

# WATER WELL PUMP RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>					
County	Township Name	Fraction of Section	Section Number	Township Number	Range Number
ISLE	N. CASS	¼ ¼ ¼	31	34 N/S.	3 E/W.
Distance And Direction from Road Intersections		OWNER No. _____		<b>6 OWNER OF WELL:</b>	
Street address & City of Well Location		Address 6 WAYNE PRICE 15602 5 MILE RD. ONAWAY, MI 49765			
<b>2 Date of Pump Installation</b>		<b>7 WELL HEAD COMPLETION:</b>			
02/04/98		<input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
<b>3 STATIC WATER LEVEL</b>		<b>8 Disinfected upon completion</b>			
30 ft. below land surface		<input checked="" type="checkbox"/> Yes			
<b>4 PUMPING LEVEL below land surface</b>		<b>9 PUMP:</b>			
70 ft. after _____ hrs. pumping _____ g.p.m.		Manufacturer's Name GRUNDFOS Model Number 10S05-9 HP 1/2 HP Length of Drop Pipe 70 ft. capacity 16 P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating _____			
<b>5 Remarks</b>		<b>10 PUMP INSTALLERS CERTIFICATION:</b>			
WELL DEPTH - 86'		This pump was installed under my jurisdiction and this report is true to the best of my knowledge and belief.			
JUN 15 1998		NAGEL WELL DRILLING, INC.		595	
		REGISTERED BUSINESS NAME		REGISTRATION NO.	
		Address 1261 KLEE RD., ROGERS CITY, MI 49779			
		Signed <i>[Signature]</i>		Date 02/04/98	
		AUTHORIZED REPRESENTATIVE			

Drinking Water and Water Supply Division  
D68d 40M 2067 and Water Supply Section  
MSP 1-2000-0001 (10/97)

**GEOLOGICAL SURVEY COPY**

JUN 15 1981

**WATER WELL RECORD**

ACT 294 PA 1985

MICHIGAN DEPARTMENT OF PUBLIC HEALTH 3

<b>1 LOCATION OF WELL</b>		County		Township Name		Fraction		Section Number		Town Number		Range Number	
Presque Isle		Bismark		se 1/4 ne 1/4 ne 1/4		31		34		N/4		E/W	

Distance And Direction from Road Intersections  
**On mCintosch rd. off Hwy. 638**

Street address & City of Well Location  
Locate with "X" in section below

Sketch Map:

**3 OWNER OF WELL:**  
Steve Ura  
Address 8427 Indian Rd.  
Lake Nettie, Michigan

**4 WELL DEPTH:** (completed) Date of Completion  
76 ft. 4-22-81

**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. Height: Above/Below Surface 1 ft.  
Weight 11 lbs./ft. Drive Shoe? Yes  No

**2 FORMATION**

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	76	76

**8 SCREEN:**  
Type: S.S. Dia.: 4"  
Slot/Graze 10 Length 4'  
Set between 72 ft. and 76 ft.  
Fittings: STD

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

**10 PUMPING LEVEL** below land surface  
76 ft. after 2 hrs. pumping 15 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 0 ft. to 40 ft.

**14 Nearest Source of possible contamination**  
70 feet nw Direction septic Type  
Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
Manufacturer's Name Myers  
Model Number S2H51-58 HP 1/2 Volts 115  
Length of Drop Pipe 64 ft. capacity 8 G.P.M.  
Type:  Submersible  Jet  Reciprocating

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

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

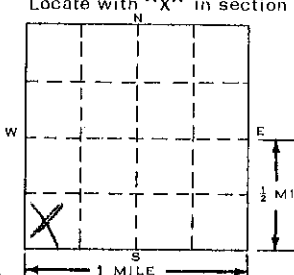
**17 WATER WELL CONTRACTOR'S CERTIFICATION:**  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Keiser Well Drlg. 1156  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 2219 Levering Rd., Cheboygan, Mich.  
Signed David L. Keiser Date 4-23-81  
AUTHORIZED REPRESENTATIVE



