

STATE OF MICHIGAN  
 DEPARTMENT OF NATURAL RESOURCES  
 LOG OF OIL, GAS OR MINERAL WELL WATER WELL  
 SUBMIT IN TRIPLICATE WITHIN 30 DAYS AFTER WELL COMPLETION

1. LOCATION DATA				
NAME(S) & ADDRESS OF OWNER(S) SHOWN ON PERMIT <i>Parsborn Co. 1241 A.E. 8th St. Traverse City, MI 49684</i>			NAME & ADDRESS OF DRILLING CONTRACTOR(S)	
LEASE NAME(S) & WELL NUMBER SHOWN PERMIT <i>Lort 1-16</i>			PERMIT NUMBER <i>39292</i>	
COUNTY <i>Co. Traverse</i>	TOWNSHIP <i>Grawt</i>	FRACTION <i>SW 1/4 NE 1/4 SE 1/4</i>	SECTION NO. <i>16</i>	TOWN NO. <i>25 N 1/2</i>
				RANGE NO <i>12 E/W</i>
2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3. WELL DEPTH (completed) <i>290</i> ft	
	<i>Med sd</i>	<i>175</i>	<i>175</i>	Date of Completion <i>10-22-85</i>
	<i>Tan Clay</i>	<i>5</i>	<i>180</i>	4. <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Auger
	<i>Med sd</i>	<i>65</i>	<i>245</i>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>
	<i>Med sd &amp; Gravel</i>	<i>45</i>	<i>290</i>	5. CASING Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded
			Height Above/Below Surface <i>2</i> ft	
			Weight _____ lbs/ft	
			Ground Drill Hole Diameter <i>7</i> in to <i>2.25</i> in depth	
			Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			6. SCREEN <input type="checkbox"/> Not Installed	
			Type <i>Johnson S.S.</i> Diameter <i>4"</i>	
			Slot/Groove <i>20</i> Length <i>10'</i>	
			Set between <i>280</i> ft and <i>290</i> ft	
			FITTINGS <input type="checkbox"/> K Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
			<input type="checkbox"/> Blank above screen _____ ft Other _____	
			7. STATIC WATER LEVEL <i>245</i> ft below land surface <input type="checkbox"/> Flow	
			8. PUMPING LEVEL below land surface	
			<i>245</i> ft after <i>1</i> hrs pumping at <i>60</i> GPM	
			_____ ft after _____ hrs pumping at _____ GPM	
			9. WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <i>0</i> to <i>25</i> ft	
			<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
			No. of bags of cement _____ Additives _____	
			10. PUMP <input type="checkbox"/> Not installed <input type="checkbox"/> Pump installation Only	
			Manufacturer's name _____	
			Model number _____ HP _____ Volts _____	
			Length of Drop Pipe _____ ft capacity _____ GPM	
			TYPE <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____	
11 REMARKS (ELEVATION, SOURCE OF DATA, WATER QUALITY, ETC.)				
(USE A 2ND SHEET IF NEEDED)				
12. AUTHORIZED REPRESENTATIVE CERTIFICATION. (THIS WELL WAS DRILLED UNDER MY AUTHORITY AND THIS REPORT IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.)				
NAME <i>J. &amp; R Well Drilling</i>				
ADDRESS <i>Rt. 1 Elmira, Mich. 49730</i>				
SIGNED <i>Ron Shryock</i> DATE <i>11/17/85</i>				
(USE A 2ND SHEET OR ATTACH SUPPLEMENTS IF NEEDED)				





**WATER WELL AND PUMP RECORD**

<b>1 LOCATION OF WELL</b>									
County <b>GRAND TRAVERSE</b>		Township Name <b>GRANT</b>		Fraction <b>SE 1/4 SE 1/4 SE 1/4</b>		Section Number <b>16</b>		Town Number <b>T. 25 N. 6</b>	
Range Number <b>R. 18 E. W.</b>		Distance And Direction From Road Intersection <b>1 MILE WEST OF Co. Rd. 137 ON DAVIS ROAD,</b>		Street Address & City of Well Location <b>DAVIS ROAD</b>		3 OWNER OF WELL: <b>AMOS NICKERSON</b> Address <b>5265 NORTON ROAD</b> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Locate with "X" in Section Below		Sketch Map:		4 WELL DEPTH: <b>126 FT.</b>		Date Completed MO. <b>10</b> DAY <b>10</b> YEAR <b>89</b>		<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well	
				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter <b>4</b> in. to <b>12.2</b> ft. depth		Height: Above/Below Surface <b>1</b> ft. Weight <b>11</b> lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2 FORMATION DESCRIPTION</b>		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed			
<b>DRY SAND</b>		<b>95</b>		<b>95</b>		Type <b>Stainless</b> Diameter <b>4"</b>			
<b>CLAY</b>		<b>6</b>		<b>101</b>		Slot/Gauge <b>10</b> Length <b>4'</b>			
<b>water sand</b>		<b>20</b>		<b>126</b>		Set between <b>122</b> ft. and <b>126</b> ft.			
						FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <b>2</b> ft. Other _____			
						9 STATIC WATER LEVEL: <b>95</b> ft. below land surface <input checked="" type="checkbox"/> Flow			
						10 PUMPING LEVEL: below land surface <b>100</b> ft. after <b>1</b> hrs. pumping at <b>20</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 type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
						13 Nearest source of possible contamination Type <b>Tile Field</b> Distance <b>750</b> ft. Direction <b>W</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <b>Beuhls</b> Model number _____ HP <b>1/2</b> Volts <b>115</b> Length of Drop Pipe <b>105</b> ft. capacity <b>15</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <b>Well &amp; Tool</b> Model number <b>202</b> Capacity <b>6</b> 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>Don James Well Drilling</b> 1286 REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>4889 Betsie River Rd</b> Signed <b>Don James</b> Date <b>10-15-89</b> AUTHORIZED REPRESENTATIVE			
17. Rig Operator's Name:									

USE A 2ND SHEET IF NEEDED

RECEIVED  
 JUN 1 1990

BUREAU OF ENVIRONMENTAL & OCCUPATIONAL HEALTH