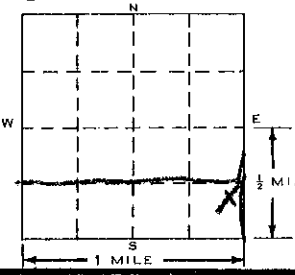


OCT 30 1972

WATER WELL RECORD
ACT 294 PA 1965

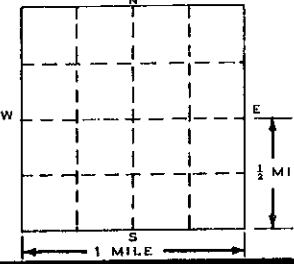
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County OTTAWA	Township Name ALLENDALE	Fraction SE 1/4 SE 1/4	Section Number 15	Town Number 77N/S.	Range Number R14W.
Distance And Direction from Road Intersections 1/2 MILE SOUTH OF WARNER ON WEST SIDE OF 64TH AVE			3 OWNER OF WELL: MARVIN SIETSEMA Address: 8192 HARTHWAY JENISON, MICH		
Street address & City of Well Location UNKNOWN			4 WELL DEPTH: (completed) Date of Completion 51 ft. 28 SEPT 72		
Locate with "X" in section below 			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"/>		
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"/> Diam. _____ Height: Above/Below Surface 3 ft. Weight 11.00 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Red clay 25' 25' Dry sand 7' 32' Fine sand 14' 46' Clean coarse sand 5' 51'			8 SCREEN: Type: JOHNSON Dia.: 4" Slot/Groze # 7 Length 5' Set between 46 ft. and 51 ft. Fittings: 4" LEAD PACKER		
			9 STATIC WATER LEVEL 32 ft. below land surface		
			10 PUMPING LEVEL below land surface ____ ft. after ____ hrs. pumping ____ g.p.m. UNKNOWN ____ ft. after ____ hrs. pumping ____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) UNKNOWN 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 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 60 feet NW Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name RED JACKET Model Number S75N1 HP 3/4 Volts 220 Length of Drop Pipe 36 ft. capacity 18 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 WALSH CORRECTED BY B 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. Walsh Drilling Co 0395 REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address 444 Westabaja Dr. W.C. Cornstock Mich Signature Don Walsh Date 29 Sept 72 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL																							
County <u>Ottawa</u> <u>Alkandak</u>	Township Name <u>Alkandak</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u> Section Number <u>15</u> Town Number <u>7 N/8</u> Range Number <u>14 E/W</u>																					
Distance And Direction From Road Intersection <u>About 0.3 Miles South of Warner St and</u> <u>About 750' East of 68th Ave</u>																							
Street Address & City of Well Location Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
Locate with "X" in Section Below 		3 OWNER OF WELL: <u>Jerry Sifma</u> Address <u>10663 68th Ave</u> <u>Alkandak Mi.</u> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
2 FORMATION DESCRIPTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">FORMATION DESCRIPTION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><u>Sand</u></td> <td><u>2</u></td> <td><u>2</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>60</u></td> <td><u>62</u></td> </tr> <tr> <td><u>Gravel Dirty</u></td> <td><u>30</u></td> <td><u>92</u></td> </tr> <tr> <td><u>Clay</u></td> <td><u>3</u></td> <td><u>95</u></td> </tr> <tr> <td><u>Gravel</u></td> <td><u>6</u></td> <td><u>101</u></td> </tr> <tr> <td><u>Marshall Rock</u></td> <td><u>79</u></td> <td><u>180</u></td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>Sand</u>	<u>2</u>	<u>2</u>	<u>Clay</u>	<u>60</u>	<u>62</u>	<u>Gravel Dirty</u>	<u>30</u>	<u>92</u>	<u>Clay</u>	<u>3</u>	<u>95</u>	<u>Gravel</u>	<u>6</u>	<u>101</u>	<u>Marshall Rock</u>	<u>79</u>	<u>180</u>	4 WELL DEPTH: <u>180</u> FT. Date Completed <u>9 15 89</u> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well
		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																			
<u>Sand</u>	<u>2</u>	<u>2</u>																					
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<u>Clay</u>	<u>3</u>	<u>95</u>																					
<u>Gravel</u>	<u>6</u>	<u>101</u>																					
<u>Marshall Rock</u>	<u>79</u>	<u>180</u>																					
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"/> 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"/>																					
USE A 2ND SHEET IF NEEDED		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight _____ lbs./ft. _____ in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter <u>8</u> in. to <u>102</u> ft. depth _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No																					
		8 SCREEN: <input type="checkbox"/> Not Installed Type <u>None</u> Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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 _____																					
15. Remarks, elevation, source of data, etc.		9 STATIC WATER LEVEL: <u>35</u> ft. below land surface <input type="checkbox"/> Flow																					
		10 PUMPING LEVEL: below land surface <u>35</u> ft. after <u>1</u> hrs. pumping at <u>30</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																					
17. Rig Operator's Name:		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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																					
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.		13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>275</u> ft. Direction <u>NE</u> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Grundfos</u> Model number <u>16510</u> HP <u>1</u> Volts <u>220</u> Length of Drop Pipe <u>67</u> ft. capacity <u>16</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>well x Tru 1</u> Model number <u>wx 250</u> Capacity _____ Gallons																					
15. Remarks, elevation, source of data, etc.		Signed <u>Brockhaus Bros</u> Date <u>10-20-89</u> REGISTERED BUSINESS NAME <u>0458</u> REGISTRATION NO. _____ Address <u>11-4215 142nd Ave Holland Mi.</u> AUTHORIZED REPRESENTATIVE																					

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

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL			3 OWNER OF WELL:																	
County Ottawa	Township Name Allendale	Fraction NW 1/4 NW 1/4 SW 1/4	Section Number 15	Town Number 7 N 1/2	Range Number 14 E/W															
Distance And Direction From Road Intersection About 125ft East of 73rd Ave + Warner St Then about 80ft South of Warner St			Address Roger Modderman, Bldr 9485 S. Cedar Dr West Olive, Mi 49460																	
Street Address & City of Well Location Warner St Allendale, Mi.			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Locate with "X" in Section Below			Date of Completion 10-4-88																	
			WELL DEPTH: (completed) 36 ft.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">2 FORMATION DESCRIPTION</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Gravel - V. Fine - Tan Brown</td> <td style="text-align: center;">19</td> <td style="text-align: center;">19</td> </tr> <tr> <td>Sand - Course - Tan Brown</td> <td style="text-align: center;">4</td> <td style="text-align: center;">23</td> </tr> <tr> <td>Gravel - V. Fine - Gray Brown</td> <td></td> <td></td> </tr> <tr> <td>V. Clean Waterbearing</td> <td style="text-align: center;">13</td> <td style="text-align: center;">36</td> </tr> </tbody> </table>			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Gravel - V. Fine - Tan Brown	19	19	Sand - Course - Tan Brown	4	23	Gravel - V. Fine - Gray Brown			V. Clean Waterbearing	13	36	4 <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"/> _____		
			2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM															
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V. Clean Waterbearing	13	36																		
			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 type="checkbox"/> Welded Height: Above/Below Surface 1 ft. Weight _____ lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
			8 SCREEN: # 848 Johnson <input type="checkbox"/> Not installed Type Stainless Diameter 1 1/4" Slot/Gauge 10 Length 4 ft Set between 30 ft. and 36 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 1 ft. Other _____																	
			9 STATIC WATER LEVEL: 23 ft. below land surface <input type="checkbox"/> Flow																	
			10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 20 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 checked="" 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 _____																	
			13 Nearest source of possible contamination Type Sewage System Distance 56 ft. Direction S 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 Goulds Model number J-05NS HP 1/2 Volts 115/230 Length of Drop Pipe 26 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Agua-Air Model number V-60 Capacity 20 Gallons																	
USE A 2ND SHEET IF NEEDED																				
15. Remarks, elevation, source of data, etc. <div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAR 08 1989 011/88 </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. M+W Hecksel Bros 70-0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9175 Cleveland Nunda, Mi 49448 Signed M. Hecksel Date 11-29-88 AUTHORIZED REPRESENTATIVE																	

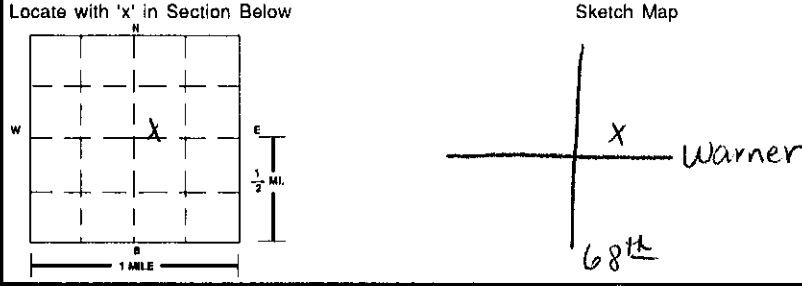
TAX NO: 70 09 15 100 015

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL County: Ottawa Township Name: Allendale Fraction: 1/4 SW 1/4 NW 1/4 Section No.: 15 Town No.: 07N Range No.: 14W

Distance and Direction from Road Intersection on the NE Corner of 68th & Warner Street Address & City of Well Location



3. OWNER OF WELL Address: Feenstra Bros. Greenhouse 12461 68th Address Same as Well Location [X] Yes [] No

4. WELL DEPTH: 185 ft. Date Completed: 05/03/96 [X] New Well [] Replacement Well

5. [] Cable Tool [] Hollow Rod [X] Rotary [X] Auger/Bored [] Driven [] Dug [] Jetted []

6. USE: [X] Household [] Type I Public [] Type III Public [] Irrigation [] Type IIa Public [] Heat Pump [] Test Well [] Type IIb Public []

7. CASING: [] Steel [] Threaded [X] Plastic [X] Welded [] Other Height: Above/Below Surface: _____ ft. Diameter: 5 in. to 142 ft. depth _____ in. to _____ ft. depth BORE HOLE: Diameter: _____ in. to _____ ft. depth _____ in. to _____ ft. depth [] Drive Shoe [] Shale Packer

8. SCREEN: [X] Not Installed [] Gravel-Packed Type _____ Diameter _____ Slot/Gauze _____ Length: _____ Set Between _____ ft. and _____ ft. FITTINGS: [] K-Packer [] Bremer Check [] Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: _____ ft. Below Land Surface [] Flowing

10. PUMPING LEVEL: Below Land Surface _____ ft. After _____ hrs. Pumping at 30-35 G.P.M. [] Plunger [] Bailer [X] Air [] Test Pump

11. WELL HEAD COMPLETION: [X] Pitless Adapter [] Basement Offset [X] 12" Above Grade [X] Well House

12. WELL GROUTED? [] No [X] Yes From 0 to 142 ft. [] Neat Cement [X] Bentonite [] Other No. of Bags 8 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION: Type _____ Distance _____ ft. Direction _____ Type _____ Distance _____ ft. Direction _____

Table with 3 columns: FORMATION DESCRIPTION, THICKNESS OF STRATUM, DEPTH TO BOTTOM OF STRATUM. Rows include Sand (37.0, 37.0), Clay & Stones (88.0, 125.0), Lime (15.0, 140.0), Sandstone (45.0, 185.0).