JUL 25 1979

**WATER WELL RECORD**  
ACT 294 PA 1965

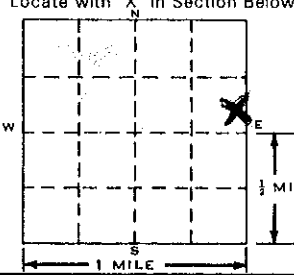
MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>PRESQUEPICKEN</i>	Township Name <i>N CASE</i>	Fraction <i>1/4 Sec 14 1/4 Sec 15</i>	Section Number <i>31</i>	Town Number <i>39 N/S.</i>	Range Number <i>3 E/W.</i>
Distance And Direction from Road Intersections			Address <i>S 11011 Hwy Mich</i>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <i>89 ft. May 1979</i>		
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"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
Sketch Map:			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 checked="" type="checkbox"/>		
2 FORMATION			7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam.		
			4 in. to <i>84</i> ft. Depth in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<i>Clay</i> <i>Gravel</i>			8 SCREEN:		
			Type: <i>Coalt</i> Dia.: <i>3 1/2"</i> Slot/Gauze <i>12</i> Length <i>4 ft</i> Set between <i>87</i> ft. and <i>89</i> ft. Fittings: <i>15 PACKER</i>		
			9 STATIC WATER LEVEL <i>10</i> ft. below land surface		
			10 PUMPING LEVEL below land surface <i>75</i> ft. after <i>1</i> hrs. pumping <i>10</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <i>0</i> ft. to <i>85</i> ft.		
			14 Nearest Source of possible contamination <i>30</i> feet <i>N</i> Direction <i>SEPTIC</i> Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
			16 Remarks, elevation, source of data, etc.  ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <i>AB</i> **ADDITION BY <i>AB</i> ELEVATION _____ DEPTH TO WATER _____		
			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <i>Max Well Drilling 595</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>1077 Rossport</i> Signed <i>Dean Meyer</i> Date <i>May 1979</i> AUTHORIZED REPRESENTATIVE _____		

**WATER WELL AND PUMP RECORD**

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PERMIT NUMBER

<b>1 LOCATION OF WELL</b>			
County <b>Presque Isle</b>	Township Name <b>N. Bismarck</b>	Fraction <b>SE 1/4 SE 1/4 NE 1/4</b>	Section Number <b>31</b>
		Town Number <b>10</b>	Range Number <b>10</b>
Distance And Direction From Road Intersection		<b>3 OWNER OF WELL: Ragn Freimark</b> Address <b>625 Ansonia Oregon, OH 43616</b> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Street Address & City of Well Location		<b>4 WELL DEPTH: (completed) 62 ft.</b> Date of Completion <b>6/4/86</b>	
Locate with "X" in Section Below 		<b>5</b> <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"/> Jatted <input type="checkbox"/>	
<b>2 FORMATION DESCRIPTION</b>		<b>6 USE:</b> <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"/>	
<b>Gravel</b>	THICKNESS OF STRATUM <b>62</b>	DEPTH TO BOTTOM OF STRATUM <b>62</b>	<b>7 CASING:</b> Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: <b>Above</b> Surface <b>9</b> ft. Weight <b>11</b> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<b>8 SCREEN:</b> <input type="checkbox"/> Not Installed Type <b>Johnson</b> Diameter <b>3/4</b> inch Slot/Gauze <b>12</b> Length <b>5</b> ft. Set between <b>57</b> ft. and <b>62</b> ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____
			<b>9 STATIC WATER LEVEL:</b> <b>20</b> ft. below land surface <input type="checkbox"/> Flow
			<b>10 PUMPING LEVEL:</b> below land surface <del>_____</del> ft. after <b>1</b> hrs. pumping at <b>10</b> G.P.M. <b>40</b> ft. after _____ hrs. pumping at _____ G.P.M.
			<b>11 WELL HEAD COMPLETION:</b> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit
			<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>62</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____
			<b>13 Nearest source of possible contamination</b> Type <b>Septic</b> Distance <b>70</b> ft. Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<b>14 PUMP:</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <b>Grundfos</b> Model number <b>SP2-12</b> HP <b>1/2</b> Volts <b>220</b> Length of Drop Pipe <b>59</b> ft. capacity <b>10</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <b>well X Tral</b> Model number <b>WX 202</b> Capacity <b>40</b> Gallons
15. Remarks, elevation, source of data. <div style="text-align: center;">                     RECEIVED                      Mich. Dept. of Public Health                      APR 03 1987                      Bureau of Environmental and Occupational Health - GWC                 </div>		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Nagel Well Drilling, Inc. 595</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>1350 Klee Road Rogers City</b> Signed <b>Daniel Nagel</b> Date <b>6/86</b> AUTHORIZED REPRESENTATIVE	

31-34N-03E  
CASE TWP. (PRESQUE ISLE CO.)

