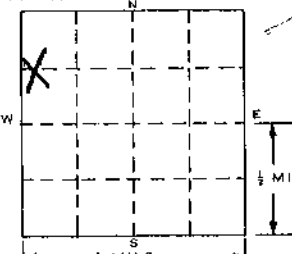


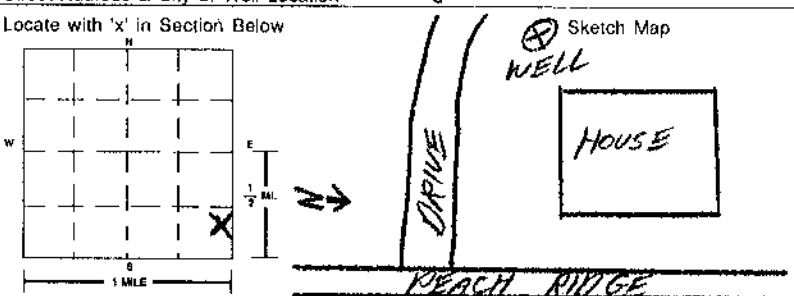
1 LOCATION OF WELL		3 OWNER OF WELL																			
County KENT	Township Name SPARTA	Fraction 1/4 1/4 1/4	Section Number 29																		
Distance And Direction From Road Intersection 9850 FRUIT RIDGE NW.		Town Number T9N																			
Street Address & City of Well Location		Range Number R12E																			
Locate with "X" in Section Below: 		Address 9850 FRUIT RIDGE SPARTA, MICH																			
Sketch Map		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
		4 WELL DEPTH: (completed) 310 ft.																			
FORMATION DESCRIPTION		Date of Completion 9 DEC 85																			
		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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">THICKNESS OF STRATUM</th> <th style="width: 30%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Top soil</td><td>3</td></tr> <tr><td>Blue clay and Stones</td><td>100</td></tr> <tr><td>Soft blue clay</td><td>153</td></tr> <tr><td>Clay gravel-Stones</td><td>198</td></tr> <tr><td>Clay and sand mix</td><td>235</td></tr> <tr><td>Soft blue clay</td><td>297</td></tr> <tr><td>Hard pan</td><td>300</td></tr> <tr><td>Coarse gravel</td><td>310</td></tr> </tbody> </table>		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Top soil	3	Blue clay and Stones	100	Soft blue clay	153	Clay gravel-Stones	198	Clay and sand mix	235	Soft blue clay	297	Hard pan	300	Coarse gravel	310	6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input checked="" 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"/>	
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		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																		
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Clay and sand mix	235																				
Soft blue clay	297																				
Hard pan	300																				
Coarse gravel	310																				
RECEIVED Mich. Dept. of Public Health MAR 16 1986 Bureau of Radiation & Environmental Health Services		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 3 Slot/Gauze 12-15 Length 10 Set between 300 ft and 310 ft FITTINGS: <input type="checkbox"/> K-Packer <input checked="" type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____																			
		9 STATIC WATER LEVEL 96 ft below land surface <input type="checkbox"/> Flow																			
USE A 2ND SHEET IF NEEDED.		10 PUMPING LEVEL: below land surface 96 ft. after 2 hrs. pumping at 70 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																			
		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pileless adapter <input checked="" type="checkbox"/> Above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																			
15. Remarks, elevation, source of data, etc. <div style="text-align: center; font-size: 2em; font-weight: bold; border: 2px solid black; padding: 5px;">RECEIVED</div> MAR 28 KENT COUNTY HEALTH DEPT.		12 WELL GROUTED? <input type="checkbox"/> No <input 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 _____																			
		13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
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. Wahlfield Building Co 0395 REGISTERED BUSINESS NAME REGISTRATION NO. Address Eastman, Mich Signed Jim Wahlfield Date 12-10-85 AUTHORIZED REPRESENTATIVE		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name BURKS Model number E350-14HP 5 Volts 440 Length of Drop Pipe 175 ft. capacity 90 G.P.M. TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK Manufacturer's name Clayton Mark Model number 220-B Capacity 220 Gallons																			

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:
1. LOCATION OF WELL		
County KENT	Township Name SPARTA	Fraction NE 1/4 SE 1/4 SE 1/4
	Section No. 29	Town No. T9N
		Range No. R12W

Distance and Direction from Road Intersection
PEACH RIDGE **1/2 MILE NORTH**



2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND/CLAY MIX	5	5
GRAY CLAY	211	216
#18 GRAVEL	7	223
USE A 2ND SHEET IF NEEDED		

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter **1 1/4** in. Depth **28** ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags **5** Casing Removed? Yes No

