

**WATER WELL AND PUMP RECORD**

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

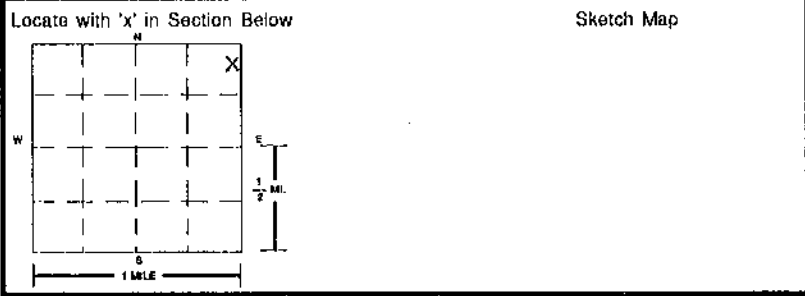
TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
County: Genesee Township Name: Thetford Fraction: NE 1/4 NE 1/4 NE 1/4 Section No.: 21 Town No.: 9N Range No.: 7E

Distance and Direction from Road Intersection  
  
Street Address & City of Well Location

3. OWNER OF WELL  
Address: Jerry Holbin  
3315 Vienna Rd  
Clio, MI  
Address Same as Well Location  Yes  No



4. WELL DEPTH: 292 ft. Date Completed: 12/30/98  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: \_\_\_\_\_ ft.

Diameter: 5 in. to 191 ft. depth Weight: \_\_\_\_\_ lbs./ft.  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth  
BORE HOLE: Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth  
7 7/8 in. to 189 ft. depth  Drive Shoe  Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	6	6
Sand & Clay	15	21
Blue Clay	25	46
Gravel	35	81
Blue Clay	20	101
Gravel	40	141
Blue Clay	30	171
Gravel	6	177
Shale	3	180
Sandstone	20	200
Shale	35	235
Limestone & Sandstone	40	275
Sandstone	17	292

RECEIVED  
MICH DEPT OF ENVIRONMENTAL QUALITY  
FEB 28 1999  
Drinking Water & Radiological Protection Division  
Ground Water Supply Section  
WELL CONSTRUCTION UNIT

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

9. STATIC WATER LEVEL: 81 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface  
180 ft. After 4 hrs. Pumping at 35 G.P.M.  
 Plunger  Bailor  Air  Test Pump

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

12. WELL GROUTED?  No  Yes From 189.0 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
No. of Bags 6 Additives Grumbles

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 Gould  
Model Number 18GB15 HP 1 1/2 Volts 220  
Length of Drop Pipe 160 ft. Capacity 18 G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name Aqua-Air  
Model Number WX350 Capacity \_\_\_\_\_ Gallons

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

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.  
Dekoski Well Drilling Inc 1242  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 1151 E. Paul St Mt. Morris, MI  
Signed Robert J. Dekoski Date 12-30-98  
AUTHORIZED REPRESENTATIVE

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name \_\_\_\_\_



**DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION**

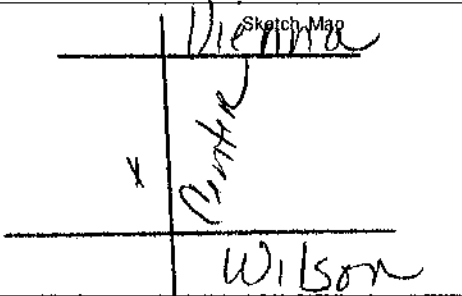
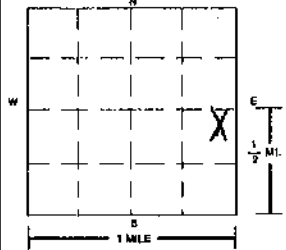
**WATER WELL AND PUMP RECORD**

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

<b>TAX NO:</b>		<b>PERMIT NO:</b>
<b>1. LOCATION OF WELL</b>	<b>2. FORMATION DESCRIPTION</b>	<b>3. OWNER OF WELL</b>
County: <u>Benzie</u>	THICKNESS OF STRATUM	Address: <u>Paul Edie</u>
Township Name: <u>Thetford</u>	DEPTH TO BOTTOM OF STRATUM	<u>11147 Center Rd.</u>
Fraction: <u>NE 1/4 NE 1/4 SH 4</u>		<u>Cllo, MI. 48420</u>
Section No.: <u>21</u>		Address Same as Well Location <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Town No.: <u>5</u>		
Range No.: <u>7</u>		

Distance and Direction from Road Intersection  
Between Wilson and Vienna Rd.  
OFF: Center Rd.  
11147 Center Rd.  
Street Address & City of Well Location

Locate with 'x' in Section Below



**3. OWNER OF WELL**  
Address: Paul Edie  
11147 Center Rd.  
Cllo, MI. 48420  
Address Same as Well Location  Yes  No

**4. WELL DEPTH:** 260 ft. Date Completed: 03/01/99  
 New Well  Replacement Well

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

**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  
Diameter: 5 in. to 215 ft. depth  
Weight: \_\_\_\_\_ lbs./ft.

**BORE HOLE:**  Drive Shds DR21  Shale Packer  
Diameter: 4.5 in. to 260 ft. depth  
SHALE BOO

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

**10. PUMPING LEVEL:** Below Land Surface 240 ft. After 2 hrs. Pumping at 48 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 215 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
No. of Bags 10 Additives \_\_\_\_\_

**13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:**  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_  
Type Septic Distance 500 ft. Direction West

**14. PUMP:**  Not Installed  Pump Installation Only  
Manufacturer's Name: Permotor  
Model Number: 112-500 HP: 1/2 Volts: 220  
Length of Drop Pipe: 100 ft. Capacity: 12 G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
**PRESSURE TANK:**  
Manufacturer's Name: Challenger  
Model Number: 66 Capacity: 20 Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	115	115
Clay and Gravel	40	155
Shale	24	179
Sandstone	41	220
Limestone	3	223
Sandstone	37	260
USE A 2ND SHEET IF NEEDED		

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

**16. REMARKS:** (Elevation, Source of Data, etc.)  
Drop pipe got locked up in well.  
Got 21' out.

**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. 1806  
REGISTERED BUSINESS NAME \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
Address: 8107 N-Dart Hwy. Rt. Morris MI. 48450  
Signed: Gary M. Price Date: 03/05/1999  
AUTHORIZED REPRESENTATIVE





**WATER WELL AND PUMP RECORD**

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TAX NO:

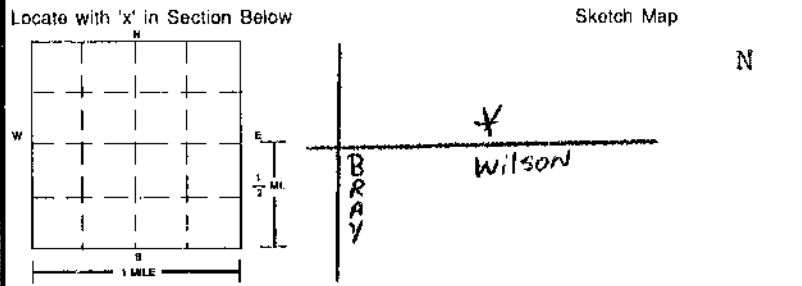
PERMIT NO:

00430

1. LOCATION OF WELL  
County: Genesee Township Name: Thetford Fraction: SE 1/4 SW 1/4 Section No.: 21 Town No.: 0N Range No.: 7E

Distance and Direction from Road Intersection  
About 1/2 mile E. of Bray Rd.;  
On the North side of Wilson Rd.

