STATIC WATER LEVEL <u>19</u> ft. below land surface			
						10 PUMPING LEVEL below land surface <u>30</u> ft. after <u>1</u> hrs. pumping <u>600</u> g.p.m. <u>✓</u> ft. after <u>✓</u> hrs. pumping <u>✓</u> g.p.m.			
						11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>✓</u> Chlorides (Cl) <u>✓</u> Hardness <u>✓</u>			
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
						13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No Material: <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From <u>1</u> ft. to <u>29</u> ft.			
						14 SANITARY: <u>SEPTIC NOT IN</u> Nearest Source of possible contamination <u>✓</u> feet <u>✓</u> Direction <u>✓</u> Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No			
						15 PUMP: Manufacturer's Name <u>PLUMBERS ET</u> Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. CORRECTED BY: ADDITION BY: <u>✓</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>HEME'S WELLDRIILLING 0345</u> REGISTERED BUSINESS NAME REGISTRATION NO. <u>2278 Lincoln Manor DR.</u> Address Signed <u>George Heme</u> Date <u>5-25-68</u> AUTHORIZED REPRESENTATIVE					



APR 16 1976

WATER WELL RECORD
ACT 294 PA 1985

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

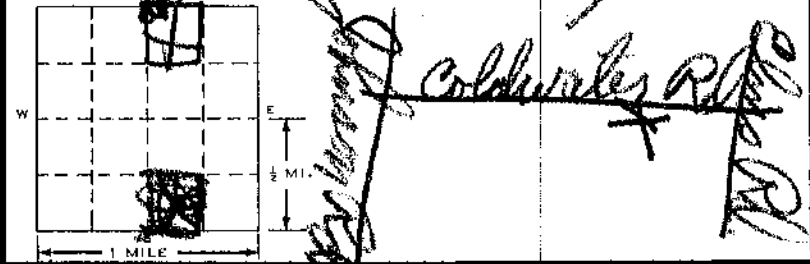
1 LOCATION OF WELL

County <i>Lenexee</i>	Township Name <i>W. Rushing</i>	Fraction <i>N 1/2 E 1/2</i>	Section Number <i>24</i>	Town Number <i>T 8 N 2</i>	Range Number <i>R 5 E 1/2</i>
--------------------------	------------------------------------	--------------------------------	-----------------------------	-------------------------------	----------------------------------

Distance And Direction from Road Intersections

7157 W. Coldwater
W. Rushing, Mich

Street address & City of Well Location



3 OWNER OF WELL:

Address *7157 W. Coldwater*
W. Rushing, Mich

4 WELL DEPTH: (completed) Date of Completion

136 ft. *Sept 25, 73*

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 Surface *2* ft.

2 in. to *86* ft. Depth

Weight *3.75* lbs./ft.

Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Brown Clay</i>	<i>84'</i>	<i>84'</i>
<i>Black Shale</i>	<i>42'</i>	<i>126'</i>

8 SCREEN:

Type: _____ Dia.: _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

36 ft. below land surface

10 PUMPING LEVEL below land surface

63 ft. after *2* hrs. pumping *400 HR.*

_____ 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

Noat Cement Bentonite

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

55 feet *N W* Direction *Sediment Tank*

Well disinfected upon completion Yes No

15 PUMP: Not installed

Manufacturer's Name _____

Model Number _____ HP _____ Volts _____

Length of Drop Pipe _____ ft. Capacity _____ G.P.M.

Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY *cy*

**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.

W. W. Cook Well Drilling 507

REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____

Address *555 Chev. Ave, Flint*

Signed *William W. Cook* Date *Sept 25, 73*

AUTHORIZED REPRESENTATIVE

Lewis Sharbeck



JAN 20 1975

WATER WELL RECORD
ACT 294 RA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Genesee	Township Name Flushing	Fraction SE 1/4 NE 1/4	Section Number 24	Town Number T8N	N/S. N/S.	Range Number R5E	E/W. E/W.
--------------------------	----------------------------------	----------------------------------	-----------------------------	---------------------------	---------------------	----------------------------	---------------------

Distance And Direction from Road Intersections

5305 N. Elms Rd., Flushing, Mi.

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

Sketch Map:

3 OWNER OF WELL:
KEN Baker
Address **5305 N. Elms Rd. Flushing, Mi.**

4 WELL DEPTH: (completed) Date of Completion
210 ft. **Jan. 25, 74**

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 **0** ft.
5 in. to **79** ft. Depth Weight **15** lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
fill	2	2
gravel sandy	8	10
grey clay	60	70
grey shale soft	8	78
sandy grey shale with layers of black shale	102	180
sandstone	30	210

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

9 STATIC WATER LEVEL
24 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping **1** 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 **drilling mud**
Depth: From **6** ft. to **79** ft.

14 Nearest Source of possible contamination
55 feet **W** Direction **septic tank** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Goulds**
Model Number **7EH05412** HP **1/2** Volts **230**
Length of Drop Pipe **180** ft. capacity **7** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

water salty in bottom of hole
ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY *[Signature]*
*ELEVATION BY *[Signature]*
ELEVATION

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.

Hazard Well Drilling 0354
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **6386 Oriole Dr., Flint, MI.**

Signed *William J. Hazard* Date **Feb 4, 74**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

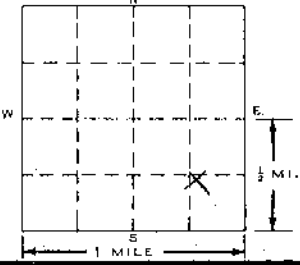
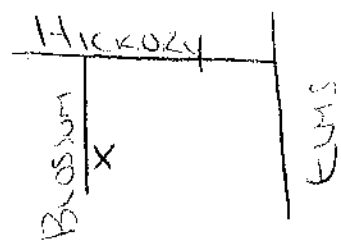
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL									
County	Twp.	Fraction	Section No.	Town	Range				
Benzie	Flushing	SE 1/4 NE 1/4 SE 1/4	24	8 N.P.	5 E.P.				
Distance And Direction from Road Intersections		OWNER No. _____		3 OWNER OF WELL: John Walczak					
1/2 mi N of Carpenter on Elma To 600ft W on Hickory		7062 Flushing Hickory		Address 7062 Hickory Flushing, Mich					
Street address & City of Well Location				4 WELL DEPTH: (completed) 185 ft. Date of Completion 10-2-68					
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
Gravel		9	9	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"/>					
Clay		34	45	7 CASING: Threading <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>					
fine sand		20	65	2 in. to 81 ft. Depth					
Clay		10	75	_____ in. to _____ ft. Depth					
fine shale		5	80	8 SCREEN: Type: none Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____					
lime stone		5	85	9 STATIC WATER LEVEL 36 ft. below land surface					
gray shale		95	180	10 PUMPING LEVEL below land surface 36 ft. after 1 hrs. pumping 120 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
Black shale		5	185	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____					
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input 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"/> mud Depth: From 0 ft. to 75 ft.					
				14 SANITARY: Nearest Source of possible contamination 50 feet N Direction Septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				15 PUMP: Manufacturer's Name: Did not install Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION:					
ADDED INFO. BY DRILLER, WEA MLL				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
*CORRECTED BY: _____				Lee Baker Will Pulling 0411 REGISTERED BUSINESS NAME REGISTRATION NO.					
**ADDITION BY: _____				Address Lee Baker Signed 5135 Seymour Flushing Date 10-3-68 AUTHORIZED REPRESENTATIVE					

JAN 16 1969

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL			3 OWNER OF WELL:		
County Genesee	Township Name Flushing	Fraction NW 1/4 SE 1/4 SE 1/4	Section Number 24	Town Number 8 N/S	Range Number 5 E/W
Distance And Direction From Road Intersection South of Hickory on the west side of Blossom			Address Jim Springer 6507 W. Coldwater Flushing Mi 48433		
Street Address & City of Well Location 5204 Blossom			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Locate with "X" in Section Below 			Sketch Map. 		
2 FORMATION DESCRIPTION			4 WELL DEPTH: 34 FT. Date Completed 4 30 93 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		
			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: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/>		
			Height: Above/Below Surface 1 ft		
			Weight _____ lbs./ft.		
			Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			8 SCREEN: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Wrapped Diameter 5"		
			Type _____ Diameter _____		
			Slot/Gauze 10 Length 7'		
			Set between 27 ft. and 34 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: 10 ft. below land surface <input type="checkbox"/> Flow		
			10 PUMPING LEVEL: below land surface Air 30 ft. after 1 hrs. pumping at 10 G.P.M.		
			11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adaptor <input checked="" 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 25 to 0 ft.		
			<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other Benseal		
			No. of bags of cement _____ Additives 2 Bags		
			13 Nearest source of possible contamination		
			Type Septic Distance 60 Direction East		
			Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
			Manufacturer's name _____		
			Model number _____ HP _____ Volts _____		
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
			TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____		
			PRESSURE TANK:		
			Manufacturer's name _____		
			Model number _____ Capacity _____ Gallons		
			15. Remarks, elevation, source of data, etc.		
			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: _____

