



PART 127 ACT 386, P.A. 1978

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County: <i>Macosta</i>	Township Name: <i>Jank</i>	Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number: <i>31</i>
Distance And Direction From Road Intersection		Town Number: <i>160</i>	Range Number: <i>7 E/W</i>
Street Address & City of Well Location		Address: <i>Wayne Gilbert 19 mile Rd.</i>	
Locate with "X" in Section Below		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>4 WELL DEPTH: (completed)</b> <i>95 ft.?</i> Date of Completion: <i>9-29-83</i>	
<b>2 FORMATION DESCRIPTION</b> <i>Changed Drop Pipe only 84' of 1 1/4"</i>  <i>2 stage Horiz. Jacuzzis (110 Volts) 1 Hp Pump w/ Brass Drop. Static water at 60'</i>  <i>Pump in Pit</i>		<b>5</b> <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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		<b>6 USE:</b> <input 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>THICKNESS OF STRATUM</b> <b>DEPTH TO BOTTOM OF STRATUM</b>		<b>7 CASING:</b> Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded    Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded      Surface _____ ft. _____ in. to _____ ft. depth      Weight _____ lbs./ft. _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth      Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <input type="checkbox"/> No	
		<b>8 SCREEN</b> <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. <b>FITTINGS:</b> <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bromer Check <input type="checkbox"/> Blank above screen _____ ft.    Other _____	
USE A 2ND SHEET IF NEEDED.		<b>9 STATIC WATER LEVEL:</b> _____ ft. below land surface <input type="checkbox"/> Flow	
		<b>10 PUMPING LEVEL:</b> below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
<b>15. Remarks, elevation, source of data, etc.</b>  AGGREGATED BY DRILLER, ITEM NO. CORRECTED BY ADDITION BY ELEVATION DEPTH TO ROCK		<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
		<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input 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>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>13 Nearest source of possible contamination</b> Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>14 PUMP:</b> <input 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 _____ <b>PRESSURE TANK:</b> Manufacturer's name _____ Model number _____ Capacity _____ Gallons	
Registered Business Name: <i>Bush's Services 54-1803</i> Address: <i>203 Northern Ave Burryton</i> Signed: <i>C. Bush</i> Date: <i>9-30-83</i> AUTHORIZED REPRESENTATIVE			



# WATER WELL RECORD

ACT 294 PA 1966

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>Macatawa</i>	Township Name <i>Lark</i>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <i>31</i>	Town Number <i>16</i> (N.S.)	Range Number <i>7</i> (E.W.)
Distance And Direction from Road Intersections <i>4 miles further south</i>			Address <i>4719 Ethel Farmington, Mich. 49125</i>		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed)      Date of Completion <i>82</i> ft. <i>1-21-86</i>		
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"/> Jetted <input type="checkbox"/> Bored		
			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		
2 FORMATION			7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface <i>1</i> ft.		
			4 in. to <i>47</i> ft. Depth      Weight _____ lbs./ft. _____ in. to _____ ft. Depth      Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<i>s.s. &amp; sh.</i>			8 SCREEN:		
<i>water sand cones</i>			Type: <i>Open end</i> Dia.: <i>4"</i> Slot/Gauge <i>20</i> Length <i>27"</i> Set between <i>47</i> ft. and <i>82</i> ft. Fittings: <i>8" Packin. 3" 1/2 nipple and coupling</i>		
			9 STATIC WATER LEVEL <i>57</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>57</i> ft. after <i>1</i> hrs. pumping <i>14</i> 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 checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite      _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination <i>50</i> foot _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
RECEIVED Mich. Dept. of Public Health  JUL 24 1986  Bureau of Environmental and Occupational Health - GWOS			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <i>Shaw-Walberg</i> Model Number <i>7F10205305</i> HP <i>1/2</i> Volts <i>115</i> Length of Drop Pipe <i>68</i> ft. capacity <i>10</i> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
			16 Remarks, elevation, 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. <i>Carrollight Water Wells 0808</i> REGISTERED BUSINESS NAME      REGISTRATION NO. Address <i>4029 7 mile Rd. Mount Pleasant</i> Signed <i>John Carroll</i> Date <i>1-21-86</i> AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED