Comment   Comm	<b>JUL</b> -6 1984 MICH	IIGAN DEPARTI	MENT OF PUB	LIC HEALTH	
Dear 1979 Act 366, P. 1979   See the Haggine   Town Number   Seas   Number   See the Haggine   Town Number   Seas   Number	GEOLOGICAL SURVEY NO.	TER WELL	AND PUMP	RECORD	DEDANT MINAPED
Secretary Secretary   Secret	1 LOCATION DE WELL	PART 127	ACT 368, P.A. 1978		PERIMIT NUMBER
Address of Circl Void Leaphon  Steric Nations 2 Circl Void Leaphon  Address of 1956   Steric Nation   Steric N	Kalkaska Cold	spings	SEVSEVA	11E 3	
Comment   Second Below   Section Map:	310 mile not s	lavalio	一月	Edwa	of Pergah
Comment   Second Below   Section Map:	Street Address & City of Well Location	de HA		AL STATE OF THE STATE OF	ation? Yes No U 812
Secretary   Secr		Sketch Map:	4 WE		Date of Completion
SUSE   Conversion   Type II Public   Conversion   Type II Type II Public   Conversion   Type II Ty				Cable tool Ro	
TOTAL   State   Stat	w			Domestic Typ	pe I Public Type III Public
TORMATION DESCRIPTION  THICKNESS OF THE TO OF STATUM  THICKNESS OF THE TO OF STATUM  THE THINGS OF THE STATUM  TO STATUM  THE STATUM  TO STATUM  THE STATUM  TO STATU			7 (45)		
PORMATION DESCRIPTION  OPTION OF STRATUM  STRATUM  STRATUM  STRATUM  SOUTGBLE GENETIC CONTROLL CONTROL	1 MILE	 	, , , , , , , , , , , , , , , , , , ,	Plastic We	elded Surfaceft.
Both   Both   Benton   Bento	2 FORMATION DESCRIPTION	OF	BOTTOM OF STRATUM	in. to ft. dept	h   Weight lbs./tt.
B SCREEN   Not installed   Type   Diameter   Type   Diameter   Type	Tropsail	,	1 1		[7 No.
Sion/Gauze   Length   Set between   Length   Set between   Length   Set between   Length	Julle 1 1 1		8 SCRE	EEN:	Not Installed
FITTINGS   K-Fracker   Lead Packer   Remer Check     Slank above scroon   Till Other     9 STATIC WATER LEVEL   Delow land surface   Flow     10 PUMPING LEVEL   Delow land surface   Flow     10 PUMPING LEVEL   Delow land surface   Flow     11 WELL HEAD   Refer   his pumping at   G.P.M.     11 WELL HEAD   Riter   his pumping at   G.P.M.     12 WELL HEAD   Riter   Delow land surface   Till Year   Till Year     12 Shows grade   COMPLETION   Basement offset   Approved pit     12 WELL GROUTED   No   Yes From   to   Till Year     No of begs of cement   Bencionte   Other     No of begs of cement   Additives     13 Nearest source of possible contamination     Type	gergor Carre	0 5			19,011
Stank above screem   1. Other	Twhell sand	3/3			
Tit. below land surface	Coald Walus	16	4/0 0	Blank above screen	
### Try Burners of the series				ft. below i	and danage
The file of the property of the second of	!				
COMPLETION:   Desament offset   Approved put					· · · · · · · · · · · · · · · · · · ·
No   Yes From   10   II.			coi	MPLETION: Baser	
No. of bags of cementAddrives			12 445	EL GROOTED!	o Yes From to ft.
13 Nearest source of possible contamination   Type					
RECEIVED  Well disinfected upon completion? Yes No  Mich. Dept. of Public Health  MAY 9 1904  Burea b of Environmental and Occupational Health Occ			<del></del>		
Mich. Dept. of Public Health  MAY 9 1924  Model number			Тур	e Afric Di	stance ft. Direction
MAY 9 1924  Manufacturer's name  Model number 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·			MP. FT	
MAY 9 1904  Bureau of Environmental and Occupational Health - GWOS    Description   De	Mich.		Health	Not installed	Pump Installation Only
Bureau of Environmental and TYPE: Submersible Jet Occupational Health - GWOS PRESSURE TANK:    USE A 2ND SHEET IF NEEDED   Model number		MAY 9 1984	Мос	del number <u>5 H</u>	2
Manufacturer's name  Model number			al and TYP	E: Submersible	Jet G.P.M.
15. Remarks, elevation, source of data, etc.  ABDED INFO BY DRILLER.  **CORRECTED BY  **ADDITION BY  ELEVATION  **OPTH TO ROCK  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.  **HEDISTRIED BUSINESS NAME REGISTRATION NO.  Address  Signed  Date  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.  **ADDITION BY  **REGISTRATION NO.  Signed  Date  Date	Осси	pational Health • G		V	strol
**CORRECTED BY  **ADDITION BY  ELEVATION  **OPTH TO ROCK  This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  **REGISTRATION NO.**  Address					
**CORRECTED BY  **ADDITION BY  ELEVATION  Address  Signed  Date  **Date  **Dat	ADDED INFO BY DRILLER.	IAM NO	This well was dr	illed under my jurisdiction	
ELEVATION Address Signed Date 122-83	*CORRECTED BY		Such	well	Dulling 1049
Signed Signed Date Sept 27-8:	ELEVATION		Address	TEO BUSINESS NAME	Li modifica
	NEPTH TO ROCK	<u> </u>	Signed	AUTHORIZED REPRESENTAT	Date Sept 27-83

