

1 LOCATION OF WELL		
County Macomb	Township Name Macomb	Fraction SE 1/4 SE 1/4 NW 1/4
Distance And Direction From Road Intersection 2 mi. E of Nr. Ave and 125' N of Chapman		Section Number 12
Street Address & City of Well Location		Town Number 30 (CNS)
Locate with "X" in Section Below		Range Number 13 (EW)
Sketch Map: 		
2 FORMATION DESCRIPTION		
FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Yellow Clay	18	18
Gray Clay	22	40
Coarse Gravel Some Water	3	43
Hard Sand & Clay	9	52
Coarse Water Sand	4	56
3 OWNER OF WELL: Hank Moilanen		
Address 23309 Chapman Mt. Clemens, Mi. 48045		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: (completed) 56 ft.		Date of Completion 9-20-86
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"/>		
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 checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4 in. to 52 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth _____ in. to _____ ft. depth		Height: <input checked="" type="checkbox"/> Above <input type="checkbox"/> Below Surface 9 ft. Weight 11 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> <input type="checkbox"/> No
8 SCREEN: <input type="checkbox"/> Not Installed Type Johnson Diameter 4" Slot/Gauze 20 Length 4' Set between 32 ft. and 56 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		
9 STATIC WATER LEVEL: 10 ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface 50 ft. after 6 hrs. pumping at 2 1/2 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Jetless 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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other Ben Seal No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination Type Septic Distance 60 ft. Direction S. Well disinfected upon completion? <input checked="" 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 2-Wir HP 1/2 Volts 115 Length of Drop Pipe 50 ft. capacity 4 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Well-X-Trol Manufacturer's name _____ Model number WX-203 Capacity 82 Gallons		
15. Remarks, elevation, source of data, etc. <div style="text-align: center;"> RECEIVED Mich. Dept. of Public Health OCT 28 1986 Bureau of Environmental and Occupational Health - GWQS </div>		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. Red's Well Drilling 50-1651 REGISTERED BUSINESS NAME REGISTRATION NO. Address 58741 Havenridge New Haven Signed Dwight Scott Belt Date 9-27-86 AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		County MACOMB		Twp. SHELBY	Fraction SE 1/4 NE 1/4	Section No. 12	Town 3	Range 12 E	
Distance And Direction from Road Intersections 1/4 MILE NORTH OF 24 MILE ROAD 100' WEST OF HAYES ROAD					OWNER No. _____	3 OWNER OF WELL: CHAS. J. BRINGOLIN Address 53579 HAYES MT CLEMENS, MICH.			
Street address & City of Well Location 53579 HAYES MT. CLEMENS, MICH.					4 WELL DEPTH: (completed) 42 ft.		Date of Completion 10-22-69		
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	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"/> _____					
CLAY		10	10	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"/> _____					
HARD PAN		20	30	7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below surface 1 ft. Diam. 4 in. to 4 1/2 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
CLAY		11	40	8 SCREEN: Type: RED BRASS Dia.: 4 INCH Slot/Gauge: # 20 Length: 3 FOOT Set between 39 ft. and 42 ft. Fittings: 12" NIPPLE					
GRAVEL		2	42	9 STATIC WATER LEVEL 5 ft. below land surface					
				10 PUMPING LEVEL below land surface 20 ft. after 1 1/2 hrs. pumping 10 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 checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.					
				14 SANITARY: Nearest Source of possible contamination 55 feet W Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
				15 PUMP: Manufacturer's Name MEYERS Model Number HPS05 HP 1/2 Length of Drop Pipe 30 ft. capacity 8 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> SHALLOW WELL <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc. 2				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. E. J. SCHWARTZ 0323 REGISTERED BUSINESS NAME REGISTRATION NO. Address 2401 JUDY LANE, ROCHESTER, MICH. Signed E. J. Schwartz Date 4-15-70 AUTHORIZED REPRESENTATIVE					

