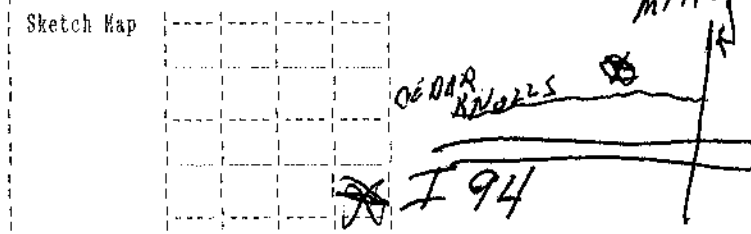


1 Location of Well
 County JACKSON Township Name GRASS LAKE Fraction *1/4 SE 1/4* Section Number 05 Town Number *26 NW* Range Number *5 NW*

Distance and Direction From Road Intersection
 Address 11200 CEDAR KNOLL ROAD
 3 Owner of Well AUTO TRIM, INC.
 PINCKNEY MI 48169-

Street Address and City of Well Location Address Same as Well Location? No



4 Well Depth (Completed) 52 ft. Date of Completion 01/22/99 New Well

5 Drilling Method ROTARY

6 Proposed Use TYPE II

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	Thickness of	Depth to Bottom of
SAND AND GRAVEL	7	7
BROWN SAND CLAY	4	11
GRAVEL	17	28
GRAY CLAY	12	40
WATER SAND	12	52

7 Casing PLASTIC
 5 in. to 46 ft. depth Height Above Surface 1 ft.
 in. to ft. depth Weight 5 lbs./ft.
 Grouted Drill Hole Diameter
 8.5 in. to 52 ft. depth Drive Shoe No
 in. to ft. depth

8 Screen
 Type PVC Diameter 5
 Slot/Gauze 15 Length 6
 Set Between 46 ft. and 52 ft.
 Fittings K-PACKER

9 Static Water Level 25 ft. Below Land Surface Flow

10 Pumping Level Below Land Surface
 29 ft. after 2 hrs. pumping at 50 G.P.H.
 29 ft. after 2 hrs. pumping at 50 G.P.H.

11 Well Head Completion PITLESS ADAPTER

12 Well Grouted Yes From 0 to 42 ft.
 PRESSURE GROUT
 No. of bags of cement 5 Additives

13 Nearest Source of Possible Contamination
 Type SEPTIC SYSTEM Distance 150+ Direction E
 Well disinfected upon completion? Yes
 Was old well plugged? No

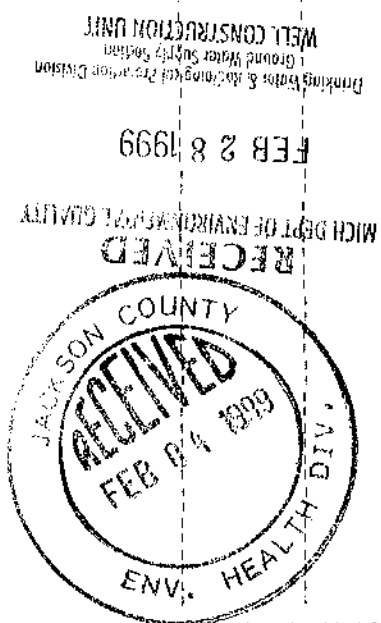
15 Remarks, elevation, source of data, etc.

14 Pump Installed Pump Installation Only? No
 Manufacturer's Name REDJACKET
 Model Number 7GC HP 1 Volts 220
 Length of Drop Pipe 40 ft. Capacity 22
 Type SUBMERSIBLE Jet NONE
 Pressure Tank Name WELL X-TROL
 Pressure Tank Model 251

Rig Operator's Name STEVE WHEELER

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.
 REGISTERED BUSINESS NAME ANN ARBOR WELL DRILLING
 REGISTRATION NUMBER 1290
 ADDRESS P.O. BOX 163 DATE 2-2-99
 SIGNED *Steve Wheeler* (Authorized Representative)

AUTHORITY: Act 368 PA 1978 COMPLETION: Required.
 PENALTY: Conviction of a violation of any provision is misdemeanor. IMPORTANT: File with deed.



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:

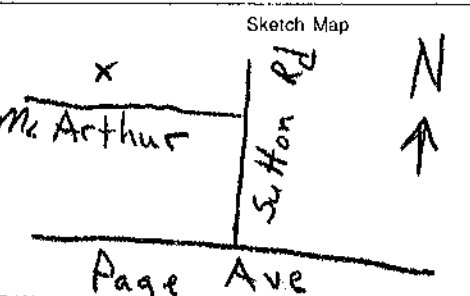
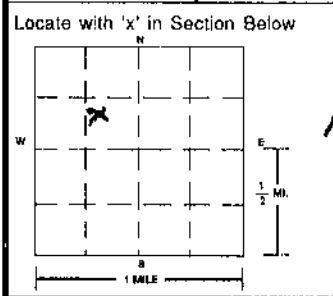
PERMIT NO: **6308**

1. LOCATION OF WELL
County **Jackson**

Township Name **Leoni** Fraction **NW 1/4 NE 1/4 NW 1/4** Section No. **5** Town No. **25** Range No. **2E**

Distance and Direction from Road Intersection
0.4 mile North of Page Ave.
0.1 mile West of Sutton Rd.

3. OWNER OF WELL **John Hunter**
Address **4010 McArthur Jackson, MI 49201**
Address Same as Well Location Yes No



2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel + clay, brn	8	8
Clay + gravel, gray	4	12
Gravel + sand, gray	5	17
Gravel, gray	24	41

4. WELL DEPTH: **41** ft. Date Completed **7/3/98**
 New Well Replacement Well

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

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

7. CASING: Steel Threaded Welded
 Plastic Other

Diameter: **5** in. to **37** ft. depth
Weight: _____ lbs./ft.

BORE HOLE: Diameter: **8** in. to **41** ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type **Stainless Steel** Diameter **4"**
Slot/Gauze **.020** Length: **4'**
Set Between **37** ft. and **41** ft.

FITTINGS: K-Packer Bremer Check
 Blank Above Screen **2** ft. Other **plug**

9. STATIC WATER LEVEL: **5** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface **3.5** ft. After **2** 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 **30** ft.
 Neat Cement Bentonite Other
No. of Bags **1 1/2** Additives **1/2 qt. E-Z mud**

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **Power line** Distance **30** ft. Direction **South**
Type _____ Distance _____ ft. Direction _____

15. ABANDONED WELL PLUGGED? Yes No **owner**
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

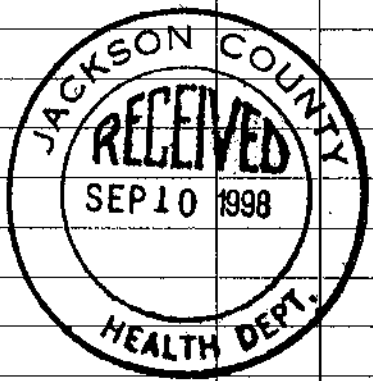
14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ ft. Capacity _____ G.P.M.
TYPE: Submersible Jet Other _____

PRESSURE TANK:
Manufacturer's Name _____
Model Number _____ Capacity _____ Gallons _____

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Bill + Dave 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.
Beas Well Drilling Co 38-1529
REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____
Address **8301 Dixon Rd River Jet**
Signed **Dellman Weber** Date **8-6-98**
AUTHORIZED REPRESENTATIVE



WATER WELL AND PUMP RECORD

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

TAX NO:

PERMIT NO:
4591

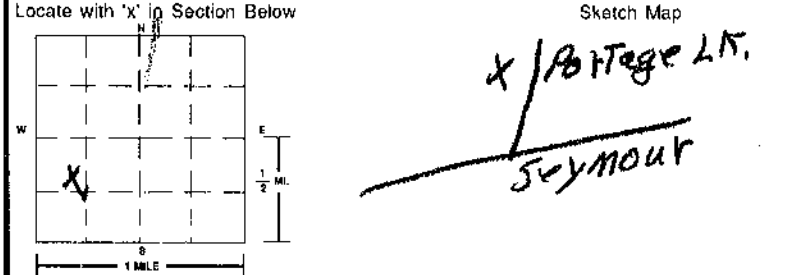
1. LOCATION OF WELL
County **JACKSON**

Township Name **SE 1/4 NW 1/4 Twp 4** Fraction **5** Section No. **25** Range No. **2E**

Distance and Direction from Road Intersection **WAT.**
1/4 mi. N. of Seymour on W. side of Portage Lk.