CECLOCICAL	CHRVEY NO	

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

		2	0	4	85	
•	PFR	IM TIM	IMB	FR		

1 LOCATION OF WELL	 1		•			- EVIAILL IA	OWIDER
County	Township Name		Fraction		Section Number	Town Number	Range Number
KALKASKA	COLD S	PRINGS	SE <sub>/4</sub>	SE/4 NE/4	05	28N N/S	06W E/W
Distance And Direction From Road In	:			3 OWNER OF			
APP 1/4 MILE NORT		ARVATION LK	RD.		& BRENDA		
ON 571. WEST SIDE		EU DD 271		Address		ORD AVE. 48111	
	WANG	TY RD.571 ELONA , MI	49659	· ·	VILLE, MI		No
Street Address & City of Well Location Locate with "X" in Section Below	n <b>nanc</b>	Sketch Map:	470.37	Address Sa 4 WELL DEPTH	me As Well Location  1: Date Complete		
Legate Artin X III operation Bellow		Sketen Map.		46 FT.	9/13/9	ed YEAR   A New We	t want Wall
				5 Cable too			Dug
				Hollow re		_	
w	:			6 USE: Dom	estic Type	Public	Type III Public
				Irriga	_		Heat pump
	:			Test	Well Type I	lb Public	
	:			Didiliotoi	Steel Thread		
1 MILE				-	Plastic Welde	d Surface <b>1</b>	<u>• •</u> ft.
2 FORMATION DESC	CRIPTION	THICKNESS OF	DEPTH TO BOTTOM OF	_	ft. depth	Weight	lbs./ft.
		STRATUM	STRATUM	Grouted Dril	Hole Diameter 55 ft. depth	   Drive Shoe	Yes
					tt. depth	1	□ <b>™</b> vo
		· · · · · · · · · · · · · · · · · · ·		8 SCREEN:	J it. deptii	Not In	
COURSE SAND W/ MI	ED GRAVE	50.6	50.0	Tuna CE	<u>RTAINTEE</u> D		PVC
				Slot/Gauze _	13 SL0	Tenath 6	GLUE
				Set between	20	t. and45	ft.
				FITTINGS:	K-Packer	Lead Packer 🔲 🖯	Bremer Check
				Blank at	oove screen	ft. Other	
						_	Flow
			.,	10 PUMPING LE	ft. below land		Plow
						pumping at40	
		-		1			
					it. aiter nrs.	pumping at	_ G.F.(VI.
				11 WELL HEAD COMPLETIO		dapter 12" a	bove grade
MOVE TO					Basemer		
	=			12 WELL GROU	JTED? No	X Yes From6	to <b>25</b> ft.
17.5 E. 17.5 E				│ │ Neatce	ment 🔲 Bento	onite ' 🔲 Other _	
				1			
					of cement rce of possible cont		
OJ A	:	'		!	•	nce <u>+ <b>50 ′</b>ft.</u> Dire	ction WEST
	-			7	ed upon completion?	Yes N	
				Was old well j	olugged?	Yes N	0
				14 PUMP: [	Not Installed	Pump Inst	allation Only
시설 스큐 사무				Manufacture		LD'S	
1945.				Model_numb	er <b>10GS0542</b>	22 HP 1/2V	i i
				Length of Dr		ftcapacity	<b>10</b> G.P.M.
	:			TYPE: [	Submersible	Jet	
					r's name — AQU	ATD	
USE A 2ND SHEET IF	NEEDED		•	Model numb		Capacity	Gallons Gallons
15. Remarks, elevation, source of				R WELL CONTR	ACTOR'S CERTIF	ICATION:	
•	:			ell was drilled und est of my knowle		nd this report is true	
				•	DRILLING	INC	1767
<u>.</u>				REGISTERED BUSIN		REGISTRATIO	N NO.
17. Rig Operator's Name:		·	Address	<b>/377 M</b>	_66 S.E.	KALKASKA	. HI 4964
PHILLIP	i		Signed	Hull	up le (	Danilate C	1-15-94
D67d 2/89			aigned .	AUTHORI	ZED REPRESENTATIVE		00 04 4070