16. REMARKS: (Elevation, Source of Data, etc.)
(DUG WELL W/TUBE)
OLD WELL WAS BACKFILLED WITH LAYERS OF BENTONITE AND CLEAN FILL SAND.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **MIKE WAHLFIELD**

3. OWNER OF WELL
Address **DAN JOHNSON**
9283 PEACH RIDGE NW
SPARTA, MICH 49345
Address Same as Well Location Yes No

4. WELL DEPTH: **223** ft. Date Completed **02/18/98**
 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: **1** ft.
Diameter: **4** in. to **218** ft. depth **3** in. to **223** ft. depth Weight: **11** lbs/ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: _____ in. to _____ ft. depth _____ in. to _____ ft. depth

8. SCREEN: Not Installed Gravel-Packed
Type **STAINLESS** Diameter **3** in.
Slot/Gauze **#18 SLOT** Length: **5** ft.
Set Between **218** ft. and **223** ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen **1** ft. Other _____

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

10. PUMPING LEVEL: Below Land Surface
90 ft. After **1 1/2** hrs. Pumping at **65** 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 **4** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **SEPT.** Distance **50+** ft. Direction **NE**
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **RED JACKET**
Model Number **100CNI-14cc** HP **1** Volts **220**
Length of Drop Pipe **140** ft. Capacity **10** G.P.M.
TYPE: Submersible Jet Other
PRESSURE TANK:
Manufacturer's Name **WELL X-TROL**
Model Number **250** Capacity _____ Gallons

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.
WAHLFIELD DRILLING CO. INC. **41-0395**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **4449 WESTSHIRE DR. COMSTOCK PARK, MI**
Signed *James Wahlfield* Date **02/23/98**
AUTHORIZED REPRESENTATIVE

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
MAR 30 1998
Drinking Water & Radiological Protection Division
Ground Water Supply Section
WELL CONSTRUCTION UNIT

MAR 17 1998

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:

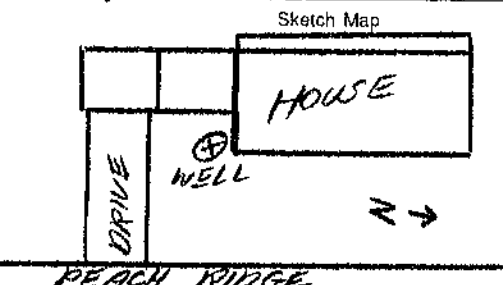
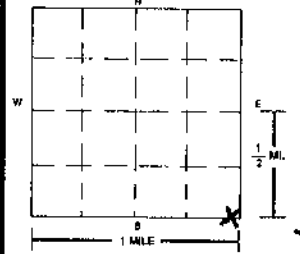
1. LOCATION OF WELL
County **KENT**

Township Name **SPARTA** Fraction **SE 1/4 SE 1/4 SE 1/4** Section No. **29** Town No. **T9N** Range No. **R12W**

Distance and Direction from Road Intersection
1/2 MILE 
PEACH RIDGE

Street Address & City of Well Location

Locate with 'x' in Section Below



3. OWNER OF WELL
Address **ROY JOHNSON**
9253 PEACH RIDGE NW
SPARTA, MICHIGAN
Address Same as Well Location Yes No

4. WELL DEPTH: **215** ft. Date Completed **04 '08 '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: **1** ft.
Diameter: **4** in. to **210** ft. depth Weight: **11** lbs./ft.
3 in. to **215** ft. depth
BORE HOLE: Drive Shoe Shale Packer
Diameter: _____ in. to _____ ft. depth
_____ in. to _____ ft. depth

8. SCREEN: Not Installed Gravel-Packed
Type **STAINLESS** Diameter **3"**
Slot/Gauze **#12 SLOT** Length: **5'**
Set Between **210** ft. and **215** ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen **1** ft. Other _____

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

10. PUMPING LEVEL: Below Land Surface
90 ft. After **1 1/2** hrs. Pumping at **70** 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 **32** ft.
 Neat Cement Bentonite Other _____
No. of Bags **5** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type **SEPT.** Distance **50+** ft. Direction **E**
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **RED JACKET**
Model Number **100CNI-14cc** HP **1** Volts **220**
Length of Drop Pipe **140** ft. Capacity **10** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **WELL X-TROL**
Model Number **250** Capacity _____ Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND/CLAY MIX	30	30
GRAY CLAY	130	160
FINE SAND	12	172
GRAY CLAY	32	204
#8 SAND	5	209
#12 SAND	6	215
MAY 15 1998		
MAY 13 1998		

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.)
OWNER WISHES TO RETAIN OLD WELL FOR SPRINKLING.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **MIKE WAHLEFIELD**

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.
WAHLEFIELD DRILLING CO. INC. **41-0395**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **4449 WESTSHIRE DR. COMSTOCK PARK, MI**
Signed **James Wahlefield** Date **04/13/98**
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL

County Kent	Township Name Sparta	Fraction SE 1/4 NE 1/4 SE 1/4	Section Number 29	Town Number 9 N/9	Range Number 12 NW
-----------------------	--------------------------------	---	-----------------------------	-----------------------------	------------------------------

Distance And Direction From Road Intersection
1/4 Mile North of 11 Mile Rd.