WATER WELL RECORD

ACT 294 PA 1965

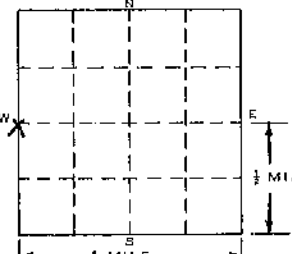
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL			<i>S11 SW SE</i>		
County Macomb	Twp. Macomb Shelby	Fraction 1/4 N 1/4 W 1/4	Section No. 12	Town #3 N N/S.	Range 12 17 W E/A
Distance And Direction from Road Intersections 14666 2 1/2 Mile Mt. Clemens, Mich. 1/2 Mile East of Schoenerr 1/2 Mile West of Hayes			3 OWNER OF WELL: Mr. Bob Jerouch Address 14666 2 1/2 Mile Mt. Clemens, Mich.		
Street address & City of Well Location			OWNER No. 14666		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion 47 ft. June 19 th. 1970		
Yellow Sand	7 ft.	7 ft.	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input checked="" type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
Soft Clay	37 ft.	44 ft.	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"/>		
Gravel Sandy Clay	3 ft.	47 ft.	7 CASING: Diam. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface above 1ft. 39 Inch well crook Weight _____ lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			8 SCREEN: Type: None Dia.: None Slot/Gouze: None Length: None Set between _____ ft. and _____ ft. Fittings: None		
			9 STATIC WATER LEVEL 5 ft. below land surface		
			10 PUMPING LEVEL below land surface 45 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 _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 GROUTING: Filled in around well with soft clay Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		
			14 SANITARY: Nearest Source of possible contamination 65 feet N Direction Septic tank Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" 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		
ADDED INFO. BY DRILLER. ITEM NO.			16 Remarks, elevation, source of data, etc. Disinfected and pump installed by owner		
*CORRECTED 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. Durrell Well Drilling 10051 REGISTERED BUSINESS NAME REGISTRATION NO. Address 21764 29 Mile Road New Haven, Mich. Signed Charles Durrell Date June 19, 1970 AUTHORIZED REPRESENTATIVE		
**ADDITION BY:					

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

DEC 29 1981

1 LOCATION OF WELL		3 OWNER OF WELL:	
County <i>Macomb</i>	Township Name <i>Shelby</i>	Fraction <i>1/4 NW 1/4 SW 1/4</i>	Section Number <i>12</i>
Distance And Direction from Road Intersections <i>1/2 mi. N of 34th Rd East Side of Schoenher Rd</i>		Town Number <i>3 (N.S.)</i>	
Street address & City of Well Location <i>Schoenher Rd 17303 Lincoln</i>		Range Number <i>12 (E/W)</i>	
Locate with "X" in section below 		Address <i>John Basso</i>	
Sketch Map: <i>34th Schoenher Rd 17303</i>		Date of Completion <i>11-22-81</i>	
2 FORMATION		4 WELL DEPTH: (completed) _____ ft.	
<i>3 Point Jetted System</i>		<i>22-24' ft.</i>	
THICKNESS OF STRATUM		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
DEPTH TO BOTTOM OF STRATUM		<input type="checkbox"/> Hollow rod <input checked="" 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: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below	
		Diam. <i>PLASTIC</i> Surface _____ ft.	
		<i>1 1/2 in. to _____ ft. Depth</i> Weight _____ lbs./ft.	
		_____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		8 SCREEN: <i>Finco plastic</i>	
		Type: _____ Dia.: <i>1 1/2</i>	
		Slot/Gauze _____ Length <i>3'</i>	
		Set between _____ ft. and _____ ft.	
		Fittings: _____	
		9 STATIC WATER LEVEL	
		<i>3'</i> ft. below land surface	
		10 PUMPING LEVEL below land surface	
		_____ ft. after <i>1/2</i> hrs. pumping <i>12</i> a.p.m. etc.	
		_____ ft. after _____ hrs. pumping _____ a.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 type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
		13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____	
		Depth: From _____ ft. to _____ ft.	
		14 Nearest Source of possible contamination	
		<i>65 feet W</i> Direction <i>SEPTIC</i> Type _____	
		Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP: <input checked="" type="checkbox"/> Not installed	
		Manufacturer's Name _____	
		Model Number _____ HP _____ Volts _____	
		Length of Drop Pipe _____ ft. capacity _____ G.P.M.	
		Type: <input 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. _____		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief,	
*CORRECTED BY <i>GB</i>		<i>Susan Ann Justus 0726</i>	
**ADDITION BY _____		REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____	
ELEVATION _____		Address <i>8191 Rhode Ct. Utica</i>	
DEPTH TO ROCK _____		Signed <i>Shelby D. Basso</i> Date <i>11-22-81</i>	
		AUTHORIZED REPRESENTATIVE	

