

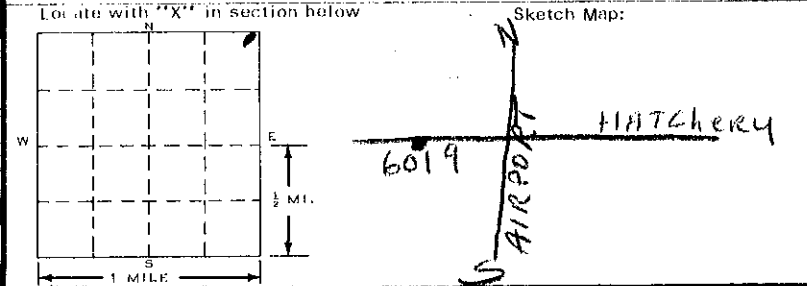
NOV 18 1975

**WATER WELL RECORD**  
Geological Survey Act 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>				
County <b>OAKLAND</b>	Township Name <b>WATERFORD</b>	Fraction <b>NE 1/4 NE 1/4</b>	Section Number <b>17</b>	Town Number <b>3 N/A</b>
Range Number <b>9 E/A</b>				

Distance And Direction from Road Intersections  
**Airport Rd. to Hatchery Rd. West on Hatchery**



**3 OWNER OF WELL:**  
**Ruby Sowerwold**  
 Address  
**6019 Hatchery Rd. Waterford**

**4 WELL DEPTH:** (completed) Date of Completion  
**33** ft. **7-8-1975**

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored

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

**7 CASING:** Threaded  Welded  Height: Above/Below  
 Diam. **2** in. to **30** ft. Depth Surface \_\_\_\_\_ ft.  
**1 1/4** in. to **33** ft. Depth Weight \_\_\_\_\_ lbs./ft.  
 Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand and gravel	22'	22'
Hard Gravel	6'	28'
Water gravel	5'	33'

**8 SCREEN:** **RedHead** Dia.: **1 1/4**  
 Type: \_\_\_\_\_  
 Slot/Gauze **10** Length **30'**  
 Set between **30** ft. and **33** ft.

Fittings: **Bremner Check**

**9 STATIC WATER LEVEL**  
 \_\_\_\_\_ ft. below land surface

**10 PUMPING LEVEL** below land surface  
**21** ft. after **1 1/2** hrs. pumping **10** 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:**  In Approved Pit  
 Pitless Adapter  12" Above Grade

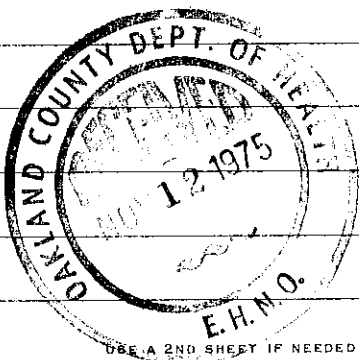
**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite   
 Depth: From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**14 Nearest Source of possible contamination**  
 \_\_\_\_\_ feet \_\_\_\_\_ Direction \_\_\_\_\_ Type  
 Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
 Manufacturer's Name \_\_\_\_\_  
 Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_  
 Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.  
 Type:  Submersible  Jet  Reciprocating

**16 Remarks, elevation, source of data, etc.**  
 RECORDED BY DRILLER. ITEM NO. **DB**  
 \*CORRECTED BY  
 \*\*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.  
*Don Well Drilling* **1235**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address **8640 Cherridge Charleston Mich**  
 Signed *Don Well* Date **Nov 5 1975**  
AUTHORIZED REPRESENTATIVE







