



WATER WELL RECORD
ACT 294 PA 1965

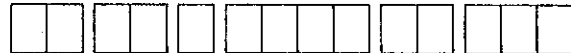
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

AUG 02 1984

1 LOCATION OF WELL													
County <i>Ogemaw</i>		Township Name <i>Logan</i>		Fraction <i>NW 1/4 NW 1/4 SE 1/4</i>		Section Number <i>12</i>		Town Number <i>27 N/S</i>		Range Number <i>4 E/W</i>			
Distance and Direction from Road Intersections <i>1/2 mile west of County Line Rd on old state rd.</i>				3 OWNER OF WELL <i>Melvin Miller</i> Address <i>5806 E. Old State rd Hal Mich</i>									
Street address & City of Well Location Locate with "X" in section below				Sketch Map: <i>old state rd</i> <i>County</i> <i>Elmer</i> <i>x well</i>				4 WELL DEPTH: (completed) Date of Completion <i>50</i> ft. <i>6-1-84</i>		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"/>		7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Diam. _____ in. to _____ ft. Depth Weight _____ lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN:		9 STATIC WATER LEVEL					
<i>Clay</i>		<i>35</i>		<i>35</i>		Type: <i>plastic</i> Dia.: <i>4"</i>		_____ ft. below land surface					
<i>sand</i>		<i>15</i>		<i>50</i>		Slot/Gauze <i>.010</i> Length <i>5</i>		10 PUMPING LEVEL below land surface					
						Set between <i>45</i> ft. and <i>50</i> ft.		_____ ft. after _____ hrs. pumping _____ g.p.m.					
						Fittings: <i>4 x 5 K pokes</i>		11 WATER QUALITY in Parts Per Million:					
						9 STATIC WATER LEVEL		Iron (Fe) _____ Chlorides (Cl) _____					
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		Hardness _____ Other _____					
						13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		14 Nearest Source of possible contamination					
						Depth: From _____ ft. to _____ ft.		_____ feet <i>W</i> Direction <i>Bornyard</i> Type _____					
						14 Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		15 PUMP: <input checked="" type="checkbox"/> Not installed					
						15 PUMP:		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.					
						16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:					
						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 <i>Ralph Graves</i>		REGISTRATION NO. <i>373</i>					
						Address <i>Hal Mich</i>		Signed <i>Ralph Graves</i> Date <i>6-1-84</i>					
						AUTHORIZED REPRESENTATIVE							

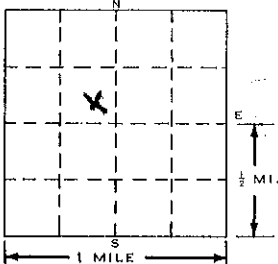
RECEIVED
Mich. Dept. of Public Health
JUN 29 1984
Bureau of Environmental and
Occupational Health - GWQS

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

1 LOCATION OF WELL											
County <i>Ogemaw</i>	Township Name <i>Logan</i>	Fraction <i>SE 1/4 SWNE 1/4</i>	Section Number <i>12</i>	Town Number <i>22 N/S.</i>	Range Number <i>4 E/W.</i>						
Distance And Direction from Road Intersections <i>1/4 mi West of County line RD on State RD</i>						3 OWNER OF WELL: <i>Charles Sullivan</i> Address <i>Hale Mich R. 1</i>					
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion <i>45</i> ft. <i>May 4 - 70</i>					
Sketch Map: 						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"/>					
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 _____ ft. <i>2</i> in. to <i>42</i> ft. Depth Weight <i>375</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
Blay Sand						8 SCREEN: Type: <i>Flush</i> Dia.: <i>1 1/2</i> Slot/Gauze <i>1/2</i> Length <i>36</i> Set between <i>42</i> ft. and <i>45</i> ft. Fittings: <i>1 1/2 turned face comp.</i>					
						9 STATIC WATER LEVEL <i>30</i> ft. below land surface					
						10 PUMPING LEVEL below land surface <i>30</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 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 <i>75</i> feet <i>W</i> Direction <i>Sixties</i> 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. * DIRECTED 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. <i>Stansted Well Drilling 0431</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>Hale, Mich</i> Signed <i>Stanley Stansted</i> Date <i>5 - 70</i> AUTHORIZED REPRESENTATIVE					

JUL 24 1970

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

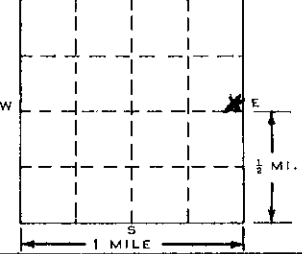
PERMIT NUMBER

1 LOCATION OF WELL

County Ogemaw	Township Name LOGAN	Fraction SE 1/4 SE 1/4 NE 1/4	Section Number 12	Town Number 22 N/8	Range Number 4 E/W
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Distance And Direction From Road Intersection
5967 Old State Rd
Half mi ~~1/4 mi~~ 48739

Street Address & City of Well Location



Sketch Map:

3 OWNER OF WELL:
Stephen Ridder
 Address **35745 Ash Rd**
New Boston mi 48164
 Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
CLAY	28'	28'
SAND (COARSE)	25'	53'

4 WELL DEPTH: **53** FT. Date Completed **9/23/94**
 New Well
 Replacement Well

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: Steel Threaded Welded
 Plastic Height: Above/Below Surface **1** ft.
5 in. to **48** ft. depth Weight **502.21** lbs./ft.
 Grouted Drill Hole Diameter **7 7/8** in. to **40** ft. depth Drive Shoe Yes No

