

MAR 05 1974

WATER WELL RECORD
ACT 294 PA 1965

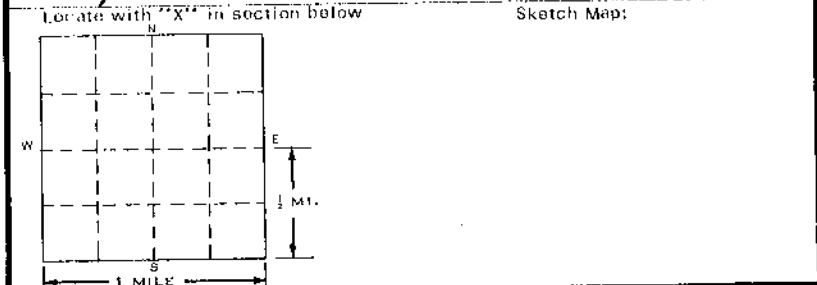
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL	County Ionia	Township Name Lyons	Fraction 1/4	Section Number 15	Town Number 7 N.W.	Range Number 5 E.W.
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Distance And Direction from Road Intersections
120 ft. S. of Blue Water Hwy
1/4 Mile E. of Wagar Rd

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

3 OWNER OF WELL:
Address **E. Kaskey**
Blue Water Hwy
Pewamo, Mich.



4 WELL DEPTH: (completed) Date of Completion
113 ft. **12-27-73**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Surface **1** ft.
Diam. **10.79** in. Weight **10.79** lbs./ft.

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	55	55
Hardpan	45	100
XXX Water Sand	13	113

4 in. to **109** ft. Depth
3 in. to **113** ft. Depth
Drive Shoe? Yes No

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	55	55
Hardpan	45	100
XXX Water Sand	13	113

8 SCREEN:
Type: **Stainless** Dia.: **3"**
Slot/Gauze **12** Length **4'**
Set between **113** ft. and **109** ft.
Fittings: **K Packer Nipple & Plug**

9 STATIC WATER LEVEL
88 ft. below land surface

9 STATIC WATER LEVEL
88 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping _____ G.P.M.
_____ ft. after _____ hrs. pumping _____ G.P.M.

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping _____ G.P.M.
_____ ft. after _____ hrs. pumping _____ G.P.M.

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

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

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

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

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

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

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

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

16 Remarks, elevation, source of data, etc.

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

15 PUMP: Not installed
Manufacturer's Name **Webtrol**
Model Number _____ HP **1/2** Volts **230**
Length **Pipe 102** ft. capacity **16** G.P.M. **Lemco**
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

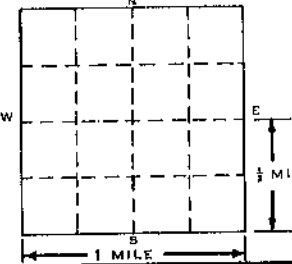
ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY
**ADDITION BY
ELEVATION
DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
A.B. Heaton & Sons Inc. **0346**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **3143 N. Marble Rd. Belding, MI.**
Signed **A.B. Heaton** Date **2-1-74**
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