Street Address & City of Well Location



3. OWNER OF WELL  
Address: Joe Snyder  
3441 Wilson Rd.  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 240 ft. Date Completed: 5/20/99  
 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: 1 ft

Diameter: 5 in. to 175 ft. depth Weight 2.92 lbs./ft.  
BORE HOLE: Diameter: 8 in. to 175 ft. depth  
 Drive Shoe  Shale Packer

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

9. STATIC WATER LEVEL: 50 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface 65 ft. After 1/2 hrs. Pumping at 50 G.P.M.  
 Plunger  Bailor  Air  Test Pump

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

12. WELL GROUTED?  No  Yes From 0 to 160 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
No. of Bags 8 1/2 Additives: EZ Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type Sewer Distance 68 ft. Direction S  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name: Aermotor  
Model Number: T12 HP 3/4 Volts \_\_\_\_\_  
Length of Drop Pipe: 100 ft. Capacity \_\_\_\_\_ G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name: Well Mate  
Model Number: WM140 Capacity 16 Gallons 44

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Yellow Clay	12	12
Blue Clay	30	42
Sand	7	49
Gray Clay	92	141
Sticky Shale	44	181
Sandstone	59	240

RECEIVED  
MICH DEPT OF ENVIRONMENTAL QUALITY  
JUN 24 1999

Drinking Water & Radiological Protection Division  
Ground Water Supply Section  
WELL CONSTRUCTION UNIT

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?  Yes  No New Home  
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: David Coon

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.  
COON WELL DRILLING CO. INC. 2152  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address: 2265 ROLLINS ST. GRAND BLANC MI 48439  
Signed: David W. Coon Date: 5-25-99  
AUTHORIZED REPRESENTATIVE



TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL  
County **GENESEE**

Township Name **THETFORD**

Fraction **1/4 NE 1/4 NW 4**

Section No. **21**

Town No. **9 N**

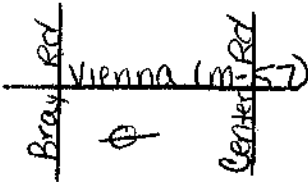
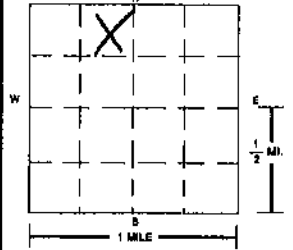
Range No. **7 E**

Distance and Direction from Road Intersection  
**Between Bray & Center Rds on South.**

Street Address & City of Well Location **3222 Vienna Rd**

Locate with 'x' in Section Below

Sketch Map



3. OWNER OF WELL **Mark Cheza**  
Address **12397 Tuscola Rd  
Clio MI**  
Address Same as Well Location  Yes  No

4. WELL DEPTH: **305** ft. Date Completed **11 / 8 / 95**  
 New Well  
 Replacement Well

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

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

7. CASING:  Steel  Threaded  Plastic  Welded  
 Other \_\_\_\_\_  
Height: Above/Below Surface: \_\_\_\_\_ ft

Diameter: **5** in. to **222** ft. depth  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth  
Weight: \_\_\_\_\_ lbs./ft.  
BORE HOLE: Diameter: **9** in. to **222** ft. depth  
\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth  
 Drive Shoe  
 Shale Packer

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

9. STATIC WATER LEVEL: **64** ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface **305** ft. After \_\_\_\_\_ hrs. Pumping at **30+** G.P.M.  
 Plunger  Bailer  Air  Test Pump

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

12. WELL GROUTED?  No  Yes From **0** to **222** ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
No. of Bags **12** Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION: **Not Installed**  
Type **septic** Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name **McDonald**  
Model Number **K2** HP **3/4** Volts \_\_\_\_\_  
Length of Drop Pipe **100** ft. Capacity \_\_\_\_\_ G.P. M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name **Well X-trol**  
Model Number **251** Capacity \_\_\_\_\_ Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<b>sand, clay, stones</b>	<b>174</b>	<b>174</b>
<b>shales (poor)</b>	<b>42</b>	<b>216</b>
<b>limestone, sandstone</b>	<b>89</b>	<b>305</b>
<b>RECEIVED</b> Mich. Dept. of Public Health  <b>JAN 16 1996</b>  BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS		
USE A 2ND SHEET IF NEEDED		

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

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name **Brad Taylor**

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.  
**BRIAN TAYLOR WELL DRILLING** **2082**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address **11103 Lewis Rd** **Clio**  
Signed **Brad Taylor** Date **12-12-95**  
AUTHORIZED REPRESENTATIVE



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

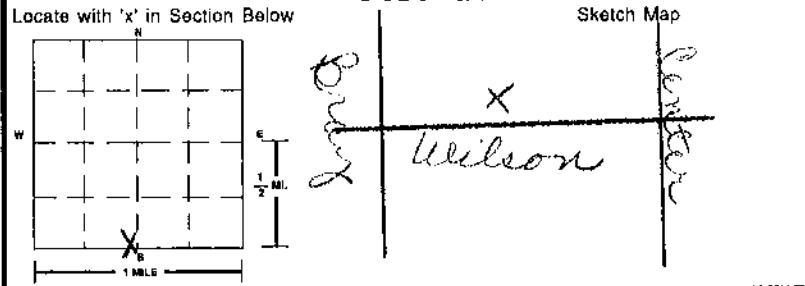
TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
 County Genesee Township Name Thetford Fraction SW 1/4 SW 1/4 S14 Section No. 21 Town No. 9 Range No. 7

Distance and Direction from Road Intersection  
Between Center and Bray Rd. N. Side

Street Address & City of Well Location 3415 E. Wilson Rd.



3. OWNER OF WELL  
 Address Thomas Batchelor  
3415 E. Wilson Rd.  
Clio, MI. 48420

Address Same as Well Location  Yes  No

4. WELL DEPTH: 240 ft. Date Completed 4 / 18 / 94  New Well  Replacement Well

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

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

7. CASING:  Steel  Threaded  Welded  
 Plastic  Other

Height: Above/Below Surface: \_\_\_\_\_ ft  
 Weight: sd. 21 lbs./ft.

Diameter: 5 in. to 190 ft. depth  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

BORE HOLE: Diameter: 8 in. to 190 ft. depth  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Drive Shoe  Shale Packer

8. SCREEN:  Not Installed  Gravel-Packed  
 Type \_\_\_\_\_ Diameter \_\_\_\_\_  
 Slot/Gauze \_\_\_\_\_ Length: \_\_\_\_\_  
 Set Between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

FITTINGS:  K-Packer  Bremer Check  
 Blank Above Screen \_\_\_\_\_ ft. Other \_\_\_\_\_

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

10. PUMPING LEVEL: Below Land Surface  
200 ft. After 2 hrs. Pumping at 33 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 190 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
 No. of Bags \_\_\_\_\_ Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type Septic Distance 50+ ft. Direction NE  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name Red Jacket  
 Model Number 505EW1 HP 1/2 Volts 230  
 Length of Drop Pipe 100 ft. Capacity 10 G.P.M.  
 TYPE:  Submersible  Jet  Other \_\_\_\_\_

PRESSURE TANK:  
 Manufacturer's Name Homeowners  
 Model Number \_\_\_\_\_ Capacity \_\_\_\_\_ Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	50'	50'
Gravel	20'	70'
Clay	20'	90'
Sand	10'	100'
Clay	45'	145'
Shale	40'	185'
Sandstone	55'	240'

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 \_\_\_\_\_

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.

LYONS WELL DRILLING INC. 1886  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address 8107 N. DORT HWY. MT. MORRIS, MI. 48458  
 Signed Chary M Price Date 5/14/94  
 AUTHORIZED REPRESENTATIVE





<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>													
County <b>GENESEE</b>	Township Name <b>THETFORD</b>	Fraction <b>1/4 NW 1/4 NW 1/4</b>	Section Number <b>21</b>												
Town Number <b>9 N/2</b>		Range Number <b>7 E/W</b>													
Distance And Direction From Road Intersection <b>SOUTH OF VIENNA RD ON EAST.</b>		Address <b>WORTHING CORP 11463 N SAGINAW RD CLIO</b>													
Street Address & City of Well Location <b>11500 BRAY RD CLIO</b>		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Locate with "X" in Section Below		4 WELL DEPTH: <b>285</b> FT. Date Completed <b>4 27 94</b> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well													
Sketch Map		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>													
		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 checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter <b>5</b> in to <b>230</b> ft. depth Height. Above/Below Surface _____ ft. Weight _____ lbs./ft. Grooved Drill Hole Diameter <b>9</b> in to <b>230</b> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>BOOT</b>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">2 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><b>CLAY AND STONES</b></td> <td style="text-align: center;"><b>216</b></td> <td style="text-align: center;"><b>216</b></td> </tr> <tr> <td><b>SHALE AND SLATE</b></td> <td style="text-align: center;"><b>27</b></td> <td style="text-align: center;"><b>243</b></td> </tr> <tr> <td><b>SANDSTONE, SLATE, LIMESTONE</b></td> <td style="text-align: center;"><b>42</b></td> <td style="text-align: center;"><b>285</b></td> </tr> </tbody> </table>		2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>CLAY AND STONES</b>	<b>216</b>	<b>216</b>	<b>SHALE AND SLATE</b>	<b>27</b>	<b>243</b>	<b>SANDSTONE, SLATE, LIMESTONE</b>	<b>42</b>	<b>285</b>	8 SCREEN: <input type="checkbox"/> Not installed Type <b>NA</b> Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bromer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
		2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM											
		<b>CLAY AND STONES</b>	<b>216</b>	<b>216</b>											
		<b>SHALE AND SLATE</b>	<b>27</b>	<b>243</b>											
<b>SANDSTONE, SLATE, LIMESTONE</b>	<b>42</b>	<b>285</b>													
9 STATIC WATER LEVEL: <b>56</b> ft. below land surface <input type="checkbox"/> Flow															
10 PUMPING LEVEL: below land surface <b>285</b> ft. after _____ hrs. pumping at <b>30+</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.															
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit															
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>230</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____															
13 Nearest source of possible contamination Type <b>SEPTIC</b> Distance <b>50+</b> ft. Direction <b>E</b> 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 <b>McDONALD</b> Model number <b>K2</b> HP <b>1/2</b> Volts _____ Length of Drop Pipe <b>80</b> ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jot PRESSURE TANK: Manufacturer's name <b>WELL X-TROL</b> Model number <b>203</b> 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. <b>BRIAN TAYLOR WELL DRILLING 2082</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>11103 LEWIS RD CLIO</b> Signed <i>Brad Taylor</i> Date <b>5 6 94</b> AUTHORIZED REPRESENTATIVE													
17. Rig Operator's Name: <b>BRAD TAYLOR</b>															

RECEIVED  
 MICH. DEPT. OF PUBLIC HEALTH  
 JUN 10 5 54  
 BUREAU OF ENVIRONMENTAL  
 AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

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

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

County

Township Name

Fraction

Section No.