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.)

14. PUMP: [] Not Installed [] Pump Installation Only Manufacturer's Name: Red Jacket Model Number _____ HP 1.5 Volts 230 Length of Drop Pipe 100 ft. Capacity 25 G.P.M. TYPE: [X] Submersible [] Jet [] Other PRESSURE TANK: Manufacturer's Name: Well Mate Model Number 25 Capacity _____ Gallons

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. DeWind Drilling 1922 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9594 Port Sheldon Zeeland, MI 49464 Signed M. Cole AUTHORIZED REPRESENTATIVE Date 5/13/96

17. DRILLING MACHINE OPERATOR: [] Employee [] Subcontractor Name: Jim Bolles

WATER WELL AND PUMP RECORD

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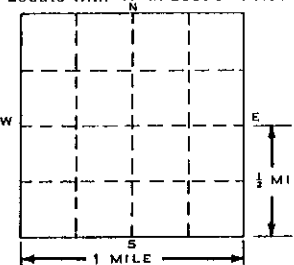
PERMIT NUMBER

1 LOCATION OF WELL		
County OTTAWA	Township Name ALLENDALE	Fraction SW¹/₄ NW¹/₄ Section Number 13 Township Number T¹N Range Number R¹W N/S E/W
Distance And Direction From Road Intersection 1198 FEET NORTH OF WARNER AND TRAVIS EAST SIDE OF ROAD		
Street Address & City of Well Location 12576 72AVE ALLENDALE		
Locate with "X" in Section Below 		
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM 21
SAND		
3 OWNER OF WELL: JON W. HAM		
Address 12576 72AVE		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: (completed) ft. 21		Date of Completion 7-15-88
5 <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"/> _____		
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 type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded _____ in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
8 SCREEN: <input type="checkbox"/> Not installed Type STAINLESS Diameter 3/4" Slot/Gauze 21 Length 21 Set between _____ ft. and _____ 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: _____ ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface 18 ft. after _____ hrs. pumping at _____ G.P.M. 14 ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" type="checkbox"/> Approved pit -10		
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination: SEPTIC 150 NORTH 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 checked="" type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number 19 HP 3/4 Volts 220 Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: A-O SMITH Manufacturer's name _____ Capacity 42 Gallons		
USE A 2ND SHEET IF NEEDED		
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. JON W. HAM REGISTERED BUSINESS NAME 12576 72AVE REGISTRATION NO. _____ Address _____ Signed Jon W. Ham Date 8-4-88 AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

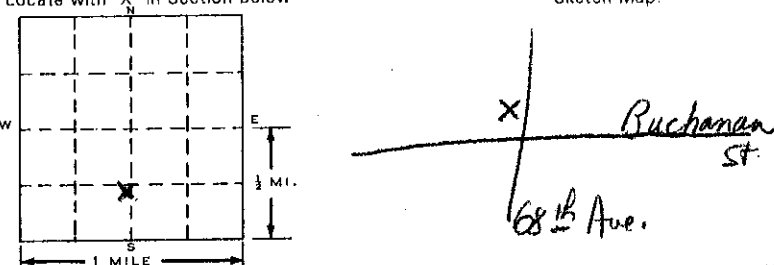
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PERMIT NUMBER

1 LOCATION OF WELL		
County Ottawa	Township Name Alpena	Fraction 1/4 1/4 1/4
		Section Number 15
		Town Number 7 N/8
		Range Number 19 EW
Distance And Direction From Road Intersection About 0.5 miles East of 68th Ave and About 100' North of Warner St		
Street Address & City of Well Location Alpena, MI		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Locate with "X" in Section Below 		
2 FORMATION DESCRIPTION		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	17	17
Clay	63	80
Sand Fine	10	90
Clay	20	110
Gravel w/clay	15	125
Michigan Rock Shale	9	134
Marble Rock	61	165
3 OWNER OF WELL:		
Cliff Vander Molch		
Address Warner St Alpena, MI		
Date Completed 1 25 89		
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well		
<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"/> Auger <input type="checkbox"/> Jetted		
<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		
4 WELL DEPTH: 195 FT.		
5 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface 1 ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		
7 SCREEN: <input type="checkbox"/> Not Installed Type None Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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 _____		
8 STATIC WATER LEVEL: 60 ft. below land surface <input type="checkbox"/> Flow		
9 PUMPING LEVEL: below land surface 60 ft. after 1 hrs. pumping at 25 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
10 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		
11 WELL GROUDED? <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 _____		
12 NEAREST SOURCE OF POSSIBLE CONTAMINATION: Type Septic Distance 75 ft. Direction SW Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Myers Model number S251021018 HP 1 Volts 220 Length of Drop Pipe 100 ft. capacity 25 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Well X Tool Model number WX 250 Capacity _____ Gallons		
USE A 2ND SHEET IF NEEDED		
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. Broekhuis Bros 0458 REGISTERED BUSINESS NAME 27-4715 1924th Ave Holland MI REGISTRATION NO. Address Signed L. C. Broekhuis Date 2-3-89 AUTHORIZED REPRESENTATIVE		
17. Rig Operator's Name: Lyle		

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

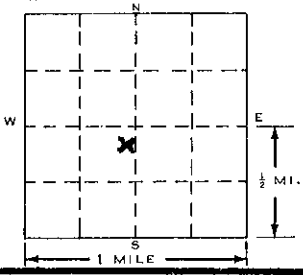
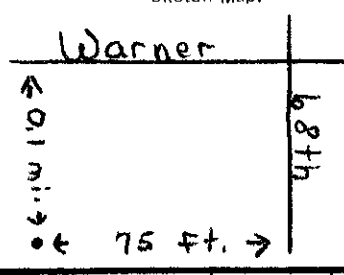
PERMIT NUMBER

1 LOCATION OF WELL		County <u>Ottawa</u>		Township Name <u>Holland</u>		Fraction <u>SE 1/4 SW 1/4</u>		Section Number <u>15</u>		Town Number <u>7 N/4</u>		Range Number <u>14 E/W</u>	
Distance And Direction From Road Intersection <u>1/4 mi. N. of Buchanan St. on the W. side of 68th Ave.</u>						3 OWNER OF WELL: <u>Russ Sall</u> Address <u>12227 68th</u> <u>Allendale</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location <u>68th Ave.</u>						4 WELL DEPTH: <u>190</u> FT. Date Completed <u>1/30/89</u> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Locate with "X" in Section Below 						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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
2 FORMATION DESCRIPTION						6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input checked="" 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 type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded <u>5</u> in. to <u>145</u> ft. depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No							
						8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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: _____ 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													
12 WELL GROUTED? <input checked="" 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 _____													
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 type="checkbox"/> Yes <input type="checkbox"/> No													
14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Myers</u> Model number _____ HP <u>3</u> Volts <u>230</u> Length of Drop Pipe <u>100</u> ft. capacity <u>5</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>Well mate 25</u> Model number _____ Capacity _____ Gallons													
USE A 2ND SHEET IF NEEDED						RECEIVED							
15. Remarks, elevation, source of data, etc. <u>Celery Farm</u> <u>FEB 28 '89</u> <u>OTTAWA COUNTY</u> <u>ENV. HEALTH DIV.</u>						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. <u>Dewind Drilling</u> <u>0180</u> REGISTERED BUSINESS NAME <u>7030-120 Ave.</u> REGISTRATION NO. <u>Holland</u> Address Signed <u>Theo Dewind</u> Date <u>2-1-89</u> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: <u>Jay C.</u>													

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County Ottawa	Township Name Allendale	Fraction NE 1/4 NE 1/4 SW 1/4	Section Number 15	Town Number 7 N.E.	Range Number 14 SW.
Distance And Direction from Road Intersections About 0.1 mi. south of Warner & 68th Then about 75 ft. west of 68th			3 OWNER OF WELL: Address David Moore 12297 68th Ave. Allendale, Mich. 49401		
Street address & City of Well Location 12297 68th, Allendale			4 WELL DEPTH: (completed) Date of Completion 187 ft. 12-10-84		
Locate with "X" in section below 			Sketch Map: 		
2 FORMATION			5 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"/>		
THICKNESS OF STRATUM			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 1 ft. Weight 10.8 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
DEPTH TO BOTTOM OF STRATUM			8 SCREEN: Type: NONE Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
Black dirt & fill	4	4	9 STATIC WATER LEVEL 58 ft. below land surface		
Gravel	29	33	10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 60 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
clay, blue	43	76	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
shale	75	151	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
marshall rock			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.		
water bearing	36	187	14 Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Goulds Model Number 10EJ-07412-3/4 HP 3/4 Volts 230 Length of Drop Pipe 105 ft. capacity 12 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
RECEIVED Mich. Dept. of Public Health JAN 8 1985 Bureau of Environmental and Occupational Health - GWQS			16 Remarks, elevation, source of data, etc.		
USE A 2ND SHEET IF NEEDED			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. M & W Hecksel Bros. 70-0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 18976 96th Ave, Coopersville Signed Marcel Hecksel Date 12-14-84 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978
Failure to comply is a misdemeanor

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

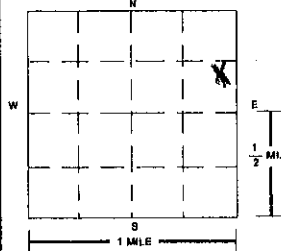
County Ottawa Township Name Allendale Fraction NE 1/4 SE 1/4 NE 1/4 Section No. 15 Town No. 7 Range No. 14

Distance and Direction from Road Intersection

12611 64th Ave, Allendale, MI.
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

Sand	23	23
Gray Clay	58	81
Cemented gravel	40	121
Hard pan	17	138
Shale	7	145
Limestone	10	155
Blue Shale	10	165
Sandstone	32	197

USE A 2ND SHEET IF NEEDED

3. OWNER OF WELL

Address Bill DeBore

Address Same as Well Location Yes No

4. WELL DEPTH:

197 ft. Date Completed 6/30/98 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 Plastic Welded
 Other _____ Height: Above/Below Surface: 7 ft

Diameter: 4 in. to 138 ft. depth Weight: 11 lbs./ft.
_____ in. to _____ ft. depth

BORE HOLE: Diameter: _____ in. to _____ ft. depth Drive Shoe
_____ in. to _____ ft. depth Shale Packer

8. SCREEN: Not Installed Gravel-Packed

Type _____ Diameter _____
Slot/Gauze _____ Length: _____
Set Between _____ ft. and _____ ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL:

80 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface

100 ft. After 1 hrs. Pumping at 30 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 138 ft.