12
164

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County IONIA	Township Name Lyons	Fraction 1/4 1/4 1/4	Section Number 15
		Town Number 7 N/S	Range Number 3 E/W
Distance And Direction From Road Intersection 60' North of Kimball Road and 3/4 mile East of Divine Highway		Address Tom Droste 211 E. Main Westphalia, MI 48894	
Street Address & City of Well Location Locate with "X" in Section Below		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sketch Map: 		Date Completed 8 4 93	
		<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		4 WELL DEPTH: 151 FT.	
		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> _____	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/> _____	
		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 FORMATION DESCRIPTION		5 in. to 136 ft. depth	
Clay	THICKNESS OF STRATUM 36	DEPTH TO BOTTOM OF STRATUM 36	6 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Steel Diameter 4"
Clay and Gravel	13	49	Slot/Gauze 15 Length 10' + shank
Gravel	20	69	Set between 136 ft. and 151 ft.
Clay and light gravel	16	85	FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____
Gravel	4	89	9 STATIC WATER LEVEL: 52 ft. below land surface <input type="checkbox"/> Flow
Clay	22	111	10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.
Clay and Gravel	28	139	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
Gravel	12	151	12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED MICH. DEPT. OF PUBLIC HEALTH NOV 15 93</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">BUREAU OF ENVIRONMENTAL HEALTH OCCUPATIONAL HEALTH</p> <p style="text-align: center;">OCT 1993</p>		13 Nearest source of possible contamination Type septic Distance 100 ft. Direction N 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 Red Jacket Model number 50RTW1-MN9BQ Volts 220 Length of Drop Pipe 80 ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Well Rite Model number 60-02 Capacity _____ Gallons	
		15. Remarks, elevation, source of data, etc. Well was drilled by F & W Well Drilling	
		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. Jandernoa Well Drilling, Inc. 0578 REGISTERED BUSINESS NAME REGISTRATION NO. Address 3338 N. Wacousta Rd., St. Johns, 48879 Signed Richard Jandernoa Date August 26, 1993 AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name: Steve Pung			

USE A 2ND SHEET IF NEEDED

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

WATER WELL RECORD

ACT 294 PA 1965

Air 740110

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL									
County	Ionia	Twp.	Lyons	1/4	1/4	Section No.	15	Town	7 N/W
Distance And Direction from Road Intersections 85 ft North end of Divine Rd. 55ft North of Kimbal Rd 9980 Kibal Rd, Peowma Mich. Street address & City of Well Location				OWNER No. <u>48873</u>		3 OWNER OF WELL: Harry F Allen Address 9980 Kimbal Rd, Peowma Mich. 48873			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed)		Date of Completion			
Clay Yellow	0 - 7	7	7	100 ft.		7 8 67.			
Sand Yellow	7 - 12	5	12	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"/>			
Blue Clay	12 - 35	23	35	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"/>					
Brown Clay	35 - 90	55	90	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>95</u> ft. Depth		Height: Above/ 800 surface <u>1089</u> ft. Weight <u>1089</u> lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Sand Gey	90 - 100	10	100	37/8 in. to 100 ft. Depth					
				8 SCREEN: Johnson Silicon Red Brass.					
				Type: _____ Dia.: 37/8 O.D.					
				Slot/Gauze 20 Length 5ft.					
				Set between 95 ft. and 100 ft.					
				Fittings: 3in Female Thread Top End. Johnson Packer Coupling.					
				9 STATIC WATER LEVEL					
				45 ft. below land surface					
				10 PUMPING LEVEL below land surface					
				100 ft. after 2 hrs. pumping 50 g.p.m.					
				100 ft. after 2 hrs. pumping 50 g.p.m.					
				11 WATER QUALITY in Parts Per Million:					
				Iron (Fe) _____ Chlorides (Cl) _____					
				Hardness _____					
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade					
				13 GROUTING:					
				Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				Material: <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Beonite & Clay.					
				Depth: From _____ ft. to <u>50</u> ft.					
				14 SANITARY:					
				Nearest Source of possible contamination					
				52 feet W Direction Septic Type					
				Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				15 PUMP:					
				Reda					
				Manufacturer's Name					
				Model Number 41101 HP 1/2					
				Length of Drop Pipe _____ ft. capacity _____ G.P.M.					
				Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data; etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION:					
ADDED INFO. 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. FM & CS Oberlittner. 034I REGISTERED BUSINESS NAME REGISTRATION NO. Address 4664 N State Rd. Alma Mich. Signed <i>Carl Oberlittner</i> Date 7 8 67. AUTHORIZED REPRESENTATIVE					



