

TAX NO:
4-025-005-100

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:
10071

1. LOCATION OF WELL

County **MECOSTA**

Township Name **FORK**

Fraction **SW 1/4 SW 1/4 NW 1/4**

Section No. **25**

Town No. **16 N**

Range No. **07 W**

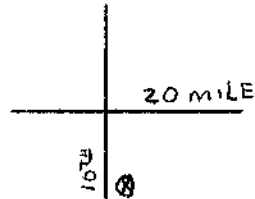
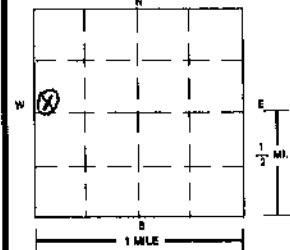
Distance and Direction from Road Intersection

**1/4 MI. SO. OF 20 MILE ON 10TH
EAST SIDE OF RD.**

Street Address & City of Well Location

Locate with 'x' in Section Below

Sketch Map



2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

| | | |
|------------|------|------|
| MED. SAND | 38.0 | 38.0 |
| BROWN CLAY | 5.0 | 43.0 |
| MED SAND | 25.0 | 68.0 |
| GRAY CLAY | 1.0 | 69.0 |
| MED. SAND | 8.0 | 77.0 |

3. OWNER OF WELL

ROBERT PULLMAN
Address
**P.O. BOX 307
MECOSTA, MI. 49332**

Address Same as Well Location Yes No

4. WELL DEPTH:

77 ft. Date Completed **07 / 12 / 97**

New Well
 Replacement Well

5. Cable Tool
 Hollow Rod

Rotary
 Auger/Bored

Driven Dug
 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

Height: Above/Below Surface: **1** ft

Other

Diameter: **5** in. to **63** ft. depth

Weight: **SDR21** lbs./ft.

_____ in. to _____ ft. depth

BORE HOLE:

Diameter: **8** in. to **77** ft. depth

Drive Shoe

_____ in. to _____ ft. depth

Shale Packer

8. SCREEN: Not Installed

Gravel-Packed

Type **S/S JOHNSON** Diameter **4"**

Slot/Gauze **12** Length: **4'**

Set Between **73** ft. and **77** ft.

FITTINGS: K-Packer Bremer Check

Blank Above Screen **10** ft. Other _____

9. STATIC WATER LEVEL:

42 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

_____ ft. Alter **1** hrs. Pumping at **20** 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 **60** to **5** ft.

Neat Cement Bentonite

Other _____

No. of Bags **4** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **S/S** Distance **500** ft. Direction **W**

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 **MARK A. SAWADE**

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.

SAWADE DRILLING CO., INC. #1970
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **4066 E. RIVER RD. MT. PLEASANT, MI. 48858**

Signed *Mark A. Sawade* Date **07/21/97**
AUTHORIZED REPRESENTATIVE

OCT 17 1980

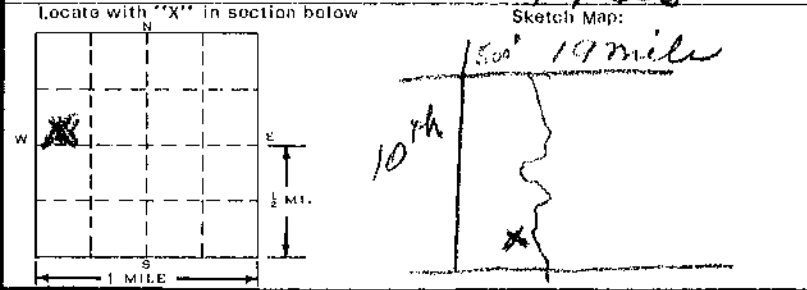
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

| | | | | | |
|--------------------------|------------------------------|---|-----------------------------|-------------------------------|-----------------------------|
| County Mecosta | Township Name Tusk | Fraction NE 1/4 SW 1/4 SW 1/4 | Section Number 25 | Town Number 116 N/3 | Range Number 7 W. |
|--------------------------|------------------------------|---|-----------------------------|-------------------------------|-----------------------------|

Distance And Direction from Road Intersections
18336 Osbourn Dr Barryton Mich 49305



3 OWNER OF WELL:
Address **Rodman L Bright**
7536 Meadows
Warren Mich. 48091

4 WELL DEPTH: (completed) **85** ft. Date of Completion **10-6-80**

5 Cable tool Rotary Driven Aug
 Hollow rod Jotted Borod

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

7 CASING: Threaded Welded Height: ~~4~~ / Below Surface **4** ft.
Diam. **2** in. to **81** ft. Depth Weight **375** lbs./ft.
in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION

| FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM |
|-------------------|----------------------|----------------------------|
| Sand | 12' | 12 |
| Clay | 67 | 79 |
| Water Sand | 6 | 85 |

8 SCREEN:
Type: **SS Johnson** Dia.: **1 1/4**
Slot/Gauze **7** Length **41**
Set between **81** ft. and **85** ft. **1-5' length**
Fittings: **2-1/4 Coupler**

9 STATIC WATER LEVEL
Flow 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 _____

RECEIVED
GEOLOGICAL SURVEY DIV.
OCT 17 1980
AM 7,8,9,10,11,12,1,2,3,4,5,6 PM

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
60 feet **W** Direction **Septic tank** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Wayne**
Model Number **SJD4** HP **1/2** Volts **220**
Length of Drop Pipe **22** ft. capacity _____ G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, etc.

Flowing well
15 gals min
Permit # 1029

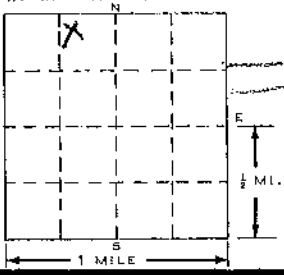
17 WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Wayne
REGISTERED BUSINESS NAME REGISTRATION NO. _____
Address _____
Signed _____ Date _____
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1985

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

| 1 LOCATION OF WELL | | County: <u>ANNE ARRESTA</u> | | Township Name: <u>FOUR</u> | | Fraction: <u>NW 1/4 NE 1/4</u> | | Section Number: <u>25</u> | | Town Number: <u>16 N/S</u> | | Range Number: <u>7 SW</u> | | | | | | | | | | | | | | | | |
|--|------------|-----------------------------|--|---|----------------------|--------------------------------|--------------------|---|-----------|----------------------------|------------|---------------------------|--------------------|------------|-----------|-------------------|-----------|-----------|------------------------------|--|------------------------|--|---|--|--|--|--|--|
| Distance And Direction from Road Intersections: <u>TAKE 20 M. RD EAST, 3/4 M. WELL ON SOUTH SIDE RD.</u> | | | | Distance And Direction from Road Intersections: <u>107th + 20th Rd.</u> | | | | 3 OWNER OF WELL: <u>DALE CUMMINGS</u> | | | | | | | | | | | | | | | | | | | | |
| Street address & City of Well Location: <u>107th + 20th Rd.</u> | | | | Sketch Map:  | | | | 4 WELL DEPTH: (completed) <u>57</u> ft. Date of Completion <u>3-17-78</u> | | | | | | | | | | | | | | | | | | | | |
| 2 FORMATION | | | | THICKNESS OF STRATUM | | DEPTH TO BOTTOM OF STRATUM | | 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"/> 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"/> | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>FORMATION</th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><u>SAND yellow</u></td> <td><u>13'</u></td> <td><u>13</u></td> </tr> <tr> <td><u>SAND + some clay</u></td> <td><u>10'</u></td> <td><u>23</u></td> </tr> <tr> <td><u>SAND yellow</u></td> <td><u>27'</u></td> <td><u>50</u></td> </tr> <tr> <td><u>SAND white</u></td> <td><u>50</u></td> <td><u>57</u></td> </tr> </tbody> </table> | | | | FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | <u>SAND yellow</u> | <u>13'</u> | <u>13</u> | <u>SAND + some clay</u> | <u>10'</u> | <u>23</u> | <u>SAND yellow</u> | <u>27'</u> | <u>50</u> | <u>SAND white</u> | <u>50</u> | <u>57</u> | 2 in. to <u>54</u> ft. Depth | | In. to _____ ft. Depth | | 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above/Below Surface <u>1</u> ft. Weight <u>37.5</u> lbs./ft. Drive Shoes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| | | | | FORMATION | THICKNESS OF STRATUM | DEPTH TO BOTTOM OF STRATUM | | | | | | | | | | | | | | | | | | | | | | |
| <u>SAND yellow</u> | <u>13'</u> | <u>13</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>SAND + some clay</u> | <u>10'</u> | <u>23</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>SAND yellow</u> | <u>27'</u> | <u>50</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>SAND white</u> | <u>50</u> | <u>57</u> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 SCREEN: Type: <u>50T</u> Dia.: <u>1 1/4"</u> Slot Gauge <u>50</u> Length <u>4'</u> Set between <u>53</u> ft. and <u>57</u> ft. Fittings: <u>plenum check</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 9 STATIC WATER LEVEL <u>15</u> ft. below land surface | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | 10 PUMPING LEVEL below land surface <u>30</u> ft. after <u>1</u> hrs. pumping <u>10</u> 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 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 <u>75</u> feet <u>to</u> Direction <u>SOUTH</u> 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 _____ **ADDITION BY _____ ELEVATION <u>21000</u> 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 <u>Sorensen</u> REGISTRATION NO. <u>1040</u> Address <u>Rt 1 S. Lake Ave</u> Signed <u>Paul Sorensen</u> Date <u>3-17-78</u> AUTHORIZED REPRESENTATIVE | | | | | | | | | | | | | | | | | | | | |