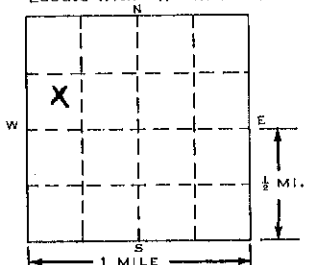


JUL 6 1984

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <u>Presque Isle</u>	Township Name <u>Bismarck</u>	Fraction <u>NE 1/4 SW 1/4 NW 1/4</u>	Section Number <u>20</u>	Town Number <u>34 N/S.</u>	Range Number <u>4 E/W.</u>
Distance And Direction from Road Intersections			Address <u>Oil Templin 19246 Opal Mt. Clemens, MI 48043</u>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <u>110</u> ft. <u>8-10-83</u>		
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 type="checkbox"/>		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: <u>Above</u> Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft.		
			4 in. to <u>78</u> ft. Depth in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Sand			8 SCREEN: <u>NONE</u> Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
Clay			9 STATIC WATER LEVEL <u>50</u> ft. below land surface		
Sand			10 PUMPING LEVEL below land surface <u>75</u> ft. after <u>1</u> hrs. pumping <u>10</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Clay			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Limestone			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>78</u> ft.		
			14 Nearest Source of possible contamination <u>55</u> feet <u>W</u> Direction <u>Septic</u> Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
RECEIVED Mich. Dept. of Public Health  MAY 25 1984  Bureau of Environmental and Occupational Health - GWQS  USE A 2ND SHEET IF NEEDED			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name _____ Model Number <u>BC-7 HP</u> Volts _____ Length of Drop Pipe <u>2 W 3/4 IN 8 FT</u> ft. capacity <u>5</u> G.P.M. <u>220</u> Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
			16 Remarks, elevation, source of data, etc.  <b>ADDED INFO BY DRILLER, ITEM NO.</b> *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. <u>Nagel Well Drilling, Inc.</u> <u>595</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>1350 Klee Road - Rogers City</u> Signed <u>David Nagel</u> Date <u>8-10-83</u> AUTHORIZED REPRESENTATIVE		