Street Address & City of Well Location
9441 Peach Ridge Rd. NW, Sparta

Locate with "X" in Section Below

Sketch Map:

3 OWNER OF WELL:
Mike Van Oeffelen
Address
1344 S. Trent, Ravenna Mi.

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Red Clay	10	10
Sand	1	11
Grey Clay - sandy	6	17
Gravel + Sand	7.5	24.5
Red Clay	.5	25
Grey Clay	.5	25.5
Sand	6	31.5
Grey Clay - sandy	5.5	37
Clay + Gravel	8	45
Grey Clay - sandy	7.5	120

4 WELL DEPTH: Date Completed **7 2 92**

FT. **120**

New Well
 Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Augur 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 Welded
 Plastic

Height: Above/Below
Surface _____ ft.
Wight _____ lbs./ft.
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: _____ ft. below land surface Flow

10 PUMPING LEVEL: below land surface

_____ ft. after _____ hrs. pumping at _____ 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 **12** ft.

Neat cement Bentonite Other _____

No. of bags of cement _____ Additives **9 bags Benseal**

13 Nearest source of possible contamination

Type _____ Distance _____ ft. Direction _____

Well disinfected upon completion? Yes No
Was old well plugged? 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 _____
PRESSURE TANK:
Manufacturer's name _____
Model number _____ Capacity _____ Gallons

15. Remarks:

17. Rig Operator's Name:
S. Buer

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.

Webber Well Drilling **0312**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **12831 Long Lake Dr., Sparta**
Signed **Richard E. Webber** Date **7-25-92**
AUTHORIZED REPRESENTATIVE

RECEIVED SEP 29 1992
Mich. Dept. of Public Health
HEALTH DEPARTMENT

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH

WATER WELL AND PUMP RECORD

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

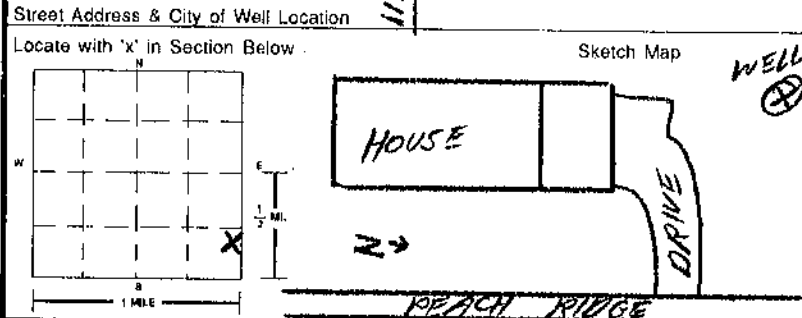
TAX NO:

PERMIT NO:

1. LOCATION OF WELL
 County **KENT**

Township Name **SPARTA** Fraction **NE 1/4 SE 1/4** Section No. **29** Town No. **T9N** Range No. **R12W**

Distance and Direction from Road Intersection
1/4 MILE NORTH
11 MILE PEACH RIDGE



3. OWNER OF WELL
 Address **JOHN GRAHS**
9303 PEACH RIDGE, NW
SPARTA, MI 49345
 Address Same as Well Location Yes No

4. WELL DEPTH: **226** ft. Date Completed **06/01/98**
 New Well
 Replacement Well

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

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: **4** in. to **221** ft. depth
3 in. to **226** ft. depth
 Weight: **11** lbs./ft.
 BORE HOLE: Drive Shoe
 Shale Packer

8. SCREEN: Not Installed Gravel-Packed
 Type **STAINLESS** Diameter **3** "
 Slot/Gauze **#15 SLOT** Length: **5** '
 Set Between **221** ft. and **226** ft.
 FITTINGS: K-Packer Bremer Check
 Blank Above Screen **1** ft. Other

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

10. PUMPING LEVEL: Below Land Surface
92 ft. After **1 1/2** hrs. Pumping at **70** 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 **38** ft.
 Neat Cement Bentonite Other
 No. of Bags **5** Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **SEPT.** Distance **50+** ft. Direction **S**
 Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name **RED JACKET**
 Model Number **150CNI-11cc** HP **1 1/2** Volts **220**
 Length of Drop Pipe **140** ft. Capacity **18** G.P.M.
 TYPE: Submersible Jet Other
 PRESSURE TANK:
 Manufacturer's Name **WELL X-TROL**
 Model Number **251** Capacity _____ Gallons

2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
RED CLAY	24	24
GRAY CLAY	175	199
GRAY CLAY & SAND	11	210
#8 SAND	6	216
#15 SAND/GRAVEL	10	226
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.)
EXCELLENT WELL.

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name **MIKE WAHLFIELD**

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.
WAHLFIELD DRILLING CO. INC. **41-0395**
REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **4449 WESTSHIRE DR. COMSTOCK PARK, MI**
 Signed *James Wahlfield* Date **06/13/98**
AUTHORIZED REPRESENTATIVE

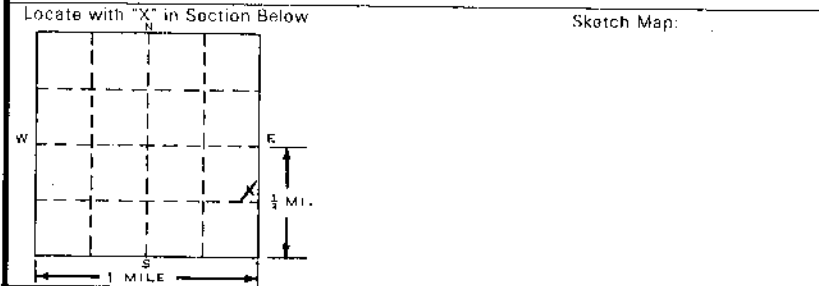
**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD**

PERMIT NUMBER

1 LOCATION OF WELL					
County Kent	Township Name Sparta	Fraction SE 1/4 NE 1/4 SE 1/4	Section Number 29	Town Number 9 N19	Range Number 12 NW

Distance And Direction From Road Intersection
1/4 Mile North of 11 Mile Rd. NW
9441 Peach Ridge NW, Sparta

Street Address & City of Well Location



3 OWNER OF WELL
Mike Van Oeffelen
Address
1344 S. Trent, Ravenna, Mi.

Address Same As Well Location? Yes No

4 WELL DEPTH: **30** FT. Date Completed **7 20 92**
 Now 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: Steel Threaded Welded
 Plastic Height: Above/Below
Surface **1** ft.
Weight **2** lbs./ft.
5 in. to **25** ft. depth
Grouted Drill Hole Diameter
8 in. to **16** ft. depth
Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top soil	3	3
Red clay - sandy	5	8
Grey clay - sandy	8.5	16.5
Gravel	9.5	26
Sand	4	30
Red Clay	1	30
Grey Clay @ 31'		

8 SCREEN: Not Installed
Type **Stainless** Diameter **4"**
Slot/Gauge **.015** Length **5'**
Set between **25** ft. and **30** ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **.5** ft. Other _____

9 STATIC WATER LEVEL: **6.5** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
23 ft. after **1** hrs. pumping at **17** 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 **16** ft.
 Neat cement Bentonite Other _____
No. of bags of cement _____ Additives **5 bags Hole plug**

13 Nearest source of possible contamination
Type **Septic** Distance **200ft** Direction **E**
Well disinfected upon completion? Yes No
Was old well plugged? 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
PRESSURE TANK:
Manufacturer's name _____
Model number _____ Capacity _____ Gallons

USE A 2ND SHEET IF NEEDED

15. Remarks, elevation, source of data, etc.
4 Bags Gravel Pack Sand

17. Rig Operator's Name:
S. Buer

CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Webber Well Drilling **0312**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **12831 Long Lake Dr., Sparta**
Signed **Richard E. Webber** Date **7-25-92**
AUTHORIZED REPRESENTATIVE

RECEIVED
SEP Mich. Dept. of Public Health
HEALTH DEPT. SEP 29 1992

BUREAU OF ENVIRONMENTAL & OCCUPATIONAL HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL					
County <i>Kent</i>	Township Name <i>Spencer</i>	Fraction <i>1/4</i>	Section Number <i>29</i>	Town Number <i>9 N/S</i>	Range Number <i>12 E/W</i>
Distance And Direction From Road Intersection <i>1/2 mile East of Harward Rd on South Side of 17th Rd.</i>					
Street Address & City of Well Location <i>10808 - 17th Rd Cedar Springs</i>					
Locate with "X" in Section Below			Sketch Map:		