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL											
County MACOMB	Twp. SHELBY	Fraction SW 1/4 SW 1/4 SE 1/4	Section No. 12	Town 3 N	Range 12 E						
Distance And Direction from Road Intersections 25001 W of HAYES & 24 MI						OWNER No. _____					
Street address & City of Well Location 11727 24 MI. RD.						3 OWNER OF WELL: NORMAN MILLER Address 14666 24 MI. ST. CLEMENS MICH.					
2 FORMATION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion 49' 6" ft. 1-18-69						
TOP SOIL			1'	1'	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"/> _____						
YELLOW SAND			10'	11'	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"/> _____						
CLAY			9'	20'	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 4" to 4" Ft. Depth Full surface 2' ft. Weight 11 lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
HARD PAN w. LEAKY SPOTS			26'	46'	8 SCREEN: Type: STAINLESS STEEL Dia.: 4" Slot/Gauze: 35 Length: 48" Set between 49 1/2 ft. and 45 1/2 ft. Fittings: THREADED						
GRAVEL & SAND			1'	47'	9 STATIC WATER LEVEL 9 ft. below land surface						
HARD PAN			2 1/2'	49 1/2'	10 PUMPING LEVEL below land surface _____ ft. after 4 hrs. pumping 2 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 type="checkbox"/> 12" Above Grade						
					13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.						
					14 SANITARY: Nearest Source of possible contamination 55 feet E Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
					15 PUMP: Manufacturer's Name NONE 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. R.A. WIEGAND WELL DRILLING 0020 REGISTERED BUSINESS NAME REGISTRATION NO. Address Harrah, Michigan Signed R.A. Wiegand Date 1-18-69 AUTHORIZED REPRESENTATIVE						
ADDED INFO. BY DRILLER, ITEM NO. _____											
CORRECTED BY: _____											
ADDITION BY: _____											

APR 02 1980

WATER WELL RECORD
ACT 294 PA 1965

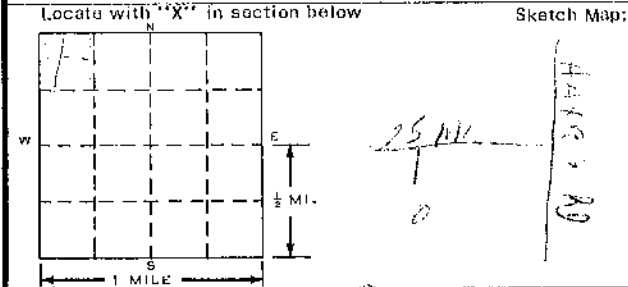
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <u>MACOMB</u>	Township Name <u>SHELBY</u>	Fraction <u>NW 1/4</u>	Section Number <u>12</u>	Town Number <u>3 N/8</u>	Range Number <u>12 E/W</u>
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Distance And Direction from Road Intersections
ABOUT 1/4 MI WEST OF HAYES
ABOUT WEST CORNER 15 MI

Street address & City of Well Location



3 OWNER OF WELL: W. R. RYDUSKE
Address 145 50 25 MI
10.111.12.12 - 11.11.12.12

4 WELL DEPTH: (completed) Date of Completion
112 ft. 7-12-79

5 Cable tool Rotary Driven Dug
 Hollow rod Jatted Bored

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

7 CASING: Threaded Welded
Diam. 4 in. to 112 ft. Depth
Height: Above/Below Surface 1 ft.
Weight 11 lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>SAND</u>	<u>10</u>	<u>10</u>
<u>CLAY GREY</u>	<u>60</u>	<u>70</u>
<u>CLAY GREY WITH GRAVEL</u>	<u>10</u>	<u>80</u>
<u>CLAY GREY - SAND - GRAVEL</u>		
<u>(HARD)</u>	<u>20</u>	<u>100</u>
<u>GRAVEL COURSE</u>	<u>12</u>	<u>112</u>