Ed Birkmeier Well Drilling Ltd. 1607
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address: **210655 E. Bon Rd new Lothrop Mi 48460**
 Signed: *Ed Birkmeier* Date: **4-30-93**
 AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Benzie Twp. Flushing Fraction NE 1/4 SE 1/4 Section No. 24 Town 8 N 1/2 Range 5 E 1/2

Distance And Direction from Road Intersections
1/2 mi W of Elm
Street address & City of Well Location
704 1/2 Carpenter Flushing

3 OWNER OF WELL: John Hall
Address Same

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>brack</u>	<u>7</u>	<u>7</u>
<u>clay</u>	<u>63</u>	<u>(70)</u>
<u>shell</u>	<u>20</u>	<u>90</u>
<u>Sand Stone</u>	<u>10</u>	<u>100</u>
<u>Shale gray</u>	<u>88</u>	<u>188</u>

4 WELL DEPTH: (completed) Date of Completion

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Diam. Threaded Welded
2 in. to 93 ft. Depth Height: (C) Above/Below surface 1 ft.
Weight 3.2 lbs/ft. Drive Shoe? Yes No

8 SCREEN:
Type: none Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL _____ ft. below land surface

10 PUMPING LEVEL below land surface
33 ft. after 1 hrs. pumping 300 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 self
Depth: From 0 ft. to 20 ft.

14 SANITARY:
Nearest Source of possible contamination 50 feet E Direction SE Type _____
Well disinfected upon completion Yes No

15 PUMP:
Manufacturer's Name Did not install
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: [Signature]
ADDITION BY: _____

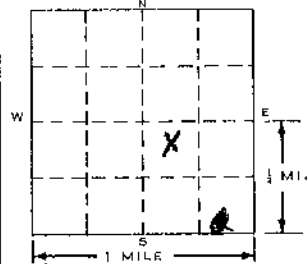
17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Lee B. B. [Signature] 0411
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 5137 Seymour Flushing
Signed Lee B. B. [Signature] Date 7-20-69
AUTHORIZED REPRESENTATIVE



OCT 30 1973

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County GENESEE	Township Name FLASHING	Fraction 8N 1/4 NW 1/4 SW 1/4
Distance And Direction from Road Intersections FIRST STREET NORTH OF CARPENTER RD - ELMS ROAD INTERSECTION - 7116 HICKORY ST FLUSHING MICH		Section Number 24
Street address & City of Well Location Locate with "X" in section below		Town Number T8N N/S.
Range Number R5E E/W.		3 OWNER OF WELL: GORZENSKI Custom Homes Address FLUSHING MICH 48133 7116 HICKORY ST FLUSHING MICH
Sketch Map: 		4 WELL DEPTH: (completed) Date of Completion 151 ft. MAY 28 1973
2 FORMATION		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"/> Jotted <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"/>
THICKNESS OF STRATUM		7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		8 SCREEN: Type: _____ Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
DEPTH TO BOTTOM OF STRATUM		9 STATIC WATER LEVEL 24 ft. below land surface
		10 PUMPING LEVEL below land surface 50 ft. after 4 hrs. pumping 5 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
CLAY		11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____
GRAVEL		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade
CLAY		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.
GRAVEL		14 Nearest Source of possible contamination 75 feet N Direction SEPTIC TANK Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CLAY		15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
SHALE		16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, LEAM NW CORRECTED BY _____ ADDITION BY _____
78' 151'		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. RALPH KELLER Well Digs. 0319 REGISTERED BUSINESS NAME REGISTRATION NO. Address 1200 Kelly Rd FLUSHING MICH Signed S. Keller Date 5-28-73 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:

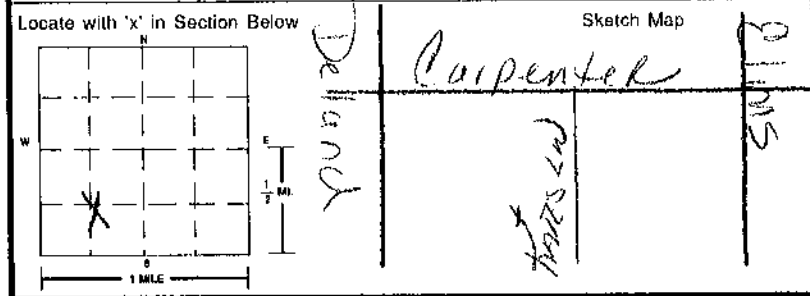
PERMIT NO:

1. LOCATION OF WELL
 County Genesee

Township Name Flushing Fraction NW 1/4 SE 1/4 SW 1/4 Section No. 24 Town No. 8 Range No. 5

Distance and Direction from Road Intersection
Between: Elms and DeLand Rd.
OFF: Carpenter Rd.
7365 Carpenter Rd.

3. OWNER OF WELL
 Address Garry Peck
4367 Ray Rd.
Grand Blanc, MI. 48439
 Address Same as Well Location Yes No



4. WELL DEPTH: 160 ft. Date Completed 06/11/98
 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 Welded
 Plastic Other _____
 Height: Above/Below Surface: _____ ft.

Diameter: 5 in. to 72 ft. depth
 _____ in. to _____ ft. depth
 Weight: _____ lbs./ft.

BORE HOLE:
 Diameter: 8 in. to 72 ft. depth
4.5 in. to 160 ft. depth
 Drive Shd. DR21
 Shale Packer
SHALE BOO

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	5	5
Fine Gravel	7	12
Grey Gummy Clay	4	16
Sand	4	20
Clay	6	26
Sand	17	43
Sandy Clay	19	62
Sandstone	21	83
Shale	12	95
Sandstone	3	98
Shale	37	135
Sandstone	10	145
Shale	15	160

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:
23 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
140 ft. After 2 hrs. Pumping at 15 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 1 to 72 ft.
 Neat Cement Bentonite Other _____
 No. of Bags 3 Additives _____

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

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name Red Jacket
 Model Number 5085W1-85BC .5 HP 220 Volts
 Length of Drop Pipe 60 ft. Capacity 10 G.P.M.
 TYPE: Submersible Jet Other _____
 PRESSURE TANK:
 Manufacturer's Name Challenger
 Model Number 66 Capacity 20 Gallons 6.2

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 DAN WEBER

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.
LYONS WELL DRILLING, INC. 1886
 REGISTERED BUSINESS NAME REGISTRATION NO. _____
 Address 8107 N Dort Hwy Mt Morris MI. 48458
 Signed Dan Weber Date 06/18/1998
 AUTHORIZED REPRESENTATIVE

1. LOCATION OF WELL

County: GENESEE Township Name: FLUSHING

Fraction: NW 1/4 NW 1/4 SE 1/4

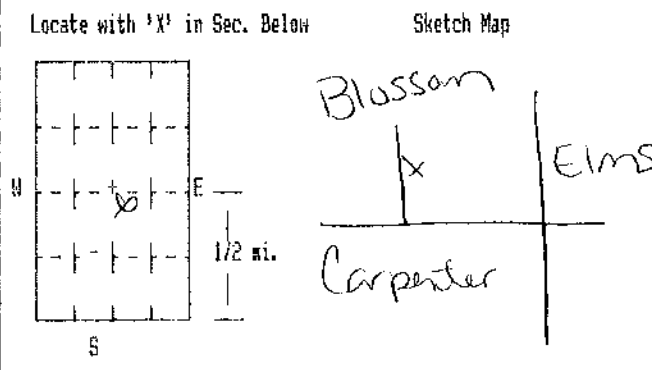
Section No: 24

Town No: 8 N

Range Number: 5 E

Distance And Direction From Road Intersection: 400 FEET NORTH OF CARPENTER ON THE EAST SIDE OF BLOSSOM DRIVE
Well Addr: 5104 BLOSSOM DRIVE

3. Owner of Well: JOHN CUDDEBACK
Address: 5104 BLOSSOM FLUSHING MI 48433
Address Same as Well Location? YES



4. WELL DEPTH: 100 ft. Date Compl: 07/08/97 This is a: REPLACEMENT

5. EQUIPMENT USED: ROTARY
6. WELL USE: HOUSEHOLD

7. CASING Type: PLASTIC Connection: WELDED
Diam. 5 in. to 80 ft. Height ABOVE Surface 1 ft
in. to ft. Weight 1b./ft.
BORE HOLE: 8 1/2 in. to 70 ft. Drive Shoe NO
in. to ft. Shale Packer NO