17-5

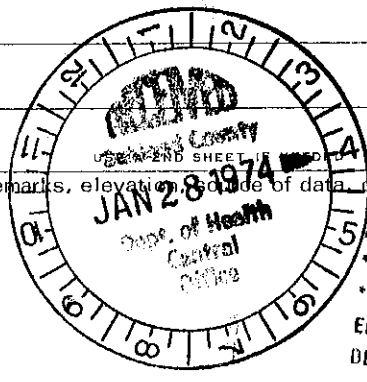
<b>1 LOCATION OF WELL</b>		County <b>Oakland</b>		Twp. <b>Waterford</b>	Fraction <b>NW SE 1/4 SE 1/4</b>	Section No. <b>17</b>	Town <b>T8N</b>	N/S. <b>N/S.</b>	Range <b>R9E</b>	E/W.
Distance And Direction from Road Intersections <b>1000' West of Airport Road &amp; 800' North of M-59</b>					OWNER No. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		3 OWNER OF WELL: Address <b>Michigan Aviation 6150 Highland Road Pontiac, Michigan</b>			
Street address & City of Well Location <b>6150 Highland Road, Pontiac</b>					4 WELL DEPTH: (completed) <b>50</b> ft.		Date of Completion <b>6-12-68</b>			
<b>2 FORMATION</b>		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>				
<b>2" well first 21' driven</b>				<b>21'</b>		6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>				
<b>Sand and gravel water bearing</b>		<b>29'</b>		<b>50'</b>		7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> <b>2</b> in. to <b>47</b> ft. Depth Height: Above/Below surface <b>1</b> ft. Weight <b>3.68</b> lbs/ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
						8 SCREEN: Type: <b>Gauze</b> Dia.: <b>1 1/4"</b> Slot/Gauze <b>40</b> Length <b>36"</b> Set between <b>47</b> ft. and <b>50</b> ft. Fittings: <b>Bremer check valve</b>				
						9 STATIC WATER LEVEL <b>17</b> ft. below land surface				
						10 PUMPING LEVEL below land surface <b>17</b> ft. after <b>2</b> hrs. pumping <b>15</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.				
						11 WATER QUALITY in Parts Per Million: Iron (Fe) <b>3PPM</b> Chlorides (Cl) _____ Hardness <b>15 Grains</b>				
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade				
						13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From _____ ft. to _____ ft.				
						14 SANITARY: Nearest Source of possible contamination <b>200 feet So. Septic Tank</b> Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
						15 PUMP: Manufacturer's Name <b>F.E. Myers</b> Model Number <b>HC 100</b> HP <b>1</b> Length of Drop Pipe <b>42</b> ft. capacity <b>12</b> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc.  ADDED INFO BY DRILLER, DEAN WIL  *CORRECTED BY:  **ADDITION BY:					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.  <b>S.H. Niedzielski</b> <b>0756</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2872 Dexter Road, Pontiac, Michigan</b> Signed <b>S.H. Niedzielski</b> Date <b>6-19-68</b> AUTHORIZED REPRESENTATIVE					



**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>		
County <b>OAKLAND</b>	Township Name <b>WATERFORD</b>	Section <b>SE SE SW SW NE NE</b>	Section Number <b>17</b>	Town Number <b>3</b>	Range Number <b>9 E/W</b>
Distance And Direction from Road Intersections <b>M-67 &amp; AIRPORT RD S</b>			Address <b>AIRPORT</b>		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion <b>52</b> ft. <b>11/15/73</b>		
Sketch Map: 			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 type="checkbox"/> Domestic <input checked="" 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 <b>1</b> ft.		
			4 in. to <b>48</b> ft. Depth Weight <b>11</b> lbs./ft. in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
SAND			8 SCREEN:		
CLAY Y SAND			Type: <b>STAINLESS</b> Dia.: <b>3"</b>		
SAND			Slot/Gauze <b>12</b> Length <b>4'</b>		
			Set between <b>48</b> ft. and <b>52</b> ft.		
			Fittings: <b>K-PACKER - 1' DRANK</b>		
			9 STATIC WATER LEVEL <b>23</b> ft. below land surface		
			10 PUMPING LEVEL below land surface <b>33</b> ft. after <b>15</b> hrs. pumping <b>15</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <b>TOP</b> ft. to <b>BOTT</b> ft.		
			14 Nearest Source of possible contamination <b>75</b> feet <b>S</b> Direction <b>SEPTIC</b> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <b>VALLEY</b> Model Number <b>766</b> HP <b>1/2</b> Volts <b>115</b> Length of Drop Pipe <b>35</b> ft. capacity <b>12</b> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, etc. of data, etc. <b>el. 970<sup>±5</sup> ms</b> <b>st.w.el. 947<sup>±5</sup></b>			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. <b>Ray Lalone Well Drilling</b> 0140 Address <b>1055 Wyman - Pontiac</b> Signed <b>Ray Lalone</b> Date <b>11/15/73</b>		