3. OWNER OF WELL
Address **KEVIN KIMBALL
PORTAGE LK. RD.
JACKSON, MI 49201**
Address Same as Well Location

Street Address & City of Well Location



4. WELL DEPTH: **170** ft. Date Completed **7/13/98**
 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: **7** ft

Diameter: **5** in. to **70** ft. depth
Weight: _____ lbs./ft.

BORE HOLE: Diameter: **7 7/8** in. to **70** ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND	17	17
GRAY CLAY	10	27
SAND	10	37
GRAY CLAY	15	52
GRAY & BLUE SHALE	45	97
GRAY SANDROCK, SHALE	8	105
GRAY SANDROCK	15	120
LIME	10	130
GRAY, GREEN SANDROCK, LIME	40	170

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

10. PUMPING LEVEL: Below Land Surface
170 ft. After **3** hrs. Pumping at **20** 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 **70** ft.
 Neat Cement Bentonite Other **ABC**
No. of Bags **9** Additives **9 GALL**

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

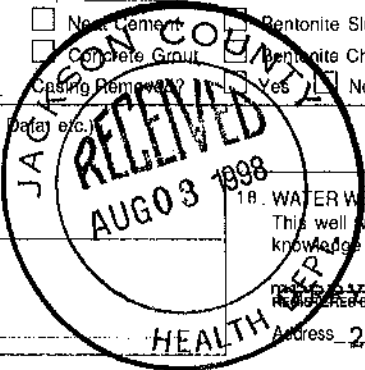
15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter _____ in. Depth _____ ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags _____ Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name _____
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 _____

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **PERRY**

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.
JERRY COLE
REGISTERED BUSINESS NAME _____ REGISTRATION NO. **23-2033**
Address **2120 BELLEVUE HWY. OLIVET, MI 49076**
Signed _____ Date **7-16-98**
AUTHORIZED REPRESENTATIVE



1 Location of Well
 County JACKSON Township Name SANDSTONE Fraction NE 1/4 NE 1/4 NE 1/4 Section Number 05 Town Number 2-B Range Number N/S 2-W E/W

Distance and Direction From Road Intersection 3 Owner of Well STAN HUGGINS
 8175 COUNTY FARM RD. Address 5152 PAGE AVE. JACKSON MI 49201-

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

Sketch Map 4 Well Depth (Completed) 120 ft. Date of Completion 08/23/93 New Well
 5 Drilling Method ROTARY
 6 Proposed Use DOMESTIC

2 FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PVC 5 in. to 74 ft. depth	Height Above Surface
CLAY	10	10	Grouted Drill Hole Diameter	lbs./ft.
GRAVEL	15	25	9 in. to 74 ft. depth	Drive Shoe No
CLAY	25	50	in. to ft. depth	
SHALE SANDSTONE	70	120		

8 Screen Not Installed

9 Static Water Level 30 Ft. Below Land Surface Flow

10 Pumping Level Below Land Surface
 120 ft. after 1 hrs. pumping at 20 G.P.M.
 ft. after hrs. pumping at G.P.M.

11 Well Head Completion PITLESS ADAPTER

12 Well Grouted Yes From 00 to 74 ft. BENSEAL
 No. of bags of cement 7 Additives EZ MUD

13 Nearest Source of Possible Contamination Type SEWAGE Distance 50 Direction
 Well disinfected upon completion? Yes
 Was old well plugged? No

15 Remarks, elevation, source of data, etc.

Rig Operator's Name BETH
 14 Pump Installed Pump Installation Only? No
 Manufacturer's Name MYERS Model Number HP 1/2 Volts 230
 Length of Drop Pipe 45 ft. Capacity 10
 Type SUBMERSIBLE Jet
 Pressure Tank Name CHALLENGER
 Pressure Tank Model 66 Capacity 20 gal.

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.

REGISTERED BUSINESS NAME LJT WELL DRILLING, INC.
 REGISTRATION NUMBER 23-077
 ADDRESS 472 WASHINGTON HWY.
 SIGNED *[Signature]* AUG 30 1993
 (Authorized Representative)

AUTHORITY: Act 368 PA 1978 COMPLETION: Required.
 PENALTY: Conviction of a violation of any provision is misdemeanor. IMPORTANT: File with deed.

