

TAX NO: 75-016-280-035.00

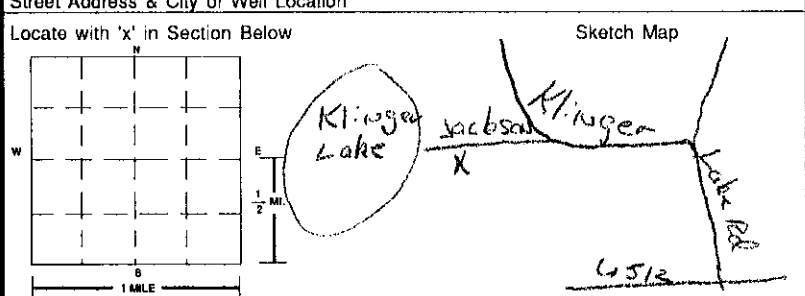
WATER WELL AND PUMP RECORD
Completion is required under authority of Part 127 Act 368 PA 1978
Failure to comply is a misdemeanor

PERMIT NO: 21903

1. LOCATION OF WELL
County: St. Joseph Township Name: White Pigeon Fraction: NE 1/4 S10 1/4 NE 1/4 Section No.: 1 E Town No.: 8 S. Range No.: 11 W.

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

3. OWNER OF WELL
Address: Arleta Alioto
21685 Jackson
Stung's Mt 49091
Address Same as Well Location Yes No



4. WELL DEPTH: 40 ft. Date Completed: 8/2/99
 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: 1 ft
Diameter: 5 in. to 33 ft. depth Weight: 200 lbs./ft.
BORE HOLE: Diameter: 8 in. to 40 ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>sand/loam</u>	<u>20'</u>	<u>20'</u>
<u>soft clay</u>	<u>5'</u>	<u>25'</u>
<u>sand</u>	<u>15'</u>	<u>40'</u>
<u>(vein)</u>		

8. SCREEN: Not Installed Gravel-Packed
Type: PVC (S-C) Diameter: 4"
Slot/Gauze: 12 Length: 7'
Set Between: 1 33 ft. and 40 ft.
FITTINGS: K-Packer Bremer Check
 Blank Above Screen Other

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

10. PUMPING LEVEL: Below Land Surface
22 ft. After 1 hrs. Pumping at 20 G.P.M.
 Plunger Bailor Air Test Pump

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

12. WELL GROUTED? No Yes From 0' to 26 ft.
 Neat Cement Bentonite Other
No. of Bags: 8 Additives: E-Z mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type: Septic Distance: >50 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: MVERS
Model Number: _____ HP: 1/2 Volts: 230
Length of Drop Pipe: _____ ft. Capacity: 12 G.P.M.
TYPE: Submersible Jet Other
PRESSURE TANK:
Manufacturer's Name: A.O. Smith
Model Number: V-140 Capacity: 45 Gallons

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name: Robert Pelchen

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.
CTC Well Drilling REGISTRATION NO. 91-2079
Address: 11431 CR 10 Middlebury IN
Signed: Corence Warr Date: 8/2/99
AUTHORIZED REPRESENTATIVE

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MICH DEPT OF ENVIRONMENTAL QUALITY
AUG 17 1999
Drinking Water & Radiological Protection Division
Ground Water Program Section
WELL CONSTRUCTION UNIT

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION
WATER WELL AND PUMP RECORD

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

PERMIT NO:
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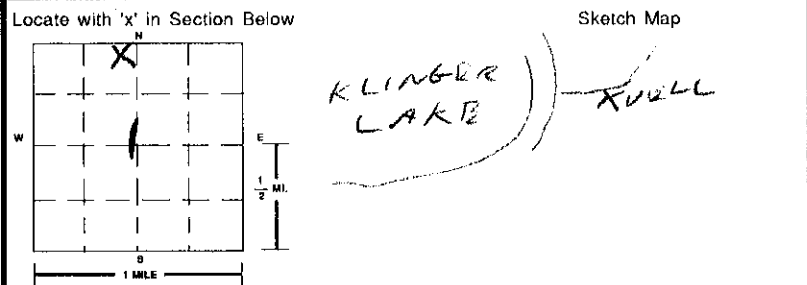
TAX NO:

1. LOCATION OF WELL
 County **ST JOSEPH**

Township Name **WHITE PIGEON** Fraction **NW 1/4 NE 1/4** Section No. **1** Town No. **8-3** Range No. **11-W**

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

3. OWNER OF WELL **SCADUTO & GARY**
 Address **21850 MARATHON RD. STURGIS, MI.**
 Address Same as Well Location Yes No



4. WELL DEPTH: **130** ft. Date Completed **1/19/00** 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: **1** ft

Diameter: **5** in. to **125** ft. depth Weight: **2.91** lbs./ft.
 BORE HOLE: Diameter: **1 1/2** in. to **130** ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
BLACK DIRT	2	2
BROWN SAND COURSE	4	6
BROWN SAND + GRAVEL	24	30
BROWN SAND + CLAY FINE	50	80
GRAY CLAY + SAND FINE	40	120
BROWN SAND COURSE	10	130

8. SCREEN: Not Installed Gravel-Packed
 Type **PVC** Diameter **4"**
Spiral Gauze 165-20T Length: **5'**
 Set Between **125** ft. and **130** ft.
 FITTINGS: K-Packer Bremer Check
 Blank Above Screen ft. Other

9. STATIC WATER LEVEL: **6** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface
6 ft. After **1** hrs. Pumping at **50** 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 **4** to **115** ft.
 Neat Cement Bentonite Other
 No. of Bags **5** Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **SINK** Distance **25** ft. Direction **SOUTH**
 Type **SEWER** Distance _____ ft. Direction _____

15. ABANDONED WELL PLUGGED? Yes No
 Casing Diameter **2-1/4** in. Depth **20** ft.
 PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
 No. of Bags **1** Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
 Manufacturer's Name **MX285**
 Model Number **2NPL31-12** HP **1/2** Volts **220**
 Length of Drop Pipe **40** ft. Capacity **12** G.P.M.
 TYPE: Submersible Jet Other
 PRESSURE TANK:
 Manufacturer's Name **WELL X 7100L**
 Model Number **WT 202** Capacity _____ Gallons

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name **[Signature]**

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.
Mosier Drilling Co. 1849
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **22946 Fox Cassopolis, mi**
 Signed **[Signature]** Date **1-7-00**
 AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Tax no:

Permit no:

1. Location of well
County: St. Joseph

Township name: White Pigeon

Fraction: $\frac{1}{4}$ $\frac{1}{4}$ NE $\frac{1}{4}$ Section: 1 Town no: 8S Range no: 11W

Distance and Direction from Road Intersection
.05 mile East of Hill St. on South side of Klinger Lake Rd.

3. Owner of well: Mark Harker
Address: 68454 Klinger Lake Rd.
Sturgis, MI 49091
Address same as well location? Yes

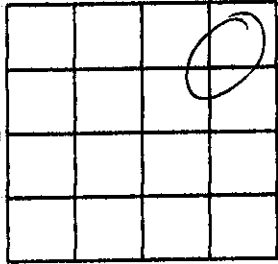
REPLACEMENT WELL
68454 Klinger Lake Rd., Sturgis
Street address & city of well location

4. Well depth: 62 ft.
Date completed: 07/27/1998 Replacement well

Locate with "x" in section below

Sketch map

5. Drilling method: Jetted



6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 2.00 in. to 59.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth

Height: Above/Below
Surface: ft.
Weight: 3.75 lbs./ft.

Drive shoe: No
Shale packer:

2. Formation description	Thickness of stratum	Depth to bottom of stratum
yellow sand & gravel	15	15
blue clay & gravel	21	36
blue clay	9	45
blue sand	9	54
blue sand & gravel	8	62

8. Screen
Type: stainless Diameter: 1.25 in.
Slot/Gauze: 10 slot Length: 36 in.
Set between: 59.00 ft. and 62 ft.
Fittings: K-Packer bremer check
Blank above screen: 2.00 ft. Other:

9. Static water level: 5.0 ft. below land surface

10. Pumping level: Below land surface
5 ft. after 1 hrs. pumping at 15 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 1

13. Nearest source of possible contamination
Type Sewer line Distance 10 ft. Direction W
Type Distance ft. Direction

15. Abandoned well plugged? owner
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump Not installed
Manufacturer:
Model number:
Length of drop pipe: ft. Capacity: G.P.M.
Type:
Pressure tank --
Manufacturer:
Model number: Capacity: gallons

16. Remarks:

Nitrates in mg/l: 3.0

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.

George P. Reid & Son 91-2059

P.O. Box 10 - Home, IN 46746

Signed

Date: 01/23/99

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 19849

Tax no:

1. Location of well
County: St. Joseph

Township name: White Pigeon

Fraction: SE ¼ SW ¼ NE ¼

Section: 1

Town no: 85

Range no: 11W

Distance and Direction from Road Intersection
2nd house South of Spring St. or 1st house on
right at top of hill on Hill St. at Klinger Lake

KLINGER LAKE-NEW WELL
68420 Hill St., Sturgis
Street address & city of well location

3. Owner of well: Vincente Cabansag
Address: 68420 Hill St.
Sturgis, MI 49091
Address same as well location? Yes

4. Well depth: 76 ft.
Date completed: 02/02/98 Replacement well

Locate with "x" in section below Sketch map

1 mile

5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 4.00 in. to 72.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth

Height: Above/Below Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

2. Formation description	Thickness of stratum	Depth to bottom of stratum
brn clay, sand & gravel	36	36
yellow sand & gravel	18	54
blue clay, sand & gravel	14	68
yellow sand & gravel	8	76

8. Screen
Type: stainless Diameter: 3.00 in.
Slot/Gauze: 12 slot Length: 48 in.
Set between: 72.00 ft. and 76 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: 30 ft. below land surface

10. Pumping level: Below land surface
30 ft. after 1 hrs. pumping at 50 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 3.5

13. Nearest source of possible contamination
Type Distance ft. Direction
Type Distance ft. Direction

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: 4F19S07-301
Length of drop pipe: 42.00 ft. Capacity: 19 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-250 Capacity: 44 gallons

16. Remarks:
Nitrates in mg/l: 2.0

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Hope, IN 46746
Signed *Thomas P. Reid* Date: 06/10/98

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 19806

Tax no:

1. Location of well

County: St. Joseph

Township name: White Pigeon

Fraction: $\frac{1}{4}$

$\frac{1}{4}$ SW

Section: 1

Town no: 8S

Range no: 11W

Distance and Direction from Road Intersection
North of US-12 on Oak St. to Dogleg Drive & left
(West) to 1st house on left

SPEC HOUSE #1

21449 Dogleg Drive, Sturgis

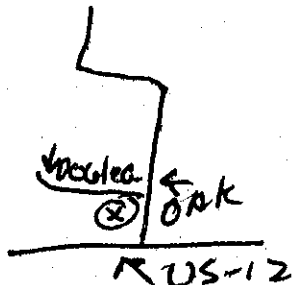
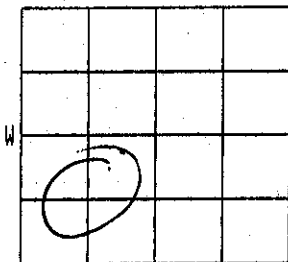
Street address & city of well location

3. Owner of well: Oakwood Land Corporation
Address: 21449 Dogleg Drive
Sturgis, MI 49091
Address same as well location? Yes

4. Well depth: 75 ft.
Date completed: 04/02/98 New well

Locate with "x" in section below

Sketch map



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 4.00 in. to 71.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth

Height: Above/Below
Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

8. Screen
Type: stainless Diameter: 3.00 in.
Slot/Gauze: 12 slot Length: 48 in.
Set between: 71.00 ft. and 75 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: 30 ft. below land surface

10. Pumping level: Below land surface
30 ft. after 1 hrs. pumping at 50 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 2

13. Nearest source of possible contamination
Type Distance ft. Direction
Type Distance ft. Direction

2. Formation description	Thickness of stratum	Depth to bottom of stratum
brown clay & gravel	36	36
yellow sand & gravel	44	80
blue clay, some gravel	89	169

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 MICHIGAN DEPARTMENT OF
 PUBLIC HEALTH
 DIVISION OF
 GROUND WATER SUPPLY
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 2 WARD

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: 4F19S07-305
Length of drop pipe: 42.00 ft. Capacity: 19 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-203 Capacity: 32 gallons

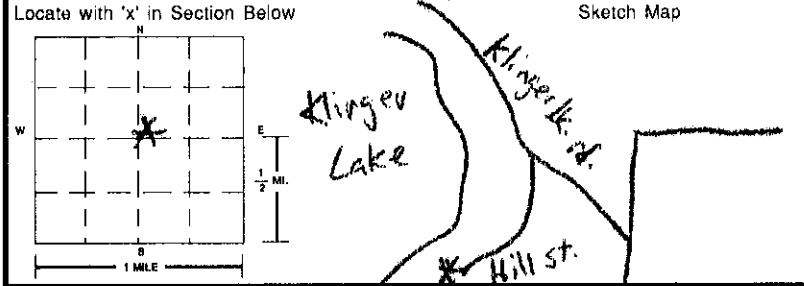
16. Remarks:
Nitrates in mg/l: 10.0

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Hous, IN 46746
Signed Thomas Reid Date: 06/10/98

1. LOCATION OF WELL
 County **St. Joe** Township Name **White Pigeon** Fraction **SW 1/4 SW 1/4 NE 1/4** Section No. **1** Town No. **8 S** Range No. **11 W**

Distance and Direction from Road Intersection **On Lake side of Hill st.**
 Street Address & City of Well Location **68580 Hill st.**



3. OWNER OF WELL **William Luffman**
 Address **68580 Hill St Sturgis MI 49091**
 Address Same as Well Location Yes No

4. WELL DEPTH: **112** ft. Date Completed **6/6/97**
 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
 Plastic Other
 Height: Above/Below Surface: **1** ft

Diameter: **5** in. to **102** ft. depth
 Weight: **200** lbs./ft.
 BORE HOLE: Diameter: **9** in. to **112** ft. depth
 Drive Shoe Shale Packer

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
sand	20'	20'
clay	70'	90'
(vein) coarse gravel	28'	112'
gravel on		113'

8. SCREEN: Not Installed Gravel-Packed
 Type **PVC (3-c)** Diameter **5"**
 Slot/Gauze **12** Length: **10'**
 Set Between **102** ft. and **112** ft.
 FITTINGS: K-Packer Bremer Check
 Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: **41** ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface **60** ft. After **1** hrs. Pumping at **90** 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 **82'** ft.
 Neat Cement Bentonite Other
 No. of Bags **6** Additives **E-2 mud**

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
 Type **septic** Distance **>50** 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 **1/2** Volts **200**
 Length of Drop Pipe _____ ft. Capacity **10** G.P.M.
 TYPE: Submersible Jet Other
 PRESSURE TANK: Manufacturer's Name **A.D. Smith**
 Model Number **V-140** Capacity **45** Gallons

16. REMARKS: (Elevation, Source of Data, etc.)
 17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
 Name **Robert W. Hatcher**

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.
OWL Well Drilling **91-2079**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **11431 CR. 10 Micklebury IN 46540**
 Signed **Clarence J. Martin** Date **6-6-97**
 AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 19271

Tax no:		1. Location of well		Township name: White Pigeon		Fraction: NW 1/4 SE 1/4 SW 1/4		Section: 1		Town no: 8S		Range no: 11W			
County: St. Joseph		Distance and Direction from Road Intersection 2nd house East of Benham Beach Rd. on gravel drive off end (Lake side of Rd.)		3. Owner of well: Arsenio Parial Address: 68826 Benham Beach Rd. White Pigeon, MI 49099 Address same as well location? Yes		4. Well depth: 95 ft. Date completed: 05/21/97		Replacement well							
PARIAL JOBT WELL 68826 Benham Beach Rd., White Pigeon Street address & city of well location		Locate with 'x' in section below		Sketch map		5. Drilling method: Jetted		6. Use: domestic		7. Casing: Steel, threaded Casing diameter: 4.00 in. to 91.00 ft. depth in. to ft. depth Bore hole diameter: in. to ft. depth in. to ft. depth		Height: Above/Below Surface: ft. Weight: 11.0 lbs./ft. Drive shoe: No Shale packer:			
						8. Screen Type: stainless Diameter: 3.75 in. Slot/Gauze: 12 slot Length: 48 in. Set between: 91.00 ft. and 95 ft. Fittings: K-Packer Blank above screen: 2.00 ft. Other:		9. Static water level: 2.0 ft. below land surface		10. Pumping level: Below land surface ft. after 1 hrs. pumping at 50 G.P.M. Using: Plunger		11. Well head completion: pitless adapter		12. Well grouted? Yes Granular bentonite No. of bags: 1.5	
2. Formation description		Thickness of stratum		Depth to bottom of stratum		13. Nearest source of possible contamination		Type Distance ft. Direction		Type Distance ft. Direction		15. Abandoned well plugged? <i>by owner</i>			
fill		4		4								Casing diameter in. Depth ft.			
muck		14		18								Plugging material:			
yellow sand & gravel		18		36								No. of bags: Casing removed?			
fine yellow sand & clay		51		87								16. Remarks:			
yellow sand & gravel		8		95								Nitrates in mg/l: .0			
						14. Pump		Manufacturer: F&W		Model number: 4F27A07-301		Length of drop pipe: 21.00 ft. Capacity: 27 G.P.M.			
						Type:		Pressure tank --		Manufacturer: Amtrol		Model number: WX-250 Capacity: 44 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.		George P. Reid & Son 91-2059		P.O. Box 10, HOWLAND IN 46746			
						Signed <i>Thomas Reid</i>		Date: 06/02/97							

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 17909

Tax no: _____

1. Location of well
County: St. Joseph Township name: White Pigeon Fraction: SE 1/4 SE 1/4 SE 1/4 Section: 1 Town no: 8S Range no: 11W

Distance and Direction from Road Intersection
.1 mile North of US-12 on West side of Klinger Lake Rd. at pole barn

POLE BARN
68984 Klinger Lake Rd., Sturgis
Street address & city of well location

3. Owner of well: Mike Mingus
Address: 68984 Klinger Lake Rd.
Sturgis, MI 49091
Address same as well location? Yes

4. Well depth: 62 ft.
Date completed: 07/08/96 New well

Locate with "x" in section below Sketch map

N

W E

S
1 mile

5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter:
2.00 in. to 59.00 ft. depth
in. to ft. depth
Bore hole diameter:
in. to ft. depth
in. to ft. depth

Height: Above/Below Surface: ft.
Weight: 3.75 lbs./ft.
Drive shoe: No
Shale packer:

2. Formation description Thickness of stratum Depth to bottom of stratum

yellow sand & gravel	40	40
blue clay	15	55
yellow sand & gravel	7	62

8. Screen
Type: stainless Diameter: 1.25 in.
Slot/Gauze: 10 slot Length: 36 in.
Set between: 59.00 ft. and 62 ft.
Fittings: K-Packer bremer check
Blank above screen: 2.00 ft. Other:

9. Static water level: 25 ft. below land surface

10. Pumping level: Below land surface
ft. after hrs. pumping at 15 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 1

13. Nearest source of possible contamination

Type	Distance	ft.	Direction
Type	Distance	ft.	Direction

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: CPH05
Length of drop pipe: 21.00 ft. Capacity: 10 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-202 Capacity: 20 gallons

16. Remarks:

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Howe, IN 46746
Signed Thomas P. Reid Date: 07/28/96

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Mich. Dept. of Public Health
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BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 17112

Tax no:

1. Location of well
County: St. Joseph

Township name: White Pigeon

Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section: 1

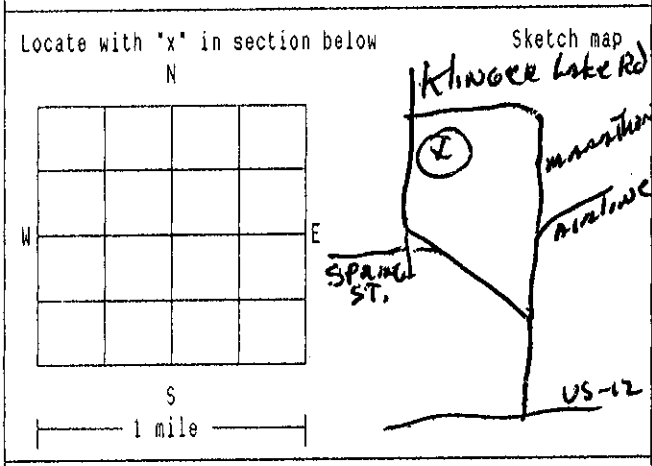
Town no: 8S Range no: 11W

Distance and Direction from Road Intersection
.1 mile North of curve past Minnie Tucker (Spring St.) on East side of Klinger Lake Rd.