ADDED INFO BY DRILLER, ITEM NO. \_\_\_\_\_  
\*CORRECTED BY \_\_\_\_\_  
\*\*ADDITION BY \_\_\_\_\_  
ELEVATION \_\_\_\_\_  
DEPTH TO ROCK \_\_\_\_\_

**WATER WELL RECORD**

ACT 294 PA 1965



MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

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<b>I LOCATION OF WELL</b>											
County <b>Oakland</b>	Twp. <b>Waterford</b>	Fraction <b>SE ¼ SE ¼</b>	Section No. <b>**</b> <b>17</b>	Town <b>**</b> <b>3N</b>	Range <b>**</b> <b>9E</b>						
Distance And Direction from Road Intersections <b>Approx. 100' west of Airport Rd., &amp; 500' north of M-59</b>						3 OWNER OF WELL: <b>City of Pontiac</b>					
Street address & City of Well Location <b>6500 Highland Rd., Pontiac</b>						Address <b>Pontiac, Michigan</b>					
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed)		Date of Completion					
<b>Gravel &amp; Clay</b>		<b>48</b>	<b>48</b>	<b>52</b> ft.		<b>9-1-66</b>					
<b>Gravel - water bearing</b>		<b>4</b>	<b>52</b>	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 type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry							
				<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input checked="" 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 <b>8 ½</b> ft.					
				<b>4</b> in. to <b>48</b> ft. Depth		Weight <b>11</b> lbs./ft.					
				_____ in. to _____ ft. Depth		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
				8 SCREEN:							
				Type: <b>Stainless Steel</b>		_____ <b>4"</b>					
				Slot/Gauze <b>12 slot</b>		Length <b>4 ft.</b>					
				Set between <b>48</b> ft. and <b>52</b> ft.							
				Fittings: <b>Burlap packer</b>							
				9 STATIC WATER LEVEL		<b>16</b> ft. below land surface					
				10 PUMPING LEVEL below land surface							
				<b>30</b> ft. after <b>1</b> hrs. pumping		<b>50</b> g.p.m.					
				_____ ft. after _____ hrs. pumping		_____ g.p.m.					
				11 WATER QUALITY in Parts Per Million:							
				Iron (Fe) _____ Chlorides (Cl) _____							
				Hardness _____							
				12 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> In Approved Pit							
				<input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade							
				13 GROUTING:							
				Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
				Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/>							
				Depth: From _____ ft. to _____ ft.							
				14 SANITARY:							
				Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____							
				Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
				15 PUMP:							
				Manufacturer's Name <b>Flint &amp; Walling</b>							
				Model Number _____ HP <b>3</b>							
				Length of Drop Pipe _____ ft. capacity _____ G.P.M.							
				Type: <input type="checkbox"/> Submersible <input type="checkbox"/>							
				<input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating							
16 Remarks, elevation, source of data, etc. <b>** addition by RS</b>				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. <b>Daniel H. Chissus Well &amp; Pump 0127</b> REGISTERED BUSINESS NAME <b>Service</b> REGISTRATION NO. Address <b>4885 Walnut Lk. Rd., Walled Lake</b> Signed <i>Daniel H. Chissus</i> Date <b>9-1-66</b> AUTHORIZED REPRESENTATIVE							

FEB 25 1971

**WATER WELL RECORD**

ACT 294 PA 1965

SW SW



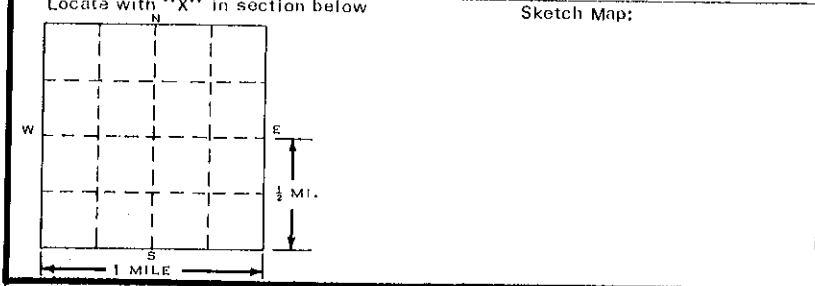
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

