

NOV 18 1970

WATER WELL RECORD

ACT 294 PA 1965

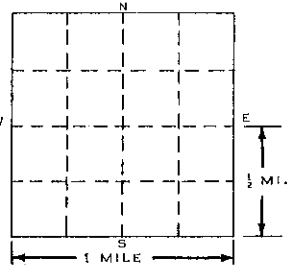
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Manistee</u> Twp. <u>Pleasanton</u> Fraction <u>SE 1/4 NE 1/4</u> Section No. <u>29</u> Town <u>24</u> Range <u>15 W.</u>		
Distance And Direction from Road Intersections <u>96' West Butwell Rd</u> <u>792' North Notconk Rd</u> Street address & City of Well Location		3 OWNER OF WELL: <u>Mr George Myers</u> Address <u>RR Bear Lake Michigan</u>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>62</u> ft. Date of Completion <u>12/26/69</u>	
	<u>Sand</u>	<u>18</u>	<u>16</u>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
	<u>Clay sand</u>	<u>6</u>	<u>24</u>	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"/>
	<u>Fine sand</u>	<u>14</u>	<u>38</u>	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>4</u> in. to <u>53</u> ft. Depth Height: <u>Above</u> surface <u>4</u> ft. Weight <u>11</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<u>Clay sand</u>	<u>15</u>	<u>53</u>	8 SCREEN: Type: <u>Johnson</u> Dia.: <u>4</u> Slot/Gauge <u>10</u> Length <u>5</u> Set between <u>57</u> ft. and <u>62</u> ft. <u>RPW</u> Fittings: <u>3x18 nipple</u> <u>3x2x2 bushing 2 plug</u>
	<u>SAND</u>	<u>11</u>	<u>64</u>	9 STATIC WATER LEVEL <u>30</u> ft. below land surface
			10 PUMPING LEVEL below land surface <u>45</u> ft. after <u>1</u> hrs. pumping <u>20</u> 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: <u>NOT IN</u> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No	
			15 PUMP: Manufacturer's Name <u>Gould</u> Model Number <u>WE17</u> HP <u>3/4</u> Length of Drop Pipe <u>45</u> ft. capacity <u>13</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevations, 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. <u>Rollin Well Drilling</u> <u>364</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>4800 Main St Onekama</u> Signed <u>Hugh Rollin</u> Date <u>12/27/69</u> AUTHORIZED REPRESENTATIVE		

NOV 21 1973

WATER WELL RECORD
ACT 294 1965

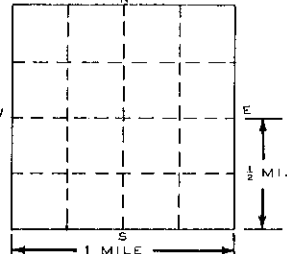
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:																										
County Manistee	Township Name Pleasanton	Friction N 1/4 N 1/4 SE 1/4	Section Number 29	Town Number 24N	Range Number 15W E/W.																								
Distance And Direction from Road Intersections Southwest Corner of Noreonk & Butwell Roads			Address Ray Knoche																										
Street address & City of Well Location Near Lake, Mich.			4 WELL DEPTH: (completed) Date of Completion 46 ft. 8-2-73																										
Locate with "X" in section below 			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"/>																										
Sketch Map:			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"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">2 FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td style="text-align: center;">Sand</td> <td style="text-align: center;">160</td> <td style="text-align: center;">16</td> </tr> <tr> <td style="text-align: center;">Clay</td> <td style="text-align: center;">125</td> <td style="text-align: center;">17</td> </tr> <tr> <td style="text-align: center;">Sand</td> <td style="text-align: center;">213</td> <td style="text-align: center;">30</td> </tr> <tr> <td style="text-align: center;">Sand & Clay</td> <td style="text-align: center;">306</td> <td style="text-align: center;">36</td> </tr> <tr> <td style="text-align: center;">Clay</td> <td style="text-align: center;">365</td> <td style="text-align: center;">41</td> </tr> <tr> <td style="text-align: center;">Sand</td> <td style="text-align: center;">415</td> <td style="text-align: center;">46</td> </tr> <tr> <td style="text-align: center;">Clay</td> <td style="text-align: center;">46</td> <td></td> </tr> </table>			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand	160	16	Clay	125	17	Sand	213	30	Sand & Clay	306	36	Clay	365	41	Sand	415	46	Clay	46		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. 2 in. to 42 ft. Depth Height: Above/Below Surface 1 ft. Weight 3.75 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																								
			Sand	160	16																								
			Clay	125	17																								
			Sand	213	30																								
			Sand & Clay	306	36																								
			Clay	365	41																								
Sand	415	46																											
Clay	46																												
			8 SCREEN: Type: Johnson S.S. Dia.: 1 1/2" Slot/Gauze 7 Slot Length 4 Ft. Set between 42 ft. and 46 ft. Fittings: Standard																										
			9 STATIC WATER LEVEL 28 ft. below land surface																										
			10 PUMPING LEVEL below land surface _____ 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 type="checkbox"/> Yes <input checked="" 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 _____ feet _____ Direction _____ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number 06445 HP 1/2 Volts _____ Length of Drop Pipe 32 ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																										
ADDED INFO. BY DRILLER, NAME AND DATE																													
CORRECTED BY BT																													
ADDITION BY																													
USE A 2ND SHEET IF NEEDED																													
16 Remarks, elevation, source of data, etc. Injector Set 20-70, 17Noz-24Ven			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. Cameron Bros. Inc. 0405 REGISTERED BUSINESS NAME REGISTRATION NO. Address Rt. #2 Freeseil, Mich. Signed <i>Don Cameron</i> Date Nov. 7, 1973 AUTHORIZED REPRESENTATIVE																										

2 MAY 30 1979

WATER WELL RECORD
ACT 294 PA 1965

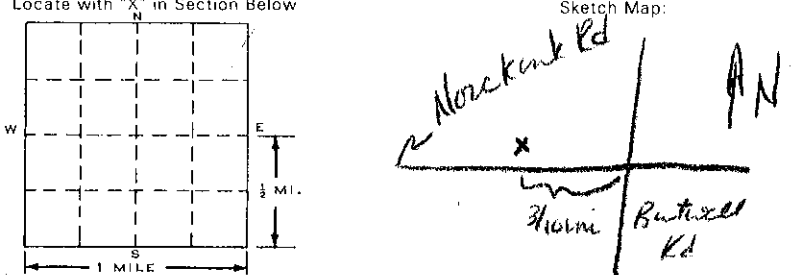
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County MANISTEE	Township Name PLEASANTON	Fraction NE 1/4 NW 1/4	Section Number 29	Town Number 24	Range Number N 15 E W.
Distance And Direction from Road Intersections 1/4 MI W of BUTWELL RD. 150 FT. S of ALKIRE RD.			Address RICK FARSING ALKIRE RD. BEAR LAKE, MICH.		
Street, Road & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of completion 72 ft. 10-3-78		
Sketch Map: 			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 checked="" type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			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. 2" Height: Above/Below Surface 1 ft. 2 in. to 68 ft. Depth Weight 3.75 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
SAND			8 SCREEN: Type: H. SMITH Dia. 2 1/4 TELESCOPE Slot/Gauze .010 Length 4 FT. Set between 68 68 ft. and 72 ft. Fittings: 68 72 2X1 1/4 K-PACKER		
WATER SAND			9 STATIC WATER LEVEL 40 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 checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" 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 200 feet W Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name BOULDS Model Number V507 HP 3/4 Volts 230 Length of Drop Pipe 53 ft. capacity 8 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. CORRECTED BY **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. Karl Hill July 12 1979 REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address Rt. 1 Mexico, Mich. Signed Raymond Karl Date 10-3-78 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		County <u>Manistee</u>		Township Name <u>Pleasanton</u>		Fraction <u>SW 1/4 NE 1/4</u>		Section Number <u>29</u>		Town Number <u>24 N S</u>		Range Number <u>15 E W</u>	
Distance And Direction From Road Intersection <u>1/2 mile W. of Butwell Rd on N Side of Nowank Rd.</u>						3 OWNER OF WELL: Name <u>Steve Hansen</u> Address <u>7640 Nowank Rd Bear Lake, Mi 49614</u> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location						4 WELL DEPTH: Date Completed MO. DAY YEAR <input checked="" type="checkbox"/> New Well <u>46</u> FT. <u>8</u> <u>31</u> <u>94</u> <input type="checkbox"/> Replacement Well							
Locate with "X" in Section Below						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
Sketch Map: 						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"/>							
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: <u>above</u> /Below Surface <u>1</u> ft. Weight <u>11.0</u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
										8 SCREEN: <input type="checkbox"/> Not Installed Type <u>WOP</u> Diameter <u>4</u> Slot/auze <u>7</u> Length <u>6</u> Set between <u>40</u> ft. and <u>46</u> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <u>2</u> ft. Other _____			
Top Soil Sand										9 STATIC WATER LEVEL: <u>14</u> ft. below land surface: <input type="checkbox"/> Flow			
										10 PUMPING LEVEL: below land surface _____ ft. after <u>1</u> hrs. pumping at <u>20</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
RECEIVED MICHIGAN DEPARTMENT OF PUBLIC HEALTH DIVISION OF COMMUNITY WATER SUPPLY LANSING, MICHIGAN 48201										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 <u>0</u> to <u>30</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
USE A 2ND SHEET IF NEEDED										13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>55</u> ft. Direction <u>N</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 type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>F&W</u> Model number <u>1/2</u> HP _____ Volts <u>280</u> Length of Drop Pipe <u>30</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name <u>Well Mate</u> Model number <u>WMM-9</u> Capacity <u>30</u> 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>Ed Benson Well Drilling 51-1603</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>14645 Kansas Rd Kalamazoo Mi</u> Signed <u>Ed Benson</u> Date <u>9-5-94</u> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: <u>Ed Benson</u>													

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

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL

County

Muskegon

Township Name

Pleasanton

Fraction

SE 1/4 Sec 14 1/4

Section No.

29

Town No.

24 N

Range No.

15 W

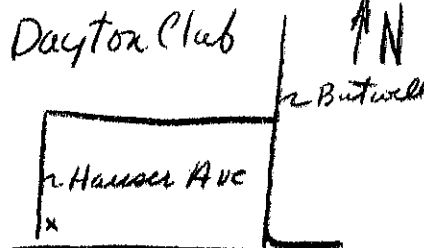
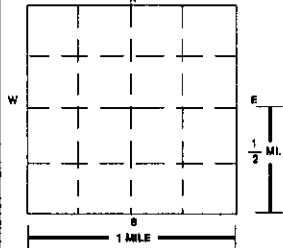
Distance and Direction from Road Intersection

*S. end of Houser Ave in
Dayton Club*

Street Address & City of Well Location

Locate with 'x' in Section Below

Sketch Map



2. FORMATION DESCRIPTION

3000' Core

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Mixed Sand</i>	<i>10</i>	<i>10</i>
<i>Sand</i>	<i>45</i>	<i>55</i>
<i>Clay</i>	<i>1</i>	<i>56</i>
<i>Sand</i>	<i>12</i>	<i>68</i>
<i>Clay (Hard)</i>	<i>3</i>	<i>71</i>
<i>Clay (Soft)</i>	<i>18</i>	<i>89</i>
<i>Silty Sand</i>	<i>11</i>	<i>100</i>
<i>Clay</i>	<i>1</i>	<i>101</i>
<i>Med Sand</i>		

3. OWNER OF WELL

Address

*Mr Don Raiff
1411 Houser Ave
Beau Lake, Mich 49614*

Address Same as Well Location Yes No

4. WELL DEPTH:

110 ft.

Date Completed

4-4-96

New Well

Replacement Well

5. Cable Tool

Hollow Rod

Rotary

Auger/Bored

Driven

Jetted

Dug

6. USE:

Household

Type I Public

Type III Public

Irrigation

Type IIa Public

Heat Pump

Test Well

Type IIb Public

Other

7. CASING:

Steel

Threaded

Plastic

Welded

Other

Height: Above Below Surface: *1* ft

Diameter: _____ in. to _____ ft. depth

_____ in. to _____ ft. depth

Weight: *11.0* lbs./ft.

BORE HOLE:

Diameter: _____ in. to _____ ft. depth

_____ in. to _____ ft. depth

Drive Shoe

Shale Packer

8. SCREEN:

Not Installed

Gravel-Packed

Type *WOP*

Diameter *4*

Slot/Gauze *7*

Length: *6*

Set Between *104* ft. and *110* ft.

FITTINGS: J-Packer

Bremer Check

Blank Above Screen *2* ft. Other

9. STATIC WATER LEVEL:

10 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

_____ ft. After *1* hrs. Pumping at *20* G.P.M.

Plunger

Bailor

Air

Test Pump

11. WELL HEAD COMPLETION:

Pitless Adapter

12" Above Grade

Basement Offset

Well House

12. WELL GROUTED?

No

Yes

From *0* to *all* ft.

Neat Cement

Bentonite

Other

No. of Bags *4*

Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type *Sewer*

Distance *55* ft.

Direction *E*

Type _____

Distance _____ ft.

Direction _____

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.)

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor

Name *Ed Benson*

15. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Ed Benson Well Drilling

51-1603

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address *14645 Kangas Rd*

Signed *Ed Benson*

Date *4-4-96*

AUTHORIZED REPRESENTATIVE

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO:

15122

1. LOCATION OF WELL

County

MANISTEE

Township Name

PLEASANTON

Fraction

NW 1/4 NE 1/4 SE 1/4

Section No.

29

Town No.

24 N

Range No.

15 W

Distance and Direction from Road Intersection

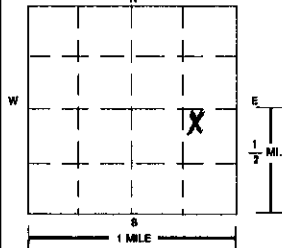
WELL IS 1/4 MILE W OF BUTWELL RD
ON S. SIDE OF NORCONK RD

Street Address & City of Well Location

7855 NORCONK RD

Locate with 'x' in Section Below

Sketch Map



NORCONK RD

BUTWELL RD

3. OWNER OF WELL

Address

DON SCHELL
14120 DAYLOR AVE
BEAR LAKE MI 49614

Address Same as Well Location

Yes No

4. WELL DEPTH:

Date Completed

New Well

58 ft.

12/22/97

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

Height: Above/Below Surface: 1 ft

Plastic Welded

Other

Diameter:

4 in. to 54 ft. depth

Weight: 11.0 lbs./ft.

in. to ft. depth

BORE HOLE:

Diameter:

in. to ft. depth

Drive Shoe

Shale Packer

in. to ft. depth

8. SCREEN:

Not Installed

Gravel-Packed

Type

STAINLESS

Diameter 4"

Slot/Gauge

10

Length: 4'

Set Between

54 ft. and

58 ft.

FITTINGS:

K-Packer

Bremer Check

Blank Above Screen

1 ft. Other

9. STATIC WATER LEVEL:

30 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

40 ft. After

2 hrs. Pumping at

30 G.P.M.

Plunger

Bailer

Air

Test Pump

11. WELL HEAD COMPLETION:

Pitless Adapter

12" Above Grade

Basement Offset

Well House

12. WELL GROUTED?

No

Yes

From 0 to 54 ft.

Neat Cement

Bentonite

Other

No. of Bags

Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type

Distance

ft. Direction

Type

Distance

ft. Direction

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.)

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor

Name PHIL KLUESNER

15. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

PHIL KLUESNER WELL DRILLING 1900

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address PO BOX 107 BRETHERN MI 49619

Signed [Signature] Date 12-30-97

AUTHORIZED REPRESENTATIVE

GW-2-228 9/93

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978
Completion: Required

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

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
FEB 09 1998
Michigan Water & Radiological Protection Division
Ground Water Supply Section
WELL CONSTRUCTION UNIT

RECEIVED

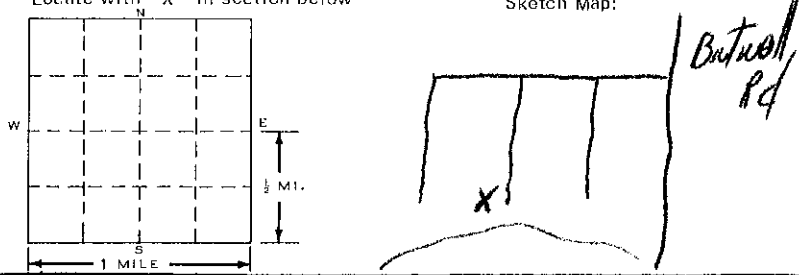
JAN 15 1998

D.H.D. #10

3 AUG 05 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County <i>Manistee</i>	Township Name <i>Pleasanton</i>	Fraction <i>NE 1/4 SE 1/4</i>
Section Number <i>29</i>		Range Number <i>24 N. 15 W.</i>
Distance And Direction from Road Intersections <i>ON DAYTON club prot AT end of Houses Rd North side</i>		
Street address & City of Well Location <i>406 Greenmount Blvd DAYTON Ohio 45419</i>		3 OWNER OF WELL: <i>Dorothy BARSTOW</i>
Locate with "X" in section below		Address <i>406 Greenmount Blvd DAYTON Ohio 45419</i>
Sketch Map: 	4 WELL DEPTH: (completed) / Date of Completion <i>406" ft. 7/18/80</i>	
2 FORMATION		
THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <i>1</i> ft.
<i>SAND</i>	<i>41 41</i>	Weight <i>3.75</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <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: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <i>1</i> ft.
		8 SCREEN: Type: <i>#55 860</i> Dia.: <i>1 1/2</i>
		Slot/Gauge <i>1</i> Length <i>5</i>
		Set between <i>35</i> ft. and <i>40</i> ft.
		Fittings: <i>STANDARD</i>
		9 STATIC WATER LEVEL _____ ft. below land surface
		10 PUMPING LEVEL below land surface _____ 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 type="checkbox"/> Yes <input checked="" 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>52</i> feet <i>North</i> Direction <i>Septic Tank</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.		
ADDED INFO BY DRILLER, ITEM NO. CORRECTED BY <i>Scap</i> 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.		
REGISTERED BUSINESS NAME <i>Roller Well Drilling</i>		REGISTRATION NO. <i>0364</i>
Address <i>473 Crescent Beach Rd Onekama</i>		
Signed <i>Hugh Roller</i>		Date <i>7/10/80</i>

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

3

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Manistee</i>	Twp. <i>Pleasanton</i>	Fraction <i>SW 1/4 SE 1/4 NW 1/4</i>	Section No. <i>29</i>	Town <i>24 N</i>	Range <i>15 W</i>
Distance And Direction from Road Intersections <i>3 miles north of Bear Lake US 31</i> <i>150' West of US 31</i>			OWNER No. 		
Street address & City of Well Location			Address <i>Leonard J. Graham</i>		
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion	
<i>Sand</i>		<i>36</i>	<i>36</i>	<i>76</i> ft. <i>10/12/67</i>	
<i>Sand Gravel</i>		<i>40</i>	<i>76</i>	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" 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"/> Height: Above/Below surface <i>1</i> ft. Diam. <i>2</i> in. to <i>2 1/2</i> in. Depth <i>72</i> ft. Weight <i>3 3/4</i> lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				8 SCREEN: Type: <i>False</i> Dia.: <i>1 1/4</i> Slot/Gauze <i>80</i> Length <i>4 ft</i> Set between <i>72</i> ft. and <i>76</i> ft. Fittings: <i>1 1/4" Cavalier</i>	
				9 STATIC WATER LEVEL _____ ft. below land surface	
				10 PUMPING LEVEL below land surface <i>52</i> 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 checked="" 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: <i>none</i> Nearest Source of possible contamination _____ feet _____ Direction _____ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: <i>not installed</i> 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. <i>1713</i>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
CORRECTED BY: <i>[Signature]</i>			<i>Schemick Well Drilling</i> <i>0317</i> REGISTERED BUSINESS NAME REGISTRATION NO.		
ADDITION BY: <i>[Signature]</i>			Address <i>217 Rockdale Ave</i>		
JAN 31 1968			Signed <i>Clayton Schemick</i> Date <i>10/13/67</i> AUTHORIZED REPRESENTATIVE		

TAX NO:

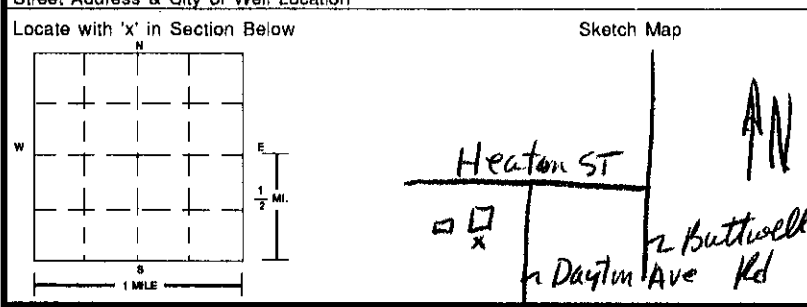
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO:
15158

1. LOCATION OF WELL
County Monroe

Township Name Pleasanton Fraction SE 1/4 SE 1/4 1/4 Section No. 29 Town No. 24N Range No. 15W

Distance and Direction from Road Intersection
Corner of Heaton ST + Dayton Ave.
Dayton Club



3. OWNER OF WELL
Address Daniel C. Hall DDS
14178 Dayton Ave
Bear Lake, MI 49614
Address Same as Well Location Yes No

4. WELL DEPTH: 64 ft. Date Completed 4/24/98
 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: _____ in. to _____ ft. depth Weight: 11.0 lbs./ft.
BORE HOLE: _____ in. to _____ ft. depth
Diameter: _____ in. to _____ ft. depth Drive Shoe
_____ in. to _____ ft. depth Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Top Soil</u>	<u>1</u>	<u>1</u>
<u>Mixed Sand</u>	<u>2</u>	<u>3</u>
<u>Sand + few stones</u>	<u>62</u>	<u>65</u>
<u>clay</u>	<u>—</u>	<u>—</u>

8. SCREEN: Not Installed Gravel-Packed
Type WOP Diameter 4
Slot/Prize 10 Length: 5
Set Between 58 ft. and 63 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen 2 ft. Other _____

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

JUN 15 1998

10. PUMPING LEVEL: Below Land Surface
ft. After 1 hrs. Pumping at 25 G.P.M.
 Plunger Bailor Air Test Pump

Drinking Water & Radiological Protection Division
Ground Water Supply Section
WELL CONSTRUCTION UNIT

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

MAY 05 1998
D.H.D. #10

12. WELL GROUTED? No Yes From 0 to all ft.
 Neat Cement Bentonite Other _____
No. of Bags 2 Additives _____

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter 1 1/4 in. Depth 30 ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags 1 Casing Removed? Yes No

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 50+ ft. Direction NW
Type _____ Distance _____ ft. Direction _____

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name F+W
Model Number _____ HP 1/2 Volts 240
Length of Drop Pipe 40 ft. Capacity 10 G.P. M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name Well Rite
Model Number WR-100-B6 Capacity 30 Gallons 10

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name Ed Benson

15. WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Ed Benson Well Drilling 51-1603
REGISTERED BUSINESS NAME REGISTRATION NO.
Address PO Box 127 Kaleva, MI 49645
Signed Ed Benson Date 4/26/98
AUTHORIZED REPRESENTATIVE