THOMPSON JOB
68193 Klinger Lake Rd., Sturgis
Street address & city of well location

3. Owner of well: John Thompson
Address: 68193 Klinger Lake Rd.
Sturgis, MI 49091
Address same as well location? Yes

4. Well depth: 45 ft.
Date completed: 04/03/96 New well



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 4.00 in. to 41.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth

Height: Above/Below Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

2. Formation description	Thickness of stratum	Depth to bottom of stratum
yellow sand & gravel	36	36
brown clay	4	40
yellow sand & gravel	5	45

8. Screen
Type: stainless Diameter: 3.75 in.
Slot/Gauze: 15 slot Length: 48 in.
Set between: 41.00 ft. and 45 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: ft. below land surface Flowing

10. Pumping level: Below land surface
ft. after 1 hrs. pumping at 60 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 1

13. Nearest source of possible contamination
Type Distance ft. Direction
Type Distance ft. Direction

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: 4F10A05305
Length of drop pipe: 10.00 ft. Capacity: 14 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-202 Capacity: 20 gallons

16. Remarks:
pH: 7.4 Hardness in gpg: 13
Iron in mg/l: .2 Nitrates in mg/l: .0

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Hwy IN 46744
Signed Thomas P. Reid Date: 07/28/96

RECEIVED
Mich. Dept. of Public Health
NOV 08 1996
BUREAU OF ENVIRONMENTAL AND
OCCUPATIONAL HEALTH-GWQS

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 17042
GEOLOGICAL SURVEY COPY

Tax no:

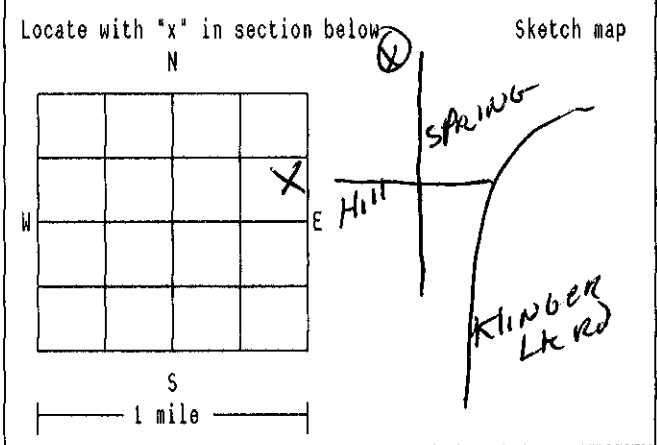
1. Location of well
County: St. Joseph Township name: White Pigeon Fraction: NE 1/4 SE 1/4 NE 1/4 Section: 1 Town no: 85 Range no: 11W

Distance and Direction from Road Intersection
Last cottage West of Hill St. on South side of Spring St. to left of drive thru hedge

REPLACEMENT WELL
21671 Spring St., Sturgis
Street address & city of well location

3. Owner of well: Joe Davis
Address: 12216 Thomas Court
Mokena, IL 60448
Address same as well location? No

4. Well depth: 62 ft.
Date completed: 12/13/95 Replacement well



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded Casing diameter: 4.00 in. to 58.00 ft. depth in. to ft. depth Bore hole diameter: in. to ft. depth in. to ft. depth	Height: Above/Below Surface: ft. Weight: 11.0 lbs./ft. Drive shoe: No Shale packer:
--	---

2. Formation description	Thickness of stratum	Depth to bottom of stratum
blue clay & fine sand	36	36
blue clay & gravel	18	54
yellow sand & gravel	8	62

8. Screen
Type: stainless Diameter: 3.75 in.
Slot/Gauze: 12 slot Length: 48 in.
Set between: 58.00 ft. and 62 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: ft. below land surface Flowing

10. Pumping level: Below land surface
ft. after 1 hrs. pumping at 50 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 2.5

13. Nearest source of possible contamination

Type	Distance	ft.	Direction
Type	Distance	ft.	Direction

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: 4F10A05-305
Length of drop pipe: 21.00 ft. Capacity: G.P.M.
Type:
Pressure tank --
Manufacturer: State
Model number: TM-15bldr Capacity: 15 gallons

16. Remarks:
pH: 7.5 Hardness in gpg: 16
Iron in mg/l: .3 Nitrates in mg/l: .0

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Home, IN 46746
Signed Thomas A. Reid Date: 11/14/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 18033

Tax no:

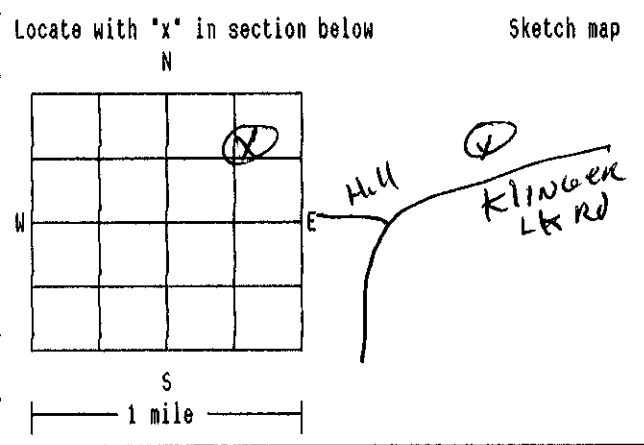
1. Location of well
County: St. Joseph Township name: White Pigeon Fraction: SW 1/4 NE 1/4 NE 1/4 Section: 1 Town no: 85 Range no: 11W

GEOLOGICAL SURVEY COPY

Distance and Direction from Road Intersection
North of curve past Hill St. on West side of
Klinger Lake Rd. approx .1 mile-2-story white
house
KLINGER LAKE WELL
68286 Klinger Lake Rd., Sturgis
Street address & city of well location

3. Owner of well: Richard Vallero
Address: 15364 Primrose Court
Orland Park, IL 60462
Address same as well location? No

4. Well depth: 55 ft.
Date completed: 11/02/96 Replacement well



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 4.00 in. to 51.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth

Height: Above/Below
Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

2. Formation description

Formation description	Thickness of stratum	Depth to bottom of stratum
yellow sand & gravel	30	30
blue clay	15	45
blue sand & gravel	10	55

8. Screen
Type: stainless Diameter: 3.75 in.
Slot/Gauze: 12 slot Length: 48 in.
Set between: 51.00 ft. and 55 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: ft. below land surface Flowing

10. Pumping level: Below land surface
ft. after 1 hrs. pumping at 60 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 1.5

13. Nearest source of possible contamination
Type Distance ft. Direction
Type Distance ft. Direction

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: F&W
Model number: 4F10A05-005
Length of drop pipe: 12.00 ft. Capacity: 14 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-202 Capacity: 20 gallons

16. Remarks:

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Howe, IN 46746
Signed George P. Reid Date: 11/14/96

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 17038

Tax no:		1. Location of well		Township name: White Pigeon		Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		Section: 1		Town no: 8S		Range no: 11W	
County: St. Joseph		Distance and Direction from Road Intersection NE of Oak St. (stop sign) on Blanchard St. to 4th house from end		3. Owner of well: Francis Schultz Address: 68652 Blanchard St. White Pigeon, MI 49099 Address same as well location? Yes		4. Well depth: 102 ft. Date completed: 09/26/95		Replacement well		5. Drilling method: Jetted		6. Use: domestic	
68652 BLANCHARD 68652 Blanchard St., White Pigeon Street address & city of well location		Locate with "x" in section below		Sketch map		7. Casing: Steel, threaded Casing diameter: 4.00 in. to 98.00 ft. depth in. to ft. depth Bore hole diameter: in. to ft. depth in. to ft. depth		Height: Above/Below Surface: ft. Weight: 11.0 lbs./ft. Drive shoe: yes Shale packer:		8. Screen Type: stainless Diameter: 3.75 in. Slot/Gauze: 15 slot Length: 48 in. Set between: 98.00 ft. and 102 ft. Fittings: K-Packer Blank above screen: 2.00 ft. Other:		9. Static water level: 34 ft. below land surface	
		2. Formation description		Thickness of stratum		Depth to bottom of stratum		10. Pumping level: Below land surface ft. after 1 hrs. pumping at 50 G.P.M. Using: Plunger		11. Well head completion: pitless adapter		12. Well grouted? Yes Granular bentonite No. of bags: 4	
brown clay & fine sand		54		54		blue clay		41		95		13. Nearest source of possible contamination Type sewer line Distance 12 ft. S Direction Type Distance ft. Direction	
yel sand, grav & shale		7		102		15. Abandoned well plugged?		Casing diameter in.		Depth ft.		14. Pump Manufacturer: F&W Model number: 4F10A05-305 Length of drop pipe: 42.00 ft. Capacity: 10 G.P.M. Type: Pressure tank -- Manufacturer: Amtrol Model number: WX-202 Capacity: 20 gallons	
16. Remarks: pH: 7.5 Iron in mg/l: .9		Hardness in gpg: 18 Nitrates in mg/l: .0		17. Drilling machine operator Employee Name: Todd Gotshall		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. George P. Reid & Son 91-2059 P.O. Box 10, Howell, IN 46746 Signed <i>Thomas P. Reid</i> Date: 10/02/95		GEOLOGICAL SURVEY COPY					

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 17034

Tax no:

1. Location of well
County: St. Joseph

Township name: White Pigeon

Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section: 1

Town no: 85 Range no: 11W

Distance and Direction from Road Intersection
NW corner of Oak St. & US-12 Red house

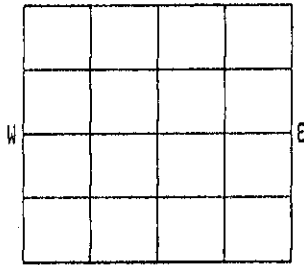
3. Owner of well: Edith McClain
Address: 21478 US-12
Sturgis, MI 49091
Address same as well location? Yes

REPLACEMENT WELL
21478 US-12, Sturgis
Street address & city of well location

4. Well depth: 58 ft.
Date completed: 09/22/95 Replacement well

Locate with "x" in section below
N

Sketch map



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter:
4.00 in. to 54.00 ft. depth
in. to ft. depth
Bore hole diameter:
in. to ft. depth
in. to ft. depth

Height: Above/Below
Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

8. Screen
Type: stainless Diameter: 3.75 in.
Slot/Gauze: 12 slot Length: 48 in..
Set between: 54.00 ft. and 58 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

2. Formation description	Thickness of stratum	Depth to bottom of stratum
brown clay & gravel	36	36
yellow sand & gravel	22	58

9. Static water level: 22 ft. below land surface

10. Pumping level: Below land surface
ft. after / hrs. pumping at 50 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 2

13. Nearest source of possible contamination
Type Distance ft. Direction
Type Distance ft. Direction

15. Abandoned well plugged?
Casing diameter 1 1/4 in. Depth ? ft.
Plugging material: Bentonite chips
No. of bags: 25 Casing removed? NO

14. Pump
Manufacturer: F&W
Model number: 4F10A05-005
Length of drop pipe: 35.00 ft. Capacity: 12 G.P.M.
Type:
Pressure tank --
Manufacturer: Amtrol
Model number: WX-202 Capacity: 20 gallons

16. Remarks:

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Home IN 46746
Signed Thomas P. Reid Date: 10/13/95

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL							
County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 11A				
Town Number 85 N/S		Range Number 11W E/W					
Distance And Direction From Road Intersection .15 mile East of US-131 on South side of US-12							
Street Address & City of Well Location 15159 US-12, White Pigeon							
Locate with "X" in Section Below							
		Sketch Map: 					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM				
blue & white sand & grav		80	80				
RECEIVED MICH. DEPT. OF PUBLIC HEALTH DEC 22 93 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH							
				3 OWNER OF WELL: Ted Krull Address 17684 Stears Rd. White Pigeon, MI 49099 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				4 WELL DEPTH: Date Completed MO. DAY YEAR <input type="checkbox"/> New Well 80 FT. 11 30 93 <input checked="" type="checkbox"/> Replacement Well			
				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 checked="" type="checkbox"/> Jetted <input type="checkbox"/>			
				6 USE: <input type="checkbox"/> Domestic <input checked="" 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 Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Surface _____ ft. 2.00 in. to 77.00 ft. depth Weight 3.75 lbs./ft. _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				8 SCREEN: <input type="checkbox"/> Not Installed Type stainless Diameter 1.25 in. Slot/Gauze 10 slot Length 36 in. Set between 77.00 ft. and 80 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bromer Check <input checked="" type="checkbox"/> Blank above screen 3.00 ft. Other _____			
				9 STATIC WATER LEVEL: 18 ft. below land surface <input type="checkbox"/> Flow			
				10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 15 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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other granular 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name L&S Model number LS-5 HP 1/2 Volts 115 Length of Drop Pipe 21.00 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet DW PRESSURE TANK: Manufacturer's name _____ Model number TN-21 Capacity 21 Gallons							
15. Remarks, elevation, source of data, etc. WP#15149							
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. George P. Reid & Son 91-2059 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, Hope, IN 46746 Signed <i>Thomas A. Reid</i> Date 12/02/93 AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: Tom Reid							

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

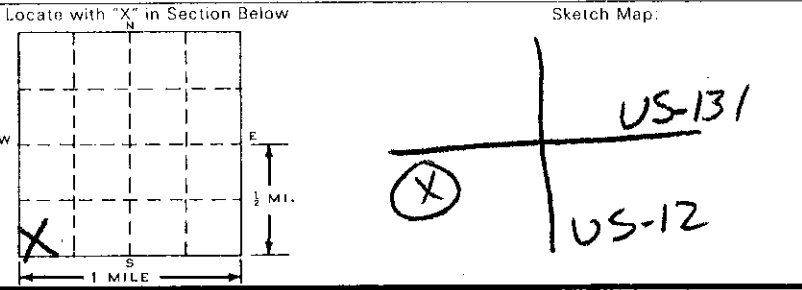
1 LOCATION OF WELL		County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 1	Town Number 08 N/S	Range Number 11W E/W
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Distance And Direction From Road Intersection
.1 mile South of US-12 on East side of US-131

OFFICE & JACKSON WELL

Street Address & City of Well Location **68997 US-131 South, White Pigeon**

3 OWNER OF WELL:
Continental Tire & Wheel
Address **68997 US-131 South White Pigeon, MI 49099**
Address Same As Well Location? Yes No



4 WELL DEPTH: **63 FT.** Date Completed **09 06 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 Plastic Welded
Height: Above/Below Surface _____ ft. Weight **11.00** lbs./ft.
Drive Shoe Yes No

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

yellow sand & gravel	40	40
blue sand & gravel	23	63

8 SCREEN: Not Installed
Type **stainless** Diameter **3.75 in.**
Slot/Gauze **12 slot** Length **48 in.**
Set between **59.00** ft. and **63** ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
_____ ft. after _____ hrs. pumping at **60** 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 **granular**
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 **F&W**
Model number **4F27A07-301** HP **3/4** Volts **230**
Length of Drop Pipe **42.00** ft. capacity **27** G.P.M.
TYPE: Submersible Jet
PRESSURE TANK: Manufacturer's name **Aqua-Air**
Model number **V-350** Capacity **119** Gallons

15. Remarks, elevation, source of data, etc.
WP#15242

17. Rig Operator's Name:
Tom Reid

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.
George P. Reid & Son **91-2059**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 10, Howe, IN 46746**
Signed **Thomas Reid** Date **09/23/94**
AUTHORIZED REPRESENTATIVE

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

1 LOCATION OF WELL			
County St. Joseph	Township Name White Pigeon	Fraction SE 1/4NE 1/4SW 1/4	Section Number 1E
		Town Number 85	Range Number N/S 11W E/W
Distance And Direction From Road Intersection up hill behind Fireside to 3rd before turnaround on Hill St. at Klinger Lake REPLACEMENT WELL-K.L.			
Street Address & City of Well Location 68566 Hill St., Sturgis			
Locate with "X" in Section Below		Sketch Map:	
2 FORMATION DESCRIPTION			
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	
yellow sand & gravel	36	36	
blue & brown clay	34	70	
yellow sand & gravel	10	80	
3 OWNER OF WELL:			
Chris Tobin			
Address 68566 Hill St. Sturgis, MI 49091			
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
4 WELL DEPTH: Date Completed MO. DAY YEAR <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well			
80 FT. 06 27 94			
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 checked="" 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			
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below			
4.00 in. to 76.00 ft. depth Surface _____ ft.			
Grouted Drill Hole Diameter _____ in. to _____ ft. depth Weight 11.00 lbs./ft.			
Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8 SCREEN: <input type="checkbox"/> Not installed			
Type stainless Diameter 3.75 in.			
Slot/Gauze 12 slot Length 48 in.			
Set between 76.00 ft. and 80 ft.			
FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 2.00 ft. Other _____			
9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow			
40			
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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other granular			
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 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 108505-422 HP 1/2 Volts 230			
Length of Drop Pipe 63.00 ft. capacity 10 G.P.M.			
TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet			
PRESSURE TANK: Manufacturer's name Astro			
Model number WX-202 Capacity 202 Gallons			

15. Remarks, elevation, source of data, etc.
NP#15966

17. Rig Operator's Name:
Todd Botshall

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.

George P. Reid & Son 91-2059

REGISTERED BUSINESS NAME REGISTRATION NO.

Address **P.O. Box 10, Howe, IN 46746**

Signed *George P. Reid* Date **07/02/94**
 AUTHORIZED REPRESENTATIVE

RECEIVED
 MICH. DEPT. OF PUBLIC HEALTH
 JUL 14 1994
 BUREAU OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH

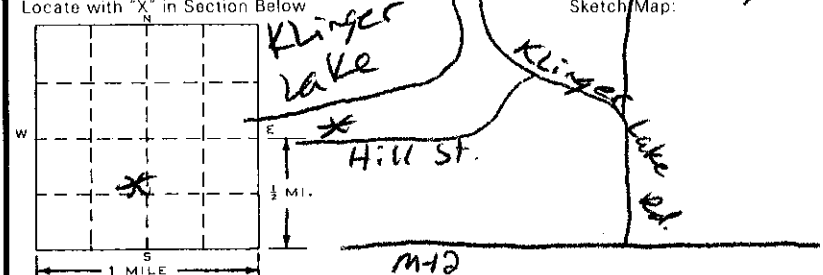
WATER WELL AND PUMP RECORD

PERMIT NUMBER

16120

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SE 1/4 NE 1/4 SW 1/4	Section Number 1	Town Number 8 N/D	Range Number 11 E/W

Distance And Direction From Road Intersection
Take M-10 to Klinger Lake Rd. go North TO Hill St. go left on North Side of Rd. on South Side of Klinger Lake
 Street Address & City of Well Location **68574 Hill St White Pigeon**



3 OWNER OF WELL:
Daniel Hatfield
 Address **68574 Hill St. White Pigeon Mich**
 Address Same As Well Location? Yes No

4 WELL DEPTH: **100 FT.** Date Completed **10-7-94**
 New Well Replacement Well

6 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 **200** lbs./ft.
 5 in. to 90 ft. depth
 4 in. to 100 ft. depth
 Grouted Drill Hole Diameter 8 in. to 100 ft. depth
 Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand Mixed with Clay	17	17
Clay & gravel	48	65
fine sand & gravel	21	86
course sand & gravel	4	90
U.S.	10	100

8 SCREEN: Not Installed
 Type **PVC** Diameter **4" (SL)**
 Slot/Gauze **12** Length **10'9"**
 Set between **90'** ft. and **100'** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other **9 lead**

9 STATIC WATER LEVEL: **40'** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after **1** hrs. pumping at **88** 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 **85** to **0** ft.
 Neat cement Bentonite Other **quick grout**
 No. of bags of cement **4 1/2** Additives **EZ mud**

13 Nearest source of possible contamination
 Type **Septic** Distance **250'** Direction **N**
 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 **1/2** Volts **220**
 Length of Drop Pipe _____ ft. capacity **12** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: Manufacturer's name **A.O. Smith**
 Model number **V-140 B** Capacity **45** Gallons

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

17. Rig Operator's Name:
Floyd Martin

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.
CH Well Drilling **91-2079**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **11431 CR 10 Middlebury IN 46545**
 Signed **Floyd Martin** Date **10-12-94**
 AUTHORIZED REPRESENTATIVE

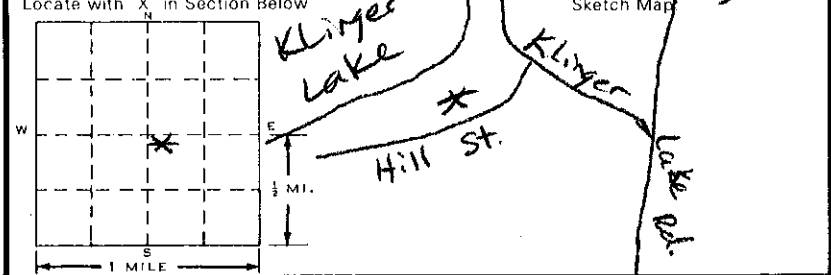
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

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PERMIT NUMBER
15999

1 LOCATION OF WELL					
County <u>St. Joseph</u>	Township Name <u>White Pigeon</u>	Fraction <u>NW 1/4 NW 1/4 SE 1/4</u>	Section Number <u>1 E</u>	Town Number <u>8 N</u>	Range Number <u>11 E</u>

Distance And Direction From Road Intersection
Take M-12 to Klinger Lake Rd go North to Hill St. go left on North side of rd. on south side of Klinger Lake
 Street Address & City of Well Location 68510 Hill St. Sturgis



3 OWNER OF WELL:
Norm Kuhn
 Address 68510 Hill St. Sturgis Mich 49091
 Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>sand mixed with clay</u>	<u>17</u>	<u>17</u>
<u>clay + gravel</u>	<u>48</u>	<u>65</u>
<u>sand + gravel</u>	<u>12</u>	<u>77</u>
<u>Uain</u>	<u>10</u>	<u>87</u>

4 WELL DEPTH: 87 FT. Date Completed 10/6/94
 New Well Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Steel Threaded Height: Above/Below
 Plastic Welded
5 in. to 77 ft. depth Surface 1 ft.
4 in. to 87 ft. depth Weight 200 lbs./ft.
 Grouted Drill Hole Diameter 8 in. to 87 ft. depth Drive Shoe Yes No

8 SCREEN: Not Installed
 Type PVC Diameter 4"
 Slot/Gauze 12 Length 10' (SC)
 Set between 77' ft. and 87' ft.
 FITTINGS: K-Packer Load Packer Bremer Check
 Blank above screen ft. Other glued

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

10 PUMPING LEVEL: below land surface
 _____ ft. after 1 hrs. pumping at 85 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 70 to 0 ft.
 Neat cement Bentonite Other Quick grout
 No. of bags of cement 3 Additives EZMUD

13 Nearest source of possible contamination
 Type septic Distance 50' 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 Myers
 Model number _____ HP 3 Volts 220
 Length of Drop Pipe _____ ft. capacity 12 G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name A.O. Smith
 Model number V-140 B Capacity 45 Gallons

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

17. Rig Operator's Name:
Floyd Martin

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.

Carl Well Drilling 91-2079
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address 11431 CR 10 Middlebury IN. 46540
 Signed Carlene Wait Date Oct 6, 94
 AUTHORIZED REPRESENTATIVE

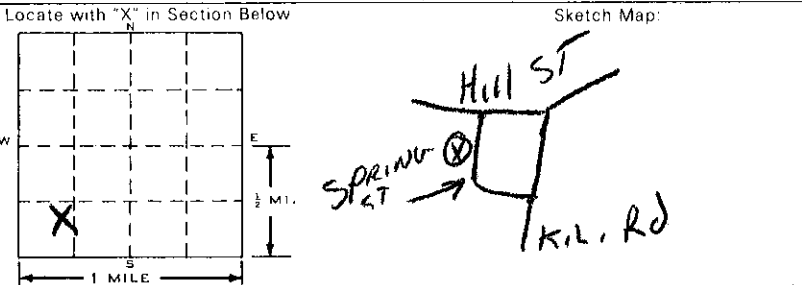
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SW¹/₄ SW¹/₄ NE¹/₄	Section Number 1 E	Town Number 85 N/S	Range Number 11W E/W

Distance And Direction From Road Intersection
2nd house East of Hill St. on South side of Spring St.
REPLACEMENT WELL
 Street Address & City of Well Location **21779 Spring St., Sturgis**



3 OWNER OF WELL:
Ed Humphrey
 Address **21779 Spring St. Sturgis, MI 49091**
 Address Same As Well Location? Yes No

4 WELL DEPTH: **48** FT. Date Completed **08 28 94** New Well Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Steel Threaded Welded
 Plastic Height: Above/Below Surface _____ ft.
2.00 in. to **45.00** ft. depth Weight **3.75** lbs./ft.
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe Yes No
 _____ in. to _____ ft. depth

8 SCREEN: Not installed
 Type **stainless** Diameter **1.25 in.**
 Slot/Gauze **10 slot** Length **36 in.**
 Set between **45.00** ft. and **48** ft.
 FITTINGS: K-Packer Lead Packer Primer Check
 Blank above screen **2.00** ft. Other **36**

9 STATIC WATER LEVEL: **36** **40** Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at _____ G.P.M.
 _____ ft. after _____ hrs. pumping at **40** **48** 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 **granular**
 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 **Roulds**
 Model number **RF03** HP **1/3** Volts **115**
 Length of Drop Pipe **21.00** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet **SW**
 PRESSURE TANK:
 Manufacturer's name _____
 Model number _____ Capacity _____ Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
sand & gravel	10	10
gray clay	12	22
brown sand & gravel	20	42
blue sand & gravel	6	48

15. Remarks, elevation, source of data, etc.
wp# 16005
 pH: 7.5 Hardness in gpg: 13
 Iron in mg/l: .0 Nitrates in mg/l: .0

17. Rig Operator's Name:
Tom Reid

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.

George P. Reid & Son 91-2059
 REGISTERED BUSINESS NAME REGISTRATION NO.

Address **P.O. Box 10, Hama, IN 46746**

Signed *Thomas P. Reid* Date **09/05/94**
 AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

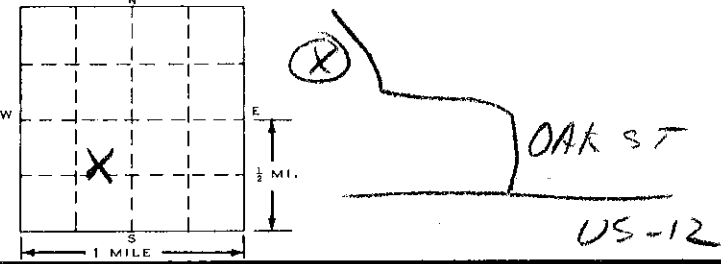
1 LOCATION OF WELL				
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 NE 1/4 SW 1/4	Section Number 1	Town Number 98 N/S
Range Number 11W E/W				

Distance And Direction From Road Intersection
North & West of US-12 on Oak ST. into Pine Bluff to Lot 36 & 37-1st house on left-brown BLANCHARD ST. HOUSE

Street Address & City of Well Location **68875 Blanchard St., Sturgis**

Locate with "X" in Section Below

Sketch Map:



3 OWNER OF WELL:
Eugene Melchi
 Address **68875 Blanchard St. Sturgis, MI 49091**
 Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed MO. DAY YEAR New Well Replacement Well
127 FT. 04 15 93

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jettied

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 _____ ft.
2.00 in. to 124.0 ft. depth
 Weight **3.75 lbs./ft.**
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

8 SCREEN: Not Installed
 Type **stainless** Diameter **1.25 in.**
 Slot/Gauze **10 slot** Length **36 in.**
 Set between **124.00** ft. and **127** ft.
 FITTINGS: K-Packer Lead Packer Bromer Check
 Blank above screen **2.00** ft. Other _____

9 STATIC WATER LEVEL: _____ **39** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **15** 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 **granular**
 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 **F&W**
 Model number **CPH07** HP **3/4** Volts **230**
 Length of Drop Pipe **42.00** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet **Deep well**
 PRESSURE TANK:
 Manufacturer's name **Antrol**
 Model number **WX-202** Capacity **20** Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand & gravel	62	62
brown clay	8	70
brown clay & gravel	19	89
yellow sand & gravel	4	93
yellow sand & gravel	25	118
blue sand & grav.w/shale	9	127

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 Mich. Dept. of Public Health
MAY 17 1993

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

15. Remarks, elevation, source of data, etc.
WP#1264B
pH: 7.5 Hardness in gpg: 17
Iron in mg/l: .5 Nitrates in mg/l: 4.0

17. Rig Operator's Name:
Todd Gotshall

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.

REGISTERED BUSINESS NAME **George P. Reid & Son** REGISTRATION NO. **91-2059**
 Address **P.O. Box 10, Home, IN 46746**
 Signed *George P. Reid* Date **05/04/93**
 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

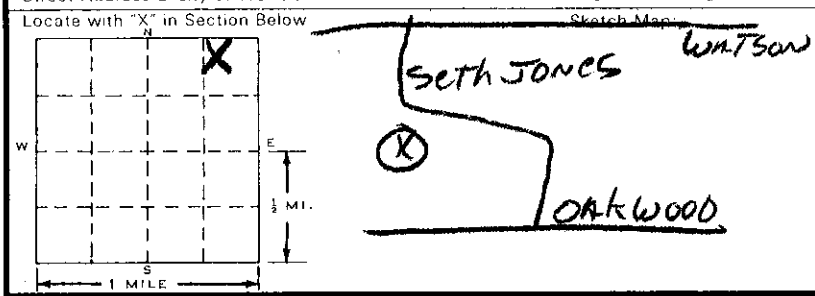
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PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County St. Joseph	Township Name White Pigeon	NW 1/4 NE 1/4 NE 1/4	1	85 N/S	11W E/W

Distance And Direction From Road Intersection
SW corner of Oakwood & Seth Jones Rd. at Klinger Lake
BUSH JOB

Street Address & City of Well Location **69054 Seth Jones Rd., White Pigeon**



3 OWNER OF WELL:
Howard Bush
 Address **69054 Seth Jones Rd. White Pigeon, MI 49099**
 Address Same As Well Location? Yes No

4 WELL DEPTH: **81** FT. Date Completed **12 01 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 Plastic Welded
 Diameter **4.00** in. to **77.00** ft. depth
 Height: Above/Below Surface _____ ft.
 Weight **11.00** lbs./ft.
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand & gravel	36	36
blue clay & gravel	34	70
yellow sand & gravel	11	81

8 SCREEN: Not Installed
 Type **stainless** Diameter **3.75 in.**
 Slot/Gauze **12 slot** Length **48 in.**
 Set between **77.00** ft. and **81** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **60** 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 **granular**
 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 **F&N**
 Model number **4F27A07-301** HP **3/4** Volts **230**
 Length of Drop Pipe **42.00** ft. capacity **27** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK: **Antrol**
 Manufacturer's name _____
 Model number **MX-250** Capacity **44** Gallons

15. Remarks, elevation, source of data, etc.
MP#15135
 pH: **7.5** Hardness in gpg: **16**
 Iron in mg/l: **1.0** Nitrates in mg/l: **.0**

17. Rig Operator's Name:
Todd Gotshall

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.
George P. Reid & Son 91-2059
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10, Home IN 46746**
 Signed **Thomas P. Reid** Date **12/08/93**
 AUTHORIZED REPRESENTATIVE

RECEIVED
 MICH. DEPT. OF PUBLIC HEALTH
 DEC 22 93
 BUREAU OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County <u>St. Joseph</u>	Township Name <u>White Pigeon</u>	<u>NE 1/4 NE 1/4</u>		<u>8 N(S)</u>	<u>11 E(W)</u>

Distance And Direction From Road Intersection _____

Street Address & City of Well Location 69086 Sevison Rd.

Locate with "X" in Section Below m112 Sketch Map:

3 OWNER OF WELL: Raymond Houghton

Address 69086 Sevison Rd White Pigeon

Address Same As Well Location? Yes No

4 WELL DEPTH: 160 FT. Date Completed (MO/YEAR) 8/27/93

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: Diameter Steel Threaded Height: Above/Below

Plastic Welded Surface T ft

5 in. to 150 ft. depth Weight _____ lbs./ft.

8 in. to 150 ft. depth Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Gravel</u>	<u>70</u>	<u>70</u>
<u>Gray Clay</u>	<u>60</u>	<u>130</u>
<u>Medium Sand</u>	<u>30</u>	<u>160</u>

8 SCREEN: Not installed

Type PVC Diameter 4

Slot/Gauze 12 Length 10

Set between 150 ft. and 160 ft.

FITTINGS: K-Packer Lead Packer Bremer Check

Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: 11 ft. below land surface Flow

10 PUMPING LEVEL: below land surface

_____ ft. after 1 hrs. pumping at 100 G.P.M.

_____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade

Basement offset Approved pit

12 WELL GROUTED? No Yes From 0 to 80 ft.

Neat cement Bentonite Other _____

No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination

Type septic Distance 60+ ft. Direction East

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 2NS2-12 HP 1/2 Volts 220

Length of Drop Pipe 25 ft. capacity 12 G.P.M.

TYPE: Submersible Jet

PRESSURE TANK: Manufacturer's name X-TFO1

Model number 205 Capacity 82 Gallons

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

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWOS

17. Rig Operator's Name: Darryl Graber

16. WATER WELL CONTRACTOR'S CERTIFICATION: _____ well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

Graber's well Drilling 91-2109

REGISTERED BUSINESS NAME REGISTRATION NO.

Address P.O. Box 504 Shipshewana IN

Signed Tom Graber Date 8-27-93

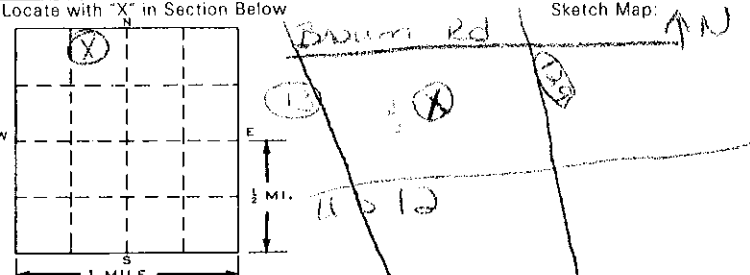
AUTHORIZED REPRESENTATIVE

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

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL									
County St. JOSEPH		Township Name WHITE PIGEON		Fraction 1/4 NW 1/4 NW 1/4		Section Number 1		Town Number 8 N(S)	
								Range Number 11 E(W)	
Distance And Direction From Road Intersection <i>Approx 1/4 mile S of Central Rd. Traces 2 1/4 mile Sounding of Brown Rd. (R-131- 13 State Beach</i>				3 OWNER OF WELL: Glenn Lovejoy Address 16044 Dickinson Rd. White Pigeon, MI 49099					
Street Address & City of Well Location				Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Locate with "X" in Section Below				4 WELL DEPTH: Date Completed MO. DAY YEAR <input checked="" type="checkbox"/> New Well 66 FT. 3 13 90 <input type="checkbox"/> Replacement Well					
Sketch Map: 				5 <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Auger <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>					
				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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Plastic Height: Above/Below Surface 1 ft. 12 in. to 46 ft. depth Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not installed Type SS Diameter 10" Slot/Gauze #25 & #30 Length 20' Set between 46 ft. and 66 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 _____			
Surface		0		5'		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow			
Dirty Gravel (clay)		5		23'		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M. pumped 1186gpm @ 44'			
Dirty sand & gravel		23		31'		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 2" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
Gravel		31		45'		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" 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 _____			
Course sand (Little gry)		45		54'		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		54		66'		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons			
15. Remarks, elevation, source of data, etc. Goulds PUMP: 4 Stage 12R/JLO 1800-18PI 6x16 1/2 Disch Head 60-HP US VHS MOTOR 230/460V IF NEEDED				RECEIVED MICHIGAN DEPT. OF PUBLIC HEALTH APR 18 1990 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWDS					
Steve Strang									
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. W.E. DOWNER & SON, INC. 0641 REGISTERED BUSINESS NAME REGISTRATION NO. Address 1275 Fisher Rd Quincy, MI 49082 Signed <i>Julia Parker</i> Date 5-15-90 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

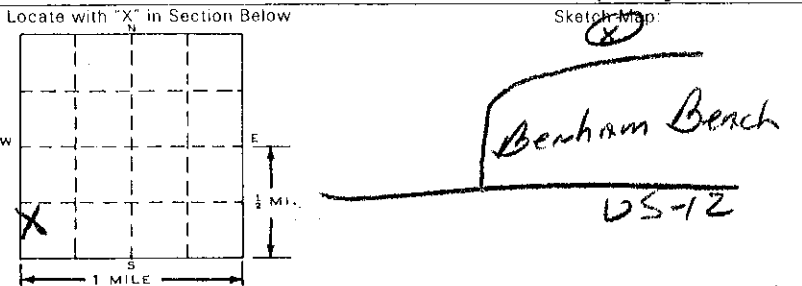
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PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County St. Joseph	Township Name White Pigeon	Fraction NW 1/4 SW 1/4 SW 1/4	Section Number 1
		Town Number 88	Range Number N/S 11W E/W

Distance And Direction From Road Intersection
North of US-12 on Benham Beach Rd. & around curve on North side of Rd.
REPLACEMENT WELL
 Street Address & City of Well Location **68902 Benham Beach Rd., Sturgis**

Robert Evans
 Address **68902 Benham Beach Rd. Sturgis, MI 49091**
 Address Same As Well Location? Yes No



4 WELL DEPTH: Date Completed **06 03 93**
89 FT. 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 Plastic Welded
 Diameter **4.00** in. to **85.00** ft. depth
 Height: Above/Below Surface _____ ft.
 Weight **11.00** lbs./ft.
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand & gravel	66	66
blue clay & gravel	16	82
blue sand & gravel	7	89

8 SCREEN: Not Installed
 Type **stainless** Diameter **3.75 in.**
 Slot/Gauze **12 slot** Length **48 in.**
 Set between **85.00** ft. and **89** ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **60** 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 **granular**
 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 **F&W**
 Model number **4E27A07-301** HP **3/4** Volts **230**
 Length of Drop Pipe **21.00** ft. capacity **27** G.P.M.
 TYPE: Submersible Jet
PRESSURE TANK:
 Manufacturer's name **Antrrol**
 Model number **WX-250** Capacity **44** Gallons

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15. Remarks, elevation, source of data, etc.
WP#14451
 pH: **7.5** Hardness in gpg: **16**
 Iron in mg/l: **.5** Nitrates in mg/l: **.0**

17. Rig Operator's Name:
Todd Gotshall

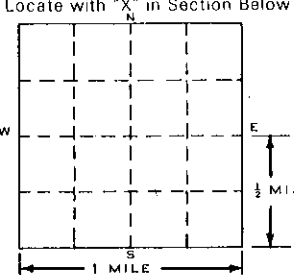
16. WATER WELL CONTRACTOR'S CERTIFICATION:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

George P. Reid & Son **91-2059**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10, Howe, IN 46746**
 Signed *Thomas Reid* Date **06/17/93**
 AUTHORIZED REPRESENTATIVE

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		
County ST. JOSEPH	Township Name White Pigeon	Fraction NW 1/4 NE 1/4 NE 1/4
Distance And Direction From Road Intersection 68031 KLINSEW LK RD		Section Number 1E
Street Address & City of Well Location Locate with "X" in Section Below		Town Number 6 N18
Sketch Map: 		Range Number 11 EW
2 FORMATION DESCRIPTION		
Description SAND	THICKNESS OF STRATUM 40	DEPTH TO BOTTOM OF STRATUM 40
3 OWNER OF WELL: Howard Blue 68031 KLINSEW LK RD		
Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: 33 FT. Date Completed: 7/17/91		
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input checked="" 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 4 in. to 29 ft. depth 3 in. to 37 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ 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: STAINLESS STEEL Diameter: 3" Slot/Gauze: 10 Length: 4" Set between: 29 ft. and 33 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 4 ft. Other _____		
9 STATIC WATER LEVEL: 5.5 ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface 5 ft. after 2 hrs. pumping at 40 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Wellless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement: 1 Additives _____		
13 Nearest source of possible contamination Type: SEPTIC LINE Distance: 28 ft. Direction: South Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name: FLINT SWALLINE Model number: _____ HP: 1/2 Volts: 115 Length of Drop Pipe: 20 ft. capacity: 20 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name: WELL X TOOL Model number: WT 500 Capacity: 20 Gallons		
RECEIVED Mich. Dept. of Public Health AUG 8 1991		
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. Williams Well Water 75 1871 REGISTERED BUSINESS NAME REGISTRATION NO. Address: 20186 BONTMAN RD CENTREVILLE Signed: Carl E. Williams Date: 20 JUL 91 AUTHORIZED REPRESENTATIVE
17. Rig Operator's Name: BILL BLANCHARD		

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		County St. Joseph		Township Name White Pigeon		Fraction NE 1/4 NW 1/4 NE 1/4		Section Number 1		Town Number 85 N/S		Range Number 11W E/W	
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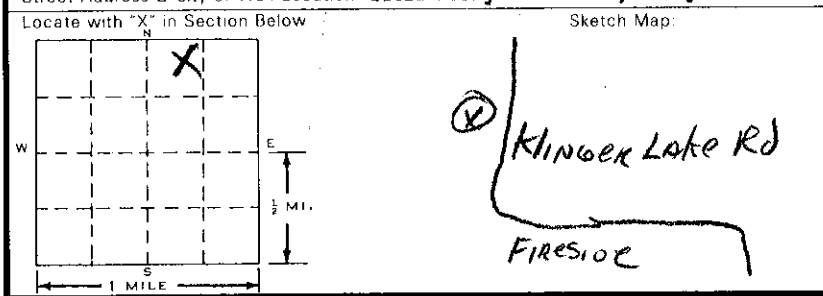
Distance And Direction From Road Intersection
.35 mile North of Fireside Inn on West side of Klinger Lake Rd.

REPLACEMENT WELL

Street Address & City of Well Location **68028 Klinger Lake Rd., Sturgis**

3 OWNER OF WELL:
Jackie Harker
Address **68028 Klinger Lake Rd. Sturgis, MI 49091**

Address Same As Well Location? Yes No



4 WELL DEPTH: **70 FT.** Date Completed **06 12 91**

New Well Replacement Well

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand & gravel	25	25
blue clay	35	60
blue sand & gravel	10	70

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 Plastic Welded

Diameter **4.00** in. to **66.00** ft. depth

Height: Above/Below Surface _____ ft. Weight **11.00** lbs./ft.

Grouted Drill Hole Diameter _____ in. to _____ ft. depth

Drive Shoe Yes No

8 SCREEN: Not installed

Type **stainless** Diameter **3.75 in.**

Slot/Gauze **12 slot** Length **48 in.**

Set between **66.00** ft and **70** ft.

FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

9 STATIC WATER LEVEL: **2.0** ft. below land surface Flow

10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at **60** 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 **granular**

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 **Goulds**

Model number **10EJ05-411** HP **1/2** Volts **115**

Length of Drop Pipe **21.00** ft. capacity **16** G.P.M.

TYPE: Submersible Jet

PRESSURE TANK: Manufacturer's name **Antrol**

Model number **WX-202** Capacity **20** Gallons

15. Remarks, elevation, source of data, etc.
WP#12046
pH: 7.5
Iron in mg/l: 1.0

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWDS
Hardness in mg/l: 13
Nitrates in mg/l: .0

17. Rig Operator's Name:
Todd Gotshall

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.

George P. Reid & Son **91-2059**
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **P.O. Box 10, Howe, IN 46746**

Signed *Thomas Reid* Date **06/20/91**
AUTHORIZED REPRESENTATIVE

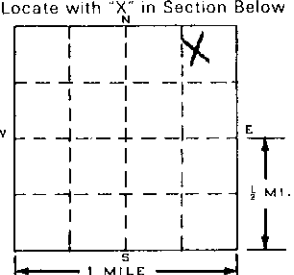
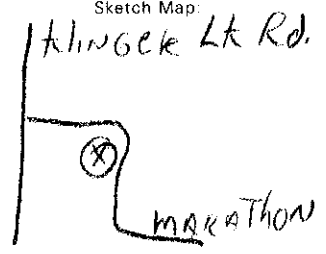
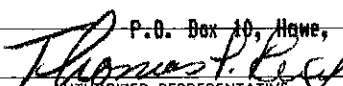
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Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		County St. Joseph	Township Name White Pigeon	Fraction NW 1/4 NE 1/4 NE 1/4	Section Number 1	Town Number 8S N/S	Range Number 11W E/W
Distance And Direction From Road Intersection East of Klinger Lake Rd. on Marathon Rd. to 1st curve & South to 1st house on West side (SW side of curve); NEW RESIDENCE				3 OWNER OF WELL: Russell Smith Address 21891 Marathon Rd. Sturgis, MI 49091 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address & City of Well Location 21891 Marathon Rd., Sturgis				4 WELL DEPTH: 111 FT. Date Completed 03 25 91 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well			
Locate with "X" in Section Below 				Sketch Map: 			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		blue clay	105	105	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		
blue sand & gravel		6	111	7 SCREEN: <input type="checkbox"/> Not Installed Type stainless Diameter 1.25 in. Slot/Gauze 10 slot Length 36 in. Set between 108.00 ft. and 111 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 2.00 ft. Other _____			
				9 STATIC WATER LEVEL: 25 ft. below land surface <input type="checkbox"/> Flow			
				10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 15 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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other granular 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 F&W Model number CPH05 HP 1/2 Volts 115 Length of Drop Pipe 25.00 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet DW PRESSURE TANK: Manufacturer's name Antral Model number WX-202 Capacity 20 Gallons			
15. Remarks, elevation, source of data, etc. WP#12305 pH: 7.8 Hardness in gpg: 14 Iron in mg/l: .9 Nitrates in mg/l: 1.0		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. George P. Reid & Son 91-2059 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, Howe, IN 46746 Signed  Date 04/03/91 AUTHORIZED REPRESENTATIVE					

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APR 8 1991
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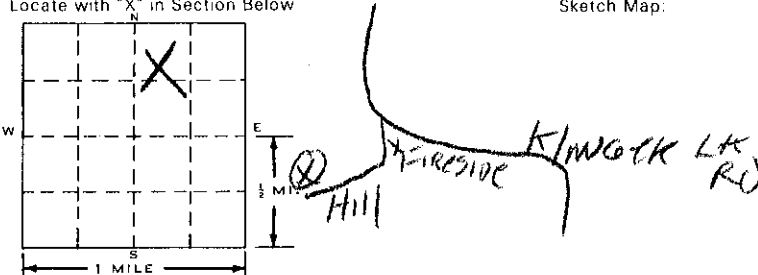
USE A 2ND SHEET IF NEEDED

Authority: Act 388 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		3 OWNER OF WELL:	
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SW 1/4 NE 1/4	Section Number 1
Town Number 85 N/S		Range Number 11W E/W	
Distance And Direction From Road Intersection 4th or 5th E. of end of Hill Rd.-name on mailbox, garage across rd, house below hill		Address Tom Livingston 1286 Biddle Rd. Galion, OH 44833	
Street Address & City of Well Location 68560 Hill Rd., Sturgis		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: Date Completed MO. DAY YEAR <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well	
Sketch Map: 		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 checked="" type="checkbox"/> Jetted	
2 FORMATION DESCRIPTION		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 IIIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIIb Public	
yellow sand & gravel	THICKNESS OF STRATUM 54	DEPTH TO BOTTOM OF STRATUM 54	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 _____ ft. Weight 3.75 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
brown clay	16	70	8 SCREEN: <input type="checkbox"/> Not Installed Type stainless Diameter 1.25 in. Slot/Gauze 10 slot Length 36 in. Set between 76.00 ft. and 79 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 2.00 ft. Other _____
yellow sand & gravel	9	79	9 STATIC WATER LEVEL: 40 ft. below land surface <input type="checkbox"/> Flow
			10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 15 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.
			11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" 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 checked="" type="checkbox"/> Other granular 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 checked="" type="checkbox"/> No
			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name F&W Model number CPH07 HP 3/4 Volts 230 Length of Drop Pipe 42.00 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet DW PRESSURE TANK: Manufacturer's name Astral Model number WX-202 Capacity 20 Gallons
15. Remarks, elevation, source of data, etc. NP#12241 pH: 7.5 Hardness in gpg: 16 Iron in mg/l: .7 Nitrates in mg/l: 1.0		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. George P. Reid & Son 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, Adams, IN 46746 Signed Thomas P. Reid Date 07/10/90 AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name: Todd Gotshall			

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USE A 2ND SHEET IF NEEDED

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

WATER WELL AND PUMP RECORD

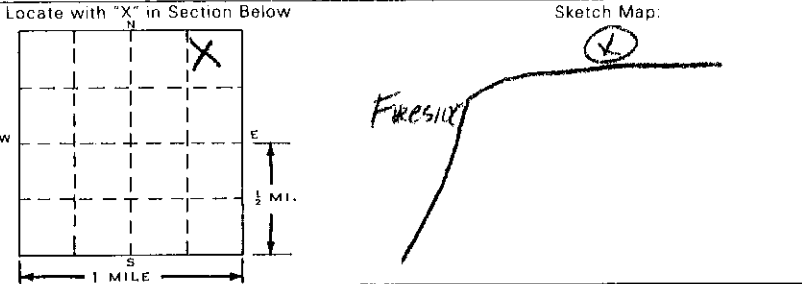
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PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County	Township Name	NE 1/4 NE 1/4 NE 1/4	1	85 N/S	11W E/W
St. Joseph	White Pigeon				

Distance And Direction From Road Intersection
**Approx 6th cottage North of curve by Fireside Inn
 on West side of Klinger Lake Rd.
 REPLACEMENT WELL**

Street Address & City of Well Location **68280 Klinger Lake Rd., Sturgis**



3 OWNER OF WELL:
Kathleen M. Lie
 Address **68280 Klinger Lake Rd.
 Sturgis, MI 49091**

Address Same As Well Location? Yes No

4 WELL DEPTH: **53 FT.** Date Completed **MO. 07 DAY 06 YEAR 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: Steel Threaded Plastic Welded

Diameter **2.00** in. to **50.00** ft. depth

Height: Above/Below
 Surface _____ ft.
 Weight **3.75** lbs./ft.

Drive Shoe Yes No

8 SCREEN: Not Installed

Type **stainless** Diameter **1.25 in.**
 Slot/Gauze **10 slot** Length **36 in.**
 Set between **50.00** ft. and **53** ft.

FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **60** 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 **granular**

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 **Hoosier**
 Model number **CPH05** HP **1/2** Volts **115**
 Length of Drop Pipe **10.00** ft. capacity **15** G.P.M.
 TYPE: Submersible Jet **SW**

PRESSURE TANK:
 Manufacturer's name **Antrol**
 Model number **WX-102** Capacity **5** Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
sand & gravel, with clay	45	45
coarse grey sand & grav	8	53

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 OCCUPATIONAL HEALTH-GWDS

15. Remarks, elevation, source of data, etc.
WP#12248 FLOWS 60 GPM!

17. Rig Operator's Name:
William Reid

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.

George P. Reid & Son 91-0369
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10, Howe, IN 46746**
 Signed **Thomas Reid** Date **07/10/90**
 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

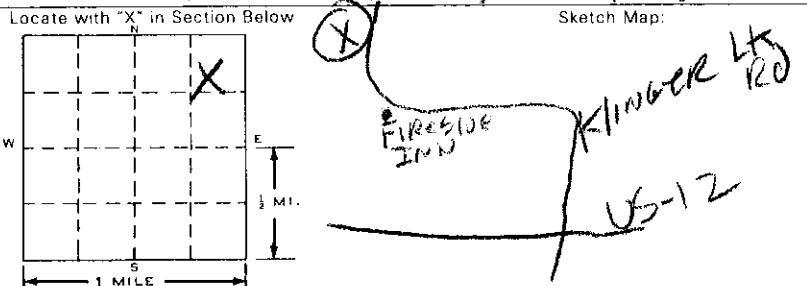
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PERMIT NUMBER

1 LOCATION OF WELL		Fraction	Section Number	Town Number	Range Number
County St. Joseph	Township Name White Pigeon	SW 1/4 NE 1/4 NE 1/4	1	8S N/S	11W E/W

Distance And Direction From Road Intersection
Approx. 4th house North of curve past Fireside Inn on West side of Klinger Lake Rd. KLINGER LAKE

Street Address & City of Well Location **68286 Klinger Lake Rd., Sturgis**



2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
blue clay	18	18
yellow sand & gravel	18	36
yellow clay & gravel	8	44
blue sand & gravel	9	53

3 OWNER OF WELL:
 Name: **Lindy Cergizan**
 Address: **68286 Klinger Lake Rd. Sturgis, MI 49091**
 Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed: MO. **01** DAY **31** YEAR **90**
 Depth: **53 FT.**
 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 _____ ft.
 Weight **11.00** lbs./ft.
 Drive Shoe Yes No

8 SCREEN: Not Installed
 Type **stainless** Diameter **3.75 in.**
 Slot/Gauze **12 slot** Length **48 in.**
 Set between **49.00** ft. and **53** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **60** 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 **granular**
 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 **F&W**
 Model number **4F19A05-301** HP **1/2** Volts **230**
 Length of Drop Pipe **21.00** ft. capacity **19** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **Antrol**
 Model number **WX-250** Capacity **44** Gallons

15. Remarks, elevation, source of data, etc.
WP#11757
pH: 7.5 **Hardness in gpg: 12**
Iron in mg/l: .7 **Nitrates in mg/l: 1.0**

17. Rig Operator's Name:
Todd Gotshall

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.

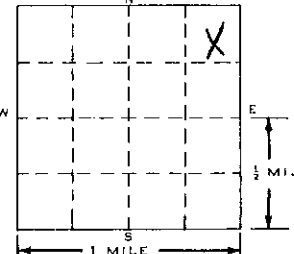
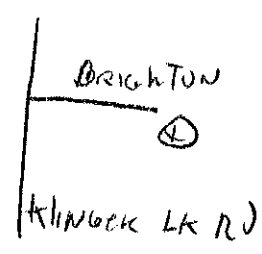
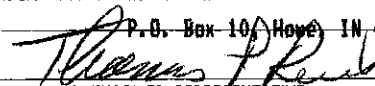
REGISTERED BUSINESS NAME **George P. Reid & Son** REGISTRATION NO. **91-0369**
 Address **P.O. Box 10, Howe, IN 46746**
 Signed *George P. Reid* Date **04/09/90**
 AUTHORIZED REPRESENTATIVE

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									
County St. Joseph	Township Name White Pigeon	Fraction 1/4 NE 1/4 NE 1/4	Section Number 1	Town Number 85 N/S	Range Number 11W E/W				
Distance And Direction From Road Intersection East of Klinger Lake Rd. on Brighton Rd. to pole barn at end (Brighton Rd. is next Rd. North of Marathon Rd.); KLINGER LAKE WELL						3 OWNER OF WELL: David Hildebrand Address 755 Ransom Rd. Valparaiso, IN 46383 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Street Address & City of Well Location 68041 Klinger Lake Rd., Sturgis						4 WELL DEPTH: Date Completed MO. DAY YEAR <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well 125 FT. 08 03 92			
Locate with "X" in Section Below 						Sketch Map: 			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM						
fine yel sand & gravel		34	34						
blue sand & clay		86	120						
shale		5	125						
				7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4.00 in. to 120.0 ft. depth Height. Above/Below Surface _____ ft. Weight 11.00 lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
				8 SCREEN: <input checked="" type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and 125 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: _____ 3.0 ft. below land surface <input type="checkbox"/> Flow					
				10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 40 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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other granular 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 Goulds Model number 10EJ05-422 HP 1/2 Volts 230 Length of Drop Pipe 21.00 ft. capacity 16 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Antral Model number WX-202 Capacity 20 Gallons					
15. Remarks, elevation, source of data, etc. NP#14132 pH: 7.9 Hardness in gpg: 11 Iron in mg/l: .3 Nitrates in mg/l: 2.0		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. George P. Reid & Son 91-2059 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, Howe IN 46746 Signed  Date 08/04/92 AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: Todd Gotshall									

RECEIVED
Mich. Dept. of Public Health

AUG 6 1992

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWQS

USE A 2ND SHEET IF NEEDED

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

WATER WELL AND PUMP RECORD

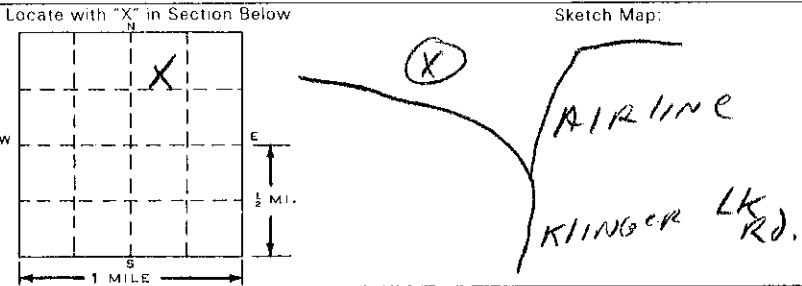
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PERMIT NUMBER

1 LOCATION OF WELL				
County St. Joseph	Township Name White Pigeon	Fraction 1/4 SE 1/4 NE 1/4	Section Number 1	Town Number 85 N/S
				Range Number 11W E/W

Distance And Direction From Road Intersection
2nd building West of Airline Rd. on North side of Klinger Lake Rd. (1st pole barn) TRUCK BARN

Street Address & City of Well Location
68535 Klinger Lake Rd., Sturgis



3 OWNER OF WELL:
Dan Gerow
 Address **P.O. Box 1207 Harvey, IL 60426**

Address Same As Well Location? Yes No

4 WELL DEPTH: **110** FT. Date Completed **09 18 22** 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
2.00 in. to **107.0** ft. depth
 Height: Above/Below Surface _____ ft. Weight **3.75** lbs./ft.
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

8 SCREEN: Not Installed Type **stainless** Diameter **1.25 in.**
 Slot/Gauze **10 slot** Length **36 in.**
 Set between **107.00** ft. and **110** ft.
 FITTINGS: X-Pack Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

9 STATIC WATER LEVEL: **30** ft. below land surface Flow

10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at **15** 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 **granular**
 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 **F&N**
 Model number **CPH05** HP **1/2** Volts **115**
 Length of Drop Pipe **42.00** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet **DW**
 PRESSURE TANK: Manufacturer's name **Antrol**
 Model number **WX-202** Capacity **20** Gallons

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
sand & gravel	45	45
clay, sand & gravel	15	60
dark blue gravel	5	65
clay & sand	40	105
blue sand & gravel	5	110
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED Mich. Dept. of Public Health OCT 20 1992 DEPARTMENT OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH </div>		

15. Remarks, elevation, source of data, etc.
WP#14121
 pH: **7.8** Hardness in gpg: **16**
 Iron in mg/l: **.4** Nitrates in mg/l: **4.0**

17. Rig Operator's Name:
William Reid

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.

George P. Reid & Son 91-2059
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10, Homer, IN 46746**
 Signed *[Signature]* Date **10/08/92**
 AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL									
County St. Joseph	Township Name White Pigeon	Fraction NW 1/4	Section Number 1	Town Number 85	Range Number N/S	E/W 11W			

Distance And Direction From Road Intersection
West of Hill St. on Spring St. next to end on North side (garage)

REPLACEMENT WELL-LAKE

Street Address & City of Well Location **21680 Spring St., Sturgis**

Locate with "X" in Section Below

Sketch Map:

3 OWNER OF WELL:

Jean Wilson
Address **1107 Birch Lane**
Western Springs, IL 60558

Address Same As Well Location? Yes No

4 WELL DEPTH: **63** FT. Date Completed **07 02 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: Steel Threaded Plastic Welded

Diameter **2.00** in. to **60.00** ft. depth

Height: Above/Below Surface **3.75** ft. Weight **3.75** lbs./ft.

Drive Shoe Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
yellow sand & gravel	60	60
blue sand & gravel	3	63

8 SCREEN: Not Installed

Type **stainless** Diameter **1.25 in.**

Slot/Gauze **10 slot** Length **36 in.**

Set between **60.00** ft. and **63** ft.

FITTINGS: K-Packer Lead Packer Bromer Check
 Blank above screen **2.00** ft. Other

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

10 PUMPING LEVEL: below land surface

_____ ft. after _____ hrs. pumping at **15** 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 **granular**

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 **Teel/Barnes**

Model number **1/2 hp conv HP 1/2** Volts **115**

Length of Drop Pipe **21.00** ft. capacity **10** G.P.M.

TYPE: Submersible Jet **06w**

PRESSURE TANK:
Manufacturer's name **Antrol**

Model number **NX-202** Capacity **20** Gallons

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

WP#14115

pH: **7.6** Hardness in gpg: **15**

Iron in mg/l: **.4** Nitrates in mg/l: **2.0**

17. Rig Operator's Name:

Todd Gotshall

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.

George P. Reid & Son **91-2059**

REGISTERED BUSINESS NAME REGISTRATION NO.

Address **P.O. Box 10, Nowp, IN 46746**

Signed *Thomas P. Reid* Date **07/10/92**

AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

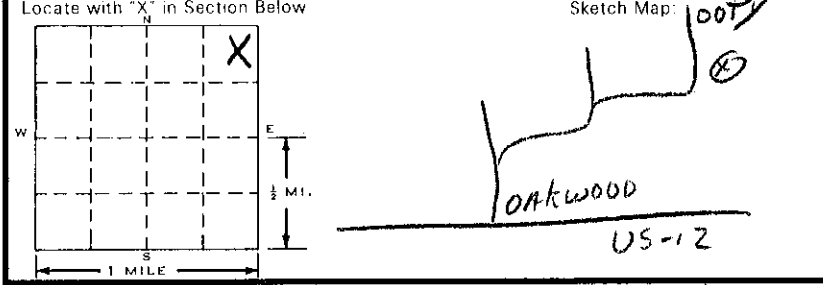
PERMIT NUMBER

PERMIT NUMBER

1 LOCATION OF WELL				
County	Township Name	Fraction	Section Number	Range Number
St. Joseph	White Pigeon	NE 1/4 NE 1/4 NE 1/4	1	85 N/S 11W E/W

Distance And Direction From Road Intersection
East of Oakwood Drive on 1st St. North of US-12 to curve and North to 1st house on right before going down hill; REPLACEMENT WELL

Street Address & City of Well Location **69083 Doty Avenue, White Pigeon**



3 OWNER OF WELL:
Bob Berger
 Address **69083 Doty Avenue**
White Pigeon, MI 49099
 Address Same As Well Location? Yes No

4 WELL DEPTH: **68** FT. Date Completed **06 02 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
4.00 in. to **64.00** ft. depth
 Height: Above/Below Surface _____ ft.
 Weight **11.00** lbs./ft.
 Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

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

yellow sand & gravel	68	68
blue clay & gravel	15	83

8 SCREEN: Not Installed
 Type **stainless** Diameter **3.75 in.**
 Slot/Gauze **10 slot** Length **48 in.**
 Set between **64.00** ft. and **68** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00**ft. Other _____

9 STATIC WATER LEVEL: **15** ft. below land surface 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: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From _____ to _____ ft.
 Neat cement Bentonite Other **granular**
 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 **Goulds**
 Model number **10EJ05-421** HP **1/2** Volts **115**
 Length of Drop Pipe **42.00** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **Antrol**
 Model number **WX-202** Capacity **20** Gallons

15. Remarks, elevation, source of data, etc.
NP#13533
pH: 7.1
Iron in mg/l: .7
Hardness in gpg: 16
Nitrates in mg/l: 3.0

17. Rig Operator's Name:
Todd Botshall

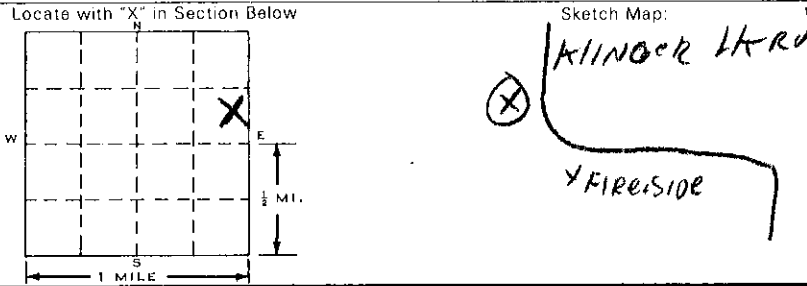
16. WATER WELL CONTRACTOR'S CERTIFICATION:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

George P. Reid & Son **91-2059**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10, Howe, IN 46746**
 Signed *George P. Reid* Date **06/04/92**
 AUTHORIZED REPRESENTATIVE

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

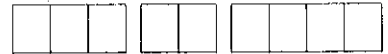
PERMIT NUMBER

1 LOCATION OF WELL		
County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 SE 1/4 NE 1/4
Section Number 1		Town Number 8S N/S
Range Number 11W E/W		
Distance And Direction From Road Intersection 2nd house North of Curve just West of Fireside Inn on West side of Klinger Lake Rd.		
Street Address & City of Well Location 68330 Klinger Lake Rd., Sturgis		
Locate with "X" in Section Below 		
3 OWNER OF WELL:		
Name: Joe Dobberteen Address: 68330 Klinger Lake Rd. Sturgis, MI 49091 Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH:		
Depth: 60 ft. Date Completed: 05/12/92 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		
5 DRILLING METHOD:		
<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 checked="" 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: 2.00 in. to 57.00 ft. depth <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Grouted Drill Hole Diameter: _____ in. to _____ ft. depth Drive Shoe: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8 SCREEN:		
Type: stainless Diameter: 1.25 in. Slot/Gauze: 10 slot Length: 36 in. Set between 57.00 ft. and 60 ft. FITTINGS: <input type="checkbox"/> X-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Rank above screen 2.00 Other: _____		
9 STATIC WATER LEVEL:		
_____ ft. below land surface <input checked="" type="checkbox"/> low		
10 PUMPING LEVEL: below land surface		
_____ ft. after _____ hrs. pumping at 15 G.P.M.		
_____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION:		
<input type="checkbox"/> fl 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 type="checkbox"/> bentonite <input checked="" type="checkbox"/> other granular 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP:		
<input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name: L&S Model number: LS-3S HP 1/3 Volts 115 Length of Drop Pipe: 21.00 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet SW PRESSURE TANK: Manufacturer's name: _____ State _____ Model number: 202 Capacity: 20 Gallons		
15. Remarks, elevation, source of data, etc.		
WP#13524		
17. Rig Operator's Name:		
Todd Gotshall		
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.		
George P. Reid & Son 91-2059 REGISTERED BUSINESS NAME REGISTRATION NO. Address: P.O. Box 10, Howe, IN 46746 Signed: <i>George P. Reid</i> Date: 05/19/92 AUTHORIZED REPRESENTATIVE		

RECEIVED
 Mich. Dept. of Public Health
MAY 26 1992
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS
 USE A 2ND SHEET IF NEEDED

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

WATER WELL AND PUMP RECORD



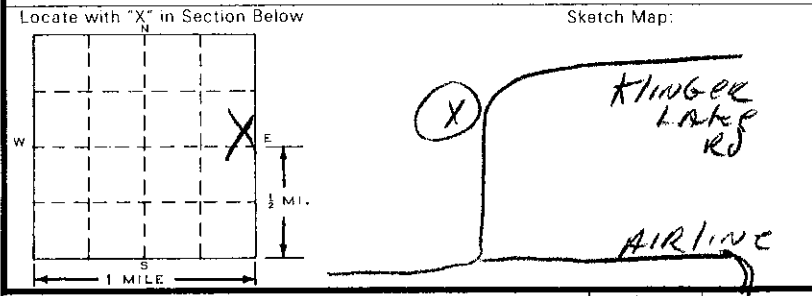
PERMIT NUMBER

1 LOCATION OF WELL				
County	Township Name	Fraction	Section Number	Town Number
St. Joseph	White Pigeon	SE 1/4 SE 1/4 NE 1/4	1	85 N/S
Range Number				11W E/W

Distance And Direction From Road Intersection
 .2 mile West of Airline Rd. on S. side of Klinger Lake Rd.
REPLACEMENT WELL

Street Address & City of Well Location **68400 Klinger Lake Rd., Sturgis**

3 OWNER OF WELL:
Fireside Inn
 Address **68400 Klinger Lake Rd. Sturgis, MI 49091**
 Address Same As Well Location? Yes No



4 WELL DEPTH: Date Completed **10 23 92**
56 FT. 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
2.00 in. to **53.00** ft. depth Height: Above/Below Surface **3.75** ft.
 Grouted Drill Hole Diameter **3.75** lbs./ft.
 Drive Shoe Yes No

2 FORMATION DESCRIPTION THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

brown clay	18	18
yellow sand & gravel	18	36
blue clay & gravel	14	50
yellow sand & gravel	6	56

8 SCREEN: Not Installed Type **stainless** Diameter **1.25 in.**
 Slot/Gauze **10 slot** Length **36 in.**
 Set between **53.00** ft. and **56** ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **15** 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 **granular**
 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? **Meck** Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **F&W** Model number **6835** HP **1/2** Volts **115**
 Length of Drop Pipe **21.00** ft. capacity **12** G.P.M.
 TYPE: Submersible Jet **SW**
PRESSURE TANK: Manufacturer's name **Antrol** Model number **WX-201** Capacity **15** Gallons

15. Remarks, elevation, source of data, etc.
WP#14170
 pH: 7.5 Hardness in gpg: 133
 Iron in mg/l: .2 Nitrates in mg/l: .0

17. Rig Operator's Name:
Todd Gotshall

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.

George P. Reid & Son 91-2059
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 10 Home, IN 46746**
 Signed **[Signature]** Date **10/27/92**
 AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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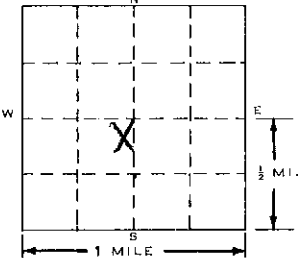
PERMIT NUMBER

1 LOCATION OF WELL		Fraction		Section Number		Town Number		Range Number	
County St. Joseph	Township Name White Pigeon	SW 1/4 NE 1/4	1/4	1	85	N/S	11W	E/W	

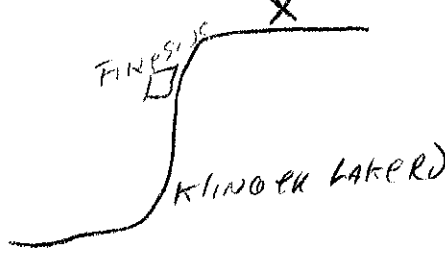
Distance And Direction From Road Intersection
**3rd or 4th house North of curve by Fireside Inn
 on West side of Klinger Lake Rd.-Tall 2-story
 NEW 4" WELL-RESIDENCE**

Street Address & City of Well Location **68310 Klinger Lake Rd., Sturgis**

Locate with "X" in Section Below



Sketch Map:



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

brown clay, sand & grav	54	54
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yellow sand & gravel	8	62
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3 OWNER OF WELL:
Dan Gerow
 Address **P.O. Box 1207
 Harvey, IL 60426**

Address Same As Well Location? Yes No

4 WELL DEPTH: **62** FT. Date Completed **03 17 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: Diameter Steel Threaded Plastic Welded

4.00 in. to **58.00** ft. depth

Height: Above/Below Surface _____ ft.
 Weight **11.00** lbs./ft.

Grouted Drill Hole Diameter _____ in. to _____ ft. depth
 Drive Shoe Yes No

8 SCREEN: Not installed

Type **stainless** Diameter **3.75 in.**
 Slot/Gauze **12 slot** Length **48 in.**
 Set between **58.00** ft. and **62** ft.

FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2.00** ft. Other _____

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

10 PUMPING LEVEL: below land surface

_____ ft. after _____ hrs. pumping at **60** 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 **granular**

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 **F&M**
 Model number **4F27A10-301** HP **1** Volts **230**
 Length of Drop Pipe **21.00** ft. capacity **207** G.P.M.
 TYPE: Submersible Jet _____

PRESSURE TANK:
 Manufacturer's name **Antrol**
 Model number **WX-250** Capacity **44** Gallons

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

WP#14182

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.

George P. Reid & Son **91-2059**

REGISTERED BUSINESS NAME REGISTRATION NO.

17. Rig Operator's Name:

Todd Botshall

Address **P.O. Box 10, Howe, IN 46746**

Signed **Thomas Reid** Date **03/22/93**

AUTHORIZED REPRESENTATIVE

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

1 LOCATION OF WELL		NW, NE*	
County <u>H. Joe</u>	Twp. <u>WHITE PIGEON</u>	Fraction <u>SE 1/4 SE 1/4</u>	Section No. <u>1</u>
Distance And Direction from Road Intersections <u>1-MILE N 1/4 E Intersection</u> <u>Klinger Park Rd + US 112 on east side</u> <u>Klinger Park on east end of Benson St.</u>		Range <u>11</u>	Town <u>8 N</u>
OWNER No. _____		3 OWNER OF WELL: <u>Oscar E. Price</u> Address <u>RR 1 Geneva Ind.</u>	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>55</u> ft. Date of Completion <u>4/14/67</u>
	<u>Sand + Clay</u>	<u>5</u>	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> <u>Drilled</u> <input type="checkbox"/> Bored <input type="checkbox"/> _____
<u>Gravel</u>		<u>55</u>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2</u> in. to _____ ft. Depth _____ _____ in. to _____ ft. Depth _____ Height: Above/Below surface <u>1 1/2</u> ft. Weight <u>3 1/2</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
			8 SCREEN: Type: <u>78-60</u> Dia.: <u>1"</u> Slot/Gauze <u>60-8</u> Length <u>3-1/2</u> Set between <u>52</u> ft. and <u>55</u> ft. Fittings: <u>2" marcy Check</u>
			9 STATIC WATER LEVEL <u>1</u> ft. <u>above</u> land surface
			10 PUMPING LEVEL below land surface <u>Flow</u> ft. after _____ hrs. pumping <u>2</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness <u>Not Known</u>
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> <u>12"</u> Above Grade
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.
			14 SANITARY: Nearest Source of possible contamination <u>50 feet all</u> Direction <u>all</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: Manufacturer's Name <u>None</u> Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY: <u>RTS</u> **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. <u>Geo. Priddy Son</u> <u>0369</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Howe Ind.</u> Signed <u>William T. Land</u> Date <u>4/27/67</u> AUTHORIZED REPRESENTATIVE	

SEP 26 1975

3

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:														
County St. Joseph	Township Name White Pigeon	Fraction 1/4 ne 1/4 SW 1/4	Section Number 1	Town Number 8 N.W.S.	Range Number 11 E.W.												
Distance And Direction from Road Intersections on N. end of Oak St. at Pine Bluff - Klinger Lk.			Address Fred Haack Oak St. Klinger Lk. Sturgis, MI 49091														
Street address & City of Well Location Locate with "X" in section below			Date of Completion 5/22/75														
			4 WELL DEPTH: (completed) 100-7 ft. 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____														
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Dry Gravel</td> <td style="text-align: center;">32</td> <td style="text-align: center;">32</td> </tr> <tr> <td>Clay, Sand, Gravel</td> <td style="text-align: center;">58</td> <td style="text-align: center;">90</td> </tr> <tr> <td>Vein</td> <td style="text-align: center;">10-7</td> <td style="text-align: center;">100-7</td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Dry Gravel	32	32	Clay, Sand, Gravel	58	90	Vein	10-7	100-7	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM												
			Dry Gravel	32	32												
			Clay, Sand, Gravel	58	90												
Vein	10-7	100-7															
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> 4 in. to 95-7 ft. Depth Height: Above/Below Surface _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
8 SCREEN: Type: Stainless steel Dia.: 3" Slot: XXXX 12 Length 60" Set between 95-7 ft. and 100-7 ft. Fittings: K-Packer, 3" x 24" stem																	
9 STATIC WATER LEVEL 32 ft. below land surface			10 PUMPING LEVEL below land surface na _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.														
11 WATER QUALITY in Parts Per Million: na 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 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 50 feet from any 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 Flint & Walling Model Number 7BK7 HP 3/4 volts 220 Length of Drop Pipe 63 ft. capacity 19 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY <i>af</i> **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. GEO. F. REID & SON 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 6 Howe, IN 46746 Signed <i>William T. Reid</i> Date 9/16/76 AUTHORIZED REPRESENTATIVE																	

MICHIGAN DEPARTMENT OF CONSERVATION
GEOLOGICAL SURVEY DIVISION

Permit No. _____
Owner No. _____

Page _____ of _____
Sample No. _____

WATER WELL RECORD

County St. Joseph Twp. White Pigeon # SW? # Sec. ? ? Town 8 S N/S. 11 W/E/W. Range

Distance from Roads, Section Lines, etc.
South side Klinger Lake by Country Club

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Owner:
Surface dirt	5	5	Joseph Kolter
Gravel, clay and fine sand	39	44	Address: <u>R#1, White Pigeon</u>
Heavy sand	4	48	Driller and Address: <u>B.J. Lewis & Sons, Cassopolis, Mich.</u>
			Well Depth: <u>48</u> ft. Date of Completion <u>8/30/62</u>
			<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 type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dewatering <input type="checkbox"/> Test Well <input type="checkbox"/> _____
			Casing: Diam. <u>2</u> in. to <u>44</u> ft. Depth Height: Above/Below surface _____ ft. Type-Weight _____ in. to _____ ft. Depth
			Screen: Type: _____ Dia: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.
			Accessories: _____
			Water level: <u>37</u> 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.w./g.p.h. Temp: _____ °F
			Water Quality in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____
			Elevation: _____ ft. above
			Source of data: <u>William Willard</u>
			Record by: <u>B.J. Lewis & Sons</u> Date: <u>10/2/63</u>

Remarks: Water sample sent 8/31/62

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>St Joe</u> Twp. <u>White Pigeon</u> Fraction <u>SW 1/4</u> Section No. <u>1</u> Town <u>8</u> N/S. <u>11</u> E/W.	
Distance And Direction from Road Intersections <u>In Pine Bluffs on S. side of Klingler Lake</u>		OWNER No. <u>28</u>	3 OWNER OF WELL: <u>Daniel Seifer</u> Address <u>Sturgis, Mich</u>
Street address & City of Well Location		4 WELL DEPTH: (completed) <u>134</u> ft. Date of Completion <u>9/10/68</u>	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>
	<u>Sand</u>	<u>36</u>	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"/>
	<u>Clay</u>	<u>89</u>	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface _____ ft. Diam. <u>4</u> in. to _____ ft. Depth _____ lbs/ft. _____ in. to _____ ft. Depth _____ Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	<u>Gravel</u>	<u>9</u>	8 SCREEN: Type <u>Stainless steel</u> Dia.: <u>3 7/8</u> Slot/Gauze <u>12</u> Length <u>4'</u> Set between <u>130</u> ft. and <u>134</u> ft. Fittings: <u>Self sealer</u>
		9 STATIC WATER LEVEL <u>35</u> ft. below land surface	
		10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. <u>not known</u>	
		11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____	
ST. JOSEPH COUNTY HEALTH DEPT. REGISTERED DEC 31 1968 RECORDED By _____		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade	
		13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> Depth: From _____ ft. to _____ ft.	
		14 SANITARY: Nearest Source of possible contamination <u>50</u> feet <u>South</u> Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		15 PUMP: Manufacturer's Name <u>ZHW</u> Model Number <u>SM173107</u> HP <u>3/4</u> Length of Drop Pipe <u>63</u> ft. capacity <u>20</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY: **ADDITION BY:		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Geo. F. Peterson</u> REGISTERED BUSINESS NAME <u>0369</u> REGISTRATION NO. Address <u>Howe Ind.</u> Signed <u>Walt Ford</u> Date <u>9/10/68</u> AUTHORIZED REPRESENTATIVE	

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL															
County <u>St. Joe</u>		Twp. <u>White Pigeon</u>		Fraction <u>2 1/4 S W 1/4</u>		Section No. <u>1</u>		Town <u>8 S</u>		Range <u>11 W</u>					
Distance and Direction from Road Intersections <u>Behind Kluge's Lake - Country Club</u>				OWNER No. <u>2</u>		3 OWNER OF WELL: <u>Robert A. Barcik</u> Address _____									
Street address & City of Well Location _____												Date of Completion <u>8-11-68</u>			
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) _____ ft.									
<u>Clay & gravel</u>		<u>0</u>		<u>70</u>		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug									
<u>Dark gravel</u>		<u>70</u>		<u>81</u>		5 <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____									
						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry									
						<input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial									
						<input type="checkbox"/> Test Well <input type="checkbox"/> _____									
						7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/>						Height: Above/Below surface _____ ft.			
						<u>2</u> in. to <u>7 1/2</u> ft. Depth						Weight _____ lbs/ft.			
						<u>1</u> in. to <u>8 1/2</u> ft. Depth						Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>			
						8 SCREEN:									
						Type: _____ Dia.: <u>1</u>									
						Slot/Gauze <u>78-60</u> Length <u>3</u>									
						Set between <u>78</u> ft. and <u>81</u> ft.									
						Fittings: _____									
						9 STATIC WATER LEVEL <u>7 1/2</u> ft. below land surface									
						10 PUMPING LEVEL below land surface									
						_____ ft. after <u>4 1/2</u> hrs. pumping <u>known</u> g.p.m.									
						_____ ft. after _____ hrs. pumping _____ g.p.m.									
						11 WATER QUALITY in Parts Per Million:									
						Iron (Fe) _____ Chlorides (Cl) _____									
						Hardness <u>Not Known</u>									
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit									
						<input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade									
						13 GROUTING:									
						Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>known</u>									
						Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____									
						Depth: From _____ ft. to _____ ft.									
						14 SANITARY:									
						Nearest Source of possible contamination _____									
						_____ feet _____ Direction _____ Type _____									
						Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No									
						15 PUMP:									
						Manufacturer's Name <u>Not Known</u>									
						Model Number _____ HP _____									
						Length of Drop Pipe _____ ft. capacity _____ G.P.M.									
						Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____									
						<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating									
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. _____ CORRECTED NO. _____ 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.									
						<u>Geo. Reidson</u> REGISTERED BUSINESS NAME						<u>0369</u> REGISTRATION NO.			
						Address <u>Have Find</u>									
						Signed <u>Walter D. ...</u> AUTHORIZED REPRESENTATIVE						Date <u>8/14/68</u>			

ST. JOE COUNTY HEALTH DEPT.
RECORDED
AUG 31 1968
RECORDED

JUL 21 1972

WATER WELL RECORD

ACT 294 PA 1965

NE SW SW

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 Sec 14 T. 8 N. S. R. 11 W.
Distance And Direction from Road Intersections South side of Klinger lake behind Klinger Iic. golf course-2nd phase E. of Parker Marine		
Locate with "X" in section below		Sketch Map:
2 FORMATION		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay & gravel	60	60
Clay	10	70
Gravel	6	76
3 OWNER OF WELL:		
John Simpson-Scheele		
Address Sturgis, MI 49091		
4 WELL DEPTH: (completed) Date of Completion		
76 ft. 5/3/72		
5		
<input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
6 USE:		
<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
7 CASING:		
Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 4 in. to 72 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8 SCREEN:		
Type: stainless steel Dia.: 3-7/8"		
Slot: xxxx 12 Length 48"		
Set between 72 ft. and 76 ft.		
Fittings: 3" x 30" stem K-packer		
9 STATIC WATER LEVEL		
0 ft. below land surface		
10 PUMPING LEVEL below land surface n/a		
_____ ft. after _____ hrs. pumping _____ g.p.m.		
_____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: n/a		
Iron (Fe) _____ Chlorides (Cl) _____		
Hardness _____ Other _____		
12 WELL HEAD COMPLETION:		
<input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
14 Nearest Source of possible contamination		
50 feet all Direction drainage Type _____		
Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP:		
<input checked="" type="checkbox"/> Not installed		
Manufacturer's Name _____		
Model Number _____ HP _____ Volts _____		
Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
Type: <input type="checkbox"/> Submersible		
<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.		
ADDED INFO. BY DRILLER, <i>AKM</i> *CORRECTED BY <i>[Signature]</i> **ADDITION BY <i>[Signature]</i>		
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.		
Geo. P. Reid & Son		0369
REGISTERED BUSINESS NAME		REGISTRATION NO.
Address Box 5 Howe, IN 46746		
Signed <i>Wm. T. Reid</i>		Date 5/13/72
AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED

JUL 21 1972

WATER WELL RECORD

ACT 294 PA 1965

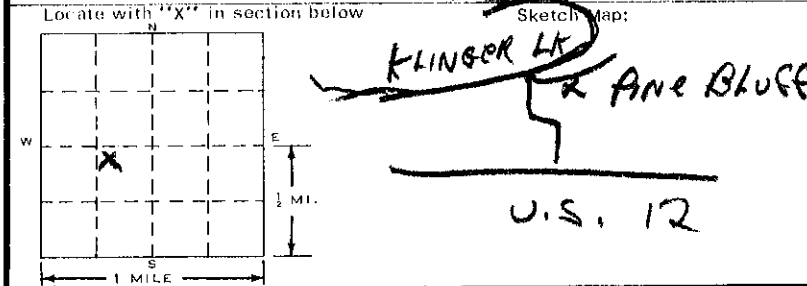
NE NE SW

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			
County St. Joseph	Township Name White Pigeon	Fraction NE NE SW	Section Number 1
Town Number 8 W/S.		Range Number 11 E/W.	

Distance And Direction from Road Intersections
Back in Pine Bluff at Klinger Lake

Street address & City of Well Location



3 OWNER OF WELL:
Wade Bullard, Inc.
Address
Box H Sturgis, MI 49091

4 WELL DEPTH: (completed) Date of Completion
78 ft. **6-21-72**

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.
2 in. to **75** ft. Depth Weight **3.75** lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	30	30
Sand & Clay	20	50
Fine Sand & Clay	20	70
Vain-Gravel	8	78

8 SCREEN:
Type: **wire wound** Dia.: **1"**
~~xxx~~ Gauze **60** Length **36"**
Set between **75** ft. and **78** ft.
Fittings: **1" x 24" stem Maro check**

9 STATIC WATER LEVEL
55 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping **n/a** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) **n/a**
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
50 feet _____ Direction _____ Type _____
Well disinfected upon completion Yes No

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

USE A 2ND SHEET IF NEEDED

16 ~~RECORD~~ Elevation, source of data, etc.
ADDED INFO. BY DRILLER, ITEM NO.
CORRECTED BY: *[Signature]*
ADDITION BY: *[Signature]*

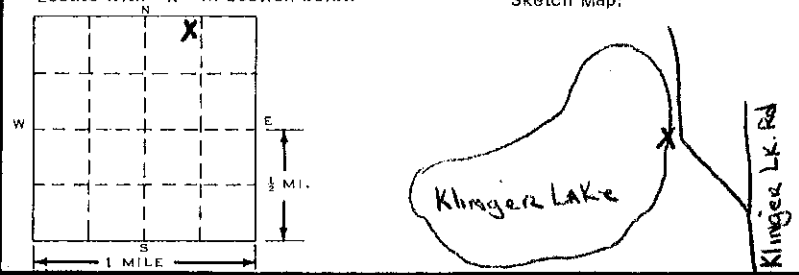
17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Geo. P. Reid & Son **0360**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, IN 46746**
Signed *Wm. T. Reid* Date **6/27/72**
AUTHORIZED REPRESENTATIVE



3

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County St. Joseph		Township Name White Pigeon		Fraction ne 1/4 nw 1/4 ne 1/4		Section Number 1		Town Number 83		Range Number 11 EW.	
Distance And Direction from Road Intersections #1 Sandy Beach - Klinger Lake on W. side of Klinger Lk. Rd. on curve.						3 OWNER OF WELL: Bill Marks Address P.O. BOX 784 Klinger Lk. Sturgis, MI 49091							
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion 34' ft. 10-29-74							
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>							
2 FORMATION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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"/>			
Sand & Gravel						0		34		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 2 in. to 30 ft. Depth Weight 3.75 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
										8 SCREEN: Type: Stainless steel Dia.: 1 1/2" Slot: xxxx 10 Length 48" Set between 30 ft. and 34 ft. Fittings: K-Packer, 1 1/2" x 24" stem			
										9 STATIC WATER LEVEL flowing ft. below land surface			
										10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping na g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
										11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) na 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 50 feet from any direction septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
										15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. ADDED BY DRILLER, ITEM NO. INSPECTED BY <i>[Signature]</i> 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. Geo. P. Reid & Son 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN 46746 Signed <i>[Signature]</i> Date 11/5/74 AUTHORIZED REPRESENTATIVE							

APR 16 1975

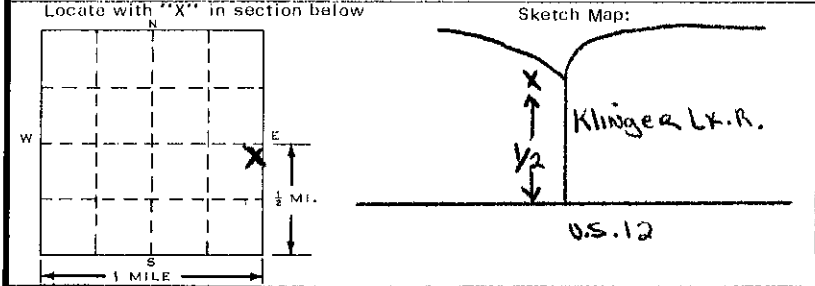
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County: **St. Joseph** Township Name: **White Pigeon** Fraction: **SW 1/4 NE 1/4** Section Number: **1** Town Number: **8** Range Number: **11x/W.**

Distance And Direction from Road Intersections
1/2 mile north of U.S. 12 on W. side of Klinger Lk. Rd.