WATER WELL RECORD

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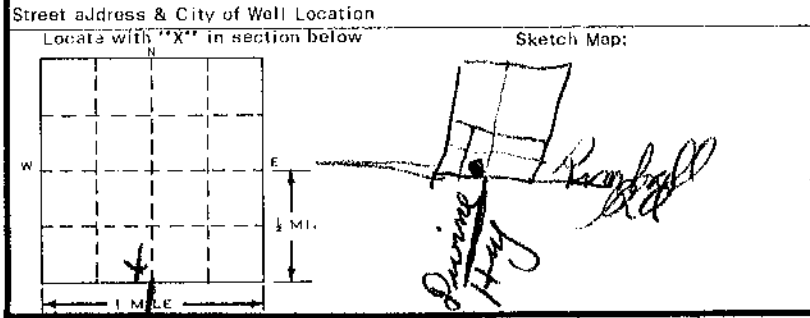
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County Ionia	Township Name Lyons	Fraction SE 1/4 SE 1/4 SW 1/4	Section Number 15	Town Number 7, N 1/2	Range Number 5 E/W.
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Distance and Direction from Road Intersections
**100 W. of Lewis Highway
400 ft of KIMBAL RD**

3 OWNER OF WELL:
William Marks
Address
Rewamo Rd.



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

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

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay	4	4
Sand	2	6
Sand clay	30	36
Boulders	6	42
Clay	28	70
Clay Gravel	14	84
Gravel		

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

9 STATIC WATER LEVEL
_____ ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping _____ G.P.M.
_____ ft. after _____ hrs. pumping _____ G.P.M.

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

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 2' Above Grade

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

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

15 PUMP: Not installed
Manufacturer's Name **Myers**
Model Number **SF3-21-2** HP **1/2** Volts **210**
Length of Drop Pipe **63** ft. capacity **72** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, surface data, etc.
ADDED INFO. BY DRILLER, PUMPER
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.
Ringler Well Drilling Corp 0492
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **2836 Mildred Lansing**
Signed **Ernest Ringler** Date _____
AUTHORIZED REPRESENTATIVE

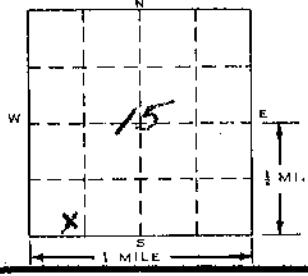
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WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

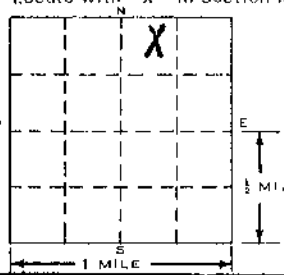
1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Tonia</i>	Township Name <i>LYONS</i>	Fraction <i>SE 1/4 SW 1/4</i>	Section Number <i>15</i>	Town Number <i>7 N.B.</i>	Range Number <i>5 E.W.</i>
Distance And Direction from Road, Intersections <i>0.1 mi. WEST OF DIVINE HWY. 100' NORTH OF KIMBALL RD.</i>			Address <i>STEPHEN KIMBALL 9388 KIMBALL RD LYONS, MI.</i>		
Street address & City of Well Location <i>SAME AS OWNER</i>			4 WELL DEPTH: (completed) Date of Completion <i>112 ft. 9-9-1981</i>		
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		
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		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <i>1</i> ft. <i>4</i> in. to <i>104</i> ft. Depth Weight <i>11</i> lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			8 SCREEN: Type: <i>304 STAINLESS</i> Dia.: <i>4"</i> Slot/Gauge <i>18</i> Length <i>8'</i> Set between <i>104</i> ft. and <i>112</i> ft. Fittings:		
			9 STATIC WATER LEVEL <i>45</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>65</i> ft. after <i>2</i> hrs. pumping <i>60</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite Depth: From <i>0</i> ft. to <i>104</i> ft.					
14 Nearest Source of possible contamination <i>100</i> feet N.W. Direction <i>SEPTIC TANK</i> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <i>RED JACKET</i> Model Number <i>100 RWICN 8CC</i> HP <i>1</i> Volts <i>230</i> Length of Drop Pipe <i>84</i> ft. capacity <i>30</i> 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, UEN MS CORRECTED BY: <i>[Signature]</i> ADDITION: <i>Drilled 8-26-81</i>			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>ROGER UBERLITNER</i> <i>1104</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>R# 2 ITHACA, MI.</i> Signed <i>Roger Oberlitzer</i> Date <i>9-9-1981</i> AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED

AUG 21 1975

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL											
County IONIA	Township Name LYONS TWP.	Fraction 1/4 NW 1/4 NE 1/4	Section Number 15	Town Number 7N N/S.	Range Number 5W E/W.						
Distance And Direction from Road Intersections Approx .8 mi. W of Cook Rd. -.7 mi E of Wagar Rd. on Bluewater Hwy. south side of road.						3 OWNER OF WELL: James Semmon Address Rt. 1 Pewamo, Mi. 48873					
Street address & City of Well Location Bluewater Hwy., Pewamo Locate with "X" in section below Sketch Map: 						4 WELL DEPTH: (completed) 120 ft. Date of Completion May 30, 1975					
						5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored					
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well					
						7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Diam. _____ Height: Above/Below Surface 1 ft. 4 in. to 116 ft. Depth Weight 10.79 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
						2 FORMATION					
Clay & gravel		30		30		9 STATIC WATER LEVEL 20 ft. below land surface					
Clay & gravel streaked with silty sand some water		40		70		10 PUMPING LEVEL below land surface 70 ft. after 2 hrs. pumping 25 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
Clay, sand & gravel cemented		30		100		11 WATER QUALITY in Parts Per Million: Iron (Fe) 0.7 Chlorides (Cl) _____ Hardness 376 Other _____					
Clay		10		110		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade					
Sand w/bearing		10		120		13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Clay slurry Depth: From _____ ft. to _____ ft.					
						14 Nearest Source of possible contamination 60 feet S Direction Septic Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number 7BA12 HP 3/4 Volts 230 Length of Drop Pipe 105 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
USE A 2ND SHEET IF NEEDED											
16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY JR **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. J. SWIGER WELL DRILLING 0047 REGISTERED BUSINESS NAME REGISTRATION NO. Address 10332 Portland Rd., Clarksville, Mi. Signed Jay Swiger Date 8/11/75 AUTHORIZED REPRESENTATIVE					

WATER WELL AND PUMP RECORD

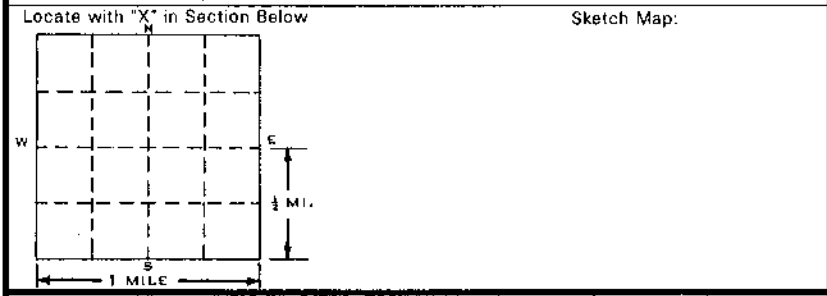
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PERMIT NUMBER

1 LOCATION OF WELL					
County <i>Ionia</i>	Township Name <i>Lugans</i>	Fraction <i>NW 1/4 NE 1/4 NW 1/4</i>	Section Number <i>15</i>	Town Number <i>7 N/9</i>	Range Number <i>5 E/W</i>

Distance And Direction From Road Intersection *7 mi E of wagon rd on Blue Water Hwy.*

Street Address & City of Well Location



3 OWNER OF WELL: *Gilbert Leas*

Address *419 Crestwood Dr. Diamond Lake, MI*

Address Same As Well Location? Yes No

4 WELL DEPTH: *400 FT.*

Date Completed MO. *11* DAY *20* YEAR *89*

New Well Replacement Well

5 Cable tool Rotary Driven Dug

Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public

Irrigation Type IIa Public Heat pump

Test Well Type IIb Public

7 CASING: Diameter Steel Threaded Plastic Welded

Height: Above/Below Surface *1* ft.

Weight *50.17* lbs./ft.