Formation Description	Thickness	Depth
BROWN CLAY	10	10
GRAY CLAY	60	70
SHALE	8	78
SANDROCK	2	80
SHALE	95	175
SANDROCK	5	180

DRILLER NOTES:
5 7/8" TO 100'
4 3/4" TO 180'

8. Screen Type: _____ Diam: _____ (X) Not Inst.
Length: _____
Set Between _____ ft. and _____ ft.
Fittings: _____ () Blank above scrn: _____ ft

9. Static Level: 3 ft. Flow: (N)

10. Pumping Level below land surface:
100 ft. after 1 hrs. @ 10 GPM
() Plunger () Bailer (X) Air () Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 70 to 0 ft Material: BENSEAL
No. of Bags 7 bags Additives: SUPER MUD

13. Nearest source of possible contamination:
Type: SEPTIC TANK Distance: 60 ft. Dir: EAST
Type: _____ Distance: _____ ft. Dir: _____

15. Abandoned Well Plugged? YES
Casing Diameter: _____ in. Depth 200 ft.
Plugging Material: NEAT CEMENT
No. of Bags 4 Casing Removed? N

14. Pump: () Not Installed () Installation Only
Manufacturer's Name: RED JACKET
Model: S00CINC9BC HP: 0.5 Voltage: 230
Drop pipe: 70 ft. Capacity: 10 GPM
Pump type: SUBMERSIBLE
Pressure Tank Manufacturer's Name: WELL X-TROL
Model: 203 Capacity: 10 Gal.

16. Remarks, elevation, source of data, etc.
PUMP -- DEL LYMAN

17. Drilling Machine Operator: (X) Employee () Subcontractor
Name BARRY BROWN

WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered Bus. Name ED BIRKMEYER WELL DRILLING LTD 1607
Busin Address 10055 Boston Road New Lothrop MI 48460

Signed: *Edward Birkmeyer* 07/16/97
Authorized Representative Date

GW-2-220 9/93
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

TAX NO:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER WELL AND PUMP RECORD

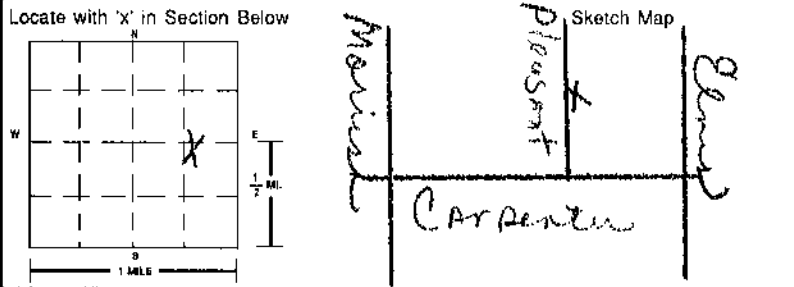
PERMIT NO:

1. LOCATION OF WELL
County Benares

Township Name Flushing Fraction NW 1/4 NE 1/4 SEC 24 Section No. 24 Town No. A Range No. 5

Distance and Direction from Road Intersection
Between Morrish Rd. & Elms Rd.
OFF Carpenter Rd.
5190 Pleasant Dr.
Street Address & City of Well Location

3. OWNER OF WELL
Address James Turbeville
5190 Pleasant Dr.
Flushing, MI. 48433
Address Same as Well Location Yes No



4. WELL DEPTH: 160 ft. Date Completed 09/03/97
 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: _____ ft.
Diameter: 3 in. to 76 ft. depth Weight: _____ lbs./ft.
BORE HOLE: Diameter: 4 in. to 76 ft. depth Drive Shaft Shale Packer
SHAPE BORE

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand & Gravel	10	10
Clay	30	40
Clay & Gravel	10	50
Clay	10	60
Black Shale	15	75
Sandstone	30	105
Black Shale	25	130
Sandstone	5	135
Black Shale	10	145
Sandy Shale	15	160

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: 64 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface 140 ft. After 2 hrs. Pumping at 10 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 1 to 76 ft.
 Neat Cement Bentonite Other _____
No. of Bags 4 Additives _____

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

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Red Jacket
Model Number S05EWA-05H HP 1 1/2 Volts 115
Length of Drop Pipe 68 ft. Capacity 10 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK: Manufacturer's Name Challenge
Model Number 202 Capacity 20 Gallons 6.2

16. REMARKS: (Elevation source of Data, etc.)
GROUND WATER SUPPLY SEC.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name _____

18. WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
LYONS WELL DRILLING, INC. 1886
REGISTERED BUSINESS NAME REGISTRATION NO. _____
Address 5107 N Dart Hwy Mt Morris MI. 48450
Signed Ray M. Lyons Date 09/09/1997
AUTHORIZED REPRESENTATIVE

Distance and Direction From Road Intersection
 ABOUT 1/8 MILE WEST OF ELMS AND ABOUT 60 FEET NORTH OF
 HICKORY
 7054 HICKORY
 FLUSHING

3 Owner of Well **GRIEVE, ROBERT**
 Address **7054 HICKORY
 FLUSHING MI 48433-**

Street Address and City of Well Location
 Address Same as Well Location? **Yes**

4 Well Depth (Completed) **180 ft.** Date of Completion **12/11/97**
 Replacement Well

5 Drilling Method **ROTARY**

6 Proposed Use **HOUSEHOLD**

FORMATION DESCRIPTION	Thickness of	Depth to Bottom of	7 Casing	Height Above
	of	Bottom of	5 in. to 77 ft. depth	Surface 1 ft.
	Stratum	Stratum	in. to ft. depth	Weight 2.92 lbs./ft.
SAND & GRAVEL	33	33	Bore Hole Diameter	
SANDY CLAY	27	60	7 7/8 in. to 77 ft. depth	Drive Shoe Yes
BLUE CLAY	13	73	in. to ft. depth	Shale Packer No
SANDSTONE	9	82	8 Screen Not Installed	Gravel-packed? No
LIMESTONE	6	88		
SHALE	69	157		
SANDSTONE	11	168		
SHALE	12	180		

RECEIVED
 MICH DEPT OF ENVIRONMENTAL QUALITY
 DEC 22 1997
 Drinking Water & Radiological Protection Division
 Ground Water Supply Section
WELL CONSTRUCTION UNIT

9 Static Water Level **35** Ft. Below Land Surface Flow

10 Pumping Level Below Land Surface
70 ft. after 2 hrs. pumping at **13.33** G.P.M.
 ft. after hrs. pumping at G.P.M.
 Using **AIR**

11 Well Head Completion **PITLESS ADAPTER**

12 Well Grouted? **Yes** From **0** to **77** ft.
BENTONITE
 No. of bags **4** Additives **EZMUD**

13 Nearest Source of Possible Contamination
SEPTIC Distance **60** ft. Direction **NW**
 Distance ft. Direction

15 Abandoned well plugged? **No**
 Casing Diameter in. Depth ft.
 Casing removed? **No**

14 Pump Installed **Yes** Pump Installation Only? **No**
 Manufacturer's Name **STA-RITE**
 Model Number **10SP4C01J** HP **1/2** Volts **115**
 Length of Drop Pipe **70** ft. Capacity **10** G.P.M.
 Type **SUBMERSIBLE** Jet
 Pressure tank:
 Manufacturer's Name **WELL MATE**
 Pressure Tank Model **WM9** Capacity **30** gal.

16 Remarks, elevation, source of data, etc.
OLD WELL UNDER CEMENT PATIO-INACCESSIBLE

17 Drilling machine operator:
 Employee
 Name **GARY SCHOMBER**
 Authority: Act 368 PA 1978
 Completion: **Required.**
 Penalty: Conviction of violation of any provision is a misdemeanor.
IMPORTANT: File with deed.