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Red clay</i>	<i>10</i>	<i>10</i>
<i>Gravelly Sand</i>	<i>10</i>	<i>20</i>
<i>Gravel Hat</i>	<i>40</i>	<i>60</i>

3 OWNER OF WELL: <i>Rick Tompkins</i>	
Address <i>10808 - 17th Rd. Cedar Springs, MI</i>	
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4 WELL DEPTH: <i>60 FT.</i>	Date Completed MO. <i>7</i> DAY <i>20</i> YEAR <i>91</i>
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
<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 checked="" type="checkbox"/> Welded	
Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> Below Surface <i>0</i> ft.	
Weight <i>5821</i> lbs./ft.	
Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8 SCREEN: <input type="checkbox"/> Not installed	
Type <i>Johnson</i> Diameter <i>3"</i>	
Slot/Gauge <i>10</i> Length <i>5'</i>	
Set between <i>55</i> ft. and <i>60</i> ft.	
FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bromer Check	
<input checked="" type="checkbox"/> Blank above screen <i>1</i> ft. Other _____	
9 STATIC WATER LEVEL: <i>20</i> ft. below land surface <input type="checkbox"/> Flow	
10 PUMPING LEVEL: below land surface	
<i>42</i> ft. after <i>1</i> hrs. pumping at <i>30</i> 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 checked="" type="checkbox"/> Yes From <i>0</i> to <i>30</i> ft.	
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	
No. of bags of cement _____ Additives _____	
13 Nearest source of possible contamination	
Type <i>Supt</i> Distance <i>75</i> ft. Direction <i>N</i>	
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 <i>Deere</i> <i>8-20-90</i>	
Model number _____ HP <i>1</i> Volts <i>630</i>	
Length of Drop Pipe <i>42</i> ft. capacity <i>20</i> G.P.M.	
TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet	
PRESSURE TANK: <i>Well X Unit</i>	
Manufacturer's name _____ Model number <i>250</i> Capacity <i>15</i> Gallons	

15. Remarks, elevation, source of data, etc.

17. Rig Operator's Name: *Jim Denton*

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.

Denton Well Drilling 0274
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWOS REGISTRATION NO.

Signed *J.E. Denton* Date *7-20-91*
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health
DEC 26 1991

1 LOCATION OF WELL																				
County KENT	Township Name SPARTA	Fraction 1/4 1/4 1/4																		
Distance And Direction From Road Intersection 3976 12 MILE RD		Section Number 29																		
Street Address & City of Well Location 3976 12 MILE RD SPARTA, MICH		Town Number T9N N1S																		
Locate with "X" in Section Below		Range Number R 12 E W																		
		3 OWNER OF WELL: HANDY RAAP Address 3976 12 MILE RD SPARTA, MICH Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
2 FORMATION DESCRIPTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION DESCRIPTION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>5'</td> <td>5'</td> </tr> <tr> <td>Sand</td> <td>25'</td> <td>30'</td> </tr> <tr> <td>Clay</td> <td>245'</td> <td>275'</td> </tr> <tr> <td>Stones & Clay gravel</td> <td>11'</td> <td>286'</td> </tr> <tr> <td>Red Rock</td> <td>13'</td> <td>298'</td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	5'	5'	Sand	25'	30'	Clay	245'	275'	Stones & Clay gravel	11'	286'	Red Rock	13'	298'	4 WELL DEPTH: 298 FT. Date Completed 3/17/89 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well 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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>
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8 SCREEN: <input type="checkbox"/> Not Installed Type ROCK WELL Slot/Gauze _____ Length _____ Set between _____ and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input checked="" type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		9 STATIC WATER LEVEL: 88 ft. below land surface <input type="checkbox"/> Flow																		
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14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name BURK Model number 10SNISEP 1 Volts 250 Length of Drop Pipe 106 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name WELL X TROL Model number WX-250 capacity _____ Gallons		15. Remarks, elevation, source of data, etc. <p style="text-align: center;">RECEIVED Mich. Dept. of Public Health MAR 27 1989</p>																		
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. Wahlfield Drilling Co 80375 4489 West White Way REGISTERED BUSINESS NAME REGISTRATION NO. Address Wahlfield Park Mich Signed Don Wahlfield Date 3-17-89 AUTHORIZED REPRESENTATIVE		17. Rig Operator's Name: Bureau of Environmental and _____																		

APR 12 1977

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

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16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY SP **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. Webber Well Drilling 0312 REGISTERED BUSINESS NAME REGISTRATION NO. Address 12831 Long Lake Dr., Sparta Signed Richard E. Webber Date 3-7-77 AUTHORIZED REPRESENTATIVE																																																			