RECEIVED
 Mich. Dept. of Public Health
 SEP 8 1993
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

1 Location of Well County JACKSON	Township Name SANDSTONE	Fraction NE 1/4 NE 1/4 NE 1/4	Section Number 05	Town Number 2-S N/S	Range Number 2-W E/W
---	----------------------------	----------------------------------	----------------------	------------------------	-------------------------

Distance and Direction From Road Intersection

WELLMAN RD.

Street Address and City of Well Location

3 Owner of Well BAKER CONSTRUCTION
Address 184 CANNES CIRCLE
BROOKLYN MI 49230-
Address Same as Well Location? No

Sketch Map

----	----	----	----
----	----	----	----
----	----	----	----
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4 Well Depth (Completed) 120 ft. Date of Completion 12/03/96 New Well
5 Drilling Method ROTARY
6 Proposed Use DOMESTIC

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum
GRAVEL	35	35
CLAY	05	40
SANDSTONE	80	120

7 Casing PVC
5 in. to 47 ft. depth
in. to ft. depth
Bore Hole Diameter
8 in. to 47 ft. depth
in. to ft. depth
8 Screen Not installed Gravel-packed? No

Height Above Surface 1 ft. lbs./ft.
Drive Shoe No
Shale Packer Yes
9 Static Water Level 20 Ft. Below Land Surface Flo
10 Pumping Level Below Land Surface
120 ft. after 1 hrs. pumping at 25 G.P.M.
ft. after hrs. pumping at G.P.M.
Using AIR
11 Well Head Completion PITLESS ADAPTER
12 Well Grouted? Yes From 00 to 47 ft.
QUIK-GROUT
No. of bags 3 Additives
13 Nearest Source of Possible Contamination
SEWAGE Distance 50 ft. Direction
Distance ft. Direction

RECEIVED
Mich. Dept. of Public Health

JAN 06 1997

BUREAU OF OCCUPATIONAL HEALTH SERVICES

15 Abandoned well plugged? No
Casing Diameter in. Depth ft.
Casing removed? No
16 Remarks, elevation, source of data, etc.

14 Pump Installed Pump Installation Only? No
Manufacturer's Name MYRRS
Model Number HP 1/2 Volts 230
Length of Drop Pipe 45 ft. Capacity 10 G.P.M.
Type SUBMERSIBLE Jet
Pressure tank:
Manufacturer's Name CLAYTON-MARK
Pressure Tank Model 202 Capacity 20 gal.

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

18 Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Registered business name: LJT WELL DRILLING, INC.
Registration number: 23-1077
Address: 4621 THORNTON HWY., CHARLOTTE, MI 48813
Signed: *Seth Gards* Date JAN 02 1997
(Authorized representative)

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

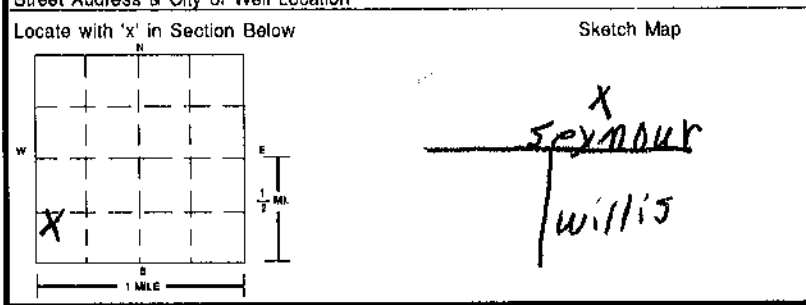
PERMIT NO:
1801

1. LOCATION OF WELL
County **Jackson**

Township Name **Waterloo** Fraction **NW 1/4 SW 1/4** Section No. **5** Town No. **25** Range No. **2E**

Distance and Direction from Road Intersection
N.E. CORNER OF SEYMOUR & WILLIS

3. OWNER OF WELL
Address **Greg Larson
12026 Seymour Rd.
Jackson, MI**
Address Same as Well Location Yes No



4. WELL DEPTH: **95** ft. Date Completed **12/9/96**
 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
Height: Above/Below Surface: **1** ft.
Diameter: **5** in. to **62** ft. depth
Weight: _____ lbs./ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: **7 1/8** in. to **62** ft. depth