*17-3*

**1 LOCATION OF WELL**

County: Oakland Township Name: Waterford Fraction: SE 1/4 SW 1/4 Section Number: 17 Town Number: 3 N/R Range Number: 9 E/W

Distance And Direction from Road Intersections  
**At Oakland Pontiac Airport**  
**600' N of M 59 x 1/2 Mile W of Airport Rd.**



**3 OWNER OF WELL:**  
 Address: **Northern Flying Service**  
**Oakland Pontiac Airport**

**4 WELL DEPTH:** (completed) Date of Completion  
49 ft. 7/2/70

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Bored

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

**7 CASING:** Threaded  Welded  Height: Above/Below Surface 1 ft.  
2 in. to \_\_\_ ft. Depth Weight \_\_\_ lbs./ft.  
 \_\_\_ in. to \_\_\_ ft. Depth Drive Shoe? Yes  No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand & gravel		12
clay & gravel	13	25
sand clay gravel	15	40
clay	4	44
sand	5	49

**8 SCREEN:**  
 Type: gauze Dia.: 1 1/2  
 Slot/Gauze 10 Length 3  
 Set between 46 ft. and 49 ft.  
 Fittings: **Breamer \* blank**

**9 STATIC WATER LEVEL**  
7 ft. below land surface

**10 PUMPING LEVEL** below land surface  
7 ft. after 1 hrs. pumping 12 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:**  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  
78 feet E Direction Septic Type  
 Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
 Manufacturer's Name Tait  
 Model Number 3 12 HP 1/3 Volts 110  
 Length of Drop Pipe 30 ft. capacity 10 G.P.M.  
 Type:  Submersible  Jet  Reciprocating

**16 Remarks, elevation, source of data, etc.**

el. 965 ± 5 W2  
972 ± 5  
 sf. w. el. 965 ± 5  
958

ADDED INFO. BY DRILLER, ITEM NO.  
 \*CORRECTED BY:

**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.

**Ray LaLena Well Drilling** 0140  
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address 1055 Wymon - Pontiac  
 Signed Ray LaLena Date 7/2/70  
 AUTHORIZED REPRESENTATIVE





**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

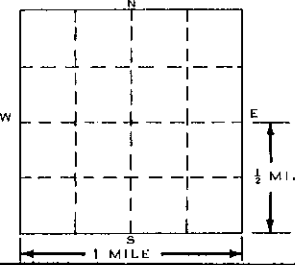
<b>1 LOCATION OF WELL</b>			<b>17-1</b>		
County <b>Oakland</b>	Twp. <b>Waterford</b>	Fraction <b>1/4 SE 1/4 SE 1/4</b>	Section No. <b>17</b>	Town <b>143-N</b>	Range <b>9 E/4</b>
Distance And Direction from Road Intersections <b>Oakland County Airport M-59 and Airport Road</b>			OWNER No. _____		
Street address & City of Well Location			3 OWNER OF WELL: <b>Lind Asphalt Paving Address 1945 Barrett Troy, Michigan 48084</b>		
<b>2 FORMATION</b>			<b>4 WELL DEPTH: (completed) Date of Completion</b>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>55 ft. 4-8-69</b>		
<b>Fill Sand</b>	<b>1'</b>	<b>1'</b>	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"/> _____		
<b>Soft Clay</b>	<b>5'</b>	<b>6'</b>	6 USE: <input 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"/> <b>AIRPORT</b>		
<b>Brown Sand</b>	<b>19'</b>	<b>25'</b>	7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below surface <b>6" x</b> Diam. <b>4</b> in. to <b>49'-7"</b> ft. Depth Weight <b>11</b> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>Fine Gray Water Sand</b>	<b>9'</b>	<b>34'</b>	8 SCREEN: <b>Johnson Stainless</b> Type: <b>Steel</b> Dia.: <b>4"</b> Slot/Opening <b>15</b> Length <b>5'</b> Set between <b>50</b> ft. and <b>55</b> ft. Fittings: <b>3" x 18" Nipple</b>		
<b>Fine Sand</b>	<b>6'</b>	<b>40'</b>	9 STATIC WATER LEVEL <b>10</b> ft. below land surface		
<b>Fine Sand &amp; Some Gravel</b>	<b>15'</b>	<b>55'</b>	10 PUMPING LEVEL below land surface <b>46</b> ft. after <b>1 1/2</b> hrs. pumping <b>20</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) <b>1.3</b> Chlorides (Cl) <b>153</b> Hardness <b>323</b>		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 SANITARY: <b>UNKNOWN</b> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name <b>Peerless</b> Model Number <b>410B331</b> HP <b>1/3</b> Length of Drop Pipe <b>38</b> ft. capacity <b>8</b> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
ADD'D INFO. BY OWNER. ITEM NO. *CORRECTED BY: **ADDITION BY:			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			O. O. Corsaut Inc REGISTERED BUSINESS NAME Address <b>15101 W. 11 Mile Road, Oak Park 48237</b> Signed <i>Owen Corsaut</i> Date <b>May 26, 1969</b> AUTHORIZED REPRESENTATIVE		