3 OWNER OF WELL:
Frank Harvey
Address
750 Klinger Lake Rd. North Sturgis, MI

4 WELL DEPTH: (completed) Date of Completion
102' ft. **1/20/75**

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 _____ ft.
2 in. to **98 1/2** ft. Depth Weight **3.75** lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Black Dirt & Sand	58	58
Yellow Sand & Gravel	4	62
Clay & Sand	16	78
Gravel	3	81
Clay & sand	18	99
Sand & Gravel	3	102

8 SCREEN:
Type: **Redhead** Dia.: **1 1/4"**
Slot/Gauge: **10** Length: **42"**
Set between **98 1/2** ft. and **102** ft.
Fittings: **K-Packer & Bremer, 1 1/4" x 36" stem**

9 STATIC WATER LEVEL
18 ft. below land surface

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

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) **na**
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
50 feet from any _____ direction _____ septic _____ Type
Well disinfected upon completion Yes No

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

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY *[Signature]*
**ADDITION 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.
Geo. P. Reid & Son **0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, IN 46746**
Signed *[Signature]* Date **1/21/75**
AUTHORIZED REPRESENTATIVE

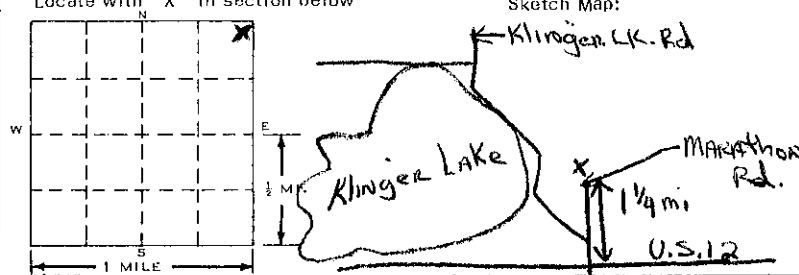


WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County St. Joseph	Township Name White Pigeon	Fraction NE ¼ NE ¼ NE ¼	Section Number 1	Town Number #	Range Number 11 E/W.
Distance And Direction from Road Intersections 2/10ths mi. E. of Klinger Lake Rd. on curve. 1 ¼ mi. N. of U.S. 12 on Marathon Rd.			Address Klinger Lake, Sturgis, MI 49091		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 165 ft. 7/11/74		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" 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"/>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 2 in. to 161 ½ ft. Depth Weight 3.75 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Sand & Clay	95	95	8 SCREEN: Type: Johnson Redhead Dia.: 1 ½" Slot: 10 10 Length 42" Set between 161 ½ ft. and 165 ft. Fittings: Marcy check, 1 ½" x 24" stem		
Clay	13	108	9 STATIC WATER LEVEL 32 ft. below land surface		
Little Gravel	1	109	10 PUMPING LEVEL below land surface na _____ ft. after _____ hrs. pumping _____ g.p.m.		
Clay & Sand	35	144	_____ ft. after _____ hrs. pumping _____ g.p.m.		
Stone	1	145	11 WATER QUALITY in Parts Per Million: na Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Gravel & Clay	16	161	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
Vein	4	165	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.		
USE A 2ND SHEET IF NEEDED			14 Nearest Source of possible contamination 50 feet from any direction septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
16 Remarks, elevation, source of data, etc. <i>cp</i>			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		
			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. Geo. P. Reid & Son 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5, Howe, IN 46746 Signed <i>William T. Reid</i> Date 8/8/74 AUTHORIZED REPRESENTATIVE		



NOV 11 1971

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

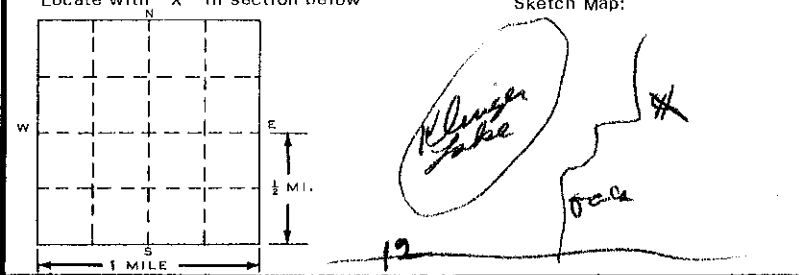
1 LOCATION OF WELL											
County	Township Name	Fraction	Section Number	Town Number	Range Number						
St. Joseph	White Pigeon	1/4 SW 1/4 SW 1/4	1	8 S.	11 E/W.						
Distance and Direction from Road Intersections One half mile N of US 112 South Side of Klunger Lake						3 OWNER OF WELL: Harold Vaughan Address: Sturgis, Mich					
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) 140 ft. Date of Completion 4/2/71					
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____					
2 FORMATION Fine Sand + Clay Blue Shale						THICKNESS OF STRATUM 125 (128) 12		DEPTH TO BOTTOM OF STRATUM 128 140		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____	
						7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above/Below Surface _____ ft. Weight 375 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
								8 SCREEN: Type: none Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: none			
								9 STATIC WATER LEVEL flow ft. below land surface			
								10 PUMPING LEVEL below land surface Not Known _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
								11 WATER QUALITY in Parts Per Million: Iron (Fe) 10 Chlorides (Cl) 40 Hardness 12 Other alk. 300 Sul 20			
								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 50 feet W 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 FHW Model Number CA-835 HP 1/2 Volts 110 Length of Drop Pipe 30 ft. capacity 8 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. _____ _____ _____						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. Gen. P. Reid & Son 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Howe Ind. Signed West Reid Date 4/24/71 AUTHORIZED REPRESENTATIVE					



3 SEP 25 1973

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <i>St Joseph</i>	Township Name <i>White Pigeon</i>	Fraction $\frac{1}{4}$	Section Number <i>5</i>	Town Number <i>8 S/N.S.</i>	Range Number <i>11 W E/W.</i>
Distance and Direction from Road Intersections <i>East side of Oak 1 1/2 mi north of 12</i>			Address <i>Bramble Homes White Pigeon Mich.</i>		
Street address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion <i>175 ft. Feb 15 - 73</i>		
Locate with "X" in section below			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"/> Jetted <input checked="" 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"/> Diam.		Height: Above/Below Surface <i>1 ft.</i>
			2 in. to <i>171</i> ft. Depth		Weight <i>3.75</i> lbs./ft.
			in. to _____ ft. Depth		Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>red clay</i>			8 SCREEN:		
<i>red sand & gravel</i>			Type: <i>Jet</i> Dia.: <i>1 1/4</i>		
<i>gravel & clay</i>			Slot/Gauze <i>80</i> Length <i>4 ft</i>		
<i>Hard Pan Brown clay</i>			Set between <i>171</i> ft. and <i>175</i> ft.		
<i>Blue clay</i>			Fittings: <i>Couplin & Bremer check</i>		
<i>white sand</i>			9 STATIC WATER LEVEL <i>72</i> ft. below land surface		
			10 PUMPING LEVEL below land surface		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			_____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million:		
			Iron (Fe) _____ Chlorides (Cl) _____		
			Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/>		
			Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination <i>60</i> feet <i>S.W.</i> Direction <i>Left</i> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input checked="" type="checkbox"/> Not installed		
			Manufacturer's Name _____		
			Model Number _____ HP _____ Volts _____		
			Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
			Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. <i>SEP 14 1973</i> ADDED INFO. BY DRILLER: <i>ep</i> CONNECTED BY: <i>ep</i> ADDITIONAL: _____			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>Marcellus Well Drilling Co. 0018</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>R3 Marcellus Mich.</i> Signed <i>Howard Reigo</i> Date <i>Feb 26 - 73</i> AUTHORIZED REPRESENTATIVE		

MAY 29 1975

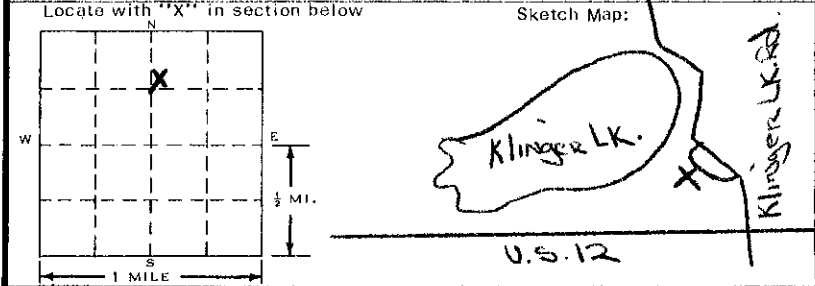
3

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		<i>SW/NE</i>													
County	Township Name	Fraction	Section Number	Town Number	Range Number										
St. Joseph	White Pigeon	<i>ne 1/4 SW 1/4 SW 1/4</i>	1	8	<i>N/S.</i>										

Distance And Direction from Road Intersections
1/2 mile N. of U.S. 12 on S. side of Klinger Lk. Rd. in Subdivision. On Lemon St. E. of Fireside in at



3 OWNER OF WELL:
Robert Foster
 Address
Klinger Lake Sturgis, MI 49091

4 WELL DEPTH: (completed) Date of Completion
50 ft. **5/17/75**

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. **2** in. to **47** ft. Depth
 Height: Above/Below Surface _____ ft.
 Weight **3.75** lbs./ft.
 Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Fine Sand & Clay	41	41
Fine Sand	5	46
Blue Gravel	4	50

8 SCREEN:
 Type: **Stainless steel** Dia.: **1 1/4"**
 Slot/Screen ~~xxxx~~ **10** Length **42"**
 Set between **47** ft. and **50** ft.
 Fittings: **K-Packer, 1 1/4" x 36" stem**

9 STATIC WATER LEVEL
flowed ft. below land surface

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

11 WATER QUALITY in Parts Per Million:
 Iron (Fe) _____ Chlorides (Cl) **na**
 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
50 feet **from** direction **septic** Type
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name **Goulds**
 Model Number _____ HP **1/3** Volts _____
 Length of Drop Pipe **21** ft. capacity _____ G.P.M.
 Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
 ADDED INFO BY DRILLER, ITEM NO.
 *CORRECTED BY *af*
 **ADDITION BY *af*
 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.
GEO. P. REID & SON **0369**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **Box 5 Howe, IN 46746**
 Signed *William T. Reid* Date **5/19/75**
 AUTHORIZED REPRESENTATIVE

2 NOV 23 1973

WATER WELL RECORD
ACT 294 PA 1965

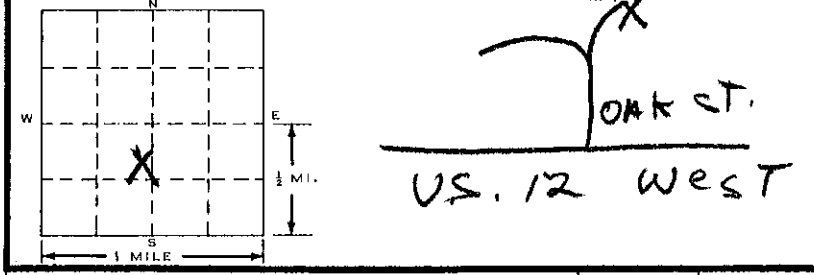
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County St. Joseph	Township Name White Pigeon	Fraction <i>SE 1/4 SW 1/4</i>	Section Number 1	Town Number 8 N/S.	Range Number 11 W.
-----------------------------	--------------------------------------	----------------------------------	----------------------------	------------------------------	------------------------------

Distance And Direction from Road Intersections
1/4 mile north of us 12, West on Oak St. in Pine Bluff at Klinger Lake.

Street address & City of Well Location



3 OWNER OF WELL:
Earl Smith
Address
Pine Bluff, Sturgis, MI 49091

4 WELL DEPTH: (completed) Date of Completion
75 ft. 9/8/73

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.
2 in. to **72** ft. Depth Weight **3.75** lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	35	35
Gravel and sand	22	57
Clay	13	70
Vein	5	75

8 SCREEN:
Type: **WW 78-60** Dia.: **1"**
~~XXX~~ Gauze **60** Length **36"**
Set between **72** ft. and **75** ft.
Fittings: **1" by 29" Marcy check**

9 STATIC WATER LEVEL
21' ft. below land surface

10 PUMPING LEVEL below land surface **n/a**
_____ ft. after _____ hrs. pumping _____ g.p.m.
n/a
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million: **n/a**
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
50 feet **from any** Direction **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Fling & Walling**
Model Number **C835** HP **1/2** Volts **110**
Length of Drop Pipe **42** ft. capacity **2** G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.
ADDED INFO. BY DRILLER, NAME AND
CORRECTED BY *Cp*
ADDITION BY

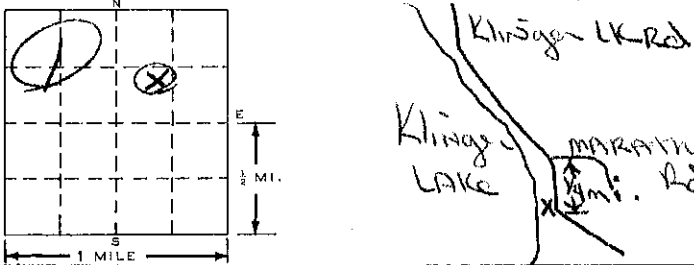
17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Geo. P. Reid & Son 0369
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, IN 46746**
Signed *Thomas P. Reid* Date **9/25/73**
AUTHORIZED REPRESENTATIVE

JUN 24 1980



WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 1	Town Number 8 xx/S.	Range Number 11 xx/W.
Distance And Direction from Road Intersections 1/4 mi. S. of XXXXXXXXXXXXXXXXXXXX Marathon Rd. on the W. side of Klinger Lake Rd. - Sandy Beach, Klinger Lake			3 OWNER OF WELL: Robert Dobles Address 250 Cartes Drive Rochester, NY 14616		
Street Address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 39' ft. 5/16/80		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 2 in. to 36 ft. Depth Weight 3.76 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type Stainless steel Dia.: 1 1/4" Slot/Grate xxxx 10 Length 36" Set between 36 ft. and 39 ft. Fittings: K-packer, 1 1/4" x 24" stem		
			9 STATIC WATER LEVEL flows ft. below land surface		
			10 PUMPING LEVEL below land surface 900 GPH _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA Hardness _____ Other _____					
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade					
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.					
14 Nearest Source of possible contamination 50 feet from any 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 L & S Model Number LS-55 HP 1/2 Volts 110 Length of Drop Pipe 21 ft. capacity 12 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc. W.P. # 4811 ADDED INFO BY WELLER 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. GEO. P REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address BOX 5 HOWE, IN 46746 Signed Wm. T. Reid Date 5/21/80 AUTHORIZED REPRESENTATIVE		

FEB 05 1980

WATER WELL RECORD

ACT 294 PA 1965

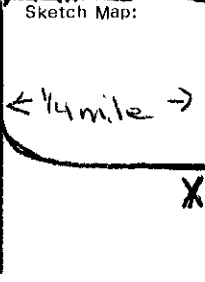
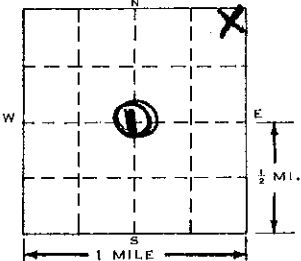
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County	Township Name	Fraction	Section Number	Town Number	Range Number
St. Joseph	White Pigeon	NE 1/4 NE 1/4 NE 1/4	1	8 N/S.	11 E/W.