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand & Clay	42	42
Lime, Sandrock & Shale	18	60
Lime	2	62
Gray Sandrock	33	95

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

10. PUMPING LEVEL: Below Land Surface
95 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 **0** to **62** ft.
 Neat Cement Bentonite Other **grout**
No. of Bags **9** Additives _____

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

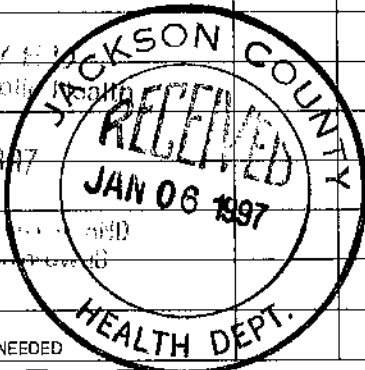
15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter _____ in. Depth _____ ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags _____ Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name _____
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 _____

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Terry**

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.
TERRY'S WELL SERVICE REGISTRATION NO. **23-2033**
Address **2120 BELLEVUE HWY. OLIVET, MI 49076**
Signed **Terry Condo** Date **12-20-96**
AUTHORIZED REPRESENTATIVE



MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

1874
PERMIT NUMBER

1 LOCATION OF WELL

County: JACKSON Township Name: Grass Lake Fraction: SE 1/4 SW 1/4 SW 1/4 Section Number: 5 Town Number: 8 T3 N8 Range Number: R20 EW

Distance And Direction From Road Intersection: 0.1 MILE EAST OF GRAY TOWER & PAGE

Street Address & City of Well Location: _____

Locate with "X" in Section Below

Sketch Map: N ↑

3 OWNER OF WELL: Hershell Poe
Address: 10010 Page Rd Jackson, MI
Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) 138 ft. Date of Completion: APRIL 19, 1989

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 5 in. to 6 ft. depth
 Steel Plastic Threaded Welded
Height: Above/Below Surface SPRINK ft.
Weight: _____
Ground Drill Hole Diameter: 8 in. to 60 ft. depth
Drive Shoe Yes No

8 SCREEN: Not Installed
Type _____ Diameter _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: 43 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
50 ft. after 2 hrs. pumping at 20 G.P.M.
138 ft. after 1/2 hrs. pumping at 60 G.P.M. Air

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

12 WELL GROUTED? No Yes From 6 to 60 ft.
 Neat cement Bentonite Other _____
No. of bags of cement: _____ Additives _____

13 Nearest source of possible contamination
Type: SEPTIC TANK Distance: 50+ ft. Direction: N.W.
Well disinfected upon completion? Yes No

14 PUMP: Not installed Pump Installation Only
Manufacturer's name: F & W
Model number: _____ HP 1/2 Volts 230
Length of Drop Pipe: 58 ft. capacity: 10 G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: Manufacturer's name: X-TROL
Model number: 202 Capacity: 6 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.
Bear Well Drilling Co 381529
REGISTERED BUSINESS NAME REGISTRATION NO.
Address: 8301 Dixon Rd River Jct.
Signed: William Weber Date: 5/31/89
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health

DEC 21 1989
BUREAU OF ENVIRONMENTAL AND
OCCUPATIONAL HEALTH & WQS

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

1 Location of Well
 County JACKSON Township Name BRASS LAKE Fraction 1/4 1/4 1/4 Section Number 5 Town Number 2-B Range Number N/S 2-E E/W

Distance and Direction From Road Intersection PAGE AVE WEST OF WOLF LK RD.
 Owner of Well STEVE GRACE
 Address 238 COOK'S LANDING NICHIGAN CENTER MI 49254-
 Street Address and City of Well Location Address Same as Well Location? No

Sketch Map
 4 Well Depth (Completed) 160 ft. Date of Completion 12/12/90 New Well
 5 Drilling Method ROTARY
 6 Proposed Use DOMESTIC

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PVC		Height Above Surface	
			5 in. to 93 ft. depth	ft. depth	1 ft.	lbs./ft.
GRAVEL	20	20	Grouted Drill Hole	Diameter		
CLAY	05	25	8 in. to 93 ft. depth	Drive Shoe	No	
GRAVEL	35	60	in. to ft. depth			
LIME ROCK	15	75				
SANDSTONE SHALE	85	160	8 Screen		Not Installed	

9 Static Water Level 60 Ft. Below Land Surface Flow
 10 Pumping Level Below Land Surface 160 ft. after 1 hrs. pumping at 20 G.P.M. ft. after hrs. pumping at G.P.M.