Town No.

Range No.

**GENESEE**

**THETFORD**

**1/4 SW 1/4 NW 4**

**21**

**9N**

**7E**

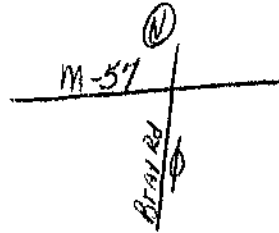
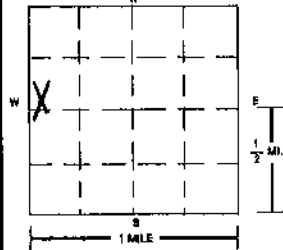
Distance and Direction from Road Intersection

**South of M-57 on East**

Street Address & City of Well Location **11480 Bray Rd Clio**

Locate with 'x' in Section Below

Sketch Map



3. OWNER OF WELL

Address

**Worthing Corporation  
 11463 N Saginaw Rd  
 Clio**

Address Same as Well Location  Yes  No

4. WELL DEPTH:

Date Completed

New Well  
 Replacement Well

**285** ft.

**8 / 25 / 94**

Cable Tool  
 Hollow Rod

Rotary  
 Auger/Bored

Driven  Dug  
 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: **5** in. to **239** ft. depth  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Weight: \_\_\_\_\_ lbs./ft.

BORE HOLE:

Diameter: **9** in. **239** ft. depth  
 \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Drive Shoe  
 Shale Packer

8. SCREEN:

Not Installed  Gravel-Packed

Type **NA** Diameter \_\_\_\_\_  
 Slot/Gauze \_\_\_\_\_ Length: \_\_\_\_\_  
 Set Between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

FITTINGS:  K-Packer  Bremer Check  
 Blank Above Screen \_\_\_\_\_ ft. Other \_\_\_\_\_

9. STATIC WATER LEVEL:

**70** ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface

**285** ft. After \_\_\_\_\_ 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 **0** to **239** ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_

No. of Bags **14** Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **septic** Distance **50+** ft. Direction **E**  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

Yes  No

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

PLUGGING MATERIAL:

Cement/Bentonite Slurry  Neat Cement  Bentonite Slurry

Concrete Grout  Bentonite Chips

No. of Bags \_\_\_\_\_ Casing Removed?  Yes  No

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

17. DRILLING MACHINE OPERATOR:

Employee  Subcontractor

Name **Brad Taylor**

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.

**Brian Taylor Well Drilling** **2082**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **11103 Lewis Rd**

**Clio**

Signed

*Brad Taylor*

Date

**9 17 94**

AUTHORIZED REPRESENTATIVE

Authority: Act 368 PA 1978  
 Completion: Required

GEOLOGICAL SURVEY COPY

Penalty: Conviction of a violation of any provision is a misdemeanor.



**WATER WELL AND PUMP RECORD**

<b>1 LOCATION OF WELL</b>		County <u>Genesee</u>		Township Name <u>Theford</u>		Fraction <u>NE 1/4 SE 1/4 NE 1/4</u>		Section Number <u>21</u>		Town Number <u>9 N/S</u>		Range Number <u>7 E/W</u>																										
Distance And Direction From Road Intersection <u>Vienna + Wilson W Side</u>						3 OWNER OF WELL: <u>GERALD LONG</u> Address <u>11311 Center Rd</u> <u>Clto, MI 48420</u>																																
Street Address & City of Well Location <u>11311 Center Rd</u>						Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																
Locate with "X" in Section Below						4 WELL DEPTH: <u>250 FT.</u> Date Completed <u>7/6/93</u> <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																																
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						Shale Boot <input type="checkbox"/> No																																
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						<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>215</u> ft.																																
						<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																																
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						Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No																																
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only																																
						Manufacturer's name <u>Red Jacket</u>																																
						Model number <u>50SEWD</u> HP <u>1/2</u> Volts <u>115</u>																																
						Length of Drop Pipe <u>80</u> ft. capacity <u>12</u> G.P.M.																																
						TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet																																
						PRESSURE TANK: <u>Augua Air</u>																																
						Manufacturer's name <u>Augua Air</u>																																
						Model number <u>2-103</u> Capacity <u>17</u> Gallons																																
15. Remarks, elevation, source of data, etc. <u>1000</u>						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.																																
17. Rig Operator's Name:						<u>Lyons Well Drilling</u> REGISTERED BUSINESS NAME																																
						Address _____ REGISTRATION NO. <u>1886</u>																																
						Signed _____ Date _____																																
						AUTHORIZED REPRESENTATIVE																																





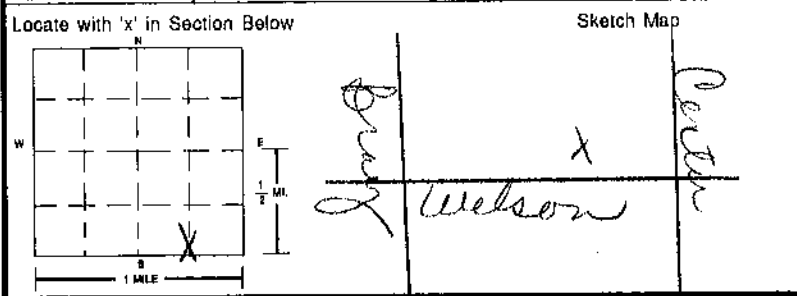
# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
 County: Genesee Township Name: Thetford Fraction: SE 1/4 SW 1/4 SE 1/4 Section No.: 21 Town No.: 9 Range No.: 7

Distance and Direction from Road Intersection  
Between: Bray and Center Rd.  
OFF: Wilson Rd.  
3501 Wilson Rd.  
 Street Address & City of Well Location



3. OWNER OF WELL  
 Address: Joseph Boughner  
3501 Wilson Rd.  
Clio, MI 48420  
 Address Same as Well Location  Yes  No

4. WELL DEPTH: 220 ft. Date Completed: 02/18/96  
 New Well  Replacement Well

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

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

7. CASING:  Steel  Threaded  Plastic  Welded  
 Other  
 Diameter: 5" in. to 165 ft. depth  
 Weight: \_\_\_\_\_ lbs./ft.  
 BORE HOLE:  Drive Shaft  Shale Packer  
 Diameter: 8" in. to 165 ft. depth  
SHALE BOOT

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	40	40
Clay and Gravel	20	60
Fine Gravel	10	70
Clay	45	115
Clay and Gravel	25	140
Black Shale	20	160
Sandstone	20	180
Limestone	10	190
Sandstone	30	220
USE A 2ND SHEET IF NEEDED		

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

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

10. PUMPING LEVEL: Below Land Surface  
200 ft. After 2 hrs. Pumping at 50 G.P.M.  
 Plunger  Bailor  Air  Test Pump

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

12. WELL GROUTED?  No  Yes From 1 to 165 ft.  
 Neat Cement  Bentonite  Other \_\_\_\_\_  
 No. of Bags 8 Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_  
 Type Septic Distance 50+ ft. Direction north

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name \_\_\_\_\_  
 Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Length of Drop Pipe \_\_\_\_\_ ft. Capacity \_\_\_\_\_ G.P.M.  
 TYPE:  Submersible  Jet  Other \_\_\_\_\_  
 PRESSURE TANK:  
 Manufacturer's Name \_\_\_\_\_  
 Model Number \_\_\_\_\_ Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

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 \_\_\_\_\_

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.  
LYONS WELL DRILLING, INC. 1886  
 REGISTERED BUSINESS NAME REGISTRATION NO. \_\_\_\_\_  
 Address 8107 N Dort Hwy Mt Morris MI 48458  
 Signed [Signature] Date 03/06/1996  
 AUTHORIZED REPRESENTATIVE

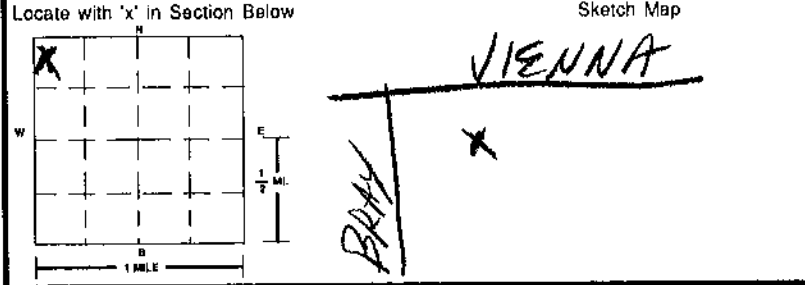
MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
 County: **GENESEE** Township Name: **THETFORD** Fraction: **NW NW 1/4W** Section No.: **21** Town No.: **9N** Range No.: **7E**

Distance and Direction from Road Intersection  
**ABOUT 500' E OF BRAY RD.**  
**ABOUT 175' S OF VIENNA RD.**  
**3040 VIENNA**  
 Street Address & City of Well Location: **CLIO, MI 48420**



3. OWNER OF WELL  
**ALTON WHITE**  
**3040 VIENNA RD.**  
**MT. MORRIS, MICH**  
 Address Same as Well Location  Yes  No

4. WELL DEPTH: **280** ft. Date Completed: **09 28 95**  
 New Well  Replacement Well

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

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

7. CASING:  Steel  Threaded  Welded  
 Plastic  Other **239**  
 Diameter: **5** in. to **239** depth  
**8.5** in. to **237** ft. depth

BORE HOLE: Diameter: **8.5** in. to **237** depth  
 Drive Shoe  Spade Packer  
**TAPED**

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

9. STATIC WATER LEVEL: **50** ft. Below Land Surface  Floating

10. PUMPING LEVEL: Below Land Surface  
**100** ft. After \_\_\_\_\_ hrs. Pumping at **40** G.P.M.  
 Plunger  Bailor  Air  Test Pump

11. WELL HEAD COMPLETION:  
 Pileless Adapter  12" Above Grade **237**  
 Basement Offset  Well House

12. WELL GROUTED?  No  Yes From **237** to **251** ft.  
 Neat Cement  Bentonite  Other **BENTONITE MUD**  
 No. of Bags **15** Additives **2 MUD**

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
 Type **SEPTIC** Distance **50** ft. Direction **N**  
 Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
 Manufacturer's Name **GOULDS**  
 Model Number **10LS07412** HP **3/4** Volts **230**  
 Length of Drop Pipe **100** ft. Capacity **12** G.P.M.  
 TYPE:  Submersible  Jet  Other \_\_\_\_\_  
 PRESSURE TANK:  
 Manufacturer's Name **A-O SMITH**  
 Model Number **V-140** Capacity **14** Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Y CLAY	2.0	2.0
SAND	4.0	6.0
B CLAY	192.0	198.0
GRAVEL	16.0	214.0
B CLAY	19.0	233.0
BR SHALE	9.0	242.0
G SANDSTONE	16.0	258.0
BR SHALE	2.0	260.0
G SANDSTONE	20.0	280.0

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 **DOUG**

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.  
**PRIOR WELL DRILLING** 0202

REGISTERED BUSINESS NAME **4426 GREGOR GENESEE, MI 48437**  
 Address \_\_\_\_\_  
 Signed **[Signature]** AUTHORIZED REPRESENTATIVE Date **9-28-95**

SEP 29 95









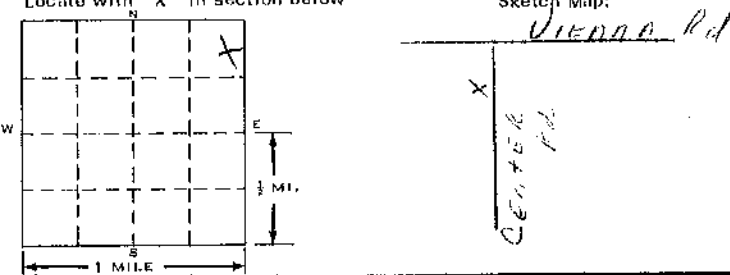


APR 27 1981

*Commercial*

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>		
County <b>Genesee</b>	Township Name <b>Thetford</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <b>21</b>	Town Number <b>9 N/8</b>	Range Number <b>7 E/4</b>
Distance And Direction from Road Intersections <b>S of Vienna Rd. W side</b>			Address <b>Thetford Township Hall 4014 E. Vienna Rd. Clio, MI</b>		
Street address & City of Well Location <b>Grange Hall, Center Rd.</b>			4 WELL DEPTH: (completed) Date of Completion <b>282 ft. Feb. 20, 1981</b>		
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"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> <b>Grange Hall</b>		
THICKNESS OF STRATUM			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <b>1</b> ft.		
DEPTH TO BOTTOM OF STRATUM			Weight <b>3.65</b> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Sand & Gravel 20'			8 SCREEN:		
Blue Clay 30'			Type: _____ Dia.: _____		
Clay & Gravel 30'			Slot/Gauze _____ Length _____		
Sand & Course Gravel 70'			Set between _____ ft. and _____ ft.		
Sandy Clay & Gravel 45'			Fittings: _____		
Black Shale 5'			9 STATIC WATER LEVEL		
Soft Broken Sandstone 10'			_____ ft. below land surface		
Sandstone 15'			10 PUMPING LEVEL below land surface		
Black Shale 15'			_____ ft. after <b>3</b> hrs. pumping <b>10</b> g.p.m.		
Sandstone & Limestone mixed 20'			_____ ft. after _____ hrs. pumping _____ g.p.m.		
Sandstone 22'			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 <b>1</b> ft. to <b>210</b> ft.		
			14 Nearest Source of possible contamination		
			<b>60</b> feet <b>E</b> Direction <b>septic</b> Type		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP:		
			<input type="checkbox"/> Not installed		
			Manufacturer's Name <b>Goulds</b> <b>2 stage</b>		
			Model Number <b>VS10</b> HP <b>1</b> Volts <b>110</b>		
			Length of Drop Pipe <b>84</b> ft. capacity <b>7</b> G.P.M.		
			Type: <input type="checkbox"/> Submersible		
			<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. <b>ADDED INFO BY DRILLER, ITEM NO.</b> <b>*CORRECTED BY</b> <b>**ADDITION BY</b> <b>ELEVATION</b> <b>DEPTH TO ROCK</b>			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>LYONS WELL DRILLING INC.</b> <b>0032</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>G-8107 N. Dort Hwy. Mt. Morris, MI</b> Signed <i>Carl J. Lyons</i> Date <b>Feb. 27, 1981</b> AUTHORIZED REPRESENTATIVE		



3

DEC 05 1978

**WATER WELL RECORD**  
ACT 294 PA 1965

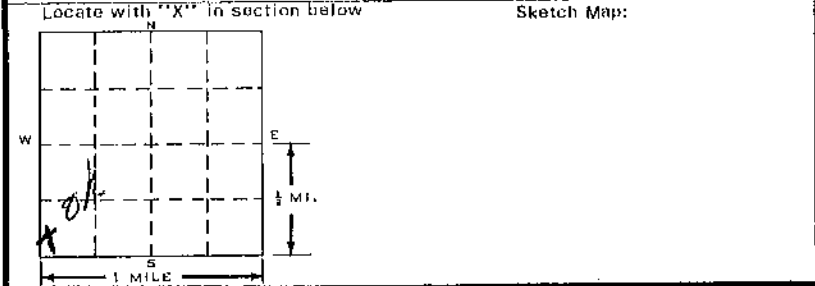
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

**1 LOCATION OF WELL**

County <i>Benzie</i>	Township Name <i>Thelford</i>	Fraction <i>SW 1/4 SW 1/4 SW 1/4</i>	Section Number <i>21</i>	Town Number <i>9 N.S.</i>	Range Number <i>7 E/W.</i>
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Distance And Direction from Road Intersection  
*1/2 mi N of Wilson*  
*11076 Berry Rd*

Street address & City of Well Location  
*Ohio*



**3 OWNER OF WELL:**  
Address *May - Richey*  
*3020 Wilson Rd*  
*Ohio Mich*

**4 WELL DEPTH:** (completed) Date of Completion  
*294* ft. *8-6-78*

**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   
Height: Above/Below Surface *1* ft.  
*2* in. to *227* ft. Depth Weight *3.75* lbs./ft.  
Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Clay</i>	<i>70</i>	<i>70</i>
<i>fine Sand</i>	<i>30</i>	<i>100</i>
<i>Clay</i>	<i>175</i>	<i>275</i>
<i>Lime Stone</i>	<i>40</i>	<i>265</i>
<i>Sand Stone</i>	<i>25</i>	<i>290</i>
<i>Lime Stone</i>	<i>4</i>	<i>294</i>

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

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

**10 PUMPING LEVEL** below land surface  
*294* ft. after *2* hrs. pumping *10* g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.

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

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

**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite  
Depth: From *0* ft. to *227* 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 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 Friesland*  
Signed *Lee Baker* Date *8-14-78*  
AUTHORIZED REPRESENTATIVE



AUG 20 1976

**WATER WELL RECORD**  
ACT 294 PA 1965

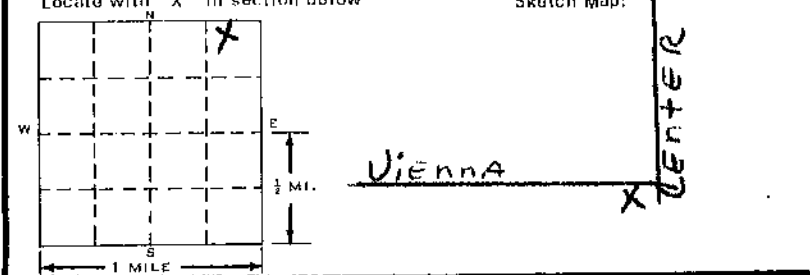
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

**1 LOCATION OF WELL**

County <b>Genesee</b>	Township Name <b>Thatford</b>	Fraction <b>NE 1/4</b>	Section Number <b>21</b>	Town Number <b>9 N.S.</b>	Range Number <b>70 W.</b>
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Distance And Direction from road intersections  
**1/8 mi. W of Center Rd.**

Street address & City of Well Location **3460 E. Vienna Rd. Clio**



**3/ OWNER OF WELL:** **Vernon Sedlow**  
Address **3460 E. Vienna Rd. Clio, MI**

**4 WELL DEPTH:** (completed) **322** ft. Date of Completion **July 28, 1976**

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored

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

**7 CASING:** Threaded  Welded   
Diam. \_\_\_\_\_ Height: Above/Below Surface **1** ft.  
Weight **11** lbs./ft. Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	10'	10'
Clay	10'	20'
Sand & Fine Gravel	110'	130'
Clay & Gravel	60'	190'
Shale	40'	230'
Gray Sandstone	2'	232'
Blue Shale	8'	240'
Gray Sandstone	82'	322'

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

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

**10 PUMPING LEVEL** below land surface  
**320** ft. after **3** hrs. pumping **50** 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 **1** ft. to **230** 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 **Weibrol**  
Model Number **52SC310** H **1/3** Volts **230**  
Length of Drop Pipe **120** ft. capacity **8** G.P.M.  
Type:  Submersible  Jet  Reciprocating

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

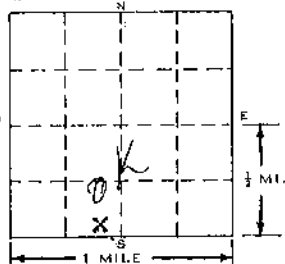
**17 WATER WELL CONTRACTOR'S CERTIFICATION:**  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
**LYONS WELL DRILLING** **0032**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address **G-8107 N. Dort Hwy. Mt. Morris, MI**  
Signed *Earl Lyons* Date **July 29, 1976**  
AUTHORIZED REPRESENTATIVE

3

JAN 30 1978

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>																										
County <b>Genesee</b>	Township Name <b>Thetford</b>	Fraction <b>SE ¼ SE ¼ SW ¼</b>	Section Number <b>21</b>	Town Number <b>9 N/6.</b>	Range Number <b>7 E/W.</b>																								
Distance And Direction from Road Intersections			Address <b>12210 Washington Street Mt. Morris, Mi</b>																										
Street address & City of Well Location <b>3309 E. Wilson Road</b>			4 WELL DEPTH: (completed) Date of Completion <b>263 ft. 12-5-77</b>																										
Locate with "X" in section below Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>Red Clay</td> <td>15</td> <td>15</td> </tr> <tr> <td>Blue Clay</td> <td>60</td> <td>75</td> </tr> <tr> <td>Blue Clay &amp; Stones</td> <td>123</td> <td>198</td> </tr> <tr> <td>Shale (black)</td> <td>21</td> <td>219</td> </tr> <tr> <td>Sahle (gray)</td> <td>18</td> <td>237</td> </tr> <tr> <td>Shale (black)</td> <td>8</td> <td>245</td> </tr> <tr> <td>Shale &amp; Rock</td> <td>18</td> <td>263</td> </tr> </table>			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Red Clay	15	15	Blue Clay	60	75	Blue Clay & Stones	123	198	Shale (black)	21	219	Sahle (gray)	18	237	Shale (black)	8	245	Shale & Rock	18	263	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																								
			Red Clay	15	15																								
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Shale (black)	8	245																											
Shale & Rock	18	263																											
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. _____ ft. Surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																													
8 SCREEN:																													
9 STATIC WATER LEVEL																													
10 PUMPING LEVEL below land surface																													
11 WATER QUALITY in Parts Per Million:																													
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.																													
14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <b>Meyers</b> Model Number _____ HP <b>1</b> Volts <b>220</b> Length of Drop Pipe <b>126</b> ft. capacity <b>10</b> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																													
16 Remarks, elevation, source of data, etc.  ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <b>MJB</b> **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____  JAN 23 1978  Group and Home _____																													
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Dekoski Well Drilling</b> <b>1242</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>1151 Paul Street</b> Signature <b>Robert J. Dekoski</b> Date <b>12-28-77</b> AUTHORIZED REPRESENTATIVE																													

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>					
County <b>Genesee</b>	Twp. <b>Thetford</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section No. <b>21</b>	Town <b>9 N 1/2</b>	Range <b>7 E 1/2</b>
Distance And Direction from Road Intersections <b>3431 Wilson Rd. Clio</b>			OWNER No. _____		
Street address & City of Well Location			3 OWNER OF WELL <b>Blum Realty Co.</b> Address <b>4021 Clio Rd. FLINT, MICHIGAN</b>		
<b>2</b>	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion <b>205 ft. 10/10/68</b>	
	<b>Rotered hole</b>	<b>0</b>	<b>165</b>	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"/> _____	
	<b>shale &amp; sandstone</b>	<b>165</b>	<b>205</b>	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. <b>2</b> in. to <b>165</b> ft. Depth Height: Above/Below surface <b>1</b> ft. Weight <b>3.75</b> 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 <b>35</b> ft. below land surface	
				10 PUMPING LEVEL below land surface <b>42</b> ft. after <b>1</b> hrs. pumping <b>7</b> 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"/> <b>aqua jell</b> Depth: From _____ ft. to _____ ft.	
				14 SANITARY: Nearest Source of possible contamination <b>50</b> feet <b>N</b> Direction <b>septic</b> Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: <b>not installed by this firm</b> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.  ADDED INFO. _____ CORRECTED BY _____ CONDITION 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. <b>B &amp; W WELL DRILLING</b> <b>0843</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2072 S. Center Rd. FLINT</b> Signed <i>B. J. Walker</i> Date <b>3/13/69</b> AUTHORIZED REPRESENTATIVE		



1 LOCATION OF WELL		County <b>Genesee</b>		Twp. <b>Thetford</b>	Fraction <b>SE 1/4 SE 1/4 SW 1/4</b>	Section No. <b>21</b>	Town <b>9 N/W</b>	Range <b>7 E/W</b>
Distance And Direction from Road Intersections <b>3415 Wilson Rd. Clio</b>					3 OWNER OF WELL: <b>Blum Realty Co.</b> Address <b>4021 Clio Rd. FLINT, MICHIGAN</b>			
2 FORMATION					THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) <b>215</b> ft. Date of Completion <b>10/10/68</b>
<b>Rotered hole</b>					<b>0</b>	<b>175</b>		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"/>
<b>sandstone &amp; shale</b>					<b>175</b>	<b>215</b>		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. <b>2</b> in. to <b>175</b> ft. Depth Height: Above/Below surface <b>1</b> ft. Weight <b>3.75</b> 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 <b>35</b> ft. below land surface
								10 PUMPING LEVEL below land surface <b>42</b> ft. after <b>1</b> hrs. pumping <b>7</b> 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"/> <b>aqua jell</b> Depth: From _____ ft. to _____ ft.
								14 SANITARY: Nearest Source of possible contamination <b>50</b> feet <b>N</b> Direction <b>septic</b> Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No
								15 PUMP: <b>not installed by this firm</b> Manufacturer's Name _____ Model Number _____ HP _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
16 Remarks, elevation, source of data, etc. 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. <b>B &amp; W WELL DRILLING</b> <b>0843</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2072 S. Center Rd.</b> Signed <i>Billy Walker</i> Date <b>3/13/69</b> AUTHORIZED REPRESENTATIVE			

