









**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:  
16-017-20-003-00

PERMIT NO:  
8234

1. LOCATION OF WELL  
County Isabella

Township Name  
Wise

Fraction  
NW 1/4 SW 1/4 NW 1/4

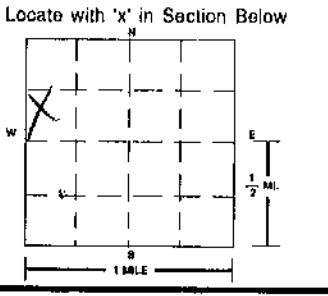
Section No.  
17

Town No.  
16N

Range No.  
3W

Distance and Direction from Road Intersection  
1/2 mi. S of Grass Lake - E side

Street Address & City of Well Location 9684 Russell



Sketch Map

3. OWNER OF WELL John Jourdain  
Address 9684 Russell Rd. Clare  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 68 ft. Date Completed 4/1/99  New Well  Replacement Well

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

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

7. CASING:  Steel  Threaded  Plastic  Welded  
 Other  
Diameter: 5 in. to 58 ft. depth  
BORE HOLE: 8 in. to 68 ft. depth  
Height: Above/Below Surface: 1 ft  
Weight: SDR 21 lbs./ft.  
 Drive Shoe  Shale Packer

8. SCREEN:  Not Installed  Gravel-Packed  
Type PLASTIC Diameter 4"  
Slot/Gauze 0/2 Length: 10'  
Set Between 58 ft. and 68 ft.  
FITTINGS:  K-Packer  Bremer Check  Blank Above Screen 3 ft. Other

9. STATIC WATER LEVEL: 28 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface 60 ft. After 8 hrs. Pumping at 8 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 55 ft.  
 Neat Cement  Bentonite  Other  
No. of Bags 6 Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type Septic Distance 80 ft. Direction WEST  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name Keddy Pack  
Model Number KJBC05 HP 1/2 Volts 110  
Length of Drop Pipe 60 ft. Capacity 8 G.P.M.  
TYPE:  Submersible  Jet  Other  
PRESSURE TANK:  
Manufacturer's Name STA-Rite  
Model Number SR6 Capacity 6 Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Brown clay</u>	<u>12</u>	<u>12</u>
<u>Gray clay</u>	<u>20</u>	<u>32</u>
<u>Brown sand</u>	<u>10</u>	<u>42</u>
<u>Gray clay</u>	<u>3</u>	<u>45</u>
<u>sandstone</u>	<u>23</u>	<u>68</u>

RECEIVED  
MICH DEPT OF ENVIRONMENTAL QUALITY  
APR 20 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  
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.)  
homeowner is going to plug old well.

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

18. WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Cates Drilling Service 2100  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 7854 E. Broomfield, Mt. Pleasant  
Signed Robert L. Cates Date 4/2/99  
AUTHORIZED REPRESENTATIVE



WATER WELL RECORD  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Isabella</i>	Twp. <i>Wise</i>	Fraction <i>1/4 NE 1/4 NE 1/4</i>	Section No. <i>17</i>	Town <i>16 N 1</i>	Range <i>3 W</i>
Distance And Direction from Road Intersections			OWNER No. _____		
Street address & City of Well Location			Address <i>Doc, <del>Coat</del> Cole 7798 Grasshake Rd</i>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion ft. <i>6-28-67</i>		
<i>Drift Sand Clay + Gravel</i>			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface _____ ft. <i>4</i> ft. to <i>47</i> ft. Depth Weight <i>10</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: <i>Red Brass</i> Dia.: <i>4"</i> Slot/Gauze <i>10</i> Length <i>5"</i> Set between <i>43</i> ft. and <i>47</i> ft. Fittings: <i>Packer</i>		
			9 STATIC WATER LEVEL <i>18</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>31</i> ft. after <i>2</i> hrs. pumping <i>45</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 type="checkbox"/> 12" Above Grade		
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 SANITARY: Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name <i>Gould</i> Model Number _____ HP <i>1</i> Length of Drop Pipe <i>31</i> ft. capacity <i>45</i> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			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>Woodworth Drilling</i> <i>0683</i> REGISTERED BUSINESS NAME REGISTRATION NO.		
ADDITION BY:			Address <i>301 W 5th St Clare Mich</i> Signed <i>Paul Woodworth</i> Date <i>8-23-67</i> AUTHORIZED REPRESENTATIVE		