RECEIVED
 Mich. Dept. of Public Health
 FEB 15 1991
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWQS

2/8/91
 CWK

11 Well Head Completion PITLESS ADAPTER
 12 Well Grouted Yes From 00 to 93 ft. BENTONITE No. of bags of cement Additives

13 Nearest Source of Possible Contamination Type SEWAGE Distance 50 Direction Well disinfected upon completion? Yes Was old well plugged? No

15 Remarks, elevation, source of data, etc. WELL WAS GROUTED FROM 0-25' WITH BENSEAL.
 14 Pump Installed Pump Installation Only? No Manufacturer's Name WESTROL Model Number HP 1/2 Volts 230 Length of Drop Pipe 85 ft. Capacity 10 Type SUBMERSIBLE Jet Pressure Tank Name WELL RITE Pressure Tank Model 202

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.
 REGISTERED BUSINESS NAME LIT WELL DRILLING, INC.

REGISTRATION NUMBER 23-1077 ADDRESS 4621 THORNTON HWY. DATE 12/12/90 AUTHORITY: Act 36B PA 197B COMPLETION: Required. PENALTY: Conviction of a violation of any provision is misdemeanor. IMPORTANT: File with deed. SIGNED [Signature] (Authorized Representative)

1 Location of Well
 County: JACKSON Township Name: GRASS LAKE Fraction: 1/4 1/4 1/4 Section Number: 05 Town Number: 2-S Range Number: N/S 2-E E/W

Distance and Direction From Road Intersection: BETWEEN NAUTE RD. & KALMBACH RD. 13240 EAST MICHIGAN AVE
 Owner of Well: VIRGINIA PIERCE
 Address: 13240 E. MICHIGAN AVE. GRASS LAKE MI 49240-
 Street Address and City of Well Location: Address Same as Well Location? Yes

Sketch Map: [Grid]
 4 Well Depth (Completed): 120 ft. Date of Completion: 06/02/92 Replacement Well
 5 Drilling Method: ROTARY
 6 Proposed Use: DOMESTIC

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PVC	Height Above Surface A
CLAY	10	10	5 in. to 104 ft. depth	ft.
GRAVEL	20	30	Grouted Drill Hole Diameter: 8 in. to 104 ft. depth	Weight lbs./ft.
CLAY	20	50	Drive Shoe	No
GRAVEL	20	70		
SANDSTONE	50	120	8 Screen	Not Installed

9 Static Water Level: 30 Ft. Below Land Surface Flow
 10 Pumping Level Below Land Surface: 120 ft. after 1 hrs. pumping at 20 G.P.M. / ft. after hrs. pumping at G.P.M.

RECEIVED
 Mich. Dept. of Public Health
 JUL 13 1992
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

11 Well Head Completion
 12 Well Grouted: Yes From 00 to 104 ft. BENTONITE
 No. of bags of cement Additives
 13 Nearest Source of Possible Contamination: Type SEWAGE Distance 50 Direction
 Well disinfected upon completion? Yes
 Was old well plugged? No

15 Remarks, elevation, source of data, etc.: WELL WAS GROUTED FROM 0-25' WITH BENSEAL.
 14 Pump: Not Installed

Rig Operator's Name
 16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction, and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME: LJT WELL DRILLING, INC.
 REGISTRATION NUMBER: 23-1077
 ADDRESS: 1621 HORNETS HWY.
 SIGNED: *Lloyd Cord* (Authorized Representative)
 AUTHORITY: Act 368 PA 1978 COMPLETION: Required.
 PENALTY: Conviction of a violation of any provision is misdemeanor. IMPORTANT: File with deed.
 JUL 08 1992

1 Location of Well					
County	Township Name	Fraction	Section Number	Town Number	Range Number
JACKSON	GRASS LAKE	SE 1/4 SE 1/4 NE 1/4	05	3--S N/5	2-E E/W