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

9 STATIC WATER LEVEL
25 ft. below land surface

10 PUMPING LEVEL below land surface
20 ft. after 2 hrs. pumping 4 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
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
35 feet N Direction SAND Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name _____
Model Number _____ HP _____ Volts _____
Length of Drop Pipe _____ 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 RIGG

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.
Walter D. Miller 10665
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 57 Clark Michigan
Signed Steve Chat Date 7-11-79
AUTHORIZED REPRESENTATIVE

DEC 29 1981

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			
County <i>Macomb</i>	Township Name <i>Shelby</i>	Fraction <i>1/4</i>	Section Number <i>12</i>
		Town Number <i>3 (N/S)</i>	Range Number <i>12 (E/W)</i>
Distance And Direction from Road Intersections <i>Between 24 & 25 MI RD East Side of Schoenherk Rd</i>			
Street address & City of Well Location <i>Schoenherk 17303 Lincoln E. Detroit</i>			
Locate with "X" in section below		Sketch Map:	
2 FORMATION			
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	
<i>Top Soil</i>	<i>3</i>		
<i>Brown Wet Sandcourse</i>	<i>17</i>	<i>20</i>	
<i>Gray Sand Fine</i>	<i>7</i>	<i>27</i>	
<i>Gray Clay</i>	<i>15</i>	<i>42</i>	
<i>Blue Clay</i>	<i>8</i>	<i>50</i>	
<i>Blue Shale with Boulders</i>			
<i>Very Hard to Penetrate</i>	<i>85</i>	<i>135</i>	
<i>Schoenherk Rd</i>			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <i>house</i> </div>			
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <i>OPB</i> **ADDITION BY ELEVATION DEPTH TO ROCK			
USE A 2ND SHEET IF NEEDED			
3 OWNER OF WELL: <i>John Busco</i>			
Address			
4 WELL DEPTH: (completed) Date of Completion <i>ft. 11-22-81</i>			
5 <input 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 checked="" type="checkbox"/> <i>PROG</i>			
6 USE: <input 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: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. _____ in. to _____ ft. Depth Weight _____ lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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: <input type="checkbox"/> In Approved Pit <input 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 type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <i>Drill Mud</i> Depth: From _____ ft. to _____ ft.			
14 Nearest Source of possible contamination _____ feet Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No			
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. <i>5 Holes were Drilled All Drilled The Same No</i> <i>See Sketch Above</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>Suburban Installers</i> <i>0725</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>8191 Rhode Ave</i> Signed <i>John DeBouch</i> Date <i>11-22-81</i> 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:

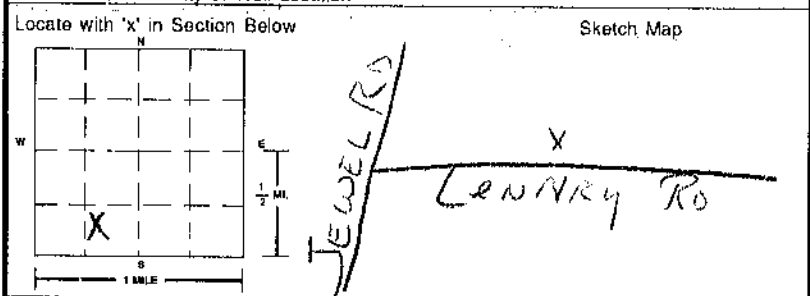
PERMIT NO: 34385

1. LOCATION OF WELL
County: MACOMB

Township Name: SHELBY Fraction: NW 1/4 Sec 12 Town No.: 3N Range No.: 12E

Distance and Direction from Road Intersection
About 100 Feet NORTH of LENNRY RD
About 1400 Feet EAST of JEWEL RD

3. OWNER OF WELL
Address: BRAD + JULIE SNYDER
12427 LENNRY
SHELBY TWP MI 48315
Address Same as Well Location Yes No



4. WELL DEPTH: 170 ft. Date Completed: 7/15/99
 New Well Replacement Well

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top Soil	1	1
yellow sand	6	7
gray clay	12	19
gray clay sand & gravel	72	91
gray clay	4	95
GRAVEL CLAY & SAND VARY HARD	95	170

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: _____ ft.
Diameter: _____ in. to _____ ft. depth
Weight: _____ lbs./ft.
BORE HOLE: Diameter: 8 in. to 170 ft. depth