DIRECTIONAL HOLE

SAVOY OIL AND GAS INC

DRY HOLE  
TD 4140 FT. IN NIAGARAN GRAY

FERGUSON, ET AL #1-31

PERMIT NO. 47690

<u>SURFACE LOCATION:</u>	<u>QT</u>	<u>QT</u>	<u>QT</u>	<u>SEC</u>	<u>T</u>	<u>R</u>	<u>FT FROM QT</u>	<u>SEC</u>	<u>LINES</u>
	NE	SW	NE	31	34N	03E	1005 S	965	W

<u>SUBSURFACE LOCATION:</u>	<u>QT</u>	<u>QT</u>	<u>QT</u>	<u>SEC</u>	<u>T</u>	<u>R</u>	<u>FT FROM QT</u>	<u>SEC</u>	<u>LINES</u>
	NW	NE	NE	31	34N	03E	460 N	990	E

THIS WELL RECORD ASSEMBLY IS A COMPILATION OF WELL DATA FILED BY OR ON BEHALF OF THE OPERATOR, AS REQUIRED BY ACT 61, P.A. 1939, AS AMENDED; FORMATION TOPS AND STRATIGRAPHIC INTERVALS DETERMINED OR CONFIRMED WHERE POSSIBLE BY GEOLOGICAL SURVEY DIVISION PERSONNEL FROM MECHANICAL LOGS AND PRELIMINARY INFORMATION COLLECTED WHILE DRILLING WAS IN PROGRESS. RECORDS COMPILED BY R C ELOWSKI, GEOLOGIST.

ELEVATIONS: 800 KELLY BUSHING (DATUM), 799 RIG FLOOR, 786 GROUND

FORMATION TOPS AND STRATIGRAPHIC INTERVALS DETERMINED OR CONFIRMED BY GEOLOGICAL SURVEY PERSONNEL FROM SCHLUMBERGER LITHO DENSITY/COMPENSATED NEUTRON/GR LOGS AND RECORDS FILED BY OPERATOR.

	MD	TVD		MD	TVD
PLEISTOCENE:			SALINA E	2706	2601
GLACIAL DRIFT	170		SALINA D SALT	2883	2730
DEVONIAN:			SALINA C SHALE	2957	2785
TRAVERSE GROUP	170		SALINA B	3044	2849
DUNDEE	521		SALINA B SALT	3101	2891
DETROIT RIVER	729		A-2 CARBONATE	3539	3214
AMHERSTBERG	1114		A-2 EVAPORITE	3689	3318
BOIS BLANC	1220		A-1 CARBONATE	3816	3407
SILURIAN:			A-1 EVAPORITE	4000	3530
BASS ISLAND	1584		NIAGARAN BROWN	4020	3543
SALINA G	1858		NIAGARAN GRAY	4053	3565
SALINA F	1894				

THE FOLLOWING DOCUMENTS ARE REPRODUCTIONS OF OFFICIAL RECORDS SUBMITTED BY:  
EDWARD J SHORT, ON BEHALF OF SAVOY OIL AND GAS INC

11/22/93

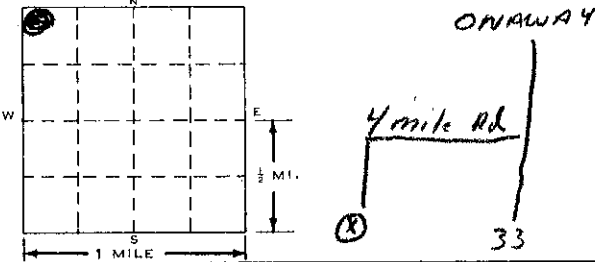
<b>1 LOCATION OF WELL</b>					
County <i>Presque Isle</i>	Township Name <i>NORTH ALLIS PART</i>	Fraction <i>NN 1/4 NN 1/4 NN 1/4</i>	Section Number <i>31</i>	Town Number <i>34 OS</i>	Range Number <i>2 ON</i>

Distance and Direction From Road Intersection  
*1 mile west of M-33 and 4 mile Rd then 1/4 mile south of 4 mile Rd*

Street Address & City of Well Location

Locate with "X" in Section Below

Sketch Map:



**3 OWNER OF WELL:** *Frank OSOLINSKI*  
 Address: *27407 Ryan Warren MI 48092*  
 Address Same As Well Location?  Yes  No

**4 WELL DEPTH:** *142 FT.* Date Completed: *6 25 92*  
 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  
 Height: Above/Below Surface *1* ft. Weight *SP221* lbs./ft.  
 Drive Shoe  Yes  No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
-------------------------	----------------------	----------------------------