Distance and Direction From Road Intersection	3 Owner of Well	MIKE SCOTT
2950 BURCH RD.	Address	P.O. BOX 503 GRASS LAKE MI 49240-
Street Address and City of Well Location	Address Same as Well Location? No	

Sketch Map	4 Well Depth (Completed)	Date of Completion	11/14/94
	ft.	New Well	
	5 Drilling Method	ROTARY	
	6 Proposed Use	DOMESTIC	

FORMATION DESCRIPTION	Thickness of Stratum	Depth to Bottom of Stratum	7 Casing PVC	Height Above Surface
	SAND GRAVEL	60	5 in. to 85 ft. depth	1 ft.
	SANDSTONE	80	8 in. to 85 ft. depth	Weight lbs./ft.
			Bore Hole Diameter	Drive Shoe No

MICHIGAN DEPARTMENT OF NATURAL RESOURCES DIVISION OF WATER RESOURCES LANSING, MICHIGAN 48224-2400 REG 10 94	8 Screen	Not Installed	Gravel-packed?	No
	9 Static Water Level	40	Ft. Below Land Surface	Flow
	10 Pumping Level Below Land Surface	140	ft. after 1 hrs. pumping at 30 G.P.M.	
			ft. after hrs. pumping at G.P.M.	
			Using AIR	
	11 Well Head Completion	PITLESS ADAPTER		
	12 Well Grouted?	Yes	From 00 to 85 ft.	
			QUIK-GROUT	
		No. of bags of cement	5	Additives
	13 Nearest Source of Possible Contamination	SEWAGE	Distance 50 ft.	Direction

15 Abandoned well plugged? No	14 Pump Installed	Pump Installation Only?	No
Casing Diameter in. Depth ft.	Manufacturer's Name	MYERS	
Casing removed? No	Model Number	HP 1/2	Volts 230
	Length of Drop Pipe	65	ft. Capacity 10 G.P.M.
	Type	SUBMERSIBLE Jet	
	Pressure tank:		
	Manufacturer's Name	CLAYTON-MARK	
	Pressure Tank Model	202	Capacity 6.1 gal.

17 Drilling machine operator:	18 Water Well Contractor's Certification:
Employee	This well was drilled under my jurisdiction and this report is true
Name JOHN	to the best of my knowledge and belief.
Authority: Act 369 PA 1978	Registered business name: LJT WELL DRILLING, INC.
Completion: Required.	Registration number: 23-1077
Penalty: Conviction of violation of any provision is a misdemeanor.	Address: 4621 THURNTON HWY, CHARLOTTE, MI 48813
IMPORTANT: File with deed.	Signed: <i>Lloyd Corda</i> Date 12-3-94
	(Authorized representative)

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH 1

1 LOCATION OF WELL					
County Jackson	Twp. Grass Lake	Fraction NE 1/4 NW 1/4 SW 1/4	Section No. 5	Town R2S	Range R2E
Distance And Direction from Road Intersections 1/2 mi S of Mich Ave. & Wolf Lake			OWNER No. _____		
Street address & City of Well Location 1530 Wolf Lake Road, Brooklyn, Michigan			3 OWNER OF WELL: Address Herbert Iusch 9350 Wolf Lake Road, RFD Brooklyn, Michigan		
2 FORMATION		THICKNESS OF STRATUM	4 WELL DEPTH: (completed)		Date of Completion
Sandy gravel		59	91 ft.		10/29/66
Cemented gravel		2	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 <input type="checkbox"/> _____		
Limestone		9	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
Soft sandstone		21	7 CASING: Throated <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4 in. to 66 ft. Depth Height: Above/Below surface 1 ft. Weight 11 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 31 ft. below land surface		
			10 PUMPING LEVEL below land surface 36 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 _____		
			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 type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 SANITARY: Nearest Source of possible contamination 50 feet SW Direction D. Field Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: 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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. FOX BROTHERS DRILLERS 0167 <small>REGISTERED BUSINESS NAME REGISTRATION NO.</small> Address Route #6, Jackson, Mich. 49201 Signed Sheewood Fox Date 11/15/66 <small>AUTHORIZED REPRESENTATIVE</small>		

DEC 12 1966