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.
 Registered business name: **GIL SUNDE WELL DRG, INC.**
 Registration number: **1710**
 Address: **68035 CORUNNA RD, FLINT, MI 48532**
 Signed: *[Signature]* Date _____
 (Authorized Representative)

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

TAX NO:

PERMIT NO:

Page of
1 1

1. LOCATION OF WELL

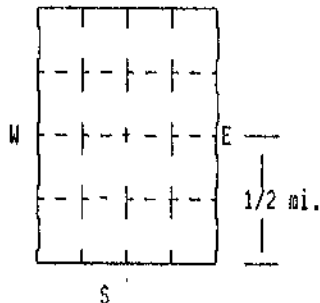
County GENESEE	Township Name FLUSHING	Fraction SE 1/4 NW 1/4 SW 1/4	Section No 24	Town No 8 N	Range Number 5 E
-------------------	---------------------------	----------------------------------	------------------	----------------	---------------------

Distance And Direction From Road Intersection
ABOUT 1/8 MILE NORTH OF CARPENTER AND ABOUT 30 FEET WEST OF PLEASANT
Well Addr: 5181 PLEASANT FLUSHING MI 48433

3. Owner of Well DAN RICHEY BUILDERS
Address 12302 CREEKSIDE DR
CLIO MI 48420
Address Same as Well Location? NO

Locate with 'X' in Sec. Below

Sketch Map



4. WELL DEPTH Date Compl This is a:
190 ft. 10/19/98 NEW WELL

5. EQUIPMENT USED: ROTARY
6. WELL USE: HOUSEHOLD

7. CASING Type: PLASTIC Connection: OTHER
Diam. Height ABOVE
5 in. to 80 ft. Surface 1 ft
in. to ft. Weight 2.92 lb./ft.
BORE HOLE: Drive Shoe YES
7 7/8 in. to 80 ft. Shale Packer NO
4 1/2 in. to 190 ft.

Formation Description	Thickness	Depth
YELLOW SANDY CLAY	8	8
SANDY CLAY	17	25
BLUE CLAY	32	57
GRAY CLAY	20	77
SANDSTONE	15	92
SHALE	86	178
SANDSTONE	12	190

8. Screen Type: _____ Diam: _____ [X] Not Inst.
Length: _____
Set Between _____ ft. and _____ ft.
Fittings: _____ [] Blank above scrn: _____ ft

9. Static Level: 50 ft. Flow: [N]

10. Pumping Level below land surface:
80 ft. after 2 hrs. @ 10 GPM
[] Plunger [] Bailer [X] Air [] Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 0 to 80 ft Material: BENTONITE
No. of Bags 4 bags Additives: EZMUD

13. Nearest source of possible contamination:
Type: SEPTIC TANK Distance: 60 ft. Dir: WEST
Type: _____ Distance: _____ ft. Dir: _____

14. Pump: [] Not Installed [] Installation Only
Manufacturer's Name: AERMOTOR
Model: T12B-50 HP: 0.5 Voltage: 230
Drop pipe: 100 ft. Capacity: 12 GPM
Pump type: SUBMERSIBLE
Pressure Tank Manufacturer's Name: WELL MATE
Model: WM9 Capacity: 30 Gal.

15. Abandoned Well Plugged? NO
Casing Diameter in. Depth ft.
Plugging Material:
No. of Bags Casing Removed?

16. Remarks, elevation, source of data, etc.
NEW CONSTRUCTION

17. Drilling Machine Operator: [X] Employee [] Subcontractor
Name GARY SCHOMBER

WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered Bus. Name GIL SUNDE WELL DRILLING INC. 1710
Business Address G-8035 Copona Road Flint MI 48532

Signed _____ Date 10/20/98
Authorized Representative

GW-2-228 9/93

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

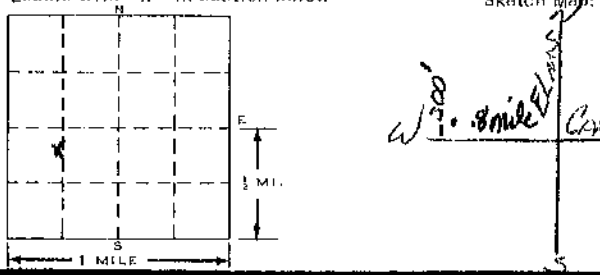
F-1019



OCT 30 1973

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL											
County GENESEE		Township Name FLUSHING		Fraction 1/4		Section Number #23		Town Number TEN		Range Number R5E E/W.	
Distance And Direction from Road Intersections West of ELMS & CARPENTER RD intersection				3 OWNER OF WELL: Address Wm. R. Firman 8138 CARPENTER RD FLUSHING MICH.							
Street address & City of Well Location 8138 CARPENTER RD FLUSHING MICH.				4 WELL DEPTH: (completed) Date of Completion 192 ft. Aug. 15-1973							
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"/> Jotted <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 Diam. 4 in. to 82 ft. Depth 12 ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
2 FORMATION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN:			
				12'		12'		Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
				8'		20'		9 STATIC WATER LEVEL _____ ft. below land surface 10 PUMPING LEVEL below land surface 60 ft. after 4 hrs. pumping 4 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
				45'		65'					
				127'		192'					
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____							
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adaptor <input checked="" type="checkbox"/> 12" Above Grade							
				13 Well Grouted? <input 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 (NOT INSTALLED) Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
				15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, WRM ML 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. Ralph Keller Well Drilling 0319 REGISTERED BUSINESS NAME REGISTRATION NO. Address 6200 Kelly RD Flushing Mich Signed R. Keller Date 8-15-73 AUTHORIZED REPRESENTATIVE							

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL County <u>GENESEE</u> Twp. <u>Flushing</u> Fraction <u>NW 1/4 NW 1/4 SE 1/4</u> Section No. <u>24</u> Town <u>8 N</u> Range <u>5 E</u>		
Distance And Direction from Road Intersections <u>JAME AS #3</u> Street address & City of Well Location		3 OWNER OF WELL: <u>LESTER DELL</u> Address <u>5200 PLEASANT DR</u> <u>FLUSHING</u>
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Well Drilled By <u>LEE BAKER WELL DRILLING Co.</u>		
4 WELL DEPTH: (completed) _____ ft. Date of Completion _____		
5 <input 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"/> _____		
6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ in. to _____ ft. Depth _____ ft. Height: Above/Below surface _____ ft. Weight _____ lbs./ft. Drive Shoes? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
14 SANITARY: Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: Manufacturer's Name <u>Tait</u> Model Number <u>SE 2</u> HP <u>1/2</u> Length of Drop Pipe <u>63</u> ft. capacity <u>1 2/3</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY: **ADDITION BY:		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>PARKS Water Systems</u> <u>0638</u> <small>REGISTERED BUSINESS NAME</small> <small>REGISTRATION NO.</small> Address <u>3497 ELLIS PARK DR</u> <u>FLINT</u> Signed <u>Robert L. Parks</u> Date <u>Feb 24-67</u> <small>AUTHORIZED REPRESENTATIVE</small>

JAN 25 1971

WATER WELL RECORD
ACT 294 PA 1966

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

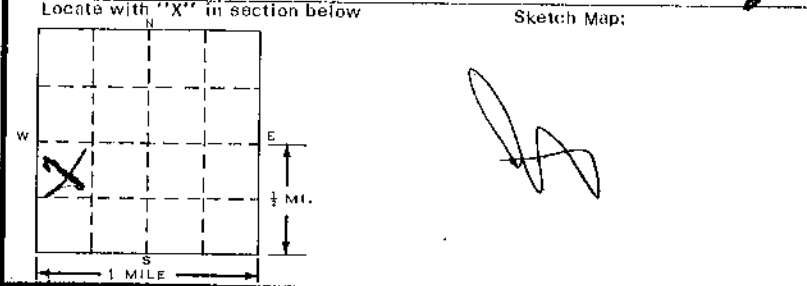
1 LOCATION OF WELL

County Benzie Township Name Flushing Fraction NW 1/4 SW 1/4 Section Number 24 Town Number 8 N/1 Range Number 5 E/1

Distance And Direction from Road Intersections
1/2 mi S of Cadwater
5-484 Johnson Flushing

Street address & City of Well Location

3 OWNER OF WELL: Bill Buff Jr.
Address Home



4 WELL DEPTH: (completed) Date of Completion
28 ft.

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.
Weight 3.22 lbs./ft. Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Gravel</u>	<u>8</u>	<u>8</u>
<u>Clay</u>	<u>17</u>	<u>25</u>
<u>Gravel</u>	<u>3</u>	<u>28</u>

8 SCREEN: Type: Slot Dia.: 1 1/4
Slot/Gauze 25 Length 36"
Set between 25 ft. and 28 ft.
Fittings: C. P. Stone Stone
Brass Check

9 STATIC WATER LEVEL
16 ft. below land surface

10 PUMPING LEVEL below land surface
16 ft. after 1 hrs. pumping 10 g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

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

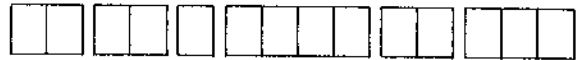
13 Well Grouted? Yes No
 Neat Comont Bentonite
Depth: From 0 ft. to 20 ft.