5 in. to *230* ft. depth

Grouted Drill Hole Diameter

Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>sandy loam</i>	<i>14</i>	<i>6</i>
<i>clay</i>	<i>40</i>	<i>46</i>
<i>3rd grade clay</i>	<i>5</i>	<i>51</i>
<i>Clay</i>	<i>259</i>	<i>310</i>
<i>Sand - Red</i>	<i>20</i>	<i>330</i>
<i>white Rock</i>	<i>70</i>	<i>400</i>

8 SCREEN: *Rock well* Not Installed

Type *Rock well* Diameter _____

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

FITTINGS: K-Packer Lead Packer Bremer Check

Blank above screen _____ ft. Other _____

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

10 PUMPING LEVEL: below land surface

80 ft. after *2* hrs. pumping at *40* G.P.M.

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

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade

Basement offset Approved pit

12 WELL GROUTED? No Yes From *0* to *341* ft.

Neat cement Bentonite Other _____

No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination

Type *Septic* Distance *75* ft. Direction *SW*

Well disinfected upon completion? Yes No

Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only

Manufacturer's name *F&W*

Model number *501* HP *1/2* Volts *240*

Length of Drop Pipe *100* ft. capacity *10* G.P.M.

TYPE: Submersible Jet

PRESSURE TANK: Manufacturer's name *Waukegan*

Model number *Max 9* Capacity *30* Gallons

RECEIVED

NOV 1 1989

IONIA COUNTY HEALTH DEPT.

RECEIVED

Mich. Dept. of Public Health

USE A 2ND SHEET IF NEEDED

15. Remarks, elevation, source of data, etc. NOV 29 1989

17. Rig Operator's Name: _____

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

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.

Ken Bogart 1119

REGISTERED BUSINESS NAME REGISTRATION NO.

Address *11568 Cully rd Crystal, MI*

Signed *Ken Bogart* Date *11/29/89*

AUTHORIZED REPRESENTATIVE

Authority: Act 388 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.



OCT 30 1979

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

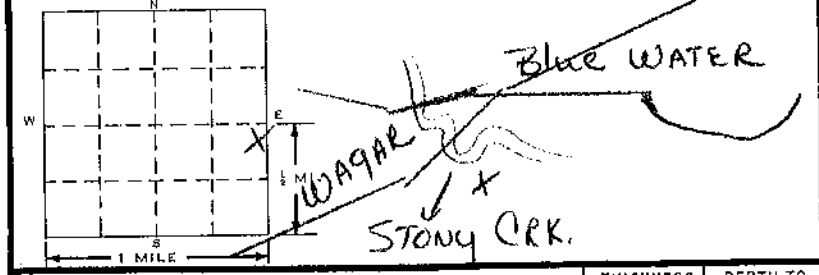
1 LOCATION OF WELL

County IONIA	Township Name LYONS	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 15	Town Number 7 N.S.	Range Number 5 E/W.
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Distance And Direction from Road Intersections
Lot #2 M-21 west to Wagar Road; southwest on Wagar

3 OWNER OF WELL:
Stuart Builders, Inc. #257
Address
**3240 S. Waverly
Lansing, MI 48910**

Street address & City of Well Location **Wagar Road, Lyons**
Locate with "X" in section below Sketch Map:



4 WELL DEPTH: (completed) Date of Completion
98 ft. 8-20-79

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded
Diam. _____ Height: Above/Below Surface _____ ft.
Weight **44** lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand, gravel, stones, boulders	30	30
Clay, gravel, stones, boulders	64	94
Gravel	4	98

8 SCREEN:
Type: stainless Dia.: 3"
Slot/Screen 3000X Length 4'
Set between 94 ft. and 98 ft.
Fittings: 3' steel blank and K-packer

9 STATIC WATER LEVEL
38 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping 12-15 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 cuttings
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
60 foot west Direction septic Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Aermotor
Model Number SD 12x50 HP 1/2 Volts 230
Length of Drop Pipe 63 ft. capacity _____ G.P.M.
Type: Submersible Jet Reciprocating

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

17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
DYER WELL DRILLING & SERVICE **0418**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address Loingsburg, MI 48848
Signed Bill Dyer Date 8-31-79
AUTHORIZED REPRESENTATIVE