Distance And Direction from Road Intersections
1/4 mile W. of Airline Rd. on S. side of Klinger Lake Rd. 3rd from Fireside Inn

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



2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay & Sand	30	30
Sand	8	38
Clay & little sand	6	44
sand	4	48
veint	5	53

3 OWNER OF WELL:
Virgil Cruca
Address
21770 Klinger Lk. Rd. Sturgis, MI 49091

4 WELL DEPTH: (completed) Date of Completion
53 ft. 1/15/80

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. 2" in. to 50 ft. Depth
Height: Above/Below Surface _____ ft.
Weight 3.75 lbs./ft.
Drive Shoe? Yes No

8 SCREEN:
Type: Stainless Dia.: 1 1/4"
Slot ~~xxxx~~ 10 Length 36"
Set between 50 ft. and 53 ft.
Fittings: K-packer 2' stem

9 STATIC WATER LEVEL
flows ft. below land surface

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

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
NA
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
50 feet from Direction any septic Type
Well disinfected upon completion Yes No

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

16 Remarks, elevation, source of data, etc.
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.
George P. Reid & Son 91-0369
REGISTERED BUSINESS NAME REGISTRATION NO.
Address Box 5 Howe, IN 46746
Signed George P. Reid Date 1/22/80
AUTHORIZED REPRESENTATIVE

JAN 04 1978

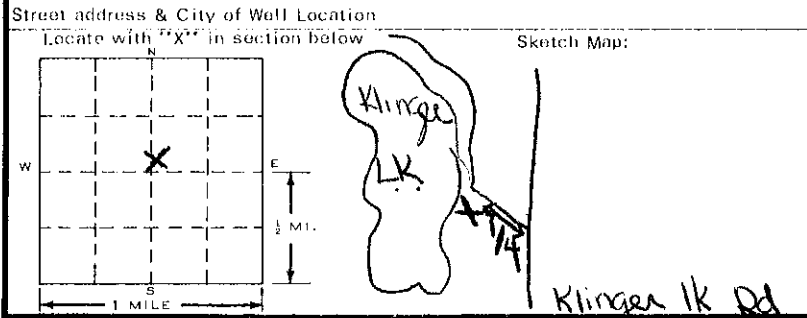
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH *85 11a*

1 LOCATION OF WELL

County: **St. Joe** Township Name: **Wh. Pigeon** Fraction: **NE 1/4 SW 1/4 SW 1/4** Section Number: **1** Town Number: **X X/S.** Range Number: **X X/W.**

Distance And Direction from Road Intersections
1/4 mi. N W of the intersection of Klinger Lk. Rd. and Airline Rd. on the S. Side of Klinger Lk. Rd.



3 OWNER OF WELL:
Leroy Alexander
 Address: **N.M-66 Sturgis, MI 49091**

4 WELL DEPTH: (completed) Date of Completion
51 ft. 11-9-77

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.
2 in. to **48** ft. Depth Weight **3.75** lbs./ft.
 in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Yellow sand	20	20
Yellow clay-sand-gravel	5	25
gray clay-sand-gravel	20	45
sand-gravel-white, black, blue	6	51

8 SCREEN:
 Type: **Stainless** Dia.: **1 1/2"**
 Slot size **10** Length **36**
 Set between **48** ft. and **51** ft.
 Fittings: **bremer 2 1/2" stem**

9 STATIC WATER LEVEL
35 ft. below land surface

10 PUMPING LEVEL below land surface
NA ft. after _____ hrs. pumping _____ g.p.m.
 _____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
 Iron (Fe) _____ Chlorides (Cl) _____
NA 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
50 feet **from and** Direction **septic** Type _____
 Well disinfected upon completion Yes No

15 PUMP: Not installed
 Manufacturer's Name **F & W**
 Model Number **CP-5-7708** HP **1/2** Volts **110**
 Length of Drop Pipe **34** ft. capacity _____ G.P.M.
 Type: Submersible Jet Reciprocating

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

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.
GEO. P. REID + SON **0369**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. BOX 5 HOWE IN 46746**
 Signed *William Reid* Date **12-22-77**
 AUTHORIZED REPRESENTATIVE



JUN 15 1981

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

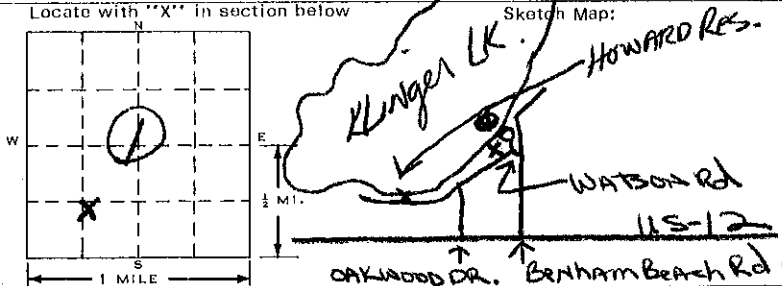
1 LOCATION OF WELL			3 OWNER OF WELL:														
County St. Joseph	Township Name White Pigeon	Fraction NE ¼ SE ¼ NE ¼	Section Number 1	Town Number 8	Range Number 11 E/W.												
Distance And Direction from Road Intersections ¼ mile S. of Marathon Rd. on the W. side of Klinger Lake Rd., Sandy Beach Klinger Lk.			Date of Completion 5/6/81														
Street address & City of Well Location by the garage Locate with "X" in section below			Date of Completion 5/6/81														
Sketch Map: 			4 WELL DEPTH: (completed) 32 ft. 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored														
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Dirt & Sand</td> <td style="text-align: center;">20</td> <td style="text-align: center;">20</td> </tr> <tr> <td>Clay</td> <td style="text-align: center;">8</td> <td style="text-align: center;">28</td> </tr> <tr> <td>Vein</td> <td style="text-align: center;">4</td> <td style="text-align: center;">32</td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Dirt & Sand	20	20	Clay	8	28	Vein	4	32	6 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"/> Commercial <input type="checkbox"/> Test Well		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM												
			Dirt & Sand	20	20												
			Clay	8	28												
Vein	4	32															
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
8 SCREEN: Type: Stainless steel Dia.: 1 ¼" Slot/Gauze xxxx 10 Length 32" Set between 28 ½ ft. and 32 ft. Fittings: k-packer, 1 ¼" x 36" stem																	
9 STATIC WATER LEVEL flowing ft. below land surface			10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 1200 GPH g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.														
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA Hardness _____ Other _____			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade														
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Depth: From _____ ft. to _____ ft.			14 Nearest Source of possible contamination 50 feet from any septic Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. _____ *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. GEO. P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. BOX 5 HOWE, IN 46746 Signed <i>G. M. T. Reid</i> Date 5/18/81 AUTHORIZED REPRESENTATIVE																	

3

SEP 21 1981

WATER WELL RECORD
ACT 294 PA 1965

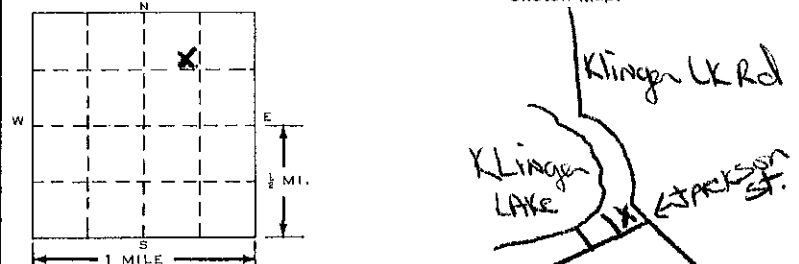
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SE 1/4 NW 1/4	Section Number 1	Town Number 8 NW/S.	Range Number 11 NW/W.
Distance And Direction from Road-Intersections Last cottage on Oakwood Drive to East			3 OWNER OF WELL: Miss Katharine Howard Address 20706 Watson Rd. Klinger Lake White Pigeon, MI 49099		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (Completed) Date of Completion 53 ft. 8/25/81		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" 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"/>		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 2 in. to 50 ft. Depth Weight 3.75 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Dirt & Sand	20	20	8 SCREEN: Type: Stainless Dia.: 1 1/4" Slot: xxxx 10 Length 36" Set between 50 ft. and 53 ft. Fittings: K-packer, 1 1/4" x 36" stem		
Sand	20	40	9 STATIC WATER LEVEL flowing ft. below land surface		
Sand	9	49	10 PUMPING LEVEL below land surface flows 450 GPH out of cross pipe Pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Vein - Yellow	4	53	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest source of possible contamination 50 feet from any Direction septic 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. <i>ADDED INFO. BY DRILLER MARK NELSON</i> <i>COMPLETED 8/26/81</i> <i>ADDITION</i>			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. GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN 46746 Signed <i>Wm. T. Reid (TS)</i> Date 8/26/81 AUTHORIZED REPRESENTATIVE		

AUG 16 1982

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County ST. JOSEPH	Township Name WHITE PIGEON	Fraction NE 1/4 NW 1/4 SE 1/4	Section Number 1	Town Number 8	Range Number 11
Distance And Direction from Road Intersections First house W. of Fireside Inn on South side of Klinger Lake Rd. -- corner of Jackson St. & Klinger Lake Rd.			3 OWNER OF WELL: Charles Smith Address 7219 S. Kedzie Ave. Chicago, IL 60629		
Street Address & City of Well Location Lake Rd. City of Well Location			4 WELL DEPTH: (completed) Date of Completion 39 ft. 6/30/82		
Location with "X" in section below 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2 FORMATION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN: Type: Stainless steel Dia.: 1 1/4" Slot/Groove 12 Length 36" Set between 36 ft. and 39 ft. Fittings: K-packer, 1 1/4" x 3' stem
Sand & Gravel			29	29	9 STATIC WATER LEVEL artesian below land surface
Clay & Gravel			5	34	10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 900GPH g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.
Vein			5	39	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA Hardness _____ Other _____
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination 50 feet from any septic 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 His pump - Myers SW Model Number _____ HP _____ Volts 110 Length of Drop Pipe 21 ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NUM *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. GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 5 Howe, IN 46746 Signed <i>George P. Reid</i> Date 7/7/82 AUTHORIZED REPRESENTATIVE		



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					
St Joseph	White Pigeon	¼	¼ SW ¼	1	8 N/S.	11 E/W.				
Distance and Direction from Road Intersections IN BUTTS ADDITION KINZIER LAKE COTTAGE NAME HOLLY HAVEN						3 OWNER OF WELL: Address: HAMILIA A SMITH 533 S KENSINGTON DR NAPERVILLE, ILL 60525				
Street address & City of Well Location Locates with "X" in section below						4 WELL DEPTH: (completed) Date of Completion 116 ft. 8/26/70				
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored				
						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				
						7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. _____ Surface _____ ft. 4 in. to _____ ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN:						
SANDY CLAY			108	Type: <u>Stainless Steel</u> Dia.: <u>3 3/8</u>						
SHALE		2	110	Slot/Gauze <u>12</u> Length <u>4 ft</u>						
Gravel		6	116	Set between <u>112</u> ft. and <u>116</u> ft.						
						Fittings: <u>SELF SEALER + 2 1/2" STEM</u>				
						9 STATIC WATER LEVEL <u>23</u> ft. below land surface				
						10 PUMPING LEVEL below land surface <u>Not Known</u> _____ ft. after _____ hrs. pumping _____ g.p.m.				
						11 WATER QUALITY in Parts Per Million: <u>Not Known</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Depth: From _____ ft. to _____ ft.				
						14 Nearest Source of possible contamination <u>50</u> feet <u>west</u> 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 <u>F+W</u> Model Number <u>SM173107</u> HP <u>3/4</u> Volts <u>220</u> Length of Drop Pipe <u>42</u> ft. capacity <u>20</u> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc. <u>DRILLER, ITEM NO.</u> REQUESTED BY: ADDITION BY:						17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Geo. P. Redson</u> <u>0369</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>House 2nd</u> Signed <u>W. T. Reid</u> Date <u>9/1/70</u> AUTHORIZED REPRESENTATIVE				

WATER WELL RECORD

ACT 294 PA 1965

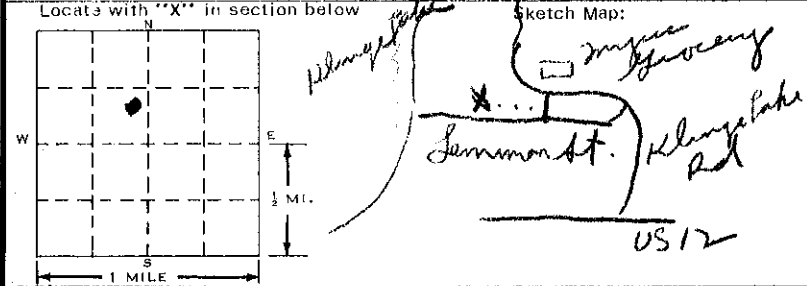
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL				
County <i>H. Joe</i>	Township Name <i>White Pigeon</i>	Fraction <i>1/4 SE 1/4 SW 1/4</i>	Section Number <i>1</i>	Town Number <i>8</i> #/S. Range Number <i>11</i> #/W.

Distance And Direction from Road Intersections

Street address & City of Well Location

Locat's with "X" in section below



3 OWNER OF WELL: *Norma Gigg*
Address: *R.R. 2, Sturgis, Mich.*

4 WELL DEPTH: (completed) *42 ft.* Date of Completion *9-11-69*

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 *375* ft.
Diam. *2* in. to ___ ft. Depth Weight *375* lbs./ft.
___ in. to ___ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Sand + Clay</i>		<i>30</i>
<i>Gravel</i>	<i>12</i>	<i>42</i>

8 SCREEN: Type: *78-60* Dia.: *1"*
Slot/Gauze *60* Length *3'*
Set between *39* ft. and *42* ft.
Fittings: *2" macey check*

9 STATIC WATER LEVEL: *Low* ft. below land surface

10 LUMPING LEVEL below land surface *Not Known*
___ ft. after ___ hrs. pumping ___ g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.

11 WATER QUALITY in Parts Per Million: *Not Known*
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.

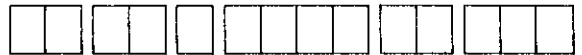
14 Nearest Source of possible contamination
50 feet *and* Direction *and* Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name *S&S*
Model Number *5* HP *1/2* Volts *110*
Length of Drop Pipe *21* ft. capacity *10* G.P.M.
Type: Submersible Jet Reciprocating

ST. JOSEPH COUNTY HEALTH DEPT.
RECEIVED
NOV 14 1969
REGISTERED

16 Remarks, elevation, source of data, etc.
ADDED INFO. BY HOLDER, ITEM NO.
CORRECTED BY: *3*
MODIFICATION 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.
Geo. P. Reidson *0369*
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *Hawes Ind.*
Signed *Wm T Reid* Date *9/30/69*
AUTHORIZED REPRESENTATIVE



WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL County ST. JOESPH Township Name WHITE PIGEON Fraction 1/4 SE 1/4 SW 1/4 Section Number 1 Town Number 8 Range Number 11																							
Distance And Direction from Road Intersections 1/2 block south of Klinger Lake Rd. on Lennon St. Sandy Beach Klinger Lake.																							
Street address & City of Well Location Locate with "X" in section below Sketch Map: <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;"> </div> <div style="text-align: center;"> </div> </div>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">2 FORMATION</td> <td style="width: 20%; padding: 5px;">THICKNESS OF STRATUM</td> <td style="width: 20%; padding: 5px;">DEPTH TO BOTTOM OF STRATUM</td> </tr> <tr> <td style="padding: 5px; text-align: center;">SAND</td> <td style="padding: 5px;"></td> <td style="padding: 5px; text-align: center;">25</td> </tr> <tr> <td style="padding: 5px; text-align: center;">SAND & CLAY</td> <td style="padding: 5px; text-align: center;">15</td> <td style="padding: 5px; text-align: center;">40</td> </tr> <tr> <td style="padding: 5px; text-align: center;">GRAVEL</td> <td style="padding: 5px; text-align: center;">4</td> <td style="padding: 5px; text-align: center;">44</td> </tr> </table>		2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	SAND		25	SAND & CLAY	15	40	GRAVEL	4	44										
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GRAVEL	4	44																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">3 OWNER OF WELL: MRS. WALTERS Address 209 W. WEST STURGIS MICH.</td> </tr> <tr> <td style="padding: 5px;">4 WELL DEPTH: (completed) 44 ft. Date of Completion 6/30/69</td> <td style="padding: 5px;">5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">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"/></td> </tr> <tr> <td style="padding: 5px;">7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. 2 Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></td> <td style="padding: 5px;">8 SCREEN: Type: 78-60 Dia.: 1 Slot/Gauze 60 Length 3 Set between 41 ft. and 44 ft. Fittings: 1 1/4 self sealer</td> </tr> <tr> <td colspan="2" style="padding: 5px;">9 STATIC WATER LEVEL FLOW _____ ft. below land surface</td> </tr> <tr> <td colspan="2" style="padding: 5px;">10 PUMPING LEVEL below land surface FLOW _____ ft. after _____ hrs. pumping 2 1/2 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.</td> </tr> <tr> <td colspan="2" style="padding: 5px;">11 WATER QUALITY in Parts Per Million: unknown Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____</td> </tr> <tr> <td colspan="2" style="padding: 5px;">12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade</td> </tr> <tr> <td colspan="2" style="padding: 5px;">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.</td> </tr> <tr> <td colspan="2" style="padding: 5px;">14 Nearest Source of possible contamination 50 feet _____ Direction all Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2" style="padding: 5px;">15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name L & S Model Number 5 HP 1/2 Volts /110 Length of Drop Pipe 21 ft. capacity 12 G.P.M. Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating</td> </tr> </table>		3 OWNER OF WELL: MRS. WALTERS Address 209 W. WEST STURGIS MICH.		4 WELL DEPTH: (completed) 44 ft. Date of Completion 6/30/69	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Diam. 2 Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Drive Shoe? 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Fittings: 1 1/4 self sealer	9 STATIC WATER LEVEL FLOW _____ ft. below land surface		10 PUMPING LEVEL below land surface FLOW _____ ft. after _____ hrs. pumping 2 1/2 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		11 WATER QUALITY in Parts Per Million: unknown Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.		14 Nearest Source of possible contamination 50 feet _____ Direction all Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name L & S Model Number 5 HP 1/2 Volts /110 Length of Drop Pipe 21 ft. capacity 12 G.P.M. 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3 OWNER OF WELL: MRS. WALTERS Address 209 W. WEST STURGIS MICH.																							
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16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. COMPLETED BY: <u> </u> RE-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. GEORGE P. REID & SON 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address HOWE IND. Signed <u> </u> Date 8/26/69 AUTHORIZED REPRESENTATIVE																							

ST. JOSEPH COUNTY HEALTH DEPT.

RECEIVED

NOV 14 1969

REGISTERED

NOV 20 1969



DEC 02 1980

WATER WELL RECORD
ACT 294 PA 1965