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

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

16 Remarks, elevation, source of data, etc.
ADDED INFO BY BUILDER, DEALER, ETC.
COMPLETED BY:
REVISION 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.
Lee Porter Well Drilling 0411,
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 5-135 Seymour Flushing
Signed Lee Porter Date 10-3-70
AUTHORIZED REPRESENTATIVE



MAY 04 1973

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County GENESE E	Township Name FLUSHING	Fraction NW 1/4 SW 1/4 NW 1/4	Section Number 24	Town Number T8 N16	Range Number R5 E1/4
---------------------------	----------------------------------	---	-----------------------------	------------------------------	--------------------------------

Distance And Direction from Road Intersections

5374 JOHNSON Rd.
Street address & City of Well Location
FLUSHING, MICH.

Locate with "X" in section below

Sketch Map:

3 OWNER OF WELL:
Address **LIMMER AGENCY INC.,
809 CHURCH ST.
FLINT, MICHIGAN**

4 WELL DEPTH: (completed) **28** ft. Date of Completion **NOV. 18, 1972**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Borad

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

7 CASING: Threaded Welded Diam. _____ Haight: Above/Surface **2** ft. below
Weight **3.25** lbs./ft. Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
GRAVEL + SAND	18	18
GRAVEL	10	28

8 SCREEN:
Type: **JOHNSON** Dia.: **1 1/2"**
Gauze **80** Length **4 FT.**
Set between **24** ft. and **28** ft.
Fittings: **3" 1 1/2" NIPPLE + 2" K PAKER**

9 STATIC WATER LEVEL: **6** ft. below land surface

10 PUMPING LEVEL below land surface: **20** ft. after **2** hrs. pumping **10** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

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

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From **0** ft. to **20** ft.

14 Nearest Source of possible contamination: **60** feet **E** Direction **SEPTIC** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **DAYTON**
Model Number **3E1** HP **3** Volts **115**
Length of Drop Pipe **15** ft. capacity **7** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER, ITEM 12:

CORRECTED BY:

ADDITION:

gmx

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. **1196**

KEARSLEY WELL DRILLING
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **4186 N. CENTER Rd., FLINT,**

Signed *[Signature]* Date **1-3-73**
AUTHORIZED REPRESENTATIVE

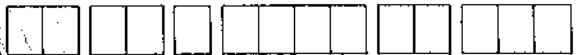


OCT 20 1972

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County Genesee	Township Name Flushing	Fraction NW 1/4 NE 1/4
Distance And Direction from Road Intersections		Section Number 24
Street address & City of Well Location 7307 W. Coldwater Road		Town Number 8 N/d.
Locate with "X" in section below		Range Number 5 E/W.
Sketch Map:		
2 FORMATION		3 OWNER OF WELL:
	THICKNESS OF STRATUM	Address Carlisle & Stape 2100 E. Main Street Owosso, Michigan
Gravel	18	4 WELL DEPTH: (completed) Date of Completion
Blue Clay	30	155 ft. 8-29-72
Gravel	20	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug
Blue Clay	22	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
Water Rock	5	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry
Shale	20	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial
Water Rock	45	<input type="checkbox"/> Test Well <input type="checkbox"/>
		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft.
		2 in. to 90 ft. Depth Weight _____ lbs./ft.
		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		8 SCREEN:
		Type: _____ 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
		63 ft. after 6 hrs. pumping 10 g.p.m.
		_____ ft. after _____ hrs. pumping _____ g.p.m.
		11 WATER QUALITY in Parts Per Million:
		Iron (Fe) _____ Chlorides (Cl) _____
		Hardness _____ Other _____
		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit
		<input 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 checked="" type="checkbox"/> Not installed
		Manufacturer's Name _____
		Model Number _____ HP _____ Volts _____
		Length of Drop Pipe _____ ft. capacity _____ G.P.M.
		Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
USE A 2ND SHEET IF NEEDED		
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:
ADDITIONAL INFO. BY DRILLER, ITEM NO. _____ CORRECTED BY: IB ESTABLISHED BY: _____		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Bader Well Drilling 0201 REGISTERED BUSINESS NAME REGISTRATION NO.
		Address 2296 E. Frances Road
		Signed <i>Bob's Pump Service</i> date 10-2-72
		AUTHORIZED REPRESENTATIVE



NOV 24 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

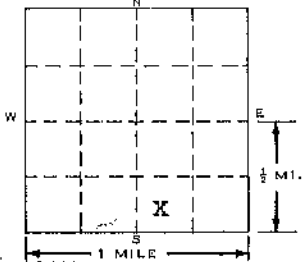
County Genesee	Township Name Flushing	Fraction $\frac{1}{4}$	Section Number SE 24	Town Number 8 N/W	Range Number 5 E/W
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Distance And Direction from Road Intersections

Street address & City of Well Location **7227 W. Carpenter Rd.**

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

Address
**Mike Cookingham
6-11108 W. Potter Rd.**

4 WELL DEPTH: (completed) Date of Completion

46 ft. **11/7/80**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Borod

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

7 CASING: Threaded Welded

Diam. **2** in. to **43** ft. Depth
 Height: Above/Below Surface _____ ft.
 Weight **3.75** lbs./ft.
 Drive Shoe? Yes No

2 FORMATION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

Sand and Gravel	17'	17'
Blue Clay	20'	37'
Sand and Gravel	9'	46'

8 SCREEN:

Type: **stainless** Dia.: **2"**
~~Wire~~ Gauze **40** Length **3'**
 Set between **43** ft. and **46** ft.
 Fittings:

9 STATIC WATER LEVEL

15 ft. below land surface

10 PUMPING LEVEL below land surface

40 ft. after **2** hrs. pumping **225gph**
 _____ 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 **43** ft.

14 Nearest Source of possible contamination

_____ foot _____ Direction **Septic** Type
 Well disinfected upon completion Yes No

15 PUMP:

Not installed
 Manufacturer's Name **Tait**
 Model Number **5E2** HP $\frac{1}{2}$ Volts **115**
 Length of Drop Pipe **35** ft. capacity **7** G.P.M.
 Type: Submersible
 Jet Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
 *CORRECTED BY
 **ADDITION BY *Cam*
 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.

Gilbert Sunde Well Drilling 0169
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address **8013 Corunna Rd. Flint**

Signed *Gilbert Sunde* Date **11/10/80**
 AUTHORIZED REPRESENTATIVE



JAN 13 1981

WATER WELL RECORD
ACT 294 PA 1965

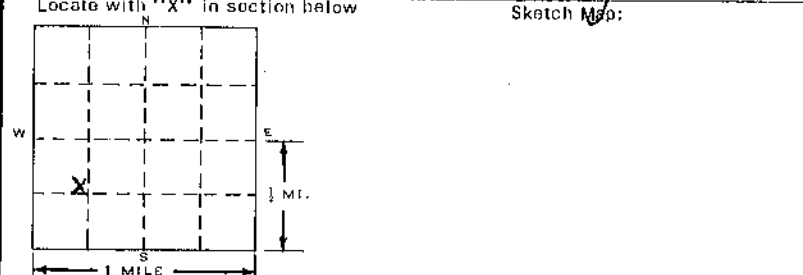
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <i>Monroe</i>	Township Name <i>Flushing</i>	Fraction <i>SE 1/4 NW 1/4 S 1/4</i>	Section Number <i>24</i>	Town Number <i>F (N.S.)</i>	Range Number <i>5 (E/W)</i>
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Distance And Direction from Road Intersections
1/2 mi W of Alma
7456 carpenter

Street address & City of Well Location
Flushing



3 OWNER OF WELL:
Address
Kennedy - Karna
929 P Cornum Rd
Dwartz Creek

4 WELL DEPTH: (completed) Date of Completion
155 ft. *6-5-80*

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below
Diam. Surface *1* ft.
2 in. to *84* ft. Depth Weight *3.5* lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Gravel</i>	<i>13</i>	<i>13</i>
<i>Clay</i>	<i>10</i>	<i>23</i>
<i>fine sand</i>	<i>15</i>	<i>38</i>
<i>Clay</i>	<i>32</i>	<i>70</i>
<i>blk shale</i>	<i>14</i>	<i>84</i>
<i>gray shale</i>	<i>20</i>	<i>104</i>
<i>blk shale</i>	<i>16</i>	<i>120</i>
<i>sandstone</i>	<i>7</i>	<i>127</i>
<i>blk shale & gray shale</i>	<i>28</i>	<i>155</i>

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

9 STATIC WATER LEVEL
25 ft. below land surface

10 PUMPING LEVEL below land surface
155 ft. after *2* hrs. pumping *7 1/2* 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 *84* ft.

14 Nearest Source of possible contamination.
50 foot *N* Direction *Driller* Type
Well disinfected upon completion Yes No

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

16 Remarks, elevation, source of data, etc.
*CORRECTED INFO BY DRILLER, ITEM NO.
*CORRECTED BY _____
**ADDITION BY *Cam*
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.
Lee Baker Well Drilling *0411*
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *535 Seymour Rd Flushing*
Signed *Lee Baker* Date *6-5-80*
AUTHORIZED REPRESENTATIVE



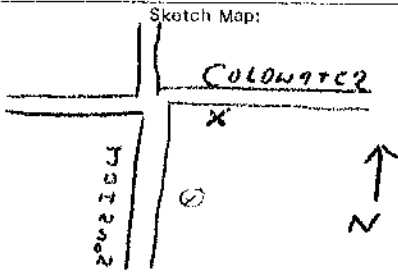
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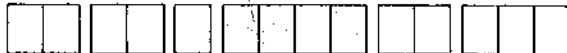
WATER WELL RECORD

ACT 294 PA 1985

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

2

1 LOCATION OF WELL											
County Genesee		Township Name FLUSHING		Fraction NE 1/4 SE 1/4 (NW)		Section Number 24		Town Number 78 N/S.		Range Number R5 E/W.	
Distance And Direction from Road Intersections ON THE SE CORNER OF COLDWATER; JOHNSON Rd				3 OWNER OF WELL: JOHN WHITE Address 7085 COLDWATER 2237 Elm's Rd CLIO MICH							
Street address & City of Well Location Locate with "X" in section below				Sketch Map: 				4 WELL DEPTH: (completed) Date of Completion 31' 6" ft. 4-1-80			
2 FORMATION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>			
								6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>			
2' BEN FILL SAND				2'		2'		7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface 1 ft.			
								Weight 3.75 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
2' TOP SOIL				2'		4'		8 SCREEN: Type: 5/Steel Dia.: 1 1/4" Slot/Gauge 10 Length 43" Set between 28 ft. and 31 ft. Fittings: 3' 1 1/4" TAIRPIPE			
								9 STATIC WATER LEVEL 13 ft. below land surface			
SAND - BRN.				6'		10'		10 PUMPING LEVEL below land surface 4 ft. after 2 hrs. pumping 7 g.p.m.			
								11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____			
CLAY				8'		18'		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade			
								13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Noat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.			
FINE SAND				6'		24'		14 Nearest Source of possible contamination 50 feet S Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
CLAY BLUE				2'		26'		16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY <i>Cam</i> ELEVATION DEPTH TO ROCK			
FINE SAND 'COARSE'				6'		32'		USE A 2ND SHEET IF NEEDED			
CLAY AFTER											



JAN 06 1981

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

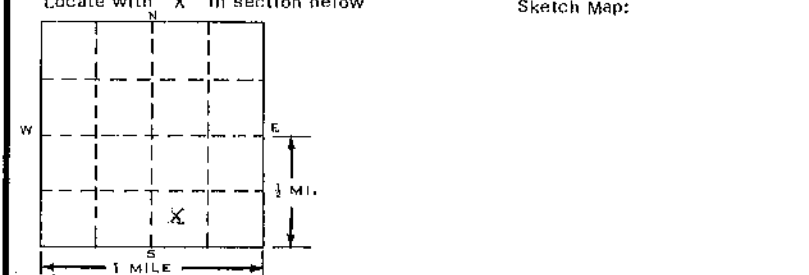
County Genesee	Township Name Flushing	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 24	Town Number 8 N/S.	Range Number 5 E/W.
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Distance And Direction from Road Intersections

Street address & City of Well Location **7227 W. Carpenter Rd.**

Locate with "X" in section below

3 OWNER OF WELL:
Mike Cookingham
Address **G-11108 W. Potter Rd.**



4 WELL DEPTH: (completed) **46** ft. Date of Completion **11/27/80**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Borod

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

7 CASING: Threaded Welded
Height: Above/Below Surface _____ ft.
Weight **3.75** lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand and Gravel	17'	17'
Blue Clay	10'	27'
Sand and Garvel	19'	46'

8 SCREEN: (3 screens)
Type: **stainless** Dia.: **2"**
~~XXX~~ Gauze **80** Length **12'**
Set between **34** ft. and **46** ft.
Fittings: **Threaded**

9 STATIC WATER LEVEL
15 ft. below land surface

10 PUMPING LEVEL below land surface
40 ft. after **2** hrs. pumping **450gph** ~~450gph~~
_____ 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 **34** ft.

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

15 PUMP: Not installed
Manufacturer's Name **Tait**
Model Number **5E2** HP $\frac{1}{2}$ Volts **115**
Length of Drop Pipe **30** ft. capacity **7** G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.
ADDED INFO BY DRILLER, HERE PG
*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.
Gilbert Sunde Well Drilling **0169**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **G-8013 Corunna Rd. Flint**
Signed *Gilbert Sunde* Date **12/1/80**
AUTHORIZED REPRESENTATIVE



WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County GENESEE	Township Name FLUSHING	Fraction NE 1/4 NW 1/4 SE 1/4
		Section Number #24
		Town Number T8N N/S.
		Range Number R5E E/W.
Distance And Direction from Road Intersections 800' N North of 5179 Lane Street Flushing, Michigan Carpenter & 200' West of Lane Street		
Street address & City of Well Location 5179 Lane Street Flushing, Michigan 48433		
Locate with "X" in section below		
Sketch Map:		
3 OWNER OF WELL:		
Address HENRY KETELS 5179 Lane Street Flushing, Michigan 48433		
4 WELL DEPTH: (completed) Date of Completion		
170' ft. 7-22-82		
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: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. PVC Surface one ft. 5 1/2 in. to 26 ft. Depth Weight _____ lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
8 SCREEN: (Boot)		
Type: _____ 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 170 ft. after 4 hrs. pumping 6 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From -0- ft. to 76' ft.		
14 Nearest Source of possible contamination 160 feet S Direction Septic Tank Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Rapidayton Model Number 5DL210F HP 1/2 Volts 230 Length of Drop Pipe 66 1/2 ft. capacity 6 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.		
<p style="text-align: center;">RECEIVED Mich. Dept. of Public Health AUG 30 1982 Environmental and Occupational Health Services Administration</p> <p>USE A 2ND SHEET IF NEEDED</p> <p>ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK</p>		
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		
RALPH KELLER WELL DRILLING 0319		
REGISTERED BUSINESS NAME REGISTRATION NO.		
Address 6200 Kelly Rd-Flushing, Mich 48433		
Signed <i>Ralph Keller</i> Date 7-23-82		
AUTHORIZED REPRESENTATIVE		

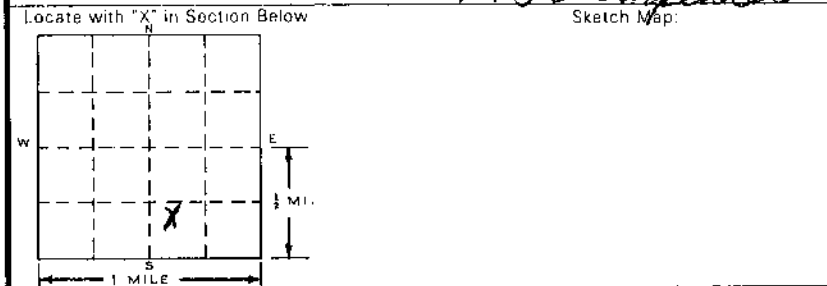
WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL
County: Genesee, Township Name: Flushing, Fraction: SE 1/4 SW 1/4 NW 1/4, Section Number: 24, Town Number: 8 N 1/2, Range Number: 5 E 1/2

Distance And Direction From Road Intersection: 3 mi. East of DeLand Rd on the north side of Carpenter Rd
Street Address & City of Well Location: 7456 Carpenter



3 OWNER OF WELL: William Mo Carson
Address: 7456 Carpenter, Flushing Mich
Address Same As Well Location? Yes

4 WELL DEPTH: (completed) 120 ft
Date of Completion: 9-2-81

5 Cable tool, Rotary, Driven, Dug, Hollow rod, Augor, 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, Weight, Drive Shoe

Table with 3 columns: FORMATION DESCRIPTION, THICKNESS OF STRATUM, DEPTH TO BOTTOM OF STRATUM. Rows 2-14 are empty.

8 SCREEN: Not installed
Type, Diameter, Slot/Gauze, Length, Ser between, FITTINGS: K-Packer, Lead Packer, Bromor Check

9 STATIC WATER LEVEL: 30 ft. below land surface

10 PUMPING LEVEL below land surface: 63 ft. after 1 hrs pumping at 3 G.P.M.

11 WELL HEAD COMPLETION: Pitless adaptor, 12" above grade, Basement offset, Approved pit

12 WELL GROUTED? No, Yes From, to ft.
Neat cement, Bentonite, Other

13 Nearest source of possible contamination
Type, Distance, Direction, Well disinfected upon completion?

14 PUMP: Not installed, Pump Installation Only
Manufacturer's name: Zears, Model number, HP, Volts, Length of Drop Pipe, TYPE: Submersible, Jet, PRESSURE TANK: Manufacturer's name, Capacity

15. Remarks, elevation, source of data, etc.
CORRECTED BY, ADDITION BY, ELEVATION, DEPTH TO ROCK

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.
Ed Birkenmeier Well Drilling LTD 11607
REGISTERED BUSINESS NAME, REGISTRATION NO., Address, Signed, Date: 10-16-81

WATER WELL AND PUMP RECORD

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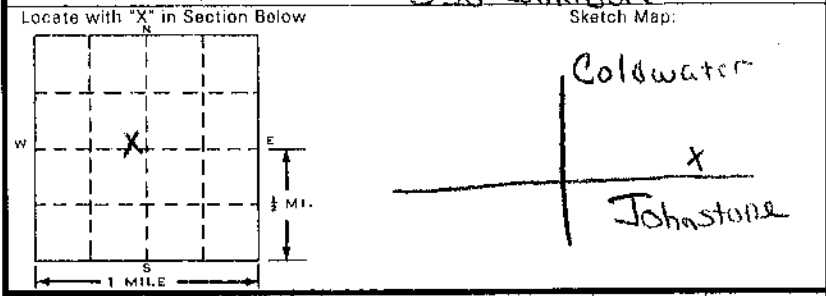
PERMIT NUMBER

1 LOCATION OF WELL				
County <u>Genesee</u>	Township Name <u>Flushing</u>	Fraction <u>SE 1/4 NW 1/4</u>	Section Number <u>24</u>	Town Number <u>8 N/8</u>
Range Number <u>5 E/8</u>				

Distance And Direction From Road Intersection
1/4 mile South of Coldwater on the East Side of Johnson Road

Street Address & City of Well Location
538 Johnson

3 OWNER OF WELL: John Hawkins
Address 538 Johnson Road Flushing
Address Same As Well Location? Yes No



4 WELL DEPTH: 54 FT. Date Completed 7-13-88
MO. DAY YEAR New Well Replacement Well

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Yellow Clay</u>	<u>15</u>	<u>15</u>
<u>Grey Clay</u>	<u>20</u>	<u>35</u>
<u>Grey Sand</u>	<u>19</u>	<u>54</u>

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jatted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIIa Public Heat pump
 Test Well Type IIIb Public

7 CASING: Diameter Steel Threaded Plastic Welded
Height: Above/Below Surface 1 ft. Weight _____ lbs./ft.
5 in. to 44 ft. depth
8 1/2 in. to 34 ft. depth
Drive Shoe Yes No

8 SCREEN: Not Installed
Type Wrapped Diameter 5"
Slot/Gauge 12 Length 10'
Set between 44 ft. and 54 ft.
FITTINGS: K-Packer Load Packer Bromor Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: 10 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
1-54 ft. after 1/2 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 0 to 54 ft.
 Neat cement Bentonite Other Cuttings
No. of bags of cement _____ Additives _____

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

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name Buck
Model number S21883 HP 1/2 Volts 230
Length of Drop Pipe 35 ft. capacity 10 G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: Manufacturer's name Amtrac
Model number 202 Capacity 4-5 Gallons

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

17. Rig Operator's Name: Mike Ebenbach

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.
Ed Birkmeier Well Drilling CO 1687
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 10707 Custon Rd New Canaan
Signed Edward Birkmeier Date 7-13-88
AUTHORIZED REPRESENTATIVE

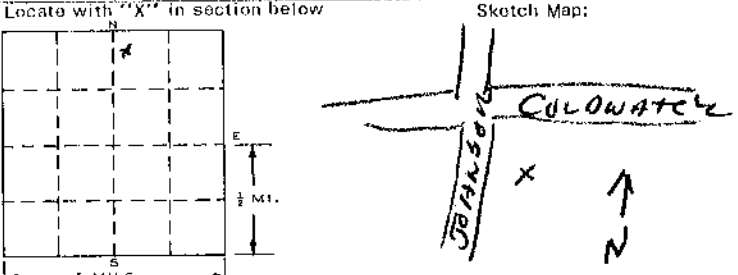
RECEIVED
Mich. Dept. of Public Health
AUG 25 1988
Bureau of Environmental and Occupational Health - GWOS

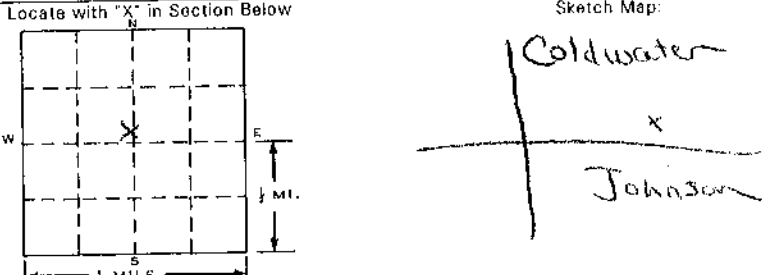
Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

JUN 03 1981

WATER WELL RECORD
ACT 294 PA 1965

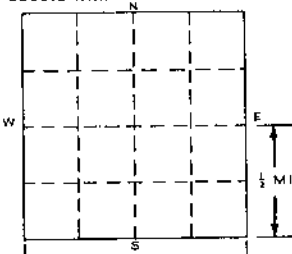
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL																					
County Genesee		Township Name FLUSHING		Fraction NE 1/4 SE 1/4 NW 1/4		Section Number 24		Town Number T8		N/S. N/S.		Range Number R-5		E/W. E/W.							
Distance And Direction from Road Intersections ON NW CORNER JOHNSON COLDWATER												3 OWNER OF WELL: JOHN WHITE Address 5518 JOHNSON RD									
Street address & City of Well Location Locate with "X" in section below																					
Sketch Map: 				4 WELL DEPTH: [completed] Date of Completion 32' ft. 10-15-80																	
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>																	
				7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 2 in. to 2 1/2' ft. Depth _____ in. to _____ ft. Depth				Height: Above/Below Surface 9 ft. Weight 3.75 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: Type: S/Steel Dia.: 1 1/4 Slot/Gauze 10 Length 42 Set between 28 ft. and 32 ft. Fittings: 3'- 1 1/4" TAIL PIPE															
4' BDW FILL SAND		4'		4'																	
YELLOW SAND		5'		9'																	
BLUE CLAY		8'		17'																	
SANDY CLAY		9'		26'																	
COARSE SANDY SILT		6'		32'																	
CLAY		?		?																	
PULLED UP - PUMPED OFF																					
9 STATIC WATER LEVEL 12 ft. below land surface												10 PUMPING LEVEL below land surface 4 ft. after 2 hrs. pumping 9 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 Adaptor <input type="checkbox"/> 12" Above Grade									
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Comont <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.												14 Nearest Source of possible contamination 80 feet E Direction SCARIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name S/107L-2 Model Number JE 61 HP 1/2 Volts 110 Length of Drop Pipe 21 ft. capacity 360 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" 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. SPRING 2 WELL 1060 REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address 6507 ELM'S DEL Signed [Signature] Date 10-16-80 AUTHORIZED REPRESENTATIVE																					

1 LOCATION OF WELL		County: <u>Genesee</u>		Township Name: <u>Flushing</u>		Fraction: <u>SE 1/4 SE 1/4 NW 1/4</u>		Section Number: <u>24</u>		Town Number: <u>8 N/8</u>		Range Number: <u>5 E/W</u>	
Distance And Direction From Road Intersection <u>1/4 mile South of Coldwater on the East Side of Johnson</u>						3 OWNER OF WELL: <u>John Hawkins</u> Address: <u>538 Johnson Rd. Flushing, MI 48438</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location <u>538 Johnson</u>						4 WELL DEPTH: <u>53</u> FT. Date Completed: <u>9-15-88</u> <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well							
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"/>							
Sketch Map: 						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 IIIb Public <input type="checkbox"/>							
2 FORMATION DESCRIPTION						7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface <u>1</u> ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Yellow Gravel						8 SCREEN: <input type="checkbox"/> Not Installed Type <u>Plastic wrapped</u> Diameter <u>5</u> Slot/Gauge <u>10</u> Length <u>10</u> Set between <u>43</u> ft. and <u>53</u> 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 _____							
Grey Clay						9 STATIC WATER LEVEL: <u>15</u> ft. below land surface <input type="checkbox"/> Flow							
Fine Sand						10 PUMPING LEVEL: below land surface <u>4</u> in <u>53</u> ft. after <u>45</u> hrs. pumping at <u>10</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pileless 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>53</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Cuttings</u> No. of bags of cement _____ Additives _____							
						13 Nearest source of possible contamination Type <u>Sewage</u> Distance <u>50</u> ft. Direction <u>E</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <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 _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons							
15. Remarks, elevation, source of data, etc. <u>* 1st well abandoned - pump system transferred</u>						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>Ed Birkmeyer Well Drilling LTD 167</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>10707 Easton Rd. New Lothrop</u> Signed <u>Edward Birkmeyer</u> Date <u>9-15-88</u> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: <u>Ed Birkmeyer</u>													

