

1 LOCATION OF WELL		County Mason		Township Name Free Soil		Fraction NW 1/4 NW 1/4 NE 1/4		Section Number 30		Town Number 20N xxx		Range Number 16W xxx	
Distance And Direction From Road Intersection On south side of Free Soil Road about 1/2 east of U.S. 31						3 OWNER OF WELL: Richard Brye Address 497 E. Free Soil Road Free Soil, MI. 49411 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below						4 WELL DEPTH: 130 FT. Date Completed 10 26 87 <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well							
Sketch Map: 						6 <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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						8 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						7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2 in. to 126 ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth							
						Height: Above xxxx Surface 1 ft. Weight 3.25 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Sand						8 SCREEN: Johnson Stainless <input type="checkbox"/> Not Installed Type Steel Diameter 1 1/2" Slot/G xxxx 6 Length 4' Set between 126 ft. and 130 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____							
Solid Red Clay						9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow							
Sand & Gravel						10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
Sand & Clay						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Seamless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
Red Clay						12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 25 <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of xxxxxx 2 Additives _____							
Sand & Clay						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Coarse Sand						14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Flint & Walling Model number C6369H HP 1 Volts _____ Length of Drop Pipe 122 ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible 1" <input checked="" type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name Standard Galvanized Model number _____ Capacity 42 Gallons							
15. Remarks, elevation, source of data, etc. Injector Setting (14N-20V)						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. Cameron Brothers Inc 0405 REGISTERED BUSINESS NAME 8736 N. U.S. 31 Free Soil MI 49411 REGISTRATION NO. _____ Address _____ Signed Aery Cameron Date 10-29-87 AUTHORIZED REPRESENTATIVE							
												17. Rig Operator's Name: Dan Cameron Helper- John Fortier	

USE A 2ND SHEET IF NEEDED

RECEIVED
Mich. Dept. of Public Health

DEC 14 1987

Bureau of Environmental and
Occupational Health - GWQS

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

11960
 PERMIT NUMBER

1 LOCATION OF WELL
 County: **Mason** Township Name: **Free Soil** Fraction: **NW 1/4 SW 1/4 NW 1/4** Section Number: **30** Town Number: **20N** Range Number: **16W**

Distance And Direction From Road Intersection:
On the east side of U.S. 31 south of the Free Soil Road

Street Address & City of Well Location:
 U.S. 31

Sketch Map:

3 OWNER OF WELL:
Dennis Russ
 Address: **8090 N. U.S. 31 Free Soil, MI. 49411**
 Address Same As Well Location? Yes No

4 WELL DEPTH: **62'7"** Date Completed: **6-14-94**
 New Well
 Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

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

7 CASING: Steel Threaded Welded
 Diameter: **4"** Height: Above/ Below Surface: **1** ft.
 Weight: **11** lbs/ft
 Drive Shoe: Yes No

8 SCREEN: **Stainless Steel** Not Installed
 Type: **4"** Diameter
 Slot: **6** Length: **6'**
 Set between: **52'7"** ft. and **62'7"** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2'** ft. Other: **Leadless Packer**

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	4	4
Sand & Clay	16	20
Brown Clay	24	44
Sand	19	63

9 STATIC WATER LEVEL: **35** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
40' ft. after **1** hrs. pumping at **18** 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 **5** to **25** ft.
 Neat cement Bentonite Other _____
 No. of bags: ~~XXXXXX~~ **2** Additives _____

13 Nearest source of possible contamination
 Type _____ Distance _____ ft. Direction _____
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name: **Red Jacket** **2-wire**
 Model number: **75CNSWI-CNS600 3/4** Volts: **230**
 Length of Drop Pipe: **45' PVC** ft. capacity: **18** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: **Well-X-Trol (owners)**
 Manufacturer's name: _____ Model number: **202** Capacity: **20** Gallons

15. Remarks, elevation, source of data, etc.
extension 3" nipple in bottom

17. Rig Operator's Name: **Daniel Cameron Helper - Brian Rakowski**

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.
Cameron Brothers Inc. 1960
 REGISTERED BUSINESS NAME: _____ REGISTRATION NO. _____
 Address: **8736 N. U.S. 31 Free Soil MI 49411**
 Signed: **Daniel Cameron** Date: **6-23-94**
 AUTHORIZED REPRESENTATIVE