D67d 2/89

Authority: Completion: Penalty:

Act 368 PA 1978 Required Conviction of a violation of any provision is a misdemeanor.

GEOLOGICAL SURVEY NO. WATER WELL AND PUMP RECORD PERMIT NUMBER 40-005-700-063-001 LOCATION OF WELL Section Number Township Name Town Number Range Number COLDSPRINGS KALKASKA Distance And Direction From Road Intersection OWNER OF WELL: 1423 Cowert Rd Roy Henson Address 2249 King Ave Timber Comp Sub #2 Wixom MI 48393 Streat Address & City of Well Location Locate with "X" in Section Below Date Completed New Well 4 WELL DEPTH: Sketch Map: 25 93 Replacement Well FT. Cable tool **X** Rotary 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: Steel Threaded Height: Abov Plastic Welded Surface \_ \_ in. to <u>58\_</u> ft. depth<sup>e</sup> THICKNESS DEPTH TO Weight\_ FORMATION DESCRIPTION BOTTOM OF \_\_in. to \_\_\_\_\_ ft. depth STRATUM STRATUM Grouted Drill Hole Diameter
in. to ft. depth
in. to ft. depth Yes 8 SCREEN: Not Installed Diameter 🗠 Type \_ Length 🕰 \_ ft. and \_\_\_\_ FITTINGS: K-Packer Lead Packer Bremer Check Blank above screen \_\_\_ 9 STATIC WATER LEVEL: ft. below land surface 10 PUMPING LEVEL: below land surface 25 ft. after \_\_\_\_\_ hrs. pumping at \_ ft. after \_\_\_\_ ... hrs. pumping at 11 WELL HEAD COMPLETION: Pitless adapter 🔁 12" above grade Approved pit \_\_\_ Basement offset 12 WELL GROUTED? No Yes From 100 to 95 ft. Neat cement Bentonite Other \_\_\_\_ No. of bags of cement \_ 13 Nearest source of possible contamination \_ Distance \_\_\_\_\_\_ft. Direction \_\_\_\_\_\_\_ Ves Well disinfected upon completion? □ No Was old well plugged? 14 PUMP: Not Installed Pump Installation Only RECEIVED Manufacturer's name Moule Mich. Dept. of Public Health Length of Drop Pipe TYPE: Submersible PRESSURE TANK: NOV 5 1992 Manufacturer's name BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWCSWATER WELL CONTRACTOR'S CERTIFICATION: USE A 2ND SHEET IF NEEDED 15. Remarks, elevation, source of data, etc. This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief D67d 2/89 Act 36B PA 1978

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

Authority: Completion: Penalty:

Required

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