Neat Cement Bentonite Other _____
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type Sewage lift Distance 60 ft. Direction E.
Type _____ Distance _____ ft. Direction _____

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 Charlie Breckon

14. PUMP: Not Installed Pump Installation Only

Manufacturer's Name Fairbanks
Model Number _____ HP 3/4 Volts 230
Length of Drop Pipe 120 ft. Capacity 12 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK: Champion 203
Manufacturer's Name _____ Capacity 9.9 Gallons 40
Model Number 203

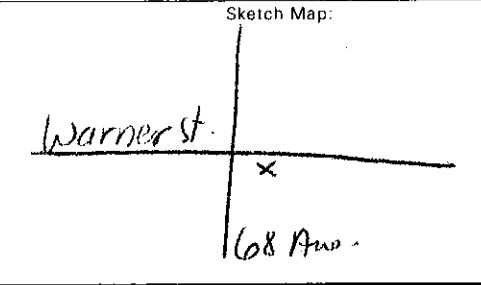
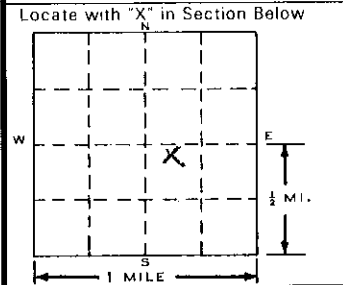
18. WATER WELL CONTRACTOR'S CERTIFICATION:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Sytsma Well Drilling 2037
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 0-3197 LK. MI. Dr. Grand Rapids, MI.
Signed Jed Bab Date 7-1-98
AUTHORIZED REPRESENTATIVE

1 LOCATION OF WELL					
County <i>Ottawa</i>	Township Name <i>Allendale</i>	Fraction <i>1/4 NW 1/4 SW 1/4</i>	Section Number <i>15</i>	Town Number <i>7 N/3</i>	Range Number <i>14 W</i>

Distance And Direction From Road Intersection
Approx. 1/8 mi. E. of Warner St. on the S. side of Warner St.



2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sand</i>	<i>14</i>	<i>14</i>
<i>Clay & Stones</i>	<i>85</i>	<i>99</i>
<i>Sand</i>	<i>13</i>	<i>112</i>
<i>Clay + Boulders</i>	<i>11</i>	<i>123</i>
<i>Limestone</i>	<i>8</i>	<i>131</i>
<i>Sandstone</i>	<i>39</i>	<i>170</i>

3 OWNER OF WELL
Larry Knoper Bldr
Address
6672 Warner Allendale

Address Same As Well Location? Yes No

4 WELL DEPTH: *170 FT.* Date Completed *7-19-90*

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: Diameter Steel Threaded Plastic Welded
5 in. to *134* ft. depth

Height: Above/Below
Surface _____ ft.
Weight _____ lbs./ft.

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: _____ 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 *Bensol*

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

14 PUMP: Not Installed Pump Installation Only

Manufacturer's name *Myers*
Model number _____ HP *34* Volts *230*
Length of Drop Pipe *100* ft. capacity *11* G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: *Wellmate 12*
Manufacturer's name _____ Capacity _____ Gallons

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

17. Rig Operator's Name: *Jeff Deardorff*

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.

Deardorff Drilling REGISTERED BUSINESS NAME
Address *1030-120 Ave Holland*
Signed *Jeff Deardorff* AUTHORIZED REPRESENTATIVE
Date *7-19-90* REGISTRATION NO. *1952*

RECEIVED
MICH. DEPT. OF PUBLIC HEALTH
AUG 8 1990
BUREAU OF ENVIRONMENTAL & OCCUPATIONAL HEALTH-SWIS

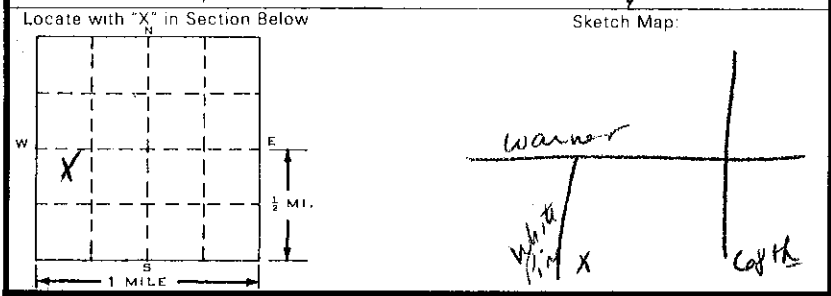
**MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD**

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PERMIT NUMBER

1 LOCATION OF WELL						
County OTTAWA	Township Name ALLENDALE	Fraction 1/4 NW/4 SW/4	Section Number 15	Town Number 07N N/S	Range Number 14W E/W	

Distance And Direction From Road Intersection
APPROX 1/4 MI W OF 68TH ON THE S SIDE OF WARNER & ON THE E SIDE OF WHITE PINE 12220 WHITE PINE



3 OWNER OF WELL:
D&L BLDR
 Address: **12220 WHITE PINE**

Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND	42.0	42.0
CLAY	63.0	105.0
CLAY & STONES	10.0	115.0
LIME	23.0	138.0
SANDSTONE	17.0	155.0

4 WELL DEPTH: **155 FT.** Date Completed **10/07/94**

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: Diameter Steel Threaded Height: Above/Below
 Plastic Welded Surface _____ ft.
 _____ in. to _____ ft. depth Weight _____ lbs./ft.
 _____ in. to _____ ft. depth
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe Yes
 _____ in. to _____ ft. depth 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: _____ ft. below land surface Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after **AIR** hrs. pumping at **30** G.P.M.
 _____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Well adapter Above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **0** to **128** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement **11** 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 **MYERS**
 Model number _____ HP **1** Volts **230**
 Length of Drop Pipe **100** ft. capacity **20** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **WELL MATE**
 Model number **12** 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.
DEWIND DRILLING **2148**

17. Rig Operator's Name:
JAY CURRIE

REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____
 Address **9594 PT SHELD ZEELAND, MI 49464**
 Signed *Jay Currie* Date **10-14-94**
 AUTHORIZED REPRESENTATIVE

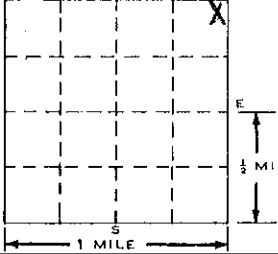
Authority: Act 388 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

RECEIVED ENVIRONMENTAL HEALTH
 94 OCT 12 PM 2:59

RECEIVED ENVIRONMENTAL HEALTH
 94 OCT 12 PM 1:59

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL																																				
County Ottawa	Township Name Allegade	Fraction NE 1/4 NE 1/4 NE 1/4	Section Number 15	Town Number 7 <small>(NS)</small>	Range Number 14 <small>(EW)</small>																															
Distance And Direction From Road Intersection 6426 Lincoln Allegade MI. Street Address & City of Well Location						3 OWNER OF WELL: Piwi Kroll Address 6426 Lincoln Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																														
Locate with "X" in Section Below 			Sketch Map:			4 WELL DEPTH: Date Completed 7/19/94 190 FT. <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">2 FORMATION DESCRIPTION</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Sand</td><td>21</td><td>21</td></tr> <tr><td>Chy</td><td>96</td><td>117</td></tr> <tr><td>Gypsen</td><td>13</td><td>130</td></tr> <tr><td>Limestone</td><td>17</td><td>147</td></tr> <tr><td>Sandstone</td><td>43</td><td>190</td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>						2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand	21	21	Chy	96	117	Gypsen	13	130	Limestone	17	147	Sandstone	43	190										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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> <input type="checkbox"/>			
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												7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Surface 1 ft. 5 in. to 151 ft. depth Weight 2 lbs./ft. _____ in. to _____ ft. depth Grouted Drill Hole Diameter Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth																								
																		8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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: 65 ft. below land surface <input type="checkbox"/> Flow												
						10 PUMPING LEVEL: below land surface 100 ft. after 1 hrs. pumping at 25 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 0 to 151 ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																								
												13 Nearest source of possible contamination Type Septic Distance 80 ft. Direction SW Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
												14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Fairbanks Model number _____ HP 1 Volts 230 Length of Drop Pipe 120 ft. capacity 18 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Well X-trid Manufacturer's name _____ Model number 203 Capacity 4.9 Gallons																								
						15. Remarks, elevation, source of data, etc. Old well still hooked up						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. Systema Well Drilling 2037 REGISTERED BUSINESS NAME REGISTRATION NO. Address 6244 New Holland St. Hudsonville MI Signed Todd Caba Date 7-25-94 AUTHORIZED REPRESENTATIVE																								
17. Rig Operator's Name: Lloyd Walcott																																				

RECEIVED
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
DIVISION
MUSKOGEE COUNTY
JUL 27 PM 2:25
MUSKOGEE COUNTY
MAY 17 94
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
ENVIRONMENTAL HEALTH
DIVISION

Authority: Act 388 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

TAX NO: 70-09-15-306-005

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL

County

Ottawa

Township Name

Allendale

Fraction

1/4 NW 1/4 SW 1/4

Section No.

15

Town No.

07N

Range No.

14W

Distance and Direction from Road Intersection

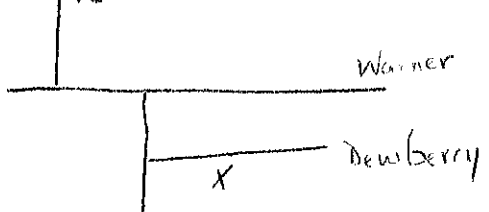
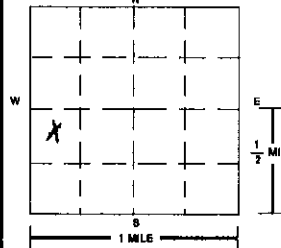
Approx 1/8 Mi E of 72nd on the S side of Warner on N side of Dewberry

Street Address & City of Well Location 7125 Dewberry

Locate with 'x' in Section Below

72nd

Sketch Map



3. OWNER OF WELL

Address

Alex & Sholay Mansour

7125 Dewberry

Address Same as Well Location Yes No

4. WELL DEPTH:

Date Completed

New Well

Replacement Well

170

ft.

09/04/96

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

Plastic

Welded

Other

Height: Above/Below

Surface: _____ ft

Diameter: 5

in. to

138

ft. depth

Weight: _____ lbs./ft.

_____ in. to _____ ft. depth

BORE HOLE:

Diameter: _____ in. to _____ ft. depth

_____ in. to _____ ft. depth

Drive Shoe

Shale Packer

8. SCREEN: Not Installed

Gravel-Packed

Type _____

Diameter _____

Slot/Gauze _____

Length: _____

Set Between _____ ft. and _____ ft.

FITTINGS: K-Packer

Bremer Check

Blank Above Screen

ft. Other _____

9. STATIC WATER LEVEL:

75 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

_____ ft. After _____ hrs. Pumping at

30 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 138 to 0

ft.

Neat Cement

Bentonite

Other _____

No. of Bags 10

Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type _____

Distance _____ ft.

Direction _____

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 Jay Currie

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.

DeWind Drilling

REGISTERED BUSINESS NAME

2148

REGISTRATION NO.

Address 9594 Pt. Sheld Zeeland, MI 49464

Signed Jay Currie

AUTHORIZED REPRESENTATIVE

Date 9-18-96

GW-2-228 9/93

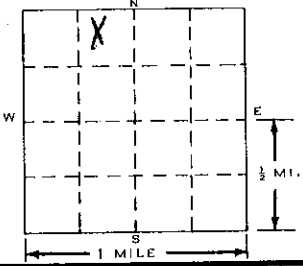
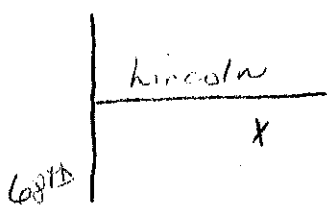
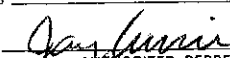
GEOLOGICAL SURVEY COPY

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

RECEIVED ENVIRONMENTAL HEALTH 95 SEP 18 PM 3:43

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

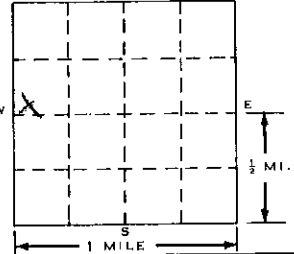
PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County OTTAWA	Township Name ALLENDALE	Fraction 1/4 NE 1/4 NW 1/4	Section Number 15
Distance And Direction From Road Intersection APPROX 3/8 MI E OF 68TH ON THE S SIDE OF LINCOLN		Town Number 07N N/S	
Street Address & City of Well Location 6490 LINCOLN		Range Number 14W E/W	
Locate with "X" in Section Below 		Address 6490 LINCOLN	
Sketch Map: 		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2 FORMATION DESCRIPTION		4 WELL DEPTH: Date Completed <input checked="" type="checkbox"/> New Well 170 FT. 08/04/94 <input type="checkbox"/> Replacement Well	
		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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
SAND THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM		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 checked="" type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>	
SANDY CLAY 20.0 20.0		7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded Height: Above/Below <input checked="" type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Surface _____ ft. _____ in. to _____ ft. depth Weight _____ lbs./ft. _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes Grouted Drill Hole Diameter <input type="checkbox"/> No _____ in. to _____ ft. depth	
CLAY 15.0 35.0		8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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 _____	
CLAY 25.0 60.0		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow	
SAND 4.0 64.0		10 PUMPING LEVEL: below land surface _____ ft. after AIR hrs. pumping at 25 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
CLAY 11.0 75.0		11 WELL HEAD COMPLETION: <input type="checkbox"/> Wellless adapter <input checked="" type="checkbox"/> 2" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit	
SAND 5.0 80.0		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 150 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 10 Additives _____	
CLAY 55.0 135.0		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 type="checkbox"/> Yes <input type="checkbox"/> No	
GRAVEL 10.0 145.0		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name MYERS Model number _____ HP 1 Volts 230 Length of Drop Pipe 120 ft. capacity 20 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name 2 WELL MATE Model number 25 Capacity _____ Gallons	
SANDSTONE 25.0 170.0		15. Remarks, elevation, source of data, etc.	
17. Rig Operator's Name: JAY CURRIE		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. DEWIND DRILLING 2148 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9594 PT SHELD ZEELAND, MI 49464 Signed  Date 8-11-94 AUTHORIZED REPRESENTATIVE	

RECEIVED
 MICHIGAN DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH
 AUG 17 94 94 AUG 12 PM 1:25
 RECEIVED
 MICHIGAN DEPARTMENT OF PUBLIC HEALTH
 DIVISION OF ENVIRONMENTAL HEALTH

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

[] [] [] [] [] [] [] [] [] [] [] [] [] [] [] []
PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL	
County <u>OHAWA</u>	Township Name <u>ALLENDALE</u>	Fraction <u>SW 1/4 SW 1/4 NW 1/4</u>	Section Number <u>15</u> Town Number <u>7 N/S</u> Range Number <u>14 E/W</u>
Distance And Direction From Road Intersection		Address <u>7075 WERNER</u>	
Street Address & City of Well Location		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		Date Completed MO. DAY YEAR <u>5 12 1992</u> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
Sketch Map: 		4 WELL DEPTH: <u>38</u> FT.	
2 FORMATION DESCRIPTION		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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	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"/>	
<u>SAND</u>	<u>38</u>	7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below <u>5</u> in. to <u>34</u> ft. depth Surface <u>1</u> ft. Weight <u>7.25</u> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8 SCREEN: <input type="checkbox"/> Not Installed Type <u>STAINLESS</u> Diameter <u>3"</u> Slot/Gauze <u>10</u> Length <u>4'</u> Set between <u>34</u> ft. and <u>38</u> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen <u>1</u> ft. Other _____	
		9 STATIC WATER LEVEL: <u>10</u> ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface ____ ft. after ____ hrs. pumping at <u>30</u> 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 GROUDED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>Top</u> to <u>25</u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination <u>NOT INSTALLED</u> Type <u>SEPTIC</u> Distance _____ Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <u>Duro</u> Model number _____ HP <u>1</u> Volts <u>220</u> Length of Drop Pipe <u>20</u> ft. capacity <u>20</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>AMTRON</u> Model number <u>302</u> Capacity <u>29</u> Gallons	
15. Remarks, elevation, source of data		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. <u>Benn Well Drilling 1194</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>390-13 Mill Rd</u> Signed <u>Michael Richards</u> Date <u>5-12-92</u> AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name: <u>Mike Richards</u>			

RECEIVED
Mich. Dept. of Public Health
DEC 22 1992

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWQS

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL
County OTTAWA

Township Name ALLENDALE

Fraction 1/4 NW 1/4 Sec 15

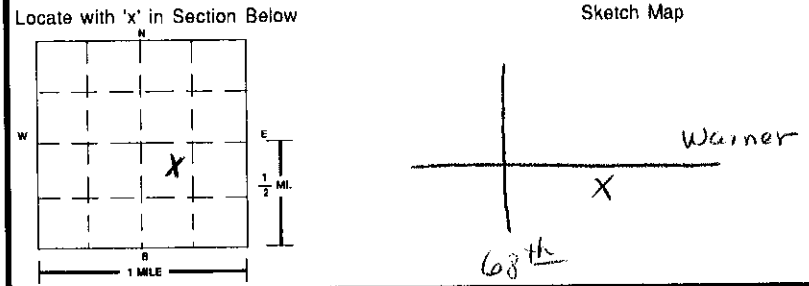
Section No. 15

Town No. 07N

Range No. 14W

Distance and Direction from Road Intersection
Approx 1/4 MI E of 68th on the S side of Warner

Street Address & City of Well Location



3. OWNER OF WELL
Address JIM KNOPER
6630 Warner
Address Same as Well Location Yes No

4. WELL DEPTH: 170 ft. Date Completed 11/14/95
 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 Plastic Welded Other
Height: Above/Below Surface: _____ ft.
Diameter: 5 in. to 135 ft. depth
Weight: _____ lbs./ft.
BORE HOLE: Diameter: 5 in. to 135 ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	14.0	14.0
clay	6.0	20.0
clay & stones	40.0	120.0
Lime	40.0	130.0
sandstone	40.0	130.0

8. SCREEN: Not Installed Gravel-Packed
Type _____ Diameter _____
Slot/Gauze _____ Length: _____
Set Between _____ ft. and _____ ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: 60 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface _____ ft. After _____ hrs. Pumping at 30 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 135 ft.
 Neat Cement Bentonite Other _____
No. of Bags 8 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type _____ Distance _____ ft. Direction _____
Type _____ Distance _____ ft. Direction _____

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name MYERS
Model Number _____ HP _____ Volts 230
Length of Drop Pipe 100 ft. Capacity 12 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name MYERS
Model Number WELL MATE Capacity _____ Gallons

16. REMARKS: (Elevation, Source of Data, etc.)

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name JAY CURRIE

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.
DEWIND DRILLING 2148
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 9594 PT SHELDON ZEELAND, MI 49464
Signed N Cole Date 11-21-95
AUTHORIZED REPRESENTATIVE

GW-2-228 9/93

GEOLOGICAL SURVEY COPY

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

TAX NO:

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL

County

Ottawa

Township Name

Allendale

Fraction

NE 1/4 NE 1/4 NE 1/4

Section No.

15

Town No.

7

Range No.