8 SCREEN: Not Installed
 Type **W.D.P.** Diameter **5"**
 Slot/Gauge **.010** Length **5'**
 Set between **48** ft. and **53** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL:
18 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
18 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 GROUDED? No Yes From **5** to **35** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives **63 mud**

13 Nearest source of possible contamination
 Type **Septic** Distance **50** ft. Direction **E**
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **SIA-Rite**
 Model number **10SP4** HP **1/2** Volts **220**
 Length of Drop Pipe **45** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name **NOT INST**
 Model number _____ Capacity _____ Gallons

15. Remarks, elevation, source of data, etc.

17. Rig Operator's Name:
Wayne Jantel

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.
Densstedt Well Drilling 65-1622
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **8087 Birch Lake Dr.**
 Signed **Wayne Jantel** Date **9-23-94**
 AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

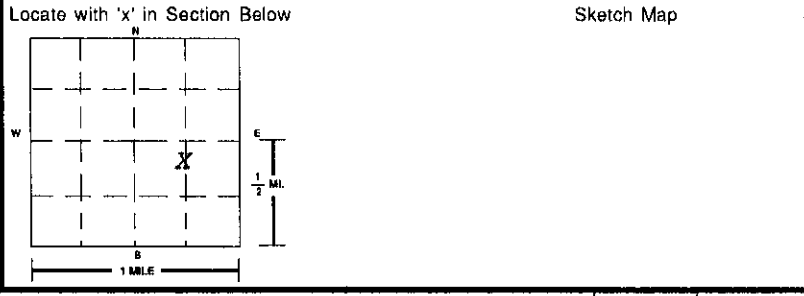
TAX NO:

PERMIT NO:

1. LOCATION OF WELL
 County **OGEMUN** Township Name **LOBAN** Fraction **NE 1/4NW 1/4 SE 1/4** Section No. **12** Town No. **22 N** Range No. **4 E**

Distance and Direction from Road Intersection
 Street Address & City of Well Location

3. OWNER OF WELL **Doug & Jackie Gregg**
 Address **5860 E. State Rd. Hale, MI 48739**
 Address Same as Well Location Yes No



4. WELL DEPTH: **78** ft. Date Completed **11/20/96**
 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 Welded
 Plastic Other
 Height: Above/Below Surface: **1** ft
 Diameter: **5** in. to **73** ft. depth
 Weight: **2.93** lbs./ft.

8. SCREEN: Not Installed Gravel-Packed
 Type **PVC** Diameter **5"**
 Slot **.010** Length: **5'**
 Set Between **73** ft. and **78** ft.
 FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

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

10. PUMPING LEVEL: Below Land Surface
60 ft. After **1** hrs. Pumping at **20** 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 **67** ft.
 Neat Cement Bentonite Other _____
 No. of Bags **5** Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **Septic** Distance **65** ft. Direction **North**
 Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name **Myers**
 Model Number **N5-12** HP **1/2** Volts **230**
 Length of Drop Pipe **60** ft. Capacity **12** G.P.M.
 TYPE: Submersible Jet Other _____
 PRESSURE TANK:
 Manufacturer's Name **Flex-Con**
 Model Number **PC-66** Capacity **11.5** Gallons **20**

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
TOP SOIL	1"	1'
CLAY	32'	33'
SAND & FINE GRAVEL	34'	67'
CLAY	3'	70'
SAND & FINE GRAVEL	8'	78'
RECEIVED MICH. DEPT. OF ENVIRONMENTAL QUALITY JAN 15 1997 Drinking Water & Radio. Protection Division - ENVIRONMENTAL HEALTH 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.)
70 Grains Hardness
1.5 PPM Iron
1200 TDS

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name **Clint VanWormer**

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.
R. Webb & Son Well Drilling **35-2137**
 REGISTERED BUSINESS NAME **3120 M-65 Hale, MI 48739** REGISTRATION NO. _____
 Address _____
 Signed Date **Dec. 7, 1996**
 AUTHORIZED REPRESENTATIVE



WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		<i>NE</i>	
County <i>Ogemaw</i>	Township Name <i>Logan</i>	Fraction <i>SE 1/4 SE 1/4 NE 1/4</i>	Section Number <i>12</i>
Distance And Direction from Road Intersections		Town Number <i>32 N/S.</i>	Range Number <i>4 E/W.</i>
Street address & City of Well Location		3 OWNER OF WELL: <i>Charles Sullivan</i>	
Locate with "X" in section below		Address <i>R#1 Hale Mich</i>	
		4 WELL DEPTH: (completed) <i>48</i> ft. Date of Completion <i>7-31-70</i>	
Sketch Map:		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"/>	
		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 <i>1</i> ft. <i>2</i> in. to <i>43</i> ft. Depth Weight <i>3.75</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
2 FORMATION		8 SCREEN:	
		Type: <i>Flush</i> Dia.: <i>1 1/4 in</i>	
		Net/Gauze <i>30</i> Length <i>36</i>	
		Set between <i>40</i> ft. and <i>43</i> ft.	
		Fittings: <i>1 1/4 in Coupling -</i>	
		9 STATIC WATER LEVEL <i>43 ft</i> <i>33</i> ft. below land surface	
		10 PUMPING LEVEL below land surface <i>33</i> ft. after <i>1</i> hrs. pumping <i>9</i> 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 <i>75</i> feet <i>S</i> Direction <i>Septic</i> 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.		17 WATER WELL CONTRACTOR'S CERTIFICATION:	
RECORDED INFO. BY DISTRICT RECORDS MANAGER CORRECTED BY: ADDITIONAL DATA:		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Denstedt Well Drilling 0431</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>R#1 Hale Mich</i> Signed <i>Stanley Denstedt</i> Date <i>7-31-70</i> AUTHORIZED REPRESENTATIVE	