

SEP 10 1969

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

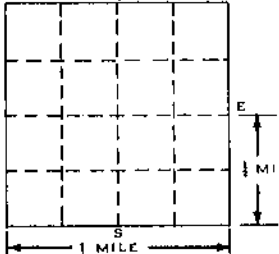
1 LOCATION OF WELL		County Macomb		Twp. Armada		Fraction SU/ NW NW		Section No. 8		Town 5		Range 13 E/W	
Distance And Direction from Road Intersections 1/2 mile South of Pratt Rd. on Romeo Plank Rd. East side						OWNER No. _____		3 OWNER OF WELL: Don Hortop Address 58735 Ruth Jean Washington, Mich.					
Street address & City of Well Location Romeo, Mich.						4 WELL DEPTH: (completed) Date of Completion 36 ft. July 24, 1969							
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"/> _____							
Fill		1'		1'		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"/> _____							
Top Soil		1'		2'		7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface _____ ft. 4 in. to 32 ft. Depth Weight 11 lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
Clay & Gravel mix		15'		17'		8 SCREEN: Type: Brass Dia.: 4" Slot/Gauze 10 Length 4" Set between 32 ft. and 36 ft. Fittings: 12" Nipple-Coupling-Plug							
Sand & Gravel		6'		23'		9 STATIC WATER LEVEL 8 ft. below land surface							
Sand & Gravel		7'		30'		10 PUMPING LEVEL below land surface 9 ft. after 1 hrs. pumping 350 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.							
Water Sand Coarse		6'		36'		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 E Direction Septic Tank Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						15 PUMP: Not Installed 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. Wilbur E. Heldt 1035 REGISTERED BUSINESS NAME REGISTRATION NO. Address 22650-30 Mi. Rd. Romeo, Mich. Signed Wilbur Heldt Date 9-6-69 AUTHORIZED REPRESENTATIVE							

SEP 10 1969

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		County <i>Macomb</i>	Township Name <i>ARMADA</i>	Fraction <i>1/4 1/4 1/4</i>	Section Number <i>8</i>	Town Number <i>5 N/5</i>	Range Number <i>13 E/W</i>
Distance And Direction From Road Intersection <i>18303 Irwin Armada</i> Street Address & City of Well Location				3 OWNER OF WELL: <i>David Metz</i> Address <i>18303 Irwin Armada</i> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below 				Sketch Map: 4 WELL DEPTH: (completed) <i>57</i> ft. Date of Completion <i>8-25-87</i>			
2 FORMATION DESCRIPTION				5 <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"/>			
<i>Dry Hole</i> <i>57 ft</i>				7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
				8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____			
RECEIVED Mich. Dept. of Public Health OCT 20 1987 Bureau of Environmental and Occupational Health - GWQS				9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow			
				10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
USE A 2ND SHEET IF NEEDED				11 WELL HEAD COMPLETION: <input 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 type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
15. Remarks, elevation, source of data, etc.				13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No			
				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
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. <i>OTZEL WELLDRILLING 74-0532</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>2673 Wernon Rd</i> Signed <i>Frank Otzel</i> Date <i>8-27-87</i> AUTHORIZED REPRESENTATIVE							

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		<i>SW NW NW</i>	
County Macomb	Twp. Armada	Fraction NW $\frac{1}{4}$ NW $\frac{1}{4}$ SW $\frac{1}{4}$	Section No. 8
Distance And Direction from Road Intersections $\frac{1}{2}$ mile South of Pratt Rd. on Romeo Plank Rd. East side		OWNER No. _____	3 OWNER OF WELL: Arnold Alwardt Address 18300-30 Mi. Rd. Romeo, Michigan
Street address & City of Well Location Romeo, Mich.		Date of Completion August 14, 1969	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) 32 ft.
	Fill	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"/> _____
	Top Soil	1'	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	7'	7 CASING: Diam. Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below surface 1 ft. 4 in. to 28 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Sand & Gravel	10'	8 SCREEN: Type: Brass Dia.: 4" Slot/Gauze 10 Length 4" 28 ft. and 32 ft. Set between _____ ft. and _____ ft. Fittings: 1 1/2" Nipple -Coupling -Plug
	Gravel	5'	9 STATIC WATER LEVEL 8' ft. below land surface
	Sand Coarse	7'	10 PUMPING LEVEL below land surface 9 ft. after 1 hrs. pumping 350 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 <input checked="" type="checkbox"/> Direction Septic Tank Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: Not Installed Manufacturer's Name _____ HP _____ Model Number _____ 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. ADDED INFO. BY DRILLER, ITEM NO. _____ *CORRECTED BY: _____ **ADDITION 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. Wilbur E. Heldt 1035 REGISTERED BUSINESS NAME REGISTRATION NO. Address 22650-30 Mi. Rd., Romeo, Michigan Signed Wilbur Heldt Date 9-6-69 AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

TAX NO:

PERMIT NO:

23585

1. LOCATION OF WELL

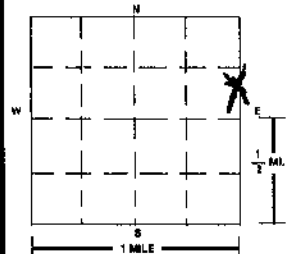
County **Macomb** Township Name **Armada** Fraction **NE 1/4 SE 1/4 NE 1/4** Section No. **8** Town No. **5N** Range No. **13E**

Distance and Direction from Road Intersection
S- ON W-Side Capac Rd. just of Pratt Rd.

Street Address & City of Well Location
77855 Capac Rd. Armada

Locate with 'x' in Section Below

Sketch Map



2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

Clay SAND	145	145
Cobble Stone	5	150
	3	153

RECEIVED BY COUNTY OF MACOMB
 AUG 21 1998
 WATER SUPPLY DEPT.
 GROUND WATER SUPPLY SEC.

3. OWNER OF WELL

Address **Antoinette Schumacher**

Address Same as Well Location Yes No

4. WELL DEPTH:

Date Completed

153 ft. **7/31/98**

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 **153** depth

Weight: **11** lbs./ft.

BORE HOLE: Diameter: _____ in. to _____ ft. depth

Drive Shoe Shale Packer

8. SCREEN:

Not Installed Gravel-Packed
 Type _____ Diameter _____
 Slot/Gauze _____ Length: _____
 Set Between _____ ft. and _____ ft.
 FITTINGS: K-Packer Brempr Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL:

10 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface

40 ft. After **30** hrs. Pumping at **30** 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 **TOP** to **145** ft.
 Neat Cement Bentonite Other
 No. of Bags **6** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **SEPTIC** Distance **75** ft. Direction **W**
 Type _____ Distance _____ ft. Direction _____

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

Yes No

Casing Diameter **4** in. Depth **150** ft.

PLUGGING MATERIAL: Neat Cement Bentonite Slurry

Cement/Bentonite Slurry Concrete Grout Bentonite Chips

No. of Bags **15** Casing Removed? Yes No

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

1st Try For water = Drilled 160 ft
14 Bages Grout

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor

Name **Paul Aries** **3 1998**

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.

Ries Well Drilling 501863

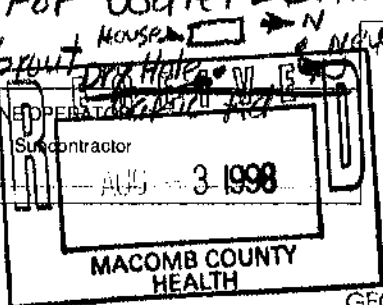
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **69341 Wolcott Rd. Armada**

Signed **Paul Aries** Date **7-31-98**

AUTHORIZED REPRESENTATIVE

GW-2-226 9/93



GEOLOGICAL SURVEY COPY

Authority: Act 388 PA 1978

Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL RECORD

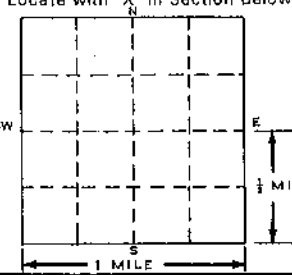
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL											
County	Twp.	Fraction	Section No.	Town	Range						
MACOMB	ARMADA	NE 1/4 NE 1/4 SE 1/4	8	5 N 1/2	13 E 1/2						
Distance And Direction from Road Intersections			OWNER No. _____		3 OWNER OF WELL:						
77855 CAPAC Rd ROMEO <small>Street address & City of Well Location</small>					David L. BONCZAK Address 8662 ST JOHN UTICA						
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion								
SANDY CLAY	0	115	ft. 150 STEP 12-69								
GRAVEL SH-CLAY	115	140	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"/> _____								
WATER GRAVEL	140	150	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____								
			7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>			Height: Above/Below surface 3 ft.					
			4 in. to _____ ft. Depth			Weight 11 lbs/ft.					
			_____ in. to _____ ft. Depth			Drive Shoes? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
			8 SCREEN:								
			Type: RED BRASS Dia.: 3"								
			Slot/Gauze 12 Length 6 FT								
			Set between 144 ft. and 150 ft.								
			Fittings: 3" NIPPLE, 43" COUPLING								
			9 STATIC WATER LEVEL								
			9 ft. below land surface								
			10 PUMPING LEVEL below land surface								
			105 ft. after 6 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 _____								
			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 _____ feet _____ Direction _____ Type _____								
			Well disinfected upon completion <input checked="" 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:								
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>J</i>			Mike R Young <small>REGISTERED BUSINESS NAME</small>						0818 <small>REGISTRATION NO.</small>		
ADDITION BY:			Address 3424 7th St Richmond Mich								
			Signed Mike R Young <small>AUTHORIZED REPRESENTATIVE</small>						Date OCT 14, 69		

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL																								
County MACOMB	Township Name ARMADA	Fraction 3E 1/4 SE 1/4																						
Distance And Direction From Road Intersection VACANT PARCEL #103 CAPAC RD		Section Number 8																						
Street Address & City of Well Location ARMADA CENTER RD		Town Number 5 N																						
Locate with "X" in Section Below 		Range Number 13 E																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">2 FORMATION DESCRIPTION</td> <td style="width: 15%;">THICKNESS OF STRATUM</td> <td style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</td> </tr> <tr> <td>CLAY</td> <td>4</td> <td>4</td> </tr> <tr> <td>WATER SAND</td> <td>2</td> <td>6</td> </tr> <tr> <td>RED SAND & CLAY</td> <td>10</td> <td>16</td> </tr> <tr> <td>HARD PAN</td> <td>29</td> <td>45</td> </tr> <tr> <td>FINE WATER SAND</td> <td>7</td> <td>52</td> </tr> </table>			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	CLAY	4	4	WATER SAND	2	6	RED SAND & CLAY	10	16	HARD PAN	29	45	FINE WATER SAND	7	52				
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Date of Completion 11-14-86</td> </tr> <tr> <td colspan="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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/></td> </tr> <tr> <td colspan="2">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"/></td> </tr> <tr> <td colspan="2">7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4 in. to 47 ft. depth 3 in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">8 SCREEN: <input type="checkbox"/> Not Installed Type STAINLESS Diameter 3" Slot/Gauze #12 Length 5 FT. Set between 47 ft. and 52 ft. FITTINGS: <input checked="" type="checkbox"/> X-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Brammer Check <input checked="" type="checkbox"/> Blank above screen 1 ft. Other PLUG</td> </tr> <tr> <td colspan="2">9 STATIC WATER LEVEL: 15 ft. below land surface <input type="checkbox"/> Flow</td> </tr> <tr> <td colspan="2">10 PUMPING LEVEL below land surface 47 ft. after 3 hrs. pumping at 3.5 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.</td> </tr> <tr> <td colspan="2">11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Well adapter <input checked="" type="checkbox"/> 2" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit</td> </tr> <tr> <td colspan="2">12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____</td> </tr> <tr> <td colspan="2">13 Nearest source of possible contamination Type SEPTIC Distance 50+ ft. Direction W Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">14 PUMP: <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons</td> </tr> </table>			3 OWNER OF WELL: EARL KEIM PRUDENTIAL Address 64441 VAN DYKE ROMEO, MICH 48065 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4 WELL DEPTH: (completed) 52 ft. 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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 47 ft. depth 3 in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
8 SCREEN: <input type="checkbox"/> Not Installed Type STAINLESS Diameter 3" Slot/Gauze #12 Length 5 FT. Set between 47 ft. and 52 ft. FITTINGS: <input checked="" type="checkbox"/> X-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Brammer Check <input checked="" type="checkbox"/> Blank above screen 1 ft. Other PLUG																								
9 STATIC WATER LEVEL: 15 ft. below land surface <input type="checkbox"/> Flow																								
10 PUMPING LEVEL below land surface 47 ft. after 3 hrs. pumping at 3.5 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																								
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Well adapter <input checked="" type="checkbox"/> 2" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																								
12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																								
13 Nearest source of possible contamination Type SEPTIC Distance 50+ ft. Direction W Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																								
14 PUMP: <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ 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. B&B Well Drilling 603-1837 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9745 FOREST - LEONARD Signed Blanka Date 11-17-86 AUTHORIZED REPRESENTATIVE																								

RECEIVED
 Mich. Dept. of Public Health
 DEC 02 1986
 Bureau of Environmental and
 Occupational Health - GWes