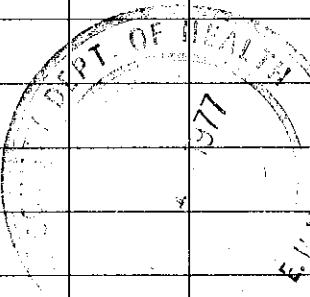


**2 MAR 2 1977**

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>														
County <i>Oakland</i>	Township Name <i>Waterford</i>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <i>17</i>	Town Number <i>3 N/S.</i>	Range Number <i>9 E/W.</i>												
Distance And Direction from Road Intersections			Address <i>6745 Forest Lawn Rox. Mich</i>														
Street address & City of Well Location <i>6745 Forest Lawn</i>			Date of Completion <i>7-22-76</i>														
Local's with "X" in section below 			4 WELL DEPTH: (completed) <i>45</i> ft. <i>7-22-76</i> 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"/> _____														
<b>2 FORMATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 25%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><i>Clay and Gravel</i></td> <td><i>35</i></td> <td><i>35'</i></td> </tr> <tr> <td><i>Clay Blue</i></td> <td><i>5</i></td> <td><i>40</i></td> </tr> <tr> <td><i>Water sand</i></td> <td><i>5</i></td> <td><i>45</i></td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<i>Clay and Gravel</i>	<i>35</i>	<i>35'</i>	<i>Clay Blue</i>	<i>5</i>	<i>40</i>	<i>Water sand</i>	<i>5</i>	<i>45</i>	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"/> _____		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM												
			<i>Clay and Gravel</i>	<i>35</i>	<i>35'</i>												
<i>Clay Blue</i>	<i>5</i>	<i>40</i>															
<i>Water sand</i>	<i>5</i>	<i>45</i>															
7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface <i>1</i> ft. 4 in. to <i>45</i> ft. Depth Weight <i>11</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
8 SCREEN: Type: <i>S. Steel</i> Dia.: <i>3"</i> Slot/Gauze <i>Slot</i> Length <i>4'</i> Set between _____ ft. and _____ ft. Fittings: <i>K. Packer 18" Blank</i>			9 STATIC WATER LEVEL <i>10</i> ft. below land surface 10 PUMPING LEVEL below land surface <i>10</i> ft. after <i>1</i> hrs. pumping <i>10</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <i>Clay</i> Depth: From <i>5'</i> ft. to <i>15'</i> ft.														
14 Nearest Source of possible contamination <i>50</i> feet <i>West</i> Direction <i>Septic tank</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <i>test</i> Model Number <i>5P27</i> HP <i>2</i> Volts <i>230</i> Length of Drop Pipe <i>25</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. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <i>B</i> **ADDITION BY <i>B</i> 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. <i>Robert R. Rich Well Drilling 0585</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>6297 Barber Drayton Plains Mich</i> Signed <i>Robert R. Rich</i> Date <i>7-22-76</i> AUTHORIZED REPRESENTATIVE														









