

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

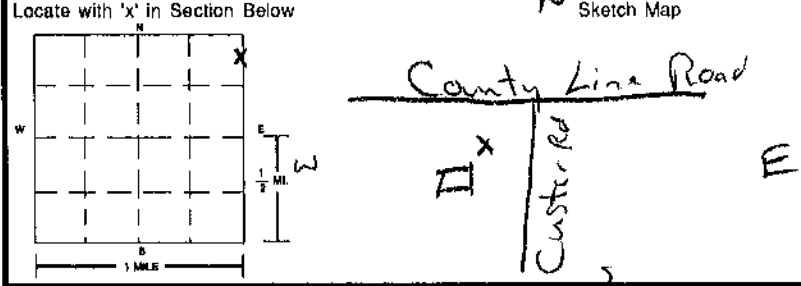
PERMIT NO:
13554

1. LOCATION OF WELL
County **MASON**

Township Name **FREE SOIL** Fraction **NE 1/4 NE 1/4 NE 1/4** Section No. **4** Town No. **20N** Range No. **16W**

Distance and Direction from Road Intersection
**On the west side of Custer Road
South of County Line Road**

Street Address & City of Well Location



3. OWNER OF WELL **Patricia Bush**
Address **11855 S. Custer Road
Free Soil, MI 49411**
Address Same as Well Location Yes No

4. WELL DEPTH: **46** ft. Date Completed **5 / 22 / 97**
 New Well Replacement Well

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

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public

7. CASING: Steel Threaded Plastic Welded Other
Height: Above/Below Surface: **1** ft.
Diameter: **4** in. to **4 1/2** ft. depth
Weight: **11** lbs./ft.
BORE HOLE: **N/A**
Diameter: _____ in. to _____ ft. depth
 Drive Shoe Shale Packer

8. SCREEN: Not Installed Gravel-Packed
Type **Stainless Steel** Diameter **4"**
Slot Size **7** Length: **5'**
Set Between **41** ft. and **46** ft.
FITTINGS: K-Packer Bromer Check
 Blank Above Screen _____ ft. Other _____

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

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

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

12. WELL GROUTED? No Yes From **0** to **40** ft.
 Neat Cement Bentonite Other _____
No. of Bags **1** Additives _____

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

| 2. FORMATION DESCRIPTION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|--------------------------|----------------------|----------------------------|
| Fine Sand | 5 | 5 |
| Gravel | 20 | 25 |
| Brown Clay | 1 | 26 |
| Sand | 3 | 29 |
| Clay & Stones | 2 | 31 |
| Coarse Water Sand | 15 | 46 |
| Still Good 46' | | |

**RECEIVED ON
JUN 02 1997**

**MANISTEE-MASON DISTRICT
HEALTH DEPARTMENT**

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter _____ in. Depth _____ ft. **N/A**
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.)

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name **Goulds**
Model Number **18L607422** HP **3/4** Volts **230**
Length of Drop Pipe **31'** Capacity **18** G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name **Well-X-Trol**
Model Number **WX25DUG** Capacity _____ Gallons **44**

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.
Cameron Brothers, Inc. 1960
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **8736 N. U.S. 31 Free Soil, MI 49411**
Signed **Dan Cameron** Date **5-28-97**
AUTHORIZED REPRESENTATIVE

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name **Randy Smith**

WATER WELL RECORD
ACT 294 PA 1965

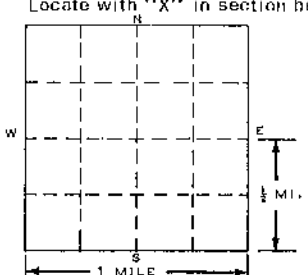
APR 17 1985
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | |
|---|----------------------------------|--------------------------------------|--|--------------------------------------|---|
| 1 LOCATION OF WELL | | | 3 OWNER OF WELL: | | |
| County <u>Macomb</u> | Township Name <u>Franceville</u> | Fraction <u>SE 1/4 SE 1/4 SW 1/4</u> | Section Number <u>46</u> | Town Number <u>200</u> | Range Number <u>16</u> |
| Distance And Direction from Road Intersections <u>1/2 mi W of + of Custer + Hague Rd</u> | | | Address <u>1834 - East Hague Rd Epsom Mich 49441</u> | | |
| Street address & City of Well Location Locate with "X" in section below | | | 4 WELL DEPTH: (completed) Date of Completion <u>51 ft. 7-10-84</u> | | |
| 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 checked="" type="checkbox"/> Jotted <input 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"/> Height: Above/Below Surface <u>11</u> ft. Weight <u>11</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| Sand white | | | THICKNESS OF STRATUM <u>20</u> | DEPTH TO BOTTOM OF STRATUM <u>20</u> | 8 SCREEN: |
| Sand sand water | | | <u>8</u> | <u>28</u> | Type: <u>Johnson</u> Dia.: <u>3"</u> |
| Clay | | | <u>2</u> | <u>30</u> | Slot/Gauge <u>7/16</u> Length <u>5 ft</u> |
| Sand water bearing | | | <u>21</u> | <u>51</u> | Set between <u>46</u> ft. and <u>51</u> ft. |
| RECEIVED Mich. Dept. of Public Health MAY 21 1985 Bureau of Environmental and Occupational Health - GWOS | | | 9 STATIC WATER LEVEL <u>12</u> ft. below land surface | | |
| | | | 10 PUMPING LEVEL below land surface <u>12</u> ft. after <u>2</u> hrs. pumping <u>60</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. | | |
| USE A 2ND SHEET IF NEEDED | | | 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 Adaptor <input type="checkbox"/> 12" Above Grade | | |
| 16 Remarks, elevation, source of data, etc. | | | 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 _____ foot _____ Direction _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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>Charles Feakle</u> REGISTERED BUSINESS NAME REGISTRATION NO. <u>0102</u> Address <u>1425 main St Custer Mich 49710</u> Signed <u>Charles Feakle</u> Date <u>7-14-84</u> AUTHORIZED REPRESENTATIVE | | | 15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <u>Blair & Walker</u> Model Number <u>4F-M-ADS</u> HP <u>1/2</u> Volts <u>220</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 <input type="checkbox"/> Reciprocating | | |

SEP 17 1979

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| | | | | | |
|--|----------------------------------|-------------------|--|--------------------------------|---------------------------------|
| 1 LOCATION OF WELL | | | | | |
| County Mason | Township Name Freesoil | Fraction ¼ ¼ ¼ | Section Number 4 | Town Number 20N N/S. | Range Number 16W E/W. |
| Distance And Direction from Road Intersections 1834 E. Hoague Rd. Freesoil, Mich. | | | 3 OWNER OF WELL: Ray Dahlvig Address 1834 E. Hoague Rd. Freesoil, Mich. | | |
| Street address & City of Well Location Locate with "X" in section below  | | | 4 WELL DEPTH: (completed) Date of Completion 44 ft. 6-2-79 | | |
| | | | 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"/> _____ | | |
| | | | 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"/> _____ | | |
| 2 FORMATION | | | 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 3'8" Above Diam. _____ | | |
| | | | 8 SCREEN: Type: Johnson S.S. Dia.: 1½" Slot/Gauze 7 slot Length 4 Ft. Set between 40 ft. and 44 ft. Fittings: Standard | | |
| THICKNESS OF STRATUM | | | DEPTH TO BOTTOM OF STRATUM | | |
| Coarse Sand | | | 27 27 | | |
| Brown Clay | | | 8 35 | | |
| Coarse Water Sand | | | 9 44 | | |
| | | | 9 STATIC WATER LEVEL 10 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 _____ feet _____ Direction _____ 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 21 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>Sy</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. Cameron Bros. Inc. 0405 REGISTERED BUSINESS NAME REGISTRATION NO. Address Rt. #2 Freesoil, Mich. Signature <i>[Signature]</i> Date 6-6-79 AUTHORIZED REPRESENTATIVE | | |