Authority: Act 388 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

AUG 27 1973

WATER WELL RECORD

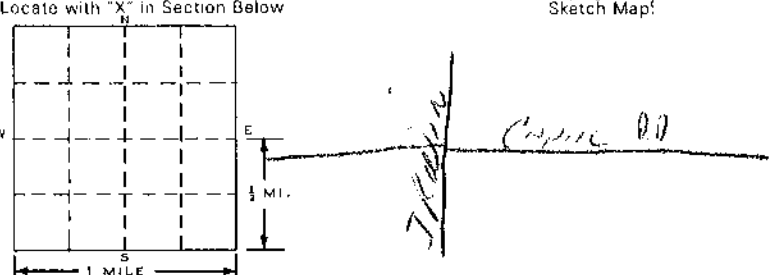
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		
County Macomb	Township Name Armada	Fraction SE SE 1/4 SE 1/4
Distance And Direction from Road Intersections 1/8 M. N of Irwin Rd. 150' W of Capac Rd.		Section Number 8
Street address & City of Well Location Locate with "X" in section below		Town Number 5 N.S.
		Range Number 13 E/W.
3 OWNER OF WELL:		
Name: Jay Dotson		
Address: 23329 E. Main, Armada, Michigan 48005		
4 WELL DEPTH: (completed) Date of Completion		
Depth: 440 ft. Date: 8-16-73		
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dip		
<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry		
<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial		
<input type="checkbox"/> Test Well <input type="checkbox"/>		
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>		
Diam. _____ 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:		
10 ft. below land surface		
10 PUMPING LEVEL below land surface		
200 ft. after 3 hrs. pumping 5 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 checked="" 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"/> SDG		
Depth: From 0 ft. to 188 ft.		
14 Nearest Source of possible contamination none		
_____ 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.		
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY BP **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.		
Metamora Well Drilling 0397		
REGISTERED BUSINESS NAME REGISTRATION NO.		
Address 1200 Inlay City Rd., Lapeer		
Signed <i>[Signature]</i> 8-16-73		
AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL										
County <u>Macomb</u>	Township Name <u>ARINADA</u>	Fraction <u>NE 1/4 NE 1/4 S 8</u>	Section Number <u>8</u>	Town Number <u>5 N 1/2</u>	Range Number <u>13 E 1/2</u>					
Distance And Direction From Road Intersection <u>IRWIN RD. About 500 NORTH OF</u> <u>About 100 FT WEST OF (CAPIN RD)</u>			3 OWNER OF WELL: <u>OSVARDO BONJOURNO</u> Address <u>2294 504TH AVE NE</u> <u>117 COLUMBUS MI 48114</u> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Street Address & City of Well Location <u>PAR C / SEC 8</u>			4 WELL DEPTH: Date Completed <u>7-10-89</u> M.D. DAY YEAR <input checked="" type="checkbox"/> New Well <u>36</u> FT. <input type="checkbox"/> Replacement Well							
Locate with "X" in Section Below Sketch Map: 			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"/>							
2 FORMATION DESCRIPTION			THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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 <u>4</u> in. to <u>29</u> ft depth Height: Above/Below Surface <u>1</u> ft. Weight <u>1</u> lbs./ft. GROUTED DRILL HOLE DIAMETER Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<u>TOP SOIL</u>			<u>2</u>		<u>2</u>		8 SCREEN: <input type="checkbox"/> Not Installed Type <u>JOHNSON</u> Diameter <u>4"</u> Slot/Gauze <u>14-15</u> Length <u>4'-11" - 5'</u> Set between <u>36</u> ft. and <u>29</u> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen <u>1</u> ft. Other _____			
<u>CLAY - RED & GRAY</u>			<u>20</u>		<u>22</u>		9 STATIC WATER LEVEL: <u>57</u> ft. below land surface <input type="checkbox"/> Flow			
<u>CLAY - GRAY HARD</u>			<u>5</u>		<u>27</u>		10 PUMPING LEVEL: below land surface <u>20</u> ft. after <u>6</u> hrs. pumping at <u>10</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
<u>SAND - MEDIUM</u>			<u>9</u>		<u>36</u>		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" 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 <u>TOP</u> to <u>27</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <u>2</u> Additives _____			
							13 Nearest source of possible contamination Type <u>SEPTIC</u> Distance <u>300</u> ft. Direction <u>SOUTH</u> 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 checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ 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. <u>5 HARRIS & SONS</u> 1665 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Ruffin Rd MI</u> Signed <u>[Signature]</u> Date <u>7-13-89</u> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name:										

USE A 2ND SHEET IF NEEDED

RECEIVED
MICH. DEPT. OF PUBLIC HEALTH
JUN 1 1989

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH DIVISION

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

JUN 07 1978

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL County: MACOMB		Township Name: ARMADA		Fraction: SE 1/4 NE 1/4		Section Number: 8		Town Number: 9		Range Number: 13	
Distance And Direction from Road Intersections: 2 1/2 MI. WEST FROM INTERSECTION OF CAPAC & IRWIN RDS. 40' NORTH OF IRWIN RD.				3 OWNER OF WELL: DAVID Metz Address: 8705 PAIGE WARREN, MICH. 48089							
Street address & City of Well Location: Locate with "X" in section below				Sketch Map: 				4 WELL DEPTH: (completed) 47 ft. Date of Completion: 5/24/78			
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"/> Borod			
				yellow SAND & GRAVEL WITH MED-COARSE GRAVEL/WATER		28 19		28 47		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	
16 Remarks, elevation, source of data, etc. A.G. JOHNSON & DRILLERS M.L. JOHNSON				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. JOHNSON & JOHNSON 1668 REGISTERED BUSINESS NAME REGISTRATION NO.		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 3 ft.		8 SCREEN: Type: 5.5 Dia.: 4" Slot/Gauze: 20x20 Length: 8" Set between 39 ft. and 47 ft. Fittings: 1-K-PICKER, 1-3" PLUG, 1-3x12' NIPPLE, 1-3x3 CLOSE NIPPLE			
						9 STATIC WATER LEVEL: 6 ft. below land surface		10 PUMPING LEVEL below land surface: 11 ft. after 4 hrs. pumping 20 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 checked="" type="checkbox"/> 12" Above Grade		13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Comont <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		14 Nearest Source of possible contamination: 50 feet NW Direction SEPTIC 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 ADDITIONAL INFORMATION: *CORRECTED BY ST **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____ USE A 2ND SHEET IF NEEDED							
Signed: _____ Date: 5/24/78				AUTHORIZED REPRESENTATIVE							

JUN 07 1978

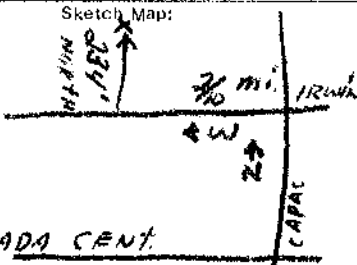
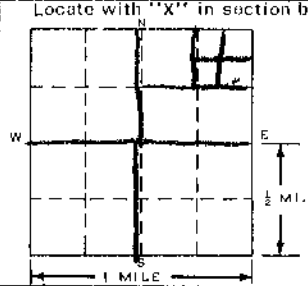
WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF PUBLIC HEALTH

1 LOCATION OF WELL				
County MACOMB	Township Name ARMADA	Fraction SE 1/4 NE 1/4	Section Number 8	Town Number 5 NW
Distance And Direction from Road Intersections 2 1/10 mi WEST FROM INTERSECTION OF CAPAC & IRWIN RDS. 234' NORTH OF IRWIN RD		Range Number 13 E/W.		
Street address & City of Well Location Locate with "X" in section below				



3 OWNER OF WELL:
DAVID Metz
 Address **8705 PAIGE WARREN, MICH. 48089**

4 WELL DEPTH: (completed) Date of Completion
110 ft. 5/22/78

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded
 Diam. **4 in.** to **110 ft.** Depth
 Height: Above/Below Surface _____ ft.
 Weight **11** lbs./ft.
 Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand	23	23
shale (gray)	25	48
VERY FINE GRAY SAND (Little water)	14	62
Red shale	18	80
GRAY shale	16	96
VERY FINE GRAY SAND (Little water)	14	110
Pulled Pipe AND Plugged Hole WITH 10 BAGS CEMENT & DRILLING MUD.		
ADDED INFO BY DRILLER, ITEM NO.		
*CORRECTED BY B		
**ADDITION BY		
ELEVATION		
DEPTH TO ROCK		
USE A 2ND SHEET IF NEEDED		

8 SCREEN:
 Type: **S.S.** Dia.: **4"**
 Slot/Gauze **6x6** Length **5ft.**
 Set between **54** ft. and **62** ft.
 Fittings: **102" x 110"**
1-646 MIN. NOT ENOUGH WATER

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: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite **DRILLING MUD**
 Depth: From **0** ft. to **110** ft.

14 Nearest Source of possible contamination
 _____ foot _____ Direction _____ 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.
A.G. Johnson & Drillers
M.L. Johnson

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.
Johnson & Johnson 1668
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **10919 Gratiot Richmond Mich.**
 Signed **Ray & Deke** Date **5/24/78**
 AUTHORIZED REPRESENTATIVE

MAY 29 1979

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

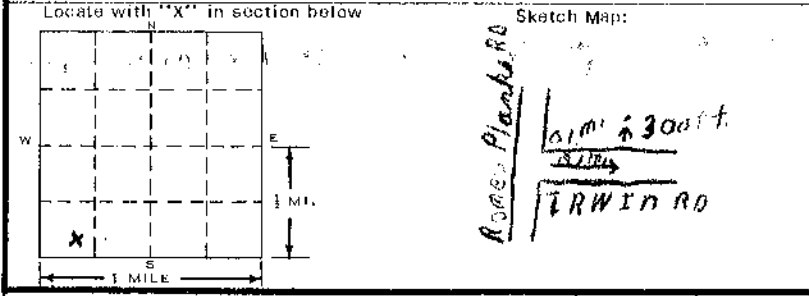
1 LOCATION OF WELL

County Macomb	Township Name ARMADA	Fraction SW 1/4	Section Number 8	Town Number 5 N.B.	Range Number 13 E.M.
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Distance And Direction from Road Intersections
0.1 Mile East of Romeo Plank North 30° IRWIN RD

Street address & City of Well Location
Locate with "X" in section below

3 OWNER OF WELL: HANK Szymezak
Address **1124 LESURE STERLING HGTS Mich 48077**



4 WELL DEPTH: (completed) Date of Completion
36" ft. 5-1-79

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below Surface **1** ft.
4 in. to **32** ft. Depth Weight **110** lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
TOP SOIL	1	1
YELLOW CLAY	18	19
GRAVEL	2	21
GREY CLAY	11	32
MED-SAND	4	36

8 SCREEN:
Type: **JOHNSON** Dia.: **4"**
Slot/Gauze **12** Length **3'**
Set between **22** ft. and **36** ft.
Fittings:

9 STATIC WATER LEVEL
2' ft. below land surface

10 PUMPING LEVEL below land surface
18' ft. after **1** hrs. pumping **15** 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 Comont Bentonite
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
70 feet **E** Direction **SEPTIC** Type
Well disinfected upon completion Yes No

15 PUMP: ~~RED JACKET~~ Not installed
Manufacturer's Name **RED JACKET**
Model Number _____ HP _____ Volts _____
Length of Drop Pipe **21** ft. capacity **15** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY **B**
ADDITION BY **B
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.
J V V WELL DRILLING 1712
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **627 ROBIN STREET ALGONAC MICH**
Signed **Jesse Spawls** Date **5/17/79**
AUTHORIZED REPRESENTATIVE

MAY 25 1976

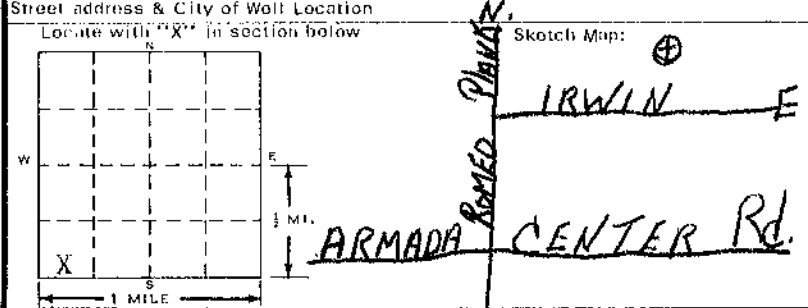
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Macomb	Township Name Armada	Fraction SW 1/4 1/4 1/4	Section Number Sec. 8	Town Number 5 N.W.	Range Number 13 E.W.
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Distance And Direction from Road Intersections
1000 ft E of Romeo Plank Rd. on Irwin



3 OWNER OF WELL:
Bert VanDyke
Address **77400 Romeo Plank Rd.**

4 WELL DEPTH: (completed) Date of Completion
29 ft. **4-14-76**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded
Diam. **4** in. to **2r** ft. Depth
Height: Above **14** ft. below Surface **STD** lbs./ft.
Weight **STD** lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top black clay	2	2
Clay & sand	7	9
Coarse gravel water	2	11
Dard dark gray clay	11	22
Clay & sand	4	26
Coarse Sand & gravel dark		
gray water bearing	3	29
Bottom hard clay		

8 SCREEN:
Type: **Johnson S.S.** Dia.: **3"**
Slot/G **xxx** **20** Length **4ft**
Set between **25** ft. and **29** ft.
Fittings: **3x24 nipple 4x3 K-Packer 3" plug in screen**

9 STATIC WATER LEVEL
3 ft. below land surface

10 PUMPING LEVEL below land surface
7 ft. after **3** hrs. pumping **20** 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
_____ feet _____ Direction **Not installed**
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. **5**
*CORRECTED BY **5**
ADDITION BY **5
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.
Durban E. Neff **0480**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **831 Lakeville Rd. Oxford, Mich. 48051**
Signed **Durban E. Neff** Date **5-17-76**
AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		
County Macomb	Township Name ARMADA	Fraction 1/4 1/4 1/4
		Section Number 8
		Town Number 5 N13
		Range Number 13 E44
Distance And Direction From Road Intersection 18303 Irwin Armada		
Street Address & City of Well Location 18303 Irwin Armada		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Locate with "X" in Section Below		Sketch Map:
3 OWNER OF WELL: David Metz		
Address 18303 Irwin - Armada		
4 WELL DEPTH: (completed) 36 ft. Date of Completion		
5 <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 type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
8 SCREEN: <input type="checkbox"/> Not installed Type Johnson Diameter 6" Slot/Gauze 18 Length 10 Set between 26 ft. and 36 ft. FITTINGS: <input 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: _____ ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface _____ 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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 10 Additives _____		
13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____		
Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump installation Only Manufacturer's name GOULDS Model number 7EH HP 1/2 Volts 230 Length of Drop Pipe 30 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name 302 XTROL Model number _____ Capacity 30 Gallons		
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM
		DEPTH TO BOTTOM OF STRATUM
TOP SOIL		0 2
YELLOW SANDY CLAY		6 8
Rocky		2 10
SANDY		3 13
Rocky		2 15
SANDY & GRAVEL		10 25
SANDY WATER BEARING		16 36
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. 74-0532 Orzel Well Drilling REGISTERED BUSINESS NAME Orzel Well Drilling REGISTRATION NO. _____ Address 2673 Wermers Rd Signed Frank Orzel Date 8-27-87 AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County: MACOMB

Township Name: ARMADA

Fraction: 5 1/4 SE 1/4

Section Number: 8

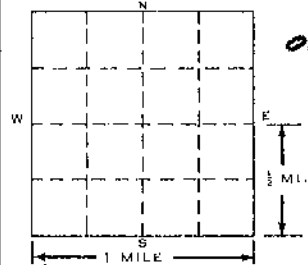
Town Number: 5

Range Number: 13

Distance And Direction from Road Intersections: SAME →

Street address & City of Well Location: SCAPAC RD ARMADA CENTR. RD

Locate with "X" in section below



Sketch Map:

BORDMAN OR PRATT

SCAPAC RD

ARMADA CENTR. RD

3 OWNER OF WELL: BRUCE BOWLBY
Address: 77335 CAPAC RD. ROMEO, MICH 48065

4 WELL DEPTH: (completed) 301 ft. Date of Completion: 6-12-87

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below Surface 1 ft.
4 in. to 105 ft. Depth Weight 11 lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

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

9 STATIC WATER LEVEL: 20 ft. below land surface

10 PUMPING LEVEL below land surface: 105 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 SLIGHTLY SALTY

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From GRADE ft. to 120 ft.

14 Nearest Source of possible contamination: 75 feet W Direction SEPTIC Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name: RED JACKET
Model Number: 9BC HP: 1/2 Volts: 230
Length of Drop Pipe: 150 ft. capacity: 5 G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
WATER IS SLIGHTLY SALTY

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.
BE BULL DRILLING (23-1837)
REGISTERED BUSINESS NAME REGISTRATION NO.
Address: 4745 FOREST - LEONARD
Signed: [Signature] Date: _____
AUTHORIZED REPRESENTATIVE

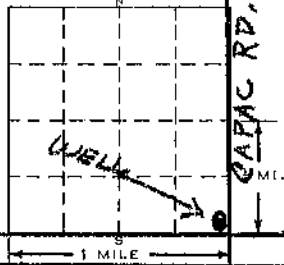

RECEIVED
Mich. Dept. of Public Health
FEB 02 1988
Bureau of Environmental and
Occupational Health - GWOS
USE A 2ND SHEET IF NEEDED

JAN 03 1972

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		Fraction		Section Number		Town Number		Range Number			
County Macomb		Township Name Armada		SE $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$		8		5 N/W		19 E/W	
Distance And Direction from Road Intersections 77 ft. W. from the center of road at --- 77277 Maple Capac.				3 OWNER OF WELL: Mick Kinzer Address 77277 Maple Capac Rd. Armada, Mich.							
Street address & City of Well Location Locate with "X" in section below				4 WELL DEPTH: (completed) Date of Completion 156 ft. 11 - 19 - 70.							
Sketch Map: 				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"/> Jotted <input type="checkbox"/> Borod <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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: 1000 Below Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: Type: Johnson S. Steel Dia.: 3 Slot/Gauze 8 Length 3 Set between 159 ft. and 156 ft. Fittings: _____					
Yellow Clay & Stones		12		12		9 STATIC WATER LEVEL 15 ft. below land surface					
Gray Clay		198		150		10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 3 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
Hard Gray Clay & Gravel. Fine		3		159		11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____					
Fine Sand & Fine G'l w.Bg.		3		156		12 WELL HEAD COMPLETION: <input checked="" 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 55 feet N Direction Septic Tk. & T Pd. Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
				15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Myers Model Number HD - 99D HP 1/3 Volts 115 Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
USE A 2ND SHEET IF NEEDED				16 Remarks, elevation, source of data, etc.							
<p style="font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="font-size: 1.5em;">DEC 30 1971</p> <p style="font-size: 1.2em;">MACOMB COUNTY HEALTH DEPT</p>				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. Scheer Well Drilling 0463 REGISTERED BUSINESS NAME REGISTRATION NO.							
								Address 39071 Garfield Rd Fraser 48026 Signed  Date 1970 AUTHORIZED REPRESENTATIVE			



MAR 01 1973 WATER WELL RECORD
ACT 294 PA 1965

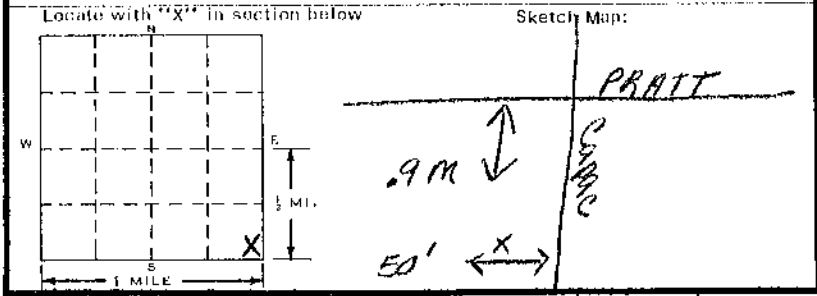
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County Macomb Township Name Armada NE
 Fraction SE 1/4 SE 1/4 Section Number 8 Town Number 5 N/2 Range Number 13 E/W

Distance And Direction from Road Intersections
.9 m. South of Pratt Rd.
50' W. of Capae Rd
 Street address & City of Well Location

3 OWNER OF WELL: Fritz Builders
 Address 6441 VanDyke
Romeo, Mich.



4 WELL DEPTH: (completed) Date of Completion
240 ft. 2-2-73

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below
 Diam. 4 in. to 168 ft. Depth Surface 1 ft.
 Weight 11 lbs./ft. Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Clay</u>	<u>26</u>	<u>26</u>
<u>Gravel</u>	<u>4</u>	<u>30</u>
<u>Clay</u>	<u>132</u>	<u>162</u>
<u>Broken sandstone</u>	<u>5</u>	<u>167</u>
<u>Sandstone</u>	<u>8</u>	<u>175</u>
<u>Shale</u>	<u>65</u>	<u>240</u>

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

9 STATIC WATER LEVEL 8 ft. below land surface

10 PUMPING LEVEL below land surface
160 ft. after 2 hrs. pumping 15 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 Agua Gel
 Depth: From 0 ft. to 168 ft.

14 Nearest Source of possible contamination
50 feet W Direction Septic Type
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name Red Jacket
 Model Number R50N19BC HP 1/2 Volts 220
 Length of Drop Pipe 136 ft. capacity 12 G.P.M.
 Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

Salt water
 ADDED INFO. BY DRILLER, ILLM No.
 DIRECTED BY JH

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.
Metamora Well Drilling 0399
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 1640 Hendrie, Metamora
 Signed _____ Date 2-5-73
 AUTHORIZED REPRESENTATIVE

AUG 10 1978

WATER WELL RECORD
ACT 294 PA 1965

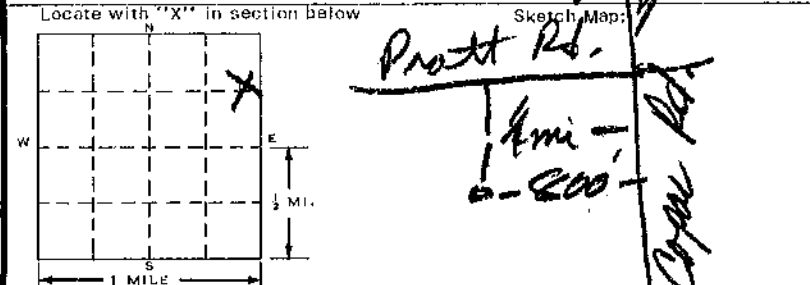
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Macomb	Township Name Armada	Fraction SE 1/4 NE 1/4 NE 1/4	Section Number 9	Town Number 5 N.W.	Range Number 13 E.W.
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Distance And Direction from Road Intersections
about 1/2 mi. S. of Pratt Rd. and About 800' W. of Capac Rd.

Street address & City of Well Location



3 OWNER OF WELL:
Address **DAVE Hurd, CAPAC Rd**

4 WELL DEPTH: (completed) Date of Completion
31 ft. 7-10-78

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below Surface **7** ft.
Diam. **4** in. to **27** ft. Depth Weight **11** lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top Soil	2	2
Clay + Sand	12	14
Clay (Gray)	11	25
Clay + Sand	2	27
Water Sand	4	31

8 SCREEN:
Type: **Stainless** Dia.: **3'**
Slot/Gauze **10** Length **4'**
Set between **27** ft. and **31** ft.
Fittings: **K PACKER, Plug, NIPPLE**

9 STATIC WATER LEVEL
10 ft. below land surface

10 PUMPING LEVEL below land surface
15 ft. after **3** hrs. pumping **12** 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
175 feet **W** Direction **SEPTIC** 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.

B

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.
BEIT'S WELL Drilling 1263
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **1009 Lathrop Okenton**
Signed **Jack L. Beit** Date **7-11-78**
AUTHORIZED REPRESENTATIVE

MAR 17 1976

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

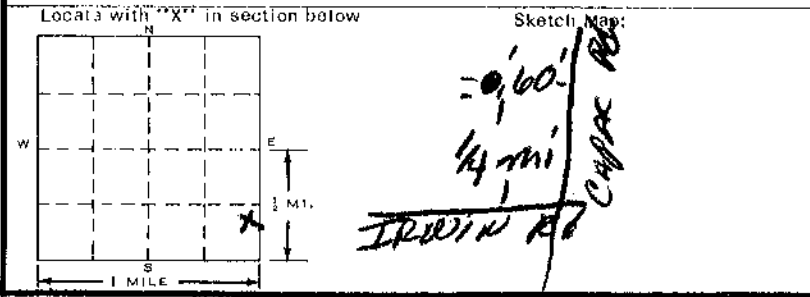
1 LOCATION OF WELL

County MACOMB Township Name ARMADA Fraction NE 1/4 SE 1/4 Section Number 8 Town Number 5 N/8 Range Number 13 E/4W

Distance And Direction from Road Intersections
About 60' W. of CAPAC Rd. +
About 1/4 mi. N. of IRWIN Rd.

Street address & City of Well Location

3 OWNER OF WELL:
CHUCK VOTTENGER
 Address CAPAC Rd.



4 WELL DEPTH: (completed) Date of Completion
180 ft. 12-5-75

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Height: Above/Below
 Diam. 4 in. to 195 ft. Depth Surface 11 ft.
 Weight 11 lbs./ft. Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top Soil	2	2
Clay w/sand	29	31
Hardpan	19	50
GRAVEL & CLAY	33	88
CLAY BLUE	48	136
CLAY w/SAND		
& GRAVEL	15	151
SAND GRAY	27	173
Rock Formation	18	180

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

9 STATIC WATER LEVEL
10 ft. below land surface

10 PUMPING LEVEL below land surface
140 ft. after 3 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 _____ 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
160 feet W Direction SEPTIC 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 Reciprocating
 Jet

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
 *CORRECTED BY B
 **ADDITION BY B
 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.
W.S. Bell & Sons 0521
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 9750 METCAL RD YALE
 Signed W.S. Bell Date 12-5-75
 AUTHORIZED REPRESENTATIVE