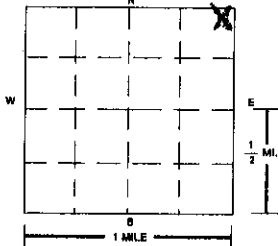
14

Distance and Direction from Road Intersection

12737 64th Ave Allendale MI
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

Sand	21	21
Gray Clay	94	115
Limestone	15	130
Gray Clay	20	150
Sandstone	45	195

3. OWNER OF WELL

Address

?

Address Same as Well Location Yes No

Job 698

4. WELL DEPTH:

Date Completed

New Well

Replacement Well

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

Height: Above/Below

Plastic

Welded

Surface: 1 ft

Other

Diameter: 5 in. to 155 ft. depth

Weight: 2 lbs./ft.

_____ in. to _____ ft. depth

BORE HOLE:

Diameter: 8 in. to 155 ft. depth

Drive Shoe

4 in. to 195 ft. depth

Shale Packer

8. SCREEN:

Not Installed

Gravel-Packed

Type _____

Diameter _____

Slot/Gauze _____

Length: _____

Set Between _____

ft. and _____

ft.

FITTINGS:

K-Packer

Bremer Check

Blank Above Screen

ft. Other _____

9. STATIC WATER LEVEL:

70 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

90 ft. After 1 hrs. Pumping at 40 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 155 ft.

Neat Cement

Bentonite

Other _____

No. of Bags 14

Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type Septic

Distance 70 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 W. Walcott

18. 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.

Sytsma Well Drilling

2037

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 0-397 Lk. MI Dr. Grand Rapids MI

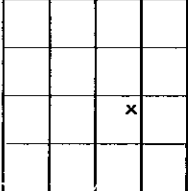
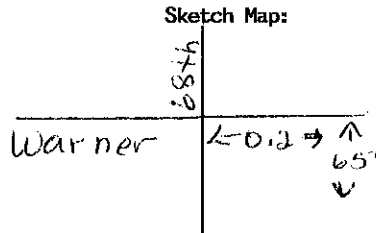
Signed Fred Bub

AUTHORIZED REPRESENTATIVE

Date 5-9-96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER:

1 LOCATION OF WELL		70071415004		Tax Parcel No.	
County OTTAWA		Township Name ALLENDALE		Fraction NE 1/4 NW 1/4 SE 1/4	
Section No. 15		Town No. 07 N		Range No. 14 W	
Distance And Direction From Road Intersection 0.2 MI E OF 68TH & WARNER THEN 65' S OF WARNER 6682 WARNER, ALLENDALE 49401 Street Address & City of Well Location			3 OWNER OF WELL ALLAN VAN HOUTEN Address 6682 WARNER ALLENDALE, MI 49401 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Locate with 'x' in Section Below N  W E 1/2 mi. 1 mi. - S			Sketch Map:  Warner ← 0.2 → ↑ 65' ↓		
ELEVATION 0.00 ms1			4 WELL DEPTH: 175.0 ft. Date Completed 11/12/97 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		
2 FORMATION DESCRIPTION			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/Bored <input type="checkbox"/> Jetted		
THICKNESS OF STRATUM			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 II Public <input type="checkbox"/> Heat Pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		
GRAVEL 16.0			7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter 4.00 in. to 125.0 ft. depth 3.00 in. to 138.0 ft. depth Grouted Drill Hole Diameter 8.00 in. to 25.0 ft. depth 0.00 in. to 0.0 ft. depth Height: Above Surface 1.0 ft. Weight ___ lbs/ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
GRAY CLAY 52.0			8 SCREEN <input checked="" type="checkbox"/> Not Installed Type None Diameter 0.00 SLOT 0.000 Length 0.0 Set between 0.00 ft. and 0.00 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremner Check <input type="checkbox"/> Blank above screen 0.0 ft. <input type="checkbox"/> Other		
GRAVEL & CLAY 16.0			9 STATIC WATER LEVEL: 67.00 ft. below land surface <input type="checkbox"/> Flow		
GRAY CLAY 23.0			10 PUMPING LEVEL: below land surface 0 ft. after 0.0 hrs. pumping at 40 G.P.M. 0 ft. after 0.0 hrs. pumping at 0 G.P.M.		
GRAVEL 16.0			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		
LIME ROCK 12.0			12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 4.0 to 25.0 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of cement ___ Additives ___		
MARSHALL ROCK 40.0			13 Nearest source of possible contamination Type Septic Distance 90 ft. Direction S 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		
15 Remarks, elevation, source of data, etc. V-140 AQUA AIR TANK-45 GAL PUMP MODEL 10LS-07412 SER# G9741370 USED 4.5 BAGS HOLE PLUG FOR NEW WELL. OLD 2" WELL WAS PLUGGED BY REMOVING DROP PIP & PLUGGED 110' OF CASING WITH 4 BAGS HOLE PLUG Data Source: MDNR			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name GOULDS Model number HP .75 Volts Length of Drop Pipe 105 ft. Capacity 12 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturers name Model number Capacity Gallons		
17 Rig Operator's Name: WILLIAM R HECKSEL			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. HECKSEL, M & W BROS WELL SER 0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9175 CLEVELAND NUNICA, MI 49448 Signed <u>William Hecksel</u> Date 11-18-97 AUTHORIZED REPRESENTATIVE		

RECEIVED
 MICH DEPT OF ENVIRONMENTAL CONTROL
 FEB 17 1998
 Drinking Water & Related Facilities Protection Division
 Ground Water Well Permits
 WELL CONSTRUCTION UNIT

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		
County Ottawa	Township Name Allendale	Fraction NW 1/4 NW 1/4 SE 1/4
Section Number 15		Town Number 7 N/S
Range Number 14 X/W		
Distance And Direction From Road Intersection About 0.14 Mi. East of 68th & Warner Then about 60 ft. South of Warner		
Street Address & City of Well Location 6712 Warner Allendale, MI 49401		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 OWNER OF WELL: Dave VanderWall Address 6712 Warner Allendale, MI 49401		
4 WELL DEPTH: 174 FT. Date Completed 10/3/91 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well		
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"/>		
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 type="checkbox"/> Welded Height: Above/ XXXX Surface 1 ft. Weight 10.8 lbs./ft. 4 in. to 124 ft. depth 3 in. to 115-134 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ 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: 62 ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 50 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 3 1/2 to 20 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 7 Additives _____		
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 type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Goulds - Serial #1053015 Model number 18E10412 HP 1 Volts 230 Length of Drop Pipe 105 ft. capacity 18 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name A. O. Smith Model number V-140 Capacity 44 Gallons		
USE A 2ND SHEET IF NEEDED		
15. Remarks, elevation, source of data, etc.		
17. Rig Operator's Name: William Hecksel		
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. M & W Hecksel Bros. 70-0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9175 Cleveland, Nunica, MI 49448 Signed Merle Hecksel Date 10/30/91 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL

County **Ottawa** Township Name **Allendale** Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number **15** Town Number **7 N/S** Range Number **14 W/W**

Distance And Direction From Road Intersection
200' S. of Lincoln - East of 68th Avenue

Street Address & City of Well Location **6590 Lincoln, Allendale**

Locate with "X" in Section Below

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	17	17
Gray Clay	40	57
Gray Clay & Gravel	88	145
Broken Sandstone, Sand & Gravel	5	150
Sandstone	45	195

3 OWNER OF WELL:
Mr. Gerald Bosch
Address **6590 Lincoln St., Allendale**
Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed New Well Replacement Well
195 FT. MO. **10** DAY **25** YEAR **89**

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 Welded
 Plastic Height: Above/~~Below~~ Surface **1** ft.
5 in. to **152** ft. depth Weight **2.8** lbs./ft.
Grouted Drill Hole Diameter _____ 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: **46** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
_____ ft. after **4** hrs. pumping at **30** 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 **152** to **surface**
 Neat cement Bentonite Other _____
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
Type **Septic tank** distance **65** ft. Direction **S.W.**
Well disinfected upon completion? Yes No
Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name **Aermotor**
Model number **A12-75** HP **3/4** Volts **230**
Length of Drop Pipe **100** ft. capacity **15** G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: Manufacturer's name **Amtrol**
Model number **WX203** Capacity _____ Gallons

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

17. Rig Operator's Name:

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.
Raymer Company, Inc. **0384**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **3311 Three Mile rd., N.W., Grand Rapids, MI.**
Signed *A. Neubecker* Date **Dec. 11, 1989**
AUTHORIZED REPRESENTATIVE

Authority: Act 388 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978
Failure to comply is a misdemeanor

TAX NO: Ottawa

PERMIT NO:

1. LOCATION OF WELL
County Ottawa

Township Name Allendale

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

Section No. 15

Town No. 7

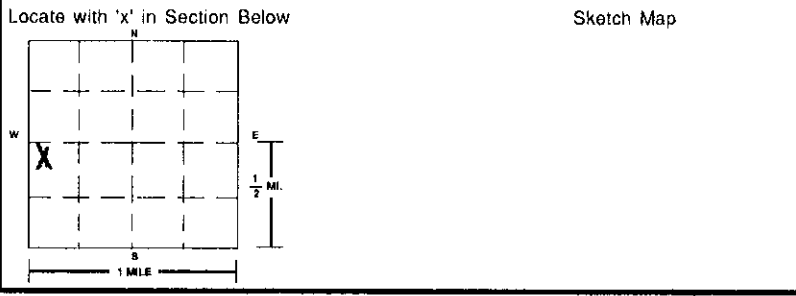
Range No. 14

Distance and Direction from Road Intersection

12215 White Pine, Allendale, MI 49401
Street Address & City of Well Location

3. OWNER OF WELL ?
Address

Address Same as Well Location Yes No



4. WELL DEPTH: 185 ft. Date Completed 8/6/97
 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 Plastic Welded
 Other
Height: Above/Below Surface: 7 ft
Diameter: 4 in. to 115 ft. depth Weight: 11 lbs./ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: 2 in. to 145 ft. depth

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	36	36
gray Clay	40	76
Clay + gravel	39	115
lime Stone + Shale	20	135
lime Stone	10	145
Sand Stone	40	185

8. SCREEN: Not Installed Gravel-Packed
Type _____ Diameter _____
Slot/Gauze _____ Length: _____
Set Between _____ ft. and _____ ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: 65 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
90 ft. After 1 hrs. Pumping at 25 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 0 to 115 ft.
 Neat Cement Bentonite Other _____
No. of Bags 4 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type none Distance _____ ft. Direction _____
Type _____ Distance _____ ft. Direction _____

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

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name Fairbanks
Model Number _____ HP 1 Volts 230
Length of Drop Pipe 100 ft. Capacity 18 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name well mate
Model Number WM-9 Capacity 9.9 Gallons 40

16. REMARKS: (Elevation, Source of Data, etc.)

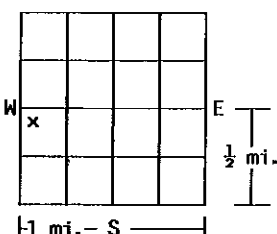
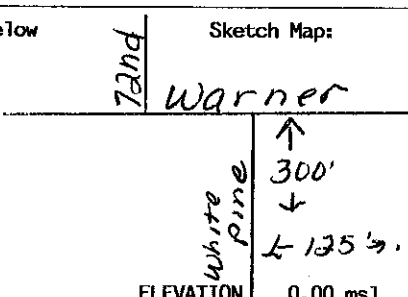
Septic not yet installed (8-6-97)
17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name Charlie Brown

18. 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.
Suttsma Well Drilling # 2037
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 0-3197 Lake Michigan Dr. N.W.
Signed Jedd Baker Date _____
AUTHORIZED REPRESENTATIVE

RECEIVED ENVIRONMENTAL HEALTH DEPT. 09 SEP 11 PM 12:13

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER:

1 LOCATION OF WELL		70071415001		Tax Parcel No.	
County OTTAWA		Township Name ALLENDALE		Fraction NW 1/4 NW 1/4 SW 1/4	
Section No. 15		Town No. 07 N		Range No. 14 W	
Distance And Direction From Road Intersection 300'E OF 72ND TH 300'S OF WARNER TH 125'E OF WH. PINES D 12236 WHITE PINE DR., ALLENDALE 49401 Street Address & City of Well Location			3 OWNER OF WELL DOUG DAVIS Address 2363 MAPLE LANE DORR, MI 49323 Address Same As Well Location? [] Yes [x] No		
Locate with 'x' in Section Below N 			Sketch Map: 		
4 WELL DEPTH: 109.0 ft.			Date Completed 05/16/97		[x] New Well [] Replacement Well
5 [x] Cable tool [] Rotary [] Driven [] Dug [] Hollow rod [] Auger/Bored [] Jetted			6 USE [x] Domestic [] Type I Public [] Type III Public [] Irrigation [] Type II Public [] Heat Pump [] Test Well [] Type Iib Public []		
7 CASING: [x] Steel [x] Threaded [] Plastic [] Welded			Height: Above Surface 1.0 ft.		Weight ___ lbs/ft.
Diameter 4.00 in. to 104.0 ft. depth 0.00 in. to 0.0 ft. depth Grouted Drill Hole Diameter 0.00 in. to 25.0 ft. depth 0.00 in. to 0.0 ft. depth			Drive Shoe [x] Yes [] No		
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN [] Not Installed Type Stainless Steel Diameter 3.00 SLOT 10.000 Length 5.0 Set between 104.00 ft. and 109.00 ft. FITTINGS: [x] K-Packer [] Lead Packer [] Bremner Check [x] Blank above screen 2.0 ft. [] Other	
SAND - TAN COARSE		44.0	44.0	9 STATIC WATER LEVEL: 54.00 ft. below land surface	
GRAY CLAY WITH GRAVEL		29.0	73.0	10 PUMPING LEVEL: below land surface 0 ft. after 0.0 hrs. pumping at 60 G.P.M. 0 ft. after 0.0 hrs. pumping at 0 G.P.M.	
GRAY CLAY		17.0	90.0	11 WELL HEAD COMPLETION: [x] Pitless adapter [] 12'' above grade [] Basement offset [] Approved pit	
SAND- COARSE GRAY WATERBEARING		19.0	109.0	12 WELL GROUTED? [] No [x] Yes From 4.0 to 25.0 ft. No. of bags of cement ___ Additives _____	
				13 Nearest source of possible contamination Type Septic Distance 80 ft. Direction W Well disinfected upon completion? [x] Yes [] No Was old well plugged? [] Yes [] No	
				14 PUMP: [] Not Installed [] Pump Installation Only Manufacturer's name GOULDS Model number HP 1 Volts Length of Drop Pipe 84 ft. Capacity 20 G.P.M. TYPE: [x] Submersible [] Jet PRESSURE TANK: Manufacturers name Model number Capacity Gallons	
15 Remarks, elevation, source of data, etc. V-140 AQUA AIR TANK - 45 GAL PUMP MODEL 18LS-10412 SER# E9618453 Data Source:			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. HECKSEL, M & W BROS WELL SER 0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9175 CLEVELAND NUNICA, MI 49448 Signed <u>Mark Hecksel</u> Date <u>5-22-97</u> AUTHORIZED REPRESENTATIVE		
17 Rig Operator's Name: WILLIAM R. HECKSEL					

RECEIVED ENVIRONMENTAL HEALTH 97 MAY 23 AM 11:19

WATER WELL SECTION

WATER WELL AND PUMP RECORD

PERMIT NUMBER

70-09-15-100-004

90-60

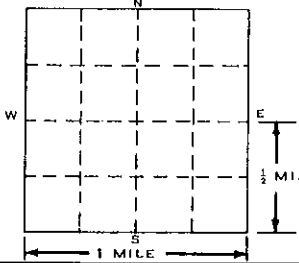
1 LOCATION OF WELL		County <u>Ottawa</u>			Township Name <u>Allendale</u>			Fraction <u>1/4 1/4 1/4</u>			Section Number <u>15</u>			Town Number <u>7 N/S</u>			Range Number <u>14 E/W</u>		
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Distance And Direction From Road Intersection
12607 68th Ave
About 3/8 mile North of Wavich

Street Address & City of Well Location

Locate with "X" in Section Below

Sketch Map:



3 OWNER OF WELL:
Gerald Van Houten
 Address 12607 68th Ave
Allendale Mi.
 Address Same As Well Location? Yes No

4 WELL DEPTH: 190 FT. Date Completed 11 9 90
 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: Diameter Steel Threaded Welded
 Plastic Height: Above/Below Surface 1 ft.
5 in. to 135 ft. depth Weight _____ lbs./ft.
 _____ in. to _____ ft. depth
 Grouted Drill Hole Diameter 8 in. to 135 ft. depth Drive Shoe Yes
 _____ in. to _____ ft. depth Shale Shoe No

8 SCREEN: Not Installed
 Type None 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: 50 ft. below land surface Flow

10 PUMPING LEVEL: below land surface
50 ft. after 1 hrs. pumping at 35 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 Grade to 30 ft.
E-2 Mud + Sealant
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type Septic Distance 75 ft. Direction North
 Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name Burks
 Model number _____ HP 1 Volts 220
 Length of Drop Pipe 80 ft. capacity 15 G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Old Tank left in place
 Manufacturer's name _____
 Model number Galu 42 Gal Capacity _____ Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sand</u>	<u>27</u>	<u>27</u>
<u>Clay</u>	<u>42</u>	<u>69</u>
<u>Fine Sand Silty</u>	<u>10</u>	<u>79</u>
<u>Clay</u>	<u>27</u>	<u>106</u>
<u>Large Stones (Rollers)</u>	<u>10</u>	<u>116</u>
<u>Lime Stone Michigan Rock</u>	<u>19</u>	<u>135</u>
<u>Marble Rock</u>	<u>55</u>	<u>190</u>

15. Remarks, elevation, source of data, etc.
 NOV 20 1990
 RECEIVED Mich. Dept. of Public Health
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWDS

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.
Brockhuis Bros 0458
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 4715 142nd Ave Holland Mi
 Signed J.P. Brockhuis Date 11-11-90
 AUTHORIZED REPRESENTATIVE

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

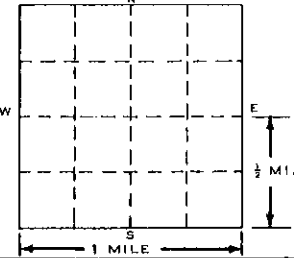
1 LOCATION OF WELL		70-09-15-400-031			90-533		90-85	
County <i>Ottawa</i>	Township Name <i>Alford</i>	Fraction <i>1/4</i>	1/4	1/4	Section Number <i>15</i>	Town Number <i>7</i>	Range Number <i>N/S</i>	14 E/W

Distance And Direction From Road Intersection
North of 12032 68th
South of Washtenaw and East of 68th

Street Address & City of Well Location

Locate with "X" in Section Below

Sketch Map:



3 OWNER OF WELL:
Terry Sickma
Address *10663 68th*
Alford M.
Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed
MO. DAY YEAR
165 FT. *4 23 91*
 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 Diameter Steel Threaded Welded
 Plastic Height: Above/Below
5 in. to 110 ft. depth Surface *1* ft.
8 in. to 110 ft. depth Weight _____ lbs./ft.
Grouted Drill Hole Diameter
8 in. to 110 ft. depth Drive Shoe Yes No
in. to _____ ft. depth

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sand & Gravel</i>	<i>15</i>	<i>15</i>
<i>Clay</i>	<i>40</i>	<i>55</i>
<i>Gravel w/ clay</i>	<i>45</i>	<i>100</i>
<i>Red Clay</i>	<i>3</i>	<i>103</i>
<i>Gravel</i>	<i>4</i>	<i>107</i>
<i>Marshall Rock</i>	<i>58</i>	<i>165</i>

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: *29* ft. below land surface Flow

10 PUMPING LEVEL: below land surface
29 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 _____ to _____ ft.
Basement 15-20 in.
 Neat cement Bentonite Other _____
No. of bags of cement *4* Additives _____

13 Nearest source of possible contamination
Type *Septic* Distance *250* ft. Direction *N*
Well disinfected upon completion? Yes No
Was old well plugged? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name *Myer*
Model number *S2T102-20HP 1* Volts *220*
Length of Drop Pipe *80* ft. capacity *20* G.P.M.
TYPE: Submersible Jet
PRESSURE TANK:
Manufacturer's name *Well X Treat (2)*
Model number *WX 350* Capacity _____ Gallons

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

17. Rig Operator's Name:
Lyfe

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.
Brookhuis Bros *0458*
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *17-4715 147th Ave Alford M.*
Signed *Terry Sickma* Date *5-4-91*
AUTHORIZED REPRESENTATIVE

RECEIVED
Mich. Dept. of Public Health
MAY 13 1991
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

USE A 2ND SHEET IF NEEDED

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

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No.

Owner No.

WATER WELL RECORD

Page _____ of _____
Sample No. _____

County **Ottawa** Twp. **Allendale** NE NW NE Sec. **15** Town **7N** N/S. Range **14W** E/W.

Distance from Roads, Section Lines, etc.

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner: George Bylstra
			Address: Route #1, Allendale
			Driller and Address: Owner
			Well Depth: _____ ft. Date of Completion _____
			* <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C. <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. _____ in. to _____ ft. Depth _____ ft. Height: Above/Below surface _____ ft. Type-Weight _____
			Screen: Type: _____ Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.
			Accessories:
			Water level: _____ ft. above/below _____ _____ ft. above/below _____
			Meas. by _____ Date _____
			Drawdown: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by _____ Date _____
			Flow: _____ g.p.m./g.p.h. Temp: _____ °F
			Water Quality In Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			Elevation: _____ ft. above
			Source of data: USGS
			Record by: RP Bissell Date: 1/5/65

Remarks:

(*Two 2" wells about 12' ddeep)

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

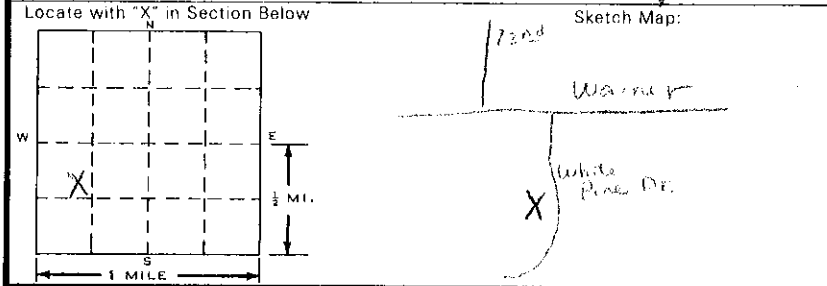
1 LOCATION OF WELL					
County OTTAWA	Township Name ALLENDALE	Fraction 1/4	Section Number 15	Town Number 07N/S	Range Number 14W/W

Distance And Direction From Road Intersection
APPROX 1100 FT S OF WARNER ON THE W SIDE OF PROPOSED WHITE PINE DR

Street Address & City of Well Location
WHITE PINE DR

3 OWNER OF WELL: *Prien/Neuhof - Larry*
HY-LAND DEVELOP
Address **WARNER & 72ND**

Address Same As Well Location? Yes No



4 WELL DEPTH: **170** Date Completed **03/05/93**

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 Height: Above/Below
 Plastic Welded Surface _____ ft.
_____ in. to _____ ft. depth Weight _____ lbs./ft.
Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe Yes No
_____ in. to _____ ft. depth

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND	41.0	41.0
CLAY	52.0	93.0
CLAY & STONE W/STREAKS OF		
LIMESTONE	13.0	106.0
LIMESTONE	27.0	133.0
SANDSTONE	37.0	170.0

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: _____ 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 _____
 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

14 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.

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.

17. Rig Operator's Name:
JEFF DEWIND

DEWIND DRILLING 1922
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **9594 RT SHELDR ZEELAND, MI 49464**
Signed *Jeff Dewind* AUTHORIZED REPRESENTATIVE Date **3-8-93**

WATER WELL AND PUMP RECORD

PART 127 ACT 388, P.A. 1978

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PERMIT NUMBER

APR 2 1983

1 LOCATION OF WELL County <u>Ottawa</u> Township Name <u>Allendale</u> Fraction <u>1/4</u> Section Number <u>15</u> Town Number <u>7 N/S</u> Range Number <u>14 E/W</u>																	
Distance And Direction From Road Intersection <u>400' S. of Warner - 1/4 Mile W. of 68th Ave.</u>																	
Street Address & City of Well Location Locate with "X" in Section Below																	
2 FORMATION DESCRIPTION <table border="1"> <thead> <tr> <th>FORMATION DESCRIPTION</th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Sand</td> <td>23</td> <td>23</td> </tr> <tr> <td>Red Clay</td> <td>1</td> <td>24</td> </tr> <tr> <td>Medium Sand</td> <td>8</td> <td>32</td> </tr> <tr> <td>Coarse Sand</td> <td>8</td> <td>40</td> </tr> </tbody> </table>			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand	23	23	Red Clay	1	24	Medium Sand	8	32	Coarse Sand	8	40
FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM															
Sand	23	23															
Red Clay	1	24															
Medium Sand	8	32															
Coarse Sand	8	40															
3 OWNER OF WELL: <u>Mr. Herb Everman</u> Address <u>6954 Warner, Allendale, Michigan</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
4 WELL DEPTH: (completed) <u>40</u> ft. Date of Completion <u>June 3, 1982</u>																	
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"/>																	
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 type="checkbox"/> Welded Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
8 SCREEN: <input type="checkbox"/> Not Installed Type <u>Stainless Steel</u> Diameter <u>4"</u> Slot/Gauge <u>12</u> Length <u>5'</u> Set between <u>35</u> ft. and <u>40</u> ft. FITTINGS: <input checked="" 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: <u>24</u> ft. below land surface <input type="checkbox"/> Flow																	
10 PUMPING LEVEL: below land surface _____ ft. after <u>4</u> hrs. pumping at <u>60</u> 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 checked="" 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 _____																	
13 Nearest source of possible contamination Type <u>Stainless Septic Tank</u> Distance <u>100</u> ft. Direction <u>N.</u> 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 <u>Red Jacket</u> Model number <u>S150N1 1100</u> <u>1 1/2</u> Volts <u>230</u> Length of Drop Pipe <u>32</u> ft. capacity <u>20</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name <u>Rayrol</u> Model number <u>WX 252</u> Capacity _____ Gallons																	
USE A 2ND SHEET IF NEEDED																	
15. Remarks, elevation, source of data, etc. CORRECTED BY _____ ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____ RECEIVED Mich. Dept. of Public Health MAR 1 1 1983 Michigan Department of Public Health Services Administration																	
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. <u>Raymer Company, Inc.</u> 0384 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>3371 Three Mile Rd., N.W., Grand Rapids, MI.</u> Signed <u>D. F. Penhaker</u> Date <u>Aug. 10, 1982</u> AUTHORIZED REPRESENTATIVE																	

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No. _____
Owner No. _____

Page _____ of _____
Sample No. _____

WATER WELL RECORD

County **Ottawa** Twp. **Allendale** SE $\frac{1}{4}$ SE $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. **15** Town **7N** N/S. Range **14W** E/W.

Distance from Roads, Section Lines, etc.

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner: Russell Sall
			Address: Route #1, Allendale
			Driller and Address: Owner
*Four 2" wells about 18 feet apart			Well Depth: _____ ft. Date of Completion _____
			* <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> R.C. <input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Bored
			Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. _____ in. to _____ ft. Depth _____ ft. Height: Above/Below surface _____ ft. Type-Weight _____
			Screen: Type: _____ Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.
			Accessories:
			Water level: _____ ft. above/below _____ _____ ft. above/below _____
			Meas. by _____ Date _____
			Drawdown: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
			Meas. by _____ Date _____
			Flow: _____ g.p.m./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			Elevation: _____ ft. above _____
			Source of data: USGS
			Record by: RPBissell Date: 1/5/65

Remarks:



JUN 15 1981 WATER WELL RECORD

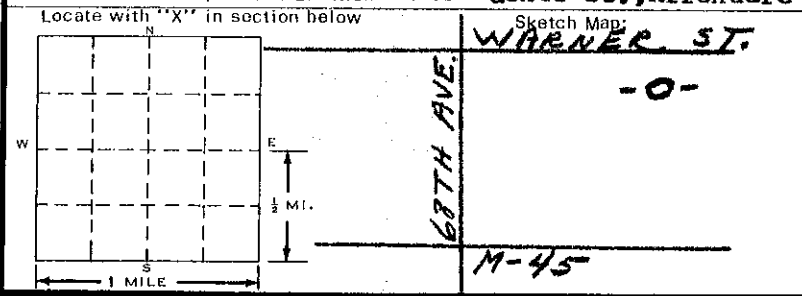
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County Ottawa	Township Name Allendale	Fraction 1/4 1/4 1/4	Section Number 15	Town Number 7 N.E.	Range Number 14 X/W.

Distance And Direction from Road Intersections
60' S. of Warner Street - E. of 68th Avenue

Street address & City of Well Location **6740 Warner St., Allendale**



3 OWNER OF WELL:
John Vanden Heuvel
Address **6740 Warner Street, Allendale, Michigan**

4 WELL DEPTH: (completed) Date of Completion
190 ft. April 25, 1980

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Borod

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

7 CASING: Threaded Welded Diam. _____
Height: Above/Below Surface **1** ft.
Weight **11** lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	12	12
Clay	26	38
Clay & Gravel	62	100
Sandy Clay	18	118
Lime	10	128
MARSHALL SANDSTONE	62	190

8 SCREEN:
Type: **NONE** Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL
52 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after **4** hrs. pumping **50** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) **1.0 p.p.m.** chlorides (Cl) _____
Hardness **11 grs.** Other _____

12 WELL HEAD COMPLETION: In Approved Pit
 Pitless Adapter 12" Above Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite _____
Depth: From **surface** ft. to **130** ft.

14 Nearest Source of possible contamination
50 feet **S.** Direction **Septic Tank** Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Red Jacket**
Model Number **S100N1** HP **1** Volts **230**
Length of Drop Pipe **110** ft. capacity **15** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*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.

C.S. Raymer Company **0384**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **311 13 Mile Rd. N.W. Grand Rapids, MI.**
Signed *C.S. Raymer* Date **May 7, 1980**
AUTHORIZED REPRESENTATIVE

1 LOCATION OF WELL		70071415003		Tax Parcel No.	
County OTTAWA		Township Name ALLEDALE		Fraction SW 1/4 SW 1/4 NW 1/4	
		Section No. 15		Town No. 07 N	
				Range No. 14 W	
Distance And Direction From Road Intersection 0.1 MI E OF 72ND & WARNER THEN 160' N OF WARNER 7151 WARNER, ALLEDALE 49401 Street Address & City of Well Location			3 OWNER OF WELL DELORES RUSSELL Address 7151 WARNER ALLEDALE, MI 49401 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Locate with 'x' in Section Below		Sketch Map:		4 WELL DEPTH: 37.0 ft.	
				Date Completed 10/22/97 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well	
		ELEVATION 0.00 ms1		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/Bored <input type="checkbox"/> Jetted	
				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 II Public <input type="checkbox"/> Heat Pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIB Public <input type="checkbox"/>	
				7 CASING: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Diameter 4.00 in. to 32.0 ft. depth 0.00 in. to 0.0 ft. depth Grouted Drill Hole Diameter 8.00 in. to 25.0 ft. depth 0.00 in. to 0.0 ft. depth Height: Above Surface 1.0 ft. Weight ___ lbs/ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM	
TOP SOIL		1.0		1.0	
SAND- BROWN		11.0		12.0	
GRAVEL, SAND - TAN		7.0		19.0	
SAND - COARSE TAN WATERBEARING		18.0		37.0	
				8 SCREEN <input type="checkbox"/> Not Installed Type Stainless Steel Diameter 3.00 SLOT 10.000 Length 5.0 Set between 32.00 ft. and 37.00 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremner Check <input checked="" type="checkbox"/> Blank above screen 2.0 ft. <input type="checkbox"/> Other	
				9 STATIC WATER LEVEL: 19.00 ft. below land surface <input type="checkbox"/> Flow	
				10 PUMPING LEVEL: below land surface 0 ft. after 0.0 hrs. pumping at 60 G.P.M. 0 ft. after 0.0 hrs. pumping at 0 G.P.M.	
Old well was plugged by filling stab well with 1/4 bags Hole Plug		1 1/4"		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 4.0 to 25.0 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 Septic Distance 75 ft. Direction SW Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name GOULDS Model number HP .75 Volts Length of Drop Pipe 24 ft. Capacity 20 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturers name Model number Capacity Gallons	
15 Remarks, elevation, source of data, etc. AQUA ATR V-140 TANK-45 GAL PUMP MODEL 18LS-07412 US ED 4.5 BAGS HOLE PLUG TO GROUT WELL Data Source: MDNR			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. HECKSEL, M & W BROS WELL SER 0337 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9175 CLEVELAND NUNICA, MI 49448 Signed <u>Merle Hecksel</u> Date 10-27-97 AUTHORIZED REPRESENTATIVE		
17 Rig Operator's Name: WILLIAM HECKSEL III					

OCT 28 11:13 AM '97
 CLEVELAND, MI 49448
 MICHIGAN DEPARTMENT OF PUBLIC HEALTH

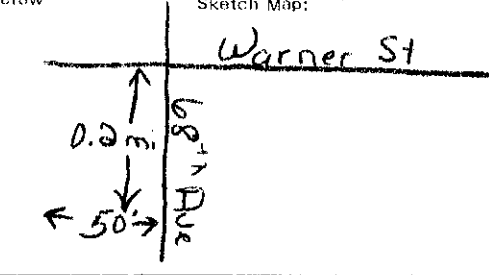
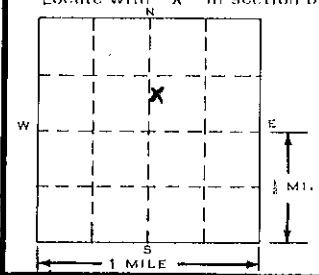
2 NOV 9 1976

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Ottawa		Allendale		NE 1/4 SW 1/4 NW 1/4		15		7 N/3.		14 E/W.			

Distance And Direction from Road Intersections
 0.2 mi North of Warner St + 68th Ave
 Then 50ft East of 68th Ave
 Street address of Well Location
 12558 68th Ave Allendale, Mich



3 OWNER OF WELL:
 Name: Les Alcock
 Address: 12558 68th Ave Allendale, Michigan

4 WELL DEPTH: (completed) 175 ft. Date of Completion 10-19-76

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
 Diam. 4 in. to 123 ft. Depth
3 in. to 140 ft. Depth
 Height: Above/Below Surface 3 1/2 ft.
 Weight 10.8 lbs./ft.
 Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand Dirty Brown	12	12
Gravel - Fine	20	32
Clay - Blue	52	84
Clay - Blue - some gravel	34	118
Limerock + Shale	19	137
Sandstone - Grey - Med		
Waterbearing	38	175

8 SCREEN:
 Type: None Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL
54 ft. below land surface

10 PUMPING LEVEL below land surface
58 ft. after 3 hrs. pumping 60 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
90 feet E Direction Sewage System type
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name Goulds
 Model Number 25EL-1542 HP 1 1/2 Volts 230
 Length of Drop Pipe 105 ft. capacity 25 G.P.M.
 Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
 ADDED INFO BY DRILLER, ITEM NO.
 *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.
M.W. Hecksel Bros 70-0337
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 18976-96th Ave Coopersville
 Signed Merle J. Hecksel Date 11-1-76
 AUTHORIZED REPRESENTATIVE

MAR 24 1978

WATER WELL RECORD

ACT 294 PA 1965

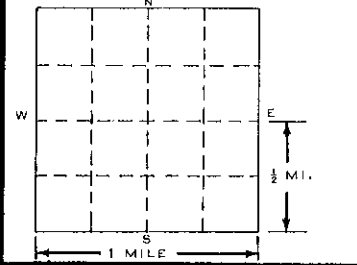
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County O T T H W A	Township Name Allendale	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 15	Town Number 7 N/B.	Range Number 14 E/W.
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Distance And Direction from Road Intersections
On 68th Ave $\frac{1}{2}$ mile north of Waerner St.

Street address & City of Well Location



Sketch Map:

3 OWNER OF WELL:
 Name: **Steve Ensing**
 Address: **12494 - 68th Ave Allendale Mich**

4 WELL DEPTH: (completed) **165** ft. Date of Completion **7/30/77**

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 _____ ft.
 Diam. **4** in. to **120** ft. Depth Weight _____ lbs./ft.
 Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	31	31
Clay	89	120
Sandstone	45	165

8 SCREEN:
 Type: _____ Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL
50 ft. below land surface

10 PUMPING LEVEL below land surface
70 ft. after **10** hrs. pumping **35** 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
60 feet Direction **S-Tank** Type _____
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name **Burke**
 Model Number _____ HP **2** Volts **220**
 Length of Drop Pipe **190** ft. capacity **38** G.P.M.
 Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
 *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.
Dequana Riddler **0445**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **Hudsonville Michigan #41**
 Signed **J. Che Druggish** Date **7/30/77**
 AUTHORIZED REPRESENTATIVE

DEC 9 1974

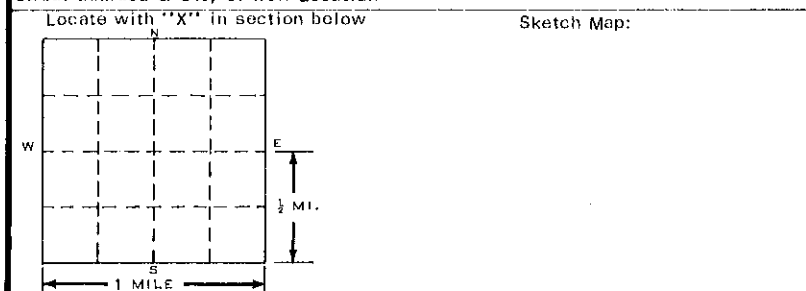
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Ottawa	Township Name Alpena	Fraction SW 1/4 NW 1/4 SE 1/4	Section Number 15	Town Number 7 N.W.	Range Number 14 E.W.
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Distance And Direction from Road Intersections
**On 68th Ave
1/2 mile South of Warner**



3/ OWNER OF WELL:
Dan Willett
Address **12280-68th Ave
Alpena Michigan**

4 WELL DEPTH: (completed) **180** ft. Date of Completion **8/15/74**

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. **4** in. to **140** ft. Depth Surface _____ ft.
Weight _____ lbs./ft. Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	24	24
Clay	66	90
Lime rock	20	110
Clay Gravel	30	140
Sandstone	40	180

8 SCREEN:
Type: _____ Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL **60** ft. below land surface

10 PUMPING LEVEL below land surface
98 ft. after **1** hrs. pumping **20** 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
75 feet Direction **S-tanks** Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Ingersoll**
Model Number **521** HP **1** Volts **220**
Length of Drop Pipe **105** ft. capacity **20** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
INSPECTED BY: DRILLER, ITEM
SELECTED BY: *[Signature]*
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.
Ungersill Polder **0445**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Dudmanville Trich R#1**
Signed **John Ungersill** Date **8/15/74**
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County Ottawa	Township Name Allendale	NW 1/4 NW 1/4 SW 1/4	15	7 N/2	14 W/W
Distance And Direction From Road Intersection About 90ft East of Warner St + 70nd Ave Then about 90ft South of Warner		3 OWNER OF WELL: Robert Grep			
Street Address & City of Well Location 7192 Warner Allendale, Mich 4940		Address 7192 Warner Allendale, Mich 49401			
Locate with "X" in Section Below		4 WELL DEPTH: (completed) 33 ft.		Date of Completion 4-25-87	
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"/> Auger <input type="checkbox"/> Jetted		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	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded Height: Above/Below Surface 1 ft. <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight _____ lbs./ft.		
Gravel Yellow Brown	6	6	2 in. to 39 ft. depth GROUTED DRILL HOLE DIAMETER _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Gravel - Gray Brown			8 SCREEN: #848 Johnson <input type="checkbox"/> Not Installed Type Stainless Diameter 1 1/4" Slot/Gauge 10 Length 4ft Set between 39 ft. and 33 ft.		
V-clean Waterbearing stuff	27	33	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 _____		
			9 STATIC WATER LEVEL: 21 ft. below land surface <input type="checkbox"/> Flow		
			10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 20 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 checked="" 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 _____		
			13 Nearest source of possible contamination Type Sewage System Distance S ft. Direction 60 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 Goulds Model number J-05 HP 1/2 Volts 115/230 Length of Drop Pipe 26 ft. capacity 12 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Agua Air Model number V-60 Capacity 19.9 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.			

RECEIVED
 JUL 07 87
 OTTAWA COUNTY
 ENV. HEALTH DIV.

RECEIVED
 M.W. Hecksel Bros 70-0337
 REG. BUSINESS NAME REGISTRATION NO.
 Mich. Dept. of Public Health Address 19066-96th Ave Coopersville, Mi
 AUTHORIZED REPRESENTATIVE
 Signed **Mark Hecksel** Date **7-4-87**