

**1 LOCATION OF WELL**  
 County: Marquette Township Name: Wells Fraction: NE 1/4 NE 1/4 NE 1/4 Section Number: 31 Township Number: 4 Range Number: 26  
 Distance and Direction From Road Intersection: 1 mile NW of Northland  
 Street Address & City of Well Location: \_\_\_\_\_  
 Locate with "X" in Section Below

**3 OWNER OF WELL:**  
Rod Van El sacker (Mary Lynn Kiskis)  
 Address: Star Route 1 Box 542 Northland, MI  
 Address Same As Well Location?  Yes  No 49869

**4 WELL DEPTH: (completed)** 123 ft. Date of Completion: 8-26-86

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Auger  Jatted

**6 USE:**  Domestic  Type I Public  Type III Public  
 Irrigation  Type IIa Public  Heat pump  
 Test Well  Type IIb Public

**7 CASING:** Diameter  Steel  Threaded  Plastic  Welded  
6 in. to 66-3 ft. depth Height: 7 Above/Below Surface  
 Grouted Drill Hole Diameter \_\_\_\_\_ ft. depth Weight 18.9 lbs./ft.  
 Drive Shoe  Yes  No

**8 SCREEN:**  Not Installed  
 Type \_\_\_\_\_ Diameter \_\_\_\_\_  
 Slot/Gauze \_\_\_\_\_ Length \_\_\_\_\_  
 Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
 FITTINGS:  K-Packer  Lead Packer  Bremer Check  
 Blank above screen \_\_\_\_\_ ft. Other \_\_\_\_\_

**9 STATIC WATER LEVEL:** 42 ft. below land surface  Flow

**10 PUMPING LEVEL:** below land surface  
110 ft. after 15 hrs. pumping at 10 G.P.M.  
 \_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping at \_\_\_\_\_ G.P.M.

**11 WELL HEAD COMPLETION:**  Pitless adapter  12" above grade  
 Basement offset  Approved pit

**12 WELL GROUTED?**  No  Yes From \_\_\_\_\_ to \_\_\_\_\_ ft.  
 Neat cement  Bentonite  Other \_\_\_\_\_  
 No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

**13 Nearest source of possible contamination**  
 Type septic Distance 75 ft. Direction N  
 Well disinfected upon completion?  Yes  No

**14 PUMP:**  Not Installed  Pump Installation Only  
 Manufacturer's name \_\_\_\_\_  
 Model number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.  
 TYPE:  Submersible  Jet \_\_\_\_\_  
 PRESSURE TANK:  
 Manufacturer's name \_\_\_\_\_  
 Model number \_\_\_\_\_ Capacity \_\_\_\_\_ Gallons

**15. Remarks, 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.  
Kleiman Pump & Well Drlg., Inc. 0575  
 REGISTERED BUSINESS NAME REGISTRATION NO. \_\_\_\_\_  
 Address P.O. Box 704, Iron Mountain  
 Signed N.P.N. Date 8-27-86  
 AUTHORIZED REPRESENTATIVE

FEB 13 1987

JBA

# WATER WELL AND PUMP RECORD

--	--	--	--	--	--	--	--

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>MARQUETTE</b>	Township Name <b>WELLS</b>	Fraction <b>NW 1/4 NW 1/4 SW 1/4</b>	Section Number <b>31</b>
Township Number <b>43N N/S</b>		Range Number <b>26W E/W</b>	
Distance And Direction From Road Intersection		Address <b>Box 816 N. RIVER DRIVE GWINN, MI 49841</b>	
Street Address & City of Well Location		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		<b>4 WELL DEPTH: (completed)</b> <b>92</b> ft. <b>Date of Completion</b> <b>8-28-86</b>	
<div style="border: 1px solid black; padding: 5px;"> </div>		<b>5</b> <input checked="" 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"/>	
<b>2 FORMATION DESCRIPTION</b>		<b>6 USE:</b> <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"/>	
<b>CLAY AND LIMESTONE BOULDERS</b>	<b>THICKNESS OF STRATUM</b> <b>20</b>	<b>DEPTH TO BOTTOM OF STRATUM</b> <b>(20)</b>	<b>7 CASING:</b> Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded <b>5</b> in. to <b>72</b> ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Height: Above/Below Surface <b>1.5</b> ft. above Weight <b>14.62</b> lbs./ft.
<b>GREY SANDSTONE</b>	<b>70</b>	<b>92</b>	<b>8 SCREEN:</b> <input checked="" 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 _____
			<b>9 STATIC WATER LEVEL:</b> <b>12</b> ft. below land surface <input type="checkbox"/> Flow
			<b>10 PUMPING LEVEL:</b> below land surface <b>72</b> ft. after <b>2</b> hrs. pumping at <b>15</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.
			<b>11 WELL HEAD COMPLETION:</b> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input checked="" type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit
			<b>12 WELL GROUTED?</b> <input checked="" type="checkbox"/> No <input checked="" 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 _____
			<b>13 Nearest source of possible contamination</b> Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>14 PUMP:</b> <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
<b>15. Remarks, elevation, source of data, etc.</b>		<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  <b>MACDONALD WELL DRILLING</b> <span style="float: right;"><b>1675</b></span> <small>REGISTERED BUSINESS NAME</small> <span style="float: right;"><small>REGISTRATION NO.</small></span> Address: <b>STAR ROUTE BOX 338 GWINN, MI</b> Signed: <i>Robert McDonald</i> Date: <b>9-19-86</b> <small>AUTHORIZED REPRESENTATIVE</small>	

USE A 2ND SHEET IF NEEDED

OCT 13 1986

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