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: _____ ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface _____ ft. After _____ hrs. Pumping at _____ G.P.M.
 Plunger Bailor Air Test Pump

11. WELL HEAD COMPLETION: Pitless Adapter 12" Above Grade
 Basement Offset Wall House

12. WELL GROUTED? No Yes From _____ to _____ ft.
 Neat Cement Bentonite Other _____
No. of Bags _____ Additives _____

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

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter 5 in. Depth 170 ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags 20 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 _____ Capacity _____ Gallons

16. REMARKS: (Elevation, Source of Data, etc.)
RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
OCT 08 1999
Drinking Water Quality and Protection Division
Lennry Rd. Shelby Twp
WELL CONSTRUCTION UNIT

17. DRILLING MACHINE OPERATOR: Employee Subcontractor
Name: RICK
SEP 28 1999
6666 8 2 DEJ

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: HAWK WELL DRILLING
Address: 7375 ST CLAIR HWY CHINA
Signed: [Signature] Date: 9/21/99
REGISTRATION NO.: 1923
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

PERMIT NO:

34385

TAX NO:

1. LOCATION OF WELL
County MACOMB

Township Name SHELBY

Fraction N 1/2 SE 1/4 SW 1/4

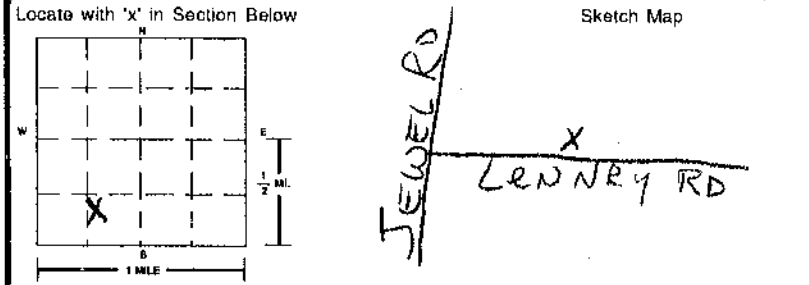
Section No. 12

Town No. 3N

Range No. 12E

Distance and Direction from Road Intersection
ABOUT 100 Feet NORTH of LENNRY RD.
ABOUT 1400 Feet EAST of JEWEL RD

Street Address & City of Well Location



3. OWNER OF WELL BRAD & JULIE SNYDER
Address 12427 LENNRY
SHELBY TWP, MI 48315
Address Same as Well Location Yes No

4. WELL DEPTH: 110 ft. Date Completed 6/17/99
 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
Height: 9 Above/Below Surface: 9 ft.

Diameter: 5 in. to 102 ft. depth
5 in. to 102 ft. depth
BORE HOLE: Drive Shoe
Diameter: 8 in. to 110 ft. depth
8 in. to 110 ft. depth Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type JOHNSON Diameter 4"
Slot/Gauze 2-20's Length: 8'
Set Between 102 ft. and 110 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen ft. Other

9. STATIC WATER LEVEL: 30 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
95 ft. After 7 hrs. Pumping at 10 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 102 ft.
 Neat Cement Bentonite Other
No. of Bags 7 Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 100 ft. Direction EAST
Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name RED JACKET
Model Number 12 BC HP 3/4 Volts 220
Length of Drop Pipe 100 ft. Capacity 14 G.P.M.
TYPE: Submersible Jet Other
PRESSURE TANK:
Manufacturer's Name NONE
Model Number _____ Capacity _____ Gallons

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top Soil	1	1
YELLOW SAND	6	7
GRAY CLAY	12	19
GRAY CLAY SAND & GRAVEL	72	91
GRAY CLAY	4	95
WATER BEARING SAND & GRAVEL	5	100
GRAY CLAY	10	110

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
JUL 28 1999
AUG 16 1999
MACOMB COUNTY HEALTH DEPT.
Drinking Water & Radiological Protection Division
Ground Water Safety Section
WELL CONSTRUCTION UNIT

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.)

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name Jim

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.
Hahn Well Drilling 1923
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 2375 St. Clair Hwy CHINA
Signed Rich Hahn Date 7/26/99
AUTHORIZED REPRESENTATIVE