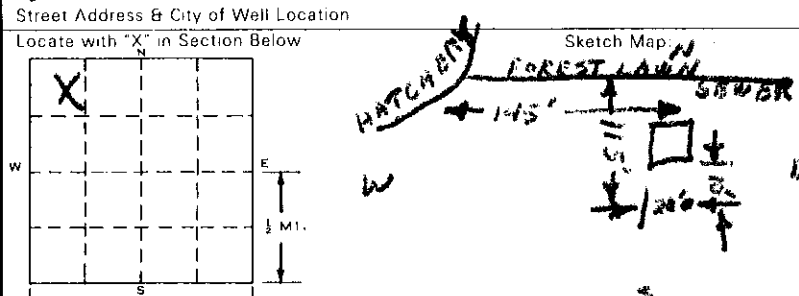


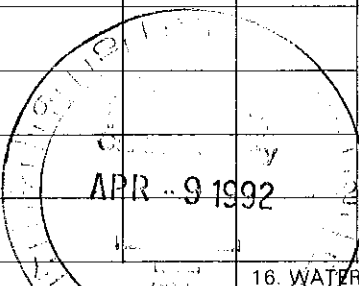


MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

<b>1 LOCATION OF WELL</b>		County <b>OAKLAND</b>		Township Name <b>WATERFORD</b>		Fraction 1/4 1/4 1/4		Section Number <b>17</b>		Town Number <b>T3N N/S</b>		Range Number <b>R9E E/W</b>	
Distance And Direction From Road Intersection <b>145' EAST OF HATCHERY</b>				3 OWNER OF WELL: <b>KEITH CRONK</b> Address <b>8809 ARLINGTON WHITE LK</b> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Street Address & City of Well Location <b>1735 FORESTLAWN WATERFORD</b>				4 WELL DEPTH: (completed) <b>39</b> ft.		Date of Completion <b>2/12/92</b>						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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
Locate with "X" in Section Below				Sketch Map: 		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"/>		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Height: Above/Below Surface <b>2</b> ft. Weight <b>11</b> lbs./ft. Grouted Drill Hole Diameter <b>4</b> in. to <b>3 1/2</b> ft. depth <b>6</b> in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>2 FORMATION DESCRIPTION</b>				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed Type <b>SS</b> Diameter <b>3"</b> Slot/Gauge <b>10</b> Length <b>4'</b> Set between <b>35</b> ft. and <b>39</b> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <b>2</b> ft. Other _____					
<b>TOP SOIL &amp; SAND</b>				<b>10</b>		<b>10</b>		9 STATIC WATER LEVEL: <b>11</b> ft. below land surface <input type="checkbox"/> Flow					
<b>MUDDY SAND</b>				<b>23</b>		<b>33</b>		10 PUMPING LEVEL: below land surface <b>11</b> ft. after <b>3</b> hrs. pumping at <b>20</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.					
<b>SAND</b>				<b>6</b>		<b>39</b>		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit					
								12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____					
								13 Nearest source of possible contamination Type <b>SEWER</b> Distance <b>115</b> ft. Direction <b>NO</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
								14 PUMP: <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump installation Only Manufacturer's name <b>NOT INSTALLED</b> 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					
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. <b>GEORGE PERSONS</b> <b>0512</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>10275 PONTIAC W/ RD</b> Signed <b>George Persons</b> Date <b>2/20/92</b> AUTHORIZED REPRESENTATIVE									

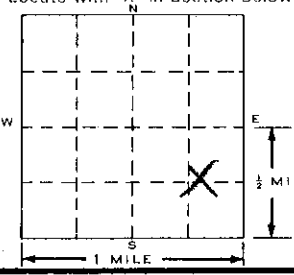
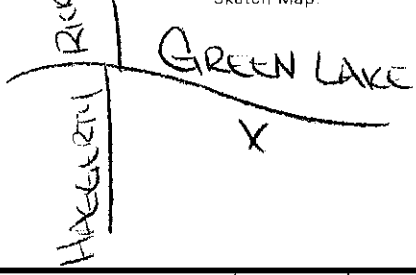
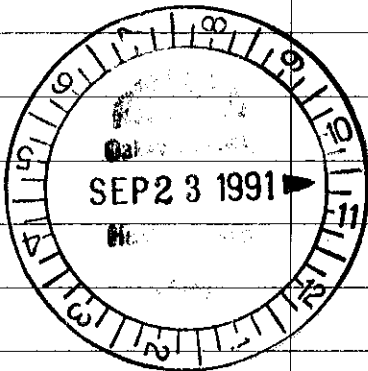