MAR 20 1969

JUL 18 1974

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Genessee</i>	Township Name <i>Thetford</i>	Fraction <i>NE 1/4</i>	Section Number <i>21</i>	Town Number <i>9 N.W.</i>	Range Number <i>7 E.W.</i>
Distance And Direction from Road Intersections			Address <i>Mary Lou Long Center Rd. Cleo</i>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <i>187 ft. May 18-74</i>		
Locate with "X" in section below			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 checked="" type="checkbox"/> Jotted <input type="checkbox"/> Bored <input type="checkbox"/>		
Sketch Map: 			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>		Height: Above/Below Surface <i>3.75</i> ft.
			2 in. to _____ ft. Depth		Weight <i>3.75</i> lbs./ft.
<i>Sand, Clay, Spent sand clay, gravel</i>			_____ in. to _____ ft. Depth		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			THICKNESS OF STRATUM		
DEPTH TO BOTTOM OF STRATUM			9 STATIC WATER LEVEL <i>52</i> ft. below land surface		
<i>57 57</i>			10 PUMPING LEVEL below land surface <i>40</i> ft. after <i>4</i> hrs. pumping <i>40</i> g.p.m.		
<i>850 87</i>			_____ ft. after _____ hrs. pumping _____ g.p.m.		
<i>15 172</i>			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
<i>4 187</i>			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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination _____ feet _____ Direction <i>X</i> _____ Type Well disinfected upon completion <input 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.			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Whitman Heating 1076</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>308 Palmer, Cleo Mich</i> Signed <i>Mary Lou Whitman</i> Date <i>May 18-74</i> AUTHORIZED REPRESENTATIVE		

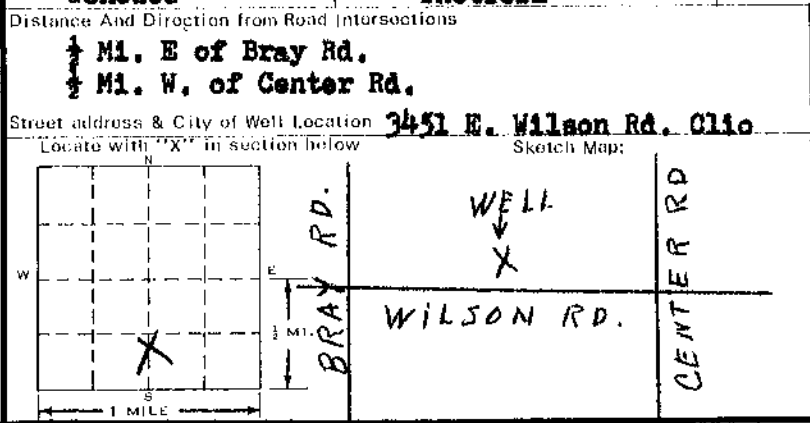
USE A 2ND SHEET IF NEEDED

ADDED INFO BY DRILLER, ITEM  
CORRECTED BY  
ELEVATION  
DEPTH TO ROCK

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Genesee</b>	Township Name <b>Thetford</b>	Fraction <b>SE 1/4, SE 1/4, SW 1/4</b>	Section Number <b>21</b>
Distance And Direction from Road Intersections <b>1/2 Mi. E of Bray Rd. 1/2 Mi. W. of Center Rd.</b>		Town Number <b>9 N/S</b>	Range Number <b>7 E/W</b>
Street address & City of Well Location <b>3451 E. Wilson Rd. Clio</b>		Address <b>Morgan Homes Inc. 39010 N. Saginaw Rd. Mt. Morris, Michigan</b>	



**4 WELL DEPTH:** (completed) **220** ft. Date of Completion **March 1972**

**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.  
**2** in. to **168** ft. Depth Weight **3.65** lbs./ft.  
 in. to \_\_\_\_\_ ft. Depth Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay, yellow	22'	22'
Clay, blue	80'	102'
Clay, gravel Mixed	18'	120'
Clay, blue	15'	135'
Clay, & gravel mixed	30'	165'
Sand rock, gray	30'	195'
Shale, blue	12'	207'
Lime stone, brown	13'	220'

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

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

**10 PUMPING LEVEL** below land surface  
**65** ft. after **2** hrs. pumping **13** 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  
 Pitloss Adapter  12" Above Grade

**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite  \_\_\_\_\_  
 Depth: From **1** ft. to **168** ft.

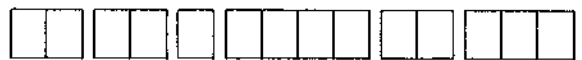
**14 Nearest Source of possible contamination**  
**50** feet **N** Direction **Septic** Type  
 Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
 Manufacturer's Name **Shotler**  
 Model Number **JE71** HP **1/2** Volts **110**  
 Length of Drop Pipe **50** ft. capacity **7** G.P.M.  
 Type:  Submersible  Jet  Reciprocating

**16 Remarks:** elevation, source of data, etc.  
 ADDED INFO. BY DRILLER, ITEM NO. \_\_\_\_\_  
 RECORDED BY: **83**  
 \_\_\_\_\_ 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.  
**Lyons Well Drilling** **0032**  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address **8107 N. Dort Hwy. Mt. Morris, Michigan**  
 Signed **Earl L. Lyons** Date **March 1972**  
 AUTHORIZED REPRESENTATIVE





**WATER WELL RECORD**  
ACT 294 PA 1965

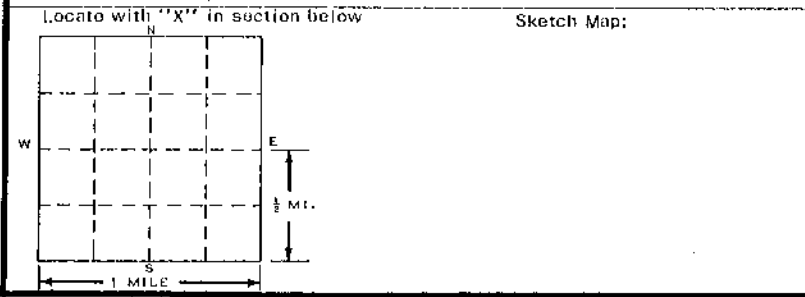
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

**1 LOCATION OF WELL**

County: **GENESEE** Township Name: **Thetford** Fraction: **NE 1/4 SE 1/4 SE 1/4** Section Number: **21** Town Number: **9** Range Number: **7**

Distance And Direction from Road Intersections:  
**1320 ft. N. of Wilson Rd.**  
**330 ft. W. of Center Rd. AT. 11147**  
**Cllo.**

**3 OWNER OF WELL:**  
Robert Daugherty  
Address: **11147 N. CENTER RD. Cllo.**



**4 WELL DEPTH:** (completed) **240** ft. Date of Completion: **9-10-71**

**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  Height: Above/below Surface **Surface** ft.  
**2** in. to **178** ft. Depth Weight **3.75** lbs./ft.  
Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Yellow Clay	7	7
Blue Clay	43	50
Blue Clay (Gravelly)	13	63
Blue Clay	30	93
Blue Clay (Gravelly)	61	154
Black Shale	12	166
White Shale	10	176
Brown Shale	2	178
Gray Sandstone	24	202
Hard Brown Shale w/ strips of soft Black Shale & Gray Sandstone	38	240

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

**9 STATIC WATER LEVEL** **34** ft. below land surface

**10 PUMPING LEVEL** below land surface **58** ft. after \_\_\_\_\_ hrs. pumping **10** g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.

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

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

**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite **& CLAY SLURRY**  
Depth: From **Top** ft. to **178** ft.

**14 Nearest Source** of possible contamination **507** feet **S.W** Direction **Septic** Type  
Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
Manufacturer's Name: **Gould**  
Model Number: **VA07** HP **3/4** Volts **230**  
Length of Drop Pipe **63** ft. capacity \_\_\_\_\_ G.P.M.  
Type:  Submersible  Jot  Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO. BY DRILLER: **JEM MIA**

CONTRACTED BY: \_\_\_\_\_

EXAMINATION 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.

REGISTERED BUSINESS NAME: **B.E. PERIOR WELL DRILLING 0202** REGISTRATION NO. \_\_\_\_\_  
Address: **4189 GREGOR ST. GENESEE**  
Signed: **Bud Perior** Date: **9-18-71**  
AUTHORIZED REPRESENTATIVE

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

I LOCATION OF WELL					
County <i>Washtenaw</i>	Twp. <i>Phelps</i>	Fraction <i>SE 1/4 NE 1/4 SE 1/4</i>	Section No. <i>21</i>	Town <i>T9 N.</i>	Range <i>7 E</i>
Distance And Direction from Road Intersections			OWNER No. _____		
Street address & City of Well Location			3 OWNER OF WELL: <i>Ron Shields</i> Address <i>11333 Center Rd</i> <i>Elia Traylor</i>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion		
<i>yellow sand</i>	<i>11</i>	<i>11</i>	<i>265</i> ft.	<i>4-26-69</i>	
<i>Blue clay</i>	<i>43</i>	<i>54</i>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<i>fine sand</i>	<i>2</i>	<i>56</i>	<input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
<i>Blue clay</i>	<i>84</i>	<i>140</i>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
<i>gray clay</i>	<i>117</i>	<i>150</i>	<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
<i>gray clay</i>	<i>29</i>	<i>186</i>	<input type="checkbox"/> Test Well <input type="checkbox"/> _____		
<i>Blue shale</i>	<i>27</i>	<i>213</i>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface <i>1</i> ft.		
<i>Sand Rock</i>	<i>21</i>	<i>234</i>	Diam. <i>2</i> in. to <i>213</i> ft. Depth Weight <i>375</i> lbs./ft.		
<i>Green shale</i>	<i>4</i>	<i>238</i>	____ in. to ____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<i>Brown shale</i>	<i>9</i>	<i>247</i>	8 SCREEN: Type: _____ Dia.: _____		
<i>Sand Rock</i>	<i>18</i>	<i>265</i>	Slot/Gauze: _____ Length: _____		
			Set between _____ ft. and _____ ft.		
			Fittings: _____		
			9 STATIC WATER LEVEL <i>50</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>70</i> ft. after <i>5</i> hrs. pumping <i>10</i> g.p.m.		
			____ ft. after ____ hrs. pumping ____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" 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"/> <i>quick gel</i>		
			Depth: From <i>0</i> ft. to <i>213</i> ft.		
			14 SANITARY: Nearest Source of possible contamination <i>50</i> feet <i>W</i> Direction <i>Stamp</i> type		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name <i>Burbs</i>		
			Model Number _____ HP <i>1/2</i>		
			Length of Drop Pipe <i>70</i> ft. capacity <i>4</i> G.P.M.		
			Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____		
			<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
ADDED INFO. BY DRILLER, ITEM NO.			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
CORRECTED BY:			<i>Baker well drilling</i> <i>6901</i>		
ADDITION BY:			REGISTERED BUSINESS NAME REGISTRATION NO.		
			Address <i>7296 E. 9th Ave. Rd</i>		
			Signed <i>Lawrence Baker</i> Date <i>4-28-69</i>		
			AUTHORIZED REPRESENTATIVE		

Gibson-Johnson and Borden, Inc. Permit #1086  
 Munsell #1 Drilling Contractor: Crude Oil Company

Location: NE $\frac{1}{4}$  NW $\frac{1}{4}$  Section 21, T. 9N., R. 7E.  
 330' from north and 330' from the east line of quarter section.

Elevation: 792 feet above sea level.

Record by: L. W. Price from driller's log.

	Thickness (feet)	Depth (feet)
<b>PLEISTOCENE:</b>		
Drift:		
Sand	45	45
Clay	40	85
Sand; gravel (water)	100	185
Clay	19	204
<b>PENNSYLVANIAN:</b>		
Saginaw:		
Sand (water)	106 (106)	310
<b>MISSISSIPPIAN:</b>		
Bayport:		
Limestone	40	350
Michigan: (May be Marshall in lower part)	(40)	
Shale	35	385
Shale, sandy	45	430
Shale, sandy; limestone "shells"	60 (140)	490
Napoleon (Upper Marshall):		
Sand	95 (95)	585
Lower Marshall-Coldwater:		
Shale	23	608
Shale, sandy	167	775
Sand, gray	29	804
Shale	28	832
"Red rock"	15	847
Shale	53	900
Shale, sandy	15	915
Shale	25	940
"Red rock"	20	960
Sand; shale	23	983
Shale, sandy	47	1030
Shale	50	1080
Shale, sandy	35	1115
Shale (enough water to drill)	15	1130
Shale, sandy	100	1230
Shale	244	1474
"Red rock"	10	1484
Shale, blue	10	1494
Shale, sandy	16	1510
Shale, blue	155	1665

792  
 204  
 ---  
 588

COMPLETED  
 12-19-30  
 CASING  
 RECORD  
 14" 190'  
 10" 608'  
 8 1/4" 1815'





OCT 17 1973

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>																																												
County <b>Genesee</b>		Township Name <b>Thetford</b>		Fraction <b>NE 1/4 NE 1/4 NW 1/4</b>		Section Number <b>21</b>		Town Number <b>9 N/S.</b>		Range Number <b>7 E/W.</b>																																		
Distance and Direction from Road Intersections <b>1/2 Mi. E. Bray Rd. 1/2 Mi. W. Center Rd.</b>				3 OWNER OF WELL: <b>Dave Lotture</b> Address <b>3082 E. Vienna Rd. Cllo, Michigan</b>																																								
Street address & City of Well Location <b>3260 E. Vienna Rd. Cllo</b>				4 WELL DEPTH: (completed) <b>260</b> ft.		Date of Completion <b>September 1973</b>																																						
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 Surface <b>1</b> ft.																																						
				<b>2</b> in. to <b>210</b> ft. Depth		Weight <b>3.65</b> lbs./ft.																																						
				_____ in. to _____ ft. Depth		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																																						
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>10'</td> <td>10'</td> </tr> <tr> <td>Gravel</td> <td>30'</td> <td>40'</td> </tr> <tr> <td>Clay &amp; gravel</td> <td>120'</td> <td>160'</td> </tr> <tr> <td>Shale, blue</td> <td>50'</td> <td>210'</td> </tr> <tr> <td>Line stone</td> <td>50'</td> <td>260'</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	10'	10'	Gravel	30'	40'	Clay & gravel	120'	160'	Shale, blue	50'	210'	Line stone	50'	260'																8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____							
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				Gravel	30'	40'																																						
				Clay & gravel	120'	160'																																						
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Line stone	50'	260'																																										
				9 STATIC WATER LEVEL <b>44</b> ft. below land surface																																								
				10 PUMPING LEVEL below land surface <b>74</b> ft. after <b>2</b> hrs. pumping <b>12</b> 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																																								
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				14 Nearest Source of possible contamination <b>50</b> feet <b>S</b> Direction <b>Septic</b> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																								
				15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <b>Myers</b> Model Number <b>VMH75</b> HP <b>3/4</b> Volts <b>115</b> Length of Drop Pipe <b>63</b> ft. capacity <b>7</b> G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																																								
16 Remarks, elevation, source of data, etc. <i>DRILLED BY DRILLER, LYONS MICH.</i>  <i>[Signature]</i>  ADDITIONAL DATA				17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Lyons Well Drilling</b> <b>0032</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8107 N. Dort Hwy. Mt. Morris, Michigan</b> Signed <i>Carl L. Lyons</i> Date <b>Sept. 1973</b> AUTHORIZED REPRESENTATIVE																																								

WATER WELL RECORD

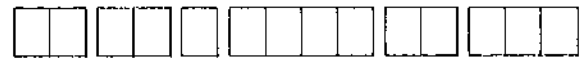
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL			SWSE SW* 21		
County <u>GENESE</u>	Twp. <u>THET FORD</u>	Fraction <u>1/4 SW</u>	Section No. <u>21</u>	Town <u>9 N/W</u>	Range <u>7 E/W</u>
Distance And Direction from Road Intersections			OWNER No. _____		
Street address & City of Well Location <u>3255 E Wilson Rd CLIO, MICH.</u>			3 OWNER OF WELL: <u>Ken Radford</u>		
Address <u>3255 E Wilson Rd</u>			4 WELL DEPTH: (completed) Date of Completion <u>57 ft. OCT 14, 1967</u>		
2 FORMATION			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
THICKNESS OF STRATUM			<input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
DEPTH TO BOTTOM OF STRATUM			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
<u>CLAY</u>			<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
<u>SAND + GRAVEL</u>			<input type="checkbox"/> Test Well <input type="checkbox"/> _____		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>		
			Diam. <u>2</u> in. to <u>57</u> ft. Depth		
			Height: Above/Below surface <u>1</u> ft.		
			Weight <u>3.75</u> lbs./ft.		
			Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN:		
			Type: <u>CLAYTON MARK</u> Dia.: <u>1 1/4</u>		
			Slot/Gauge <u>60</u> Length <u>36"</u>		
			Set between <u>54</u> ft. and <u>57</u> ft.		
			Fittings: <u>3 1/4 PIPE 2 1/4 CAPING</u> <b>BREMAY CHECK</b>		
			9 STATIC WATER LEVEL <u>30</u> ft. below land surface		
			10 PUMPING LEVEL below land surface		
			<u>42</u> ft. after <u>1</u> hrs. pumping <u>13</u> g.p.m.		
			<u>42</u> ft. after <u>1</u> hrs. pumping <u>15</u> g.p.m.		
			11 WATER QUALITY in Parts Per Million:		
			Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
			<input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 GROUTING:		
			Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____		
			Depth: From _____ ft. to _____ ft.		
			14 SANITARY:		
			Nearest Source of possible contamination <u>50</u> feet <u>N</u> Direction <u>SEPTIC</u> Type		
			Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <u>NO PUMP WORK</u>		
			Manufacturer's Name _____		
			Model Number _____ HP _____		
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
			Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____		
			<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
Drilled by DRILLER, ITEM NO. _____ CORRECTED BY: _____ **ADDITION BY: _____			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Lee Sharp</u> REGISTERED BUSINESS NAME Address: <u>4628 Frasey St FLINT</u> Signed: <u>Lee Sharp</u> Date: <u>OCT 14 1967</u> AUTHORIZED REPRESENTATIVE		

MAR 26 1968

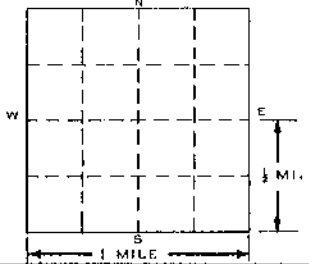




OCT 20 1972

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>																				
County <b>GENESEE</b>	Township Name <b>THETFORD</b>	Fraction <b>12 1/4 Sec. 5 SW 1/4</b>	Section Number <b>21</b>	Town Number <b>T9N N/S.</b>	Range Number <b>R7E E/W.</b>																		
Distance And Direction from Road Intersections  <b>3203 E. Wilson Rd.</b>			Address <b>5012 BERNEZA DR.</b>																				
Street address & City of Well Location <b>MT. MORRIS, MICH.</b>			FLINT, MICHIGAN																				
Locate with "X" in section below 			4 WELL DEPTH: (completed) Date of Completion <b>87 ft. JULY 29, 1972</b>																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td><b>BROWN CLAY</b></td> <td><b>18</b></td> <td><b>18</b></td> </tr> <tr> <td><b>BROWN SAND</b></td> <td><b>16</b></td> <td><b>34</b></td> </tr> <tr> <td><b>BROWN CLAY</b></td> <td><b>32</b></td> <td><b>66</b></td> </tr> <tr> <td><b>SAND &amp; GRAVEL</b></td> <td><b>14</b></td> <td><b>80</b></td> </tr> <tr> <td><b>GRAVEL</b></td> <td><b>10</b></td> <td><b>90</b></td> </tr> </table>			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>BROWN CLAY</b>	<b>18</b>	<b>18</b>	<b>BROWN SAND</b>	<b>16</b>	<b>34</b>	<b>BROWN CLAY</b>	<b>32</b>	<b>66</b>	<b>SAND &amp; GRAVEL</b>	<b>14</b>	<b>80</b>	<b>GRAVEL</b>	<b>10</b>	<b>90</b>	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"/>		
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			<b>BROWN CLAY</b>	<b>18</b>	<b>18</b>																		
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<b>GRAVEL</b>	<b>10</b>	<b>90</b>																					
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>																				
			7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Diam. _____ Height: Above/Below Surface <u>2</u> ft. Weight _____ lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																				
			8 SCREEN: Type: <b>Johnson</b> Dia.: <b>2"</b> Slot/Gauge: <b>18</b> Length <b>6ft.</b> Set between <b>81</b> ft. and <b>87</b> ft. Fittings: _____																				
			9 STATIC WATER LEVEL <u>22</u> ft. below land surface																				
			10 PUMPING LEVEL below land surface <u>60</u> ft. after <u>2</u> hrs. pumping <u>6</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.																				
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____																				
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" 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 <u>0</u> ft. to <u>25</u> ft.																				
			14 Nearest Source of possible contamination <b>50</b> foot <b>S</b> Direction <b>SEPTIC</b> Type Well disinfected upon completion <input 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																				
16 Remarks, elevation, source of data, etc.  ADDED INFO. BY DRILLER, ITEM NO.  CORRECTED BY <b>FB</b>  CORROBORATION 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. <b>Keansley Well Drilling Inc. 1186</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>4186 N. Center Rd. Flint, Mi. 48506</b> Signed <i>[Signature]</i> date <b>7/29/72</b> AUTHORIZED REPRESENTATIVE																				



**WATER WELL RECORD**  
ACT 294 PA 1985

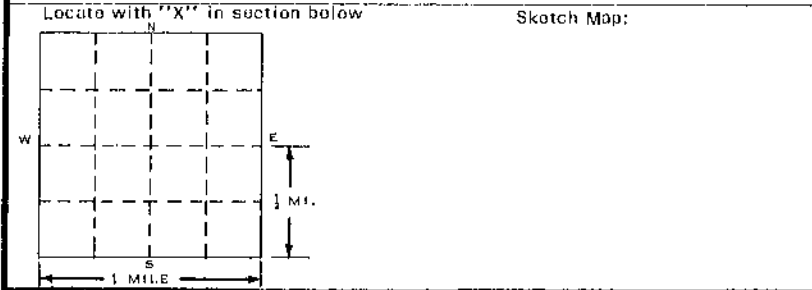
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

**1 LOCATION OF WELL**

County <b>Genesee</b>	Township Name <b>Thetford</b>	Fraction <b>NE 1/4 NW 1/4 NW 1/4</b>	Section Number <b>21</b>	Town Number <b>9 N.B.</b>	Range Number <b>7 E/W.</b>
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Distance And Direction from Road Intersections  
**3082 E. Vienna**

Street address & City of Well Location



**3 OWNER OF WELL:**  
Address  
**David Latture**  
**3082 E. Vienna**  
**Cl10**

**4 WELL DEPTH: (completed) Date of Completion**  
**340 ft. 9/10/69**

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jotted  Bored  \_\_\_\_\_

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

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

**2 FORMATION**

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<b>CLAY &amp; SAND</b>	<b>200</b>	<b>200</b>
<b>SAND &amp; GRAVEL</b>	<b>35</b>	<b>235</b>
<b>SHALE &amp; SANDSTONE</b>	<b>105</b>	<b>340</b>

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

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

**10 PUMPING LEVEL** below land surface  
**65** ft. after **2** hrs. pumping **30** g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.

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

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

**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite  Drilling mud  
Depth: From **0** ft. to **235** ft.

**14 Nearest Source of possible contamination**  
\_\_\_\_\_ feet \_\_\_\_\_ Direction **UNKNOWN** 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.

**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.  
**Taylor Well Drilling** **0083-38**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address **11081 Cl10 Rd.**  
Signed *[Signature]* Date **1/16/70**  
AUTHORIZED REPRESENTATIVE

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>					
County <u>Genesee</u>	Twp. <u>Hotford</u>	Fraction <u>SE 1/4 SE 1/4 SW 1/4</u>	Section No. <u>21</u>	Town <u>T9</u>	Range <u>R7</u> E/W.
Distance and Direction from Road Intersections <u>2 1/2 miles W of Genesee Rd.</u>			OWNER OF WELL: <u>Wm. Giffard</u>		
Street address & City of Well Location <u>3461 E. Wilson Rd. Clis</u>			Address <u>3461 E. Wilson Rd.</u>		
<b>2</b>	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		
	<u>Brown clay</u>	<u>20</u>	<u>20</u>	4 WELL DEPTH: (completed) <u>229</u> ft. Date of Completion <u>8-28-67</u>	
	<u>Blue clay and gravel</u>	<u>100</u>	<u>120</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>Gravel and sand</u>	<u>15</u>	<u>135</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>Gray shale</u>	<u>33</u>	<u>168</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2</u> in. to <u>168</u> ft. Depth Height: Above/Below surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	<u>Sandstone and shale</u>	<u>61</u>	<u>229</u>	8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
				9 STATIC WATER LEVEL <u>30</u> ft. below land surface	
				10 PUMPING LEVEL below land surface <u>50</u> ft. after <u>2</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____	
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade	
				13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> <u>9lb. mud</u> Depth: From <u>0</u> ft. to <u>25</u> ft.	
				14 SANITARY: Nearest Source of possible contamination <u>50</u> feet <u>N</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>Not installed</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: _____			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>E.D. Hamier Well Drilling</u> <u>0045</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>6216 Greenwood Dr.</u> Signed <u>Edward Hamier</u> Date <u>11-6-67</u> AUTHORIZED REPRESENTATIVE		