RECEIVED
Mich. Dept. of Public Health
NOV 7 1988
Bureau of Environmental and Occupational Health - DW&S

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

1 LOCATION OF WELL		County Genesee		Township Name Flushing		Fraction SE 1/4 SE 1/4 SE 1/4		Section Number 24		Town Number 8 N/9		Range Number 5 E/N	
Distance And Direction From Road Intersection West of Elms Rd. to Pleasant - north to house. off Carpenter Rd.						3 OWNER OF WELL: John M. O'Hara Address 5171 Pleasant Flushing, MI. 48433 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location 5171 Pleasant Flushing						4 WELL DEPTH: Date Completed MO. DAY YEAR <input type="checkbox"/> New Well 200 FT. 7 19 89 <input checked="" type="checkbox"/> Replacement Well							
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"/>							
						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 type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Height: Above Surface 5 in. to 75 ft. depth Surface 1 ft. Weight SDR21 lbs./ft. Grouted Drill Hole Diameter _____ Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Shale Boot							

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN: <input type="checkbox"/> Not Installed
Sand	10	10	Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Load Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____
Clay	20	30	9 STATIC WATER LEVEL: _____ ? ft. below land surface <input type="checkbox"/> Flow
Sand	20	50	
Clay	10	60	10 PUMPING LEVEL: below land surface _____ 160 ft. after 1 hrs. pumping at 400 G.P.M. h. _____ ft. after _____ hrs. pumping at _____ G.P.M.
Shale	10	70	11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit
Sandstone	15	85	12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 75 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____
Shale	115	200	13 Nearest source of possible contamination Type Sewer Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No
			14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons

USE A 2ND SHEET IF NEEDED

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.

Burns Well Drilling **0099**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **5370 Corunna Rd. Flint, MI. 48532**

Signed *Marianne Burns* Date **7-20-89**
AUTHORIZED REPRESENTATIVE

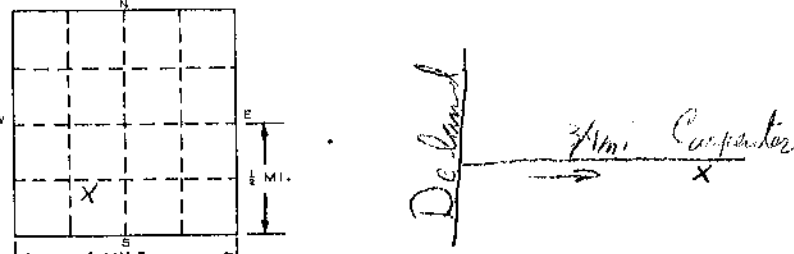
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 DEPT. OF PUBLIC HEALTH
 SEP 1 - 1989
 WATER WELL DIVISION

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

AUG 02 1984

1 LOCATION OF WELL County: <u>Genesee</u> Township Name: <u>Blushing</u> Fraction: <u>SW 1/4 SE 1/4 NW 1/4</u> Section Number: <u>24</u> Town Number: <u>8 N16</u> Range Number: <u>5 E/W</u>																						
Distance And Direction From Road Intersection: <u>3/4 mi. East of DeLand Rd on the south side of Carpenter</u> Street Address & City of Well Location: <u>7355 Carpenter Carpenter</u> Locate with "X" in Section Below: 																						
3 OWNER OF WELL: <u>Scott McPherson</u> Address: <u>10086 WEBSTER CLIO MICHIGAN 48420</u> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No																						
4 WELL DEPTH (completed): <u>95</u> ft. Date of Completion: <u>4-18-84</u>																						
6 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted																						
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																						
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>15</u> ft. depth Height: Above/Below Surface <u>1</u> ft. Weight _____ lbs./ft. Greater Drill Hole Diameter <u>7 1/8</u> in. to <u>15</u> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
2 FORMATION DESCRIPTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">FORMATION DESCRIPTION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><u>Clay</u></td> <td><u>59</u></td> <td><u>59</u></td> </tr> <tr> <td><u>Gravel</u></td> <td><u>6</u></td> <td><u>65</u></td> </tr> <tr> <td><u>Hard rock</u></td> <td><u>7</u></td> <td><u>72</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>5</u></td> <td><u>77</u></td> </tr> <tr> <td><u>Sand rock with gravel</u></td> <td><u>13</u></td> <td><u>90</u></td> </tr> <tr> <td><u>Shale</u></td> <td><u>5</u></td> <td><u>95</u></td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>Clay</u>	<u>59</u>	<u>59</u>	<u>Gravel</u>	<u>6</u>	<u>65</u>	<u>Hard rock</u>	<u>7</u>	<u>72</u>	<u>Shale</u>	<u>5</u>	<u>77</u>	<u>Sand rock with gravel</u>	<u>13</u>	<u>90</u>	<u>Shale</u>	<u>5</u>	<u>95</u>
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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: <u>10</u> ft. below land surface <input type="checkbox"/> Flow																						
10 PUMPING LEVEL: below land surface <u>Air 85</u> ft. after <u>1</u> hrs. pumping at <u>15-20</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 type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																						
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>1</u> to <u>15</u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>Centri-gra EZ Mud</u> No. of bags of cement _____ Additives _____																						
13 Nearest source of possible contamination Type <u>Sewage</u> Distance <u>80-100</u> ft. Direction <u>W</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>Tait</u> Model number <u>SDL310</u> HP <u>1/2</u> Volts <u>220</u> Length of Drop Pipe <u>60</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>Amtrol</u> Model number <u>202</u> Capacity <u>2</u> Gallons																						
15. Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK																						
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>Ed Burkmeier Well Drilling Co</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>10701 Easton Rd New Holland Mich</u> Signed <u>Edward Burkmeier</u> Date <u>4-23-84</u> AUTHORIZED REPRESENTATIVE																						

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 Mich. Dept. of Public Health
JUN 29 1984
 Bureau of Environmental and Occupational Health - GWOS

APR 05 1972

WATER WELL RECORD

ACT 294 PA 1965

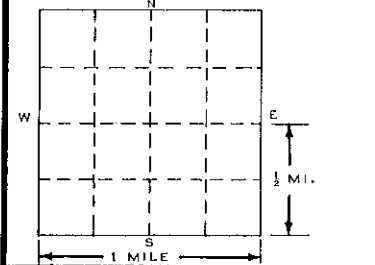
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County Benesse Township Name Flushing SE Fraction 1/4 W 1/4 Sec 24 Section Number 24 Town Number 8 Range Number 5 N/S. E.W.

Distance And Direction from Road Intersections
4260 Millson Rd. 4 mi. N of Pierson Rd
1326

Street address & City of Well Location



Sketch Map:

3 OWNER OF WELL:
 Name Doyle - Walling Flushing
 Address 720 Emmon Street Mich.

4 WELL DEPTH: (completed) 154 ft. Date of Completion 11-28-1971

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below Surface 1 ft.
 Diam. 2 in. to 86 ft. Depth Weight 375 lbs./ft.
2 in. to — ft. Depth Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	28	28
med fine yellow sand	3	37
stone clay	44	75
soft shale	10	85
med hard shale	25	110
sandrock	10	120
Coal	6	126
med hard shale	28	154

8 SCREEN:
 Type Rock Dia.: Well
 Size Gage Length
 Set between — ft. and — ft.
 Fittings:

9 STATIC WATER LEVEL
40 ft. below land surface

10 PUMPING LEVEL below land surface
80 ft. after 1 hrs. pumping 450 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 JETTED MUD
 Neat Cement Bentonite
 Depth: From 1 ft. to 83 ft.

14 Nearest Source of possible contamination
— feet — Direction — Type
 Well disinfected upon completion Yes No

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

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
 CORRECTED BY:
 ADDITION BY:

17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
HEMES WELL DRILLING 0345
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 2278 Lincoln MANOR DR
 Signed George Hemes Date 11-28-71
 AUTHORIZED REPRESENTATIVE