SAND	8	8
CLAY	58	65
gravel - medium	25	90
limestone	52	142

**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  
*Air Developed at 170' at 15.6 PPM*  
 \_\_\_\_\_ 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 *6* to *129* ft.  
 Neat cement  Bentonite  Other \_\_\_\_\_  
 No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

**13 Nearest source of possible contamination**  
 Type *Septic* Distance *80* 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 *STARITE*  
 Model number *10P4COIT HP 1/2* Volts *110*  
 Length of Drop Pipe *120* ft. capacity *10* G.P.M.  
 TYPE:  Submersible  Jet  
 PRESSURE TANK: Manufacturer's name *N.I.*  
 Model number \_\_\_\_\_ Capacity \_\_\_\_\_ Gallons

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

17. Rig Operator's Name:  
*Charles Krueger*

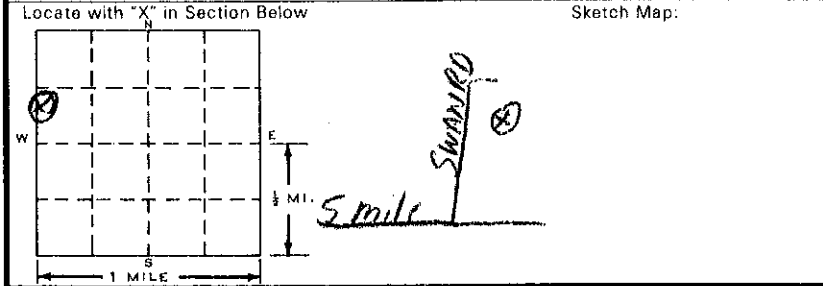
**16. WATER WELL CONTRACTOR'S CERTIFICATION:**  
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
*Charles Well Service 71-2045*  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address *HAWKS MI*  
 Signed *Charles Krueger* Date *8/12/92*  
 AUTHORIZED REPRESENTATIVE

**1 LOCATION OF WELL**

County: Presque Isle Township Name: CASE <sup>NORTH</sup> PART Fraction: NW 1/4 SW 1/4 NW 1/4 Section Number: 31 Town Number: 340 Range Number: 3 OW

Distance and Direction From Road Intersection  
AT NORTH END of SWAN RD.  
3/4 mile north of 5 mile + SWAN RD

**3 OWNER OF WELL:** Louise Tollini  
 Address: 12812 Leroy  
SOUTH GATE MI  
 Address Same As Well Location?  Yes  No 48915



**4 WELL DEPTH:** 189 FT. Date Completed: 12 5 91  New Well  Replacement Well

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>SANDY CLAY</u>	<u>38</u>	<u>38</u>
<u>SAND</u>	<u>12</u>	<u>50</u>
<u>SANDY CLAY - LARGE STONES</u>	<u>118</u>	<u>168</u>
<u>SAND - fine gravel</u>	<u>21</u>	<u>189</u>

**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  
 Height: Above/Below Surface 1 ft.  
 Weight 50.21 lbs./ft.  
 Drive Shoe  Yes  No

**8 SCREEN:**  Not Installed  
 Type: Stainless Steel Diameter 4"  
 Size/Gauge 10 Length 4'  
 Set between 185 ft. and 189 ft.  
 FITTINGS:  K-Packer  Lead Packer  Bremer Check  
 Blank above screen 1/2 ft. Other \_\_\_\_\_

**9 STATIC WATER LEVEL:** 90 ft. below land surface  Flow

**10 PUMPING LEVEL:** below land surface  
AIR developed at 170' at 15 GPM  
 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 5 to 185 ft.  
 Neat cement  Bentonite  Other \_\_\_\_\_  
 No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

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

**14 PUMP:**  Not Installed  Pump Installation Only  
 Manufacturer's name: STA RITE  
 Model number: 10P4002T HP 3/4 Volts 230  
 Length of Drop Pipe 170 ft. capacity 10 G.P.M.  
 TYPE:  Submersible  Jet  
 PRESSURE TANK:  
 Manufacturer's name: Well x Trol  
 Model number: WX251 Capacity 62 Gallons

**RECEIVED**  
 Mich. Dept. of Public Health  
 JAN 15 1992

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

**17. Rig Operator's Name:**  
Chuck Kueper

**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.  
Chuck's Well Service 71-2045  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address: HAWKS MI  
 Signed: Chuck Kueper Date: 12/13/91  
 AUTHORIZED REPRESENTATIVE