**RECEIVED**  
 Mich. Dept. of Public Health  
**APR 14 1992**

**MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD**

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**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>																		
County <b>Oakland</b>	Township Name <b>Commerce</b>	Fraction <b>SW NE SE</b>	Section Number <b>17</b>	Town Number <b>3 NXS</b>	Range Number <b>9 E/WX</b>																
Distance And Direction From Road Intersection <b>East off Rickson Road on the south side of Green Lake</b>			Address <b>Joe Tyrrell 4269 Green Lake West Bloomfield</b>																		
Street Address & City of Well Location <b>4269 Green Lake</b>			Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																		
Locate with "X" in Section Below 			Sketch Map: 																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>2 FORMATION DESCRIPTION</b></td> <td style="text-align: center;">THICKNESS OF STRATUM</td> <td style="text-align: center;">DEPTH TO BOTTOM OF STRATUM</td> </tr> <tr> <td style="text-align: center;"><b>Brown Clay</b></td> <td style="text-align: center;"><b>10</b></td> <td style="text-align: center;"><b>10</b></td> </tr> <tr> <td style="text-align: center;"><b>Brown Sand</b></td> <td style="text-align: center;"><b>10</b></td> <td style="text-align: center;"><b>20</b></td> </tr> <tr> <td style="text-align: center;"><b>Gray Clay</b></td> <td style="text-align: center;"><b>48</b></td> <td style="text-align: center;"><b>68</b></td> </tr> <tr> <td style="text-align: center;"><b>Gray Sand</b></td> <td style="text-align: center;"><b>10</b></td> <td style="text-align: center;"><b>78</b></td> </tr> </table>			<b>2 FORMATION DESCRIPTION</b>		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>Brown Clay</b>	<b>10</b>	<b>10</b>	<b>Brown Sand</b>	<b>10</b>	<b>20</b>	<b>Gray Clay</b>	<b>48</b>	<b>68</b>	<b>Gray Sand</b>	<b>10</b>	<b>78</b>	4 WELL DEPTH: Date Completed MO. DAY YEAR <b>78</b> FT. <b>6 28 91</b> <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		
			<b>2 FORMATION DESCRIPTION</b>		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM															
			<b>Brown Clay</b>	<b>10</b>	<b>10</b>																
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			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"/>																		
			7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below Diameter <b>5</b> in. to <b>78</b> ft. depth Surface <b>1</b> ft. Weight _____ lbs./ft. Ground Drill Hole Diameter <b>8 1/2</b> in. to <b>78</b> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
			8 SCREEN: <input type="checkbox"/> Not Installed Type <b>Wrapped</b> Diameter <b>5"</b> Slot/Gauze <b>20</b> Length <b>7'</b> Set between <b>71</b> ft. and <b>78</b> 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 _____																		
			9 STATIC WATER LEVEL: <b>15-20</b> ft. below land surface <input type="checkbox"/> Flow																		
			10 PUMPING LEVEL: below land surface <b>Air 77</b> ft. after <b>1</b> hrs. pumping at <b>25</b> 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																		
			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>78</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>Clay cuttings</b> No. of bags of cement _____ Additives _____																		
			13 Nearest source of possible contamination Type <b>Sewage</b> Distance <b>50</b> ft. Direction <b>West</b> 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																		
			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <b>Red Jacket</b> Model number <b>50CNICN9BC</b> HP <b>1/2</b> Volts <b>220</b> Length of Drop Pipe <b>60</b> ft. capacity <b>10</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <b>Amtrol</b> Model number <b>203</b> Capacity <b>10</b> Gallons																		
15. Remarks, elevation, source of data, etc.  <div style="text-align: center;"></div>			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. <b>Ed Birkmeier Well Drilling Ltd. 1607</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>10655 Easton Rd New Lothrop MI 48486</b> Signed <i>Ed Birkmeier</i> Date <b>6-28-91</b> AUTHORIZED REPRESENTATIVE																		
17. Rig Operator's Name: <b>Barry Brown</b>																					

**MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD**

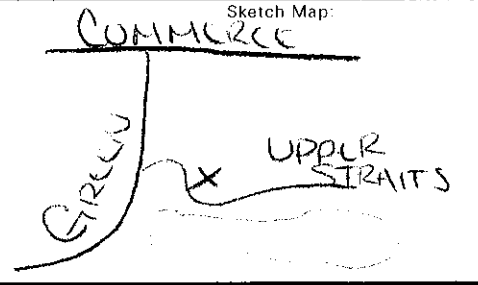
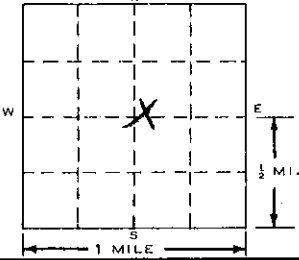
**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>					
County <b>Oakland</b>	Township Name <b>West Bloomfield</b>	Fraction <b>SW<sub>4</sub> SW<sub>4</sub> NE<sub>4</sub></b>	Section Number <b>17</b>	Town Number <b>3 N<sub>2</sub> E</b>	Range Number <b>9 E<sub>2</sub> X</b>

Distance And Direction From Road Intersection  
**East of Green Road on Upper Straits on the north side**

Street Address & City of Well Location  
**6160 Upper Straits**

Locate with "X" in Section Below



**3 OWNER OF WELL:**

**Daniel Navarre**  
**6160 Upper Straits**  
**West Bloomfield Mi**

Address Same As Well Location?  Yes  No

**4 WELL DEPTH:** Date Completed MO. DAY YEAR  New Well  Replacement Well

**240** FT. **7 24 91**

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

**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

**5** in. to **229** ft. depth Height: Above/Below Surface **1** ft.  
**8 1/2** in. to **245** ft. depth Weight \_\_\_\_\_ lbs./ft.  
Grouted Drill Hole Diameter  Yes  No  
**8 1/2** in. to \_\_\_\_\_ ft. depth Drive Shoe

**8 SCREEN:**  Not Installed

Type **Wrapped** Diameter **5"**  
Slot/Gauze **20** Length **10'**  
Set between **229** ft. and **240** ft.  
FITTINGS:  K-Packer  Lead Packer  Bremer Check  
 Blank above screen \_\_\_\_\_ ft. Other \_\_\_\_\_

**9 STATIC WATER LEVEL:** \_\_\_\_\_ **57** ft. below land surface  Flow

**10 PUMPING LEVEL:** below land surface

**Air 160** ft. after **1** hrs. pumping at **50** 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 **0** to **229** ft.  
 Neat cement  Bentonite  Other **Clay cuttings**  
No. of bags of cement \_\_\_\_\_ Additives **Hot Plug**

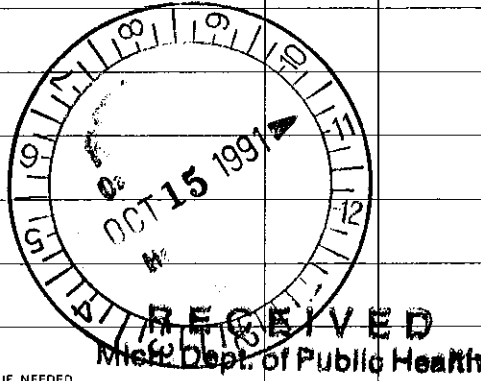
**13 Nearest source of possible contamination**

Type **septic** Distance **80** ft. Direction **South**  
Well disinfected upon completion?  Yes  No  
Was old well plugged?  Yes  No

**14 PUMP:**  Not Installed  Pump Installation Only

Manufacturer's name **Red Jacket**  
Model number **50CNCIN9BC** HP **1/2** Volts **230**  
Length of Drop Pipe **100** ft. capacity **10** G.P.M.  
TYPE:  Submersible  Jet  
PRESSURE TANK:  
Manufacturer's name **Amtrol**  
Model number **203** Capacity **10** Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<b>Yellow Clay</b>	<b>30</b>	<b>30</b>
<b>Gray Clay</b>	<b>200</b>	<b>230</b>
<b>Gray Gravel</b>	<b>10</b>	<b>240</b>
<b>Gray Clay</b>	<b>5</b>	<b>245</b>



15. Remarks, elevation, source of data, etc. **OCT 21 1991**

**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.

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS**

17. Rig Operator's Name: **Bob Griffin**

**Ed Birkmeier Well Drilling Ltd. 1607**  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address **6555 Eastern Rd New Lothrop Mi 48460**  
Signed **Edmund Birkmeier 7-24-91**  
AUTHORIZED REPRESENTATIVE