RECEIVED
 MICH. DEPT. OF PUBLIC HEALTH
 JUL - 1 94
 BUREAU OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

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

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL				
County Mason	Township Name Free Soil	Fraction SE 1/4 SW 1/4 NW 1/4	Section Number 30	Town Number 20N XYS
			Range Number 16W X6W	

Distance And Direction From Road Intersection
In the field south of the Free Soil Rd. and east of U.S. 31

Street Address & City of Well Location
Locate with "X" in Section Below

Sketch Map:
5 well in field
FREE SOIL Rd
U.S. 31

3 OWNER OF WELL:
Tom Paul
Address **4340 W. Hansen Rd. Ludington, MI 49431**

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Fine Sand	4	4
Brown Clay	41	45
Brown Clay & Sand	44	89
Medium Water Sand & Clay	3	92
Coarse Clean Sand	8	100
Very Coarse Water Sand, Gravel		
S Stone	28	128
Finer Water Sand Mixed with		
Red Clay & Gravel	2	130

4 WELL DEPTH: **130** FT. Date Completed **8 1 90**

New Well Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

8 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
Height: Above/Below Surface _____ ft.
Weight _____ lbs./ft.
Grouted Drill Hole Diameter _____ in. to _____ ft. depth
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: **48** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
_____ ft. after _____ hrs. pumping at _____ 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 _____ Distance _____ ft. Direction _____
Well disinfected upon completion? Yes No
Was old well plugged? Yes No

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.

17. Rig Operator's Name: **John Fortlar**
Halper-- Bill Kovelcik

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.

Cameron Brothers, Inc. 040E
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **8736 N. U.S. 31 Free Soil MI 49411**

Signed *Ray Cameron* Date **8-23-90**
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health
SEP 12 1990
BUREAU OF ENVIRONMENTAL AND
OCCUPATIONAL HEALTH-SWDS

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL																			
County Mason	Township Name Free Soil	Fraction 1/4 1/4 1/4	Section Number 30																		
		Town Number 20N N/X	Range Number 16W EW																		
Distance And Direction From Road Intersection East side of U.S. 31 Between Free Soil and Freeman Roads		Address Ray Maple 7770 N. Scottville Rd. Free Soil, MI 49411																			
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Locate with "X" in Section Below		4 WELL DEPTH: (completed) 50 ft. Date of Completion 8-7-84																			
		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"/> 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"/>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">2 FORMATION DESCRIPTION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>Sand and Clay</td> <td style="text-align: center;">6</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Red Clay</td> <td style="text-align: center;">9</td> <td style="text-align: center;">15</td> </tr> <tr> <td>Red Clay and Sand</td> <td style="text-align: center;">19</td> <td style="text-align: center;">34</td> </tr> <tr> <td>Fine Sand and Trace Clay</td> <td style="text-align: center;">6</td> <td style="text-align: center;">40</td> </tr> <tr> <td>Coarse Water Sand and Stone</td> <td style="text-align: center;">10</td> <td style="text-align: center;">50</td> </tr> </table>		2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand and Clay	6	6	Red Clay	9	15	Red Clay and Sand	19	34	Fine Sand and Trace Clay	6	40	Coarse Water Sand and Stone	10	50	7 CASING: Diameter <input checked="" type="checkbox"/> Steel: <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface 1 ft. Weight 3.75 lbs./ft. 2 in. to 46 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																	
		Sand and Clay	6	6																	
		Red Clay	9	15																	
		Red Clay and Sand	19	34																	
Fine Sand and Trace Clay	6	40																			
Coarse Water Sand and Stone	10	50																			
		8 SCREEN: Johnson Stainless installed Type 848 Steel Diameter 1 1/2" Slot/Grit XXX7 Slot Length 4' Set between 46 ft. and 50 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Brainer 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. _____ 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																			
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		13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
		14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Red Jacket Model number _____ HP 3/4 Volts _____ Length of Drop Pipe 37' ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible 1" <input type="checkbox"/> Jet _____ PRESSURE TANK. Manufacturer's name Well-X-Trol Model number 202 Capacity 20 Gallons																			
15. Remarks, elevation, source of data. RECEIVED Mich. Dept. of Public Health SEP 12 1984 Bureau of Environmental and Occupational Health - GWQS		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. 2000 Cameron Brothers Inc. 0405 REGISTERED BUSINESS NAME REGISTRATION NO. Address 8736 N. U.S. 31 Free Soil MI Signed Law Cameron Date 8-7-84 AUTHORIZED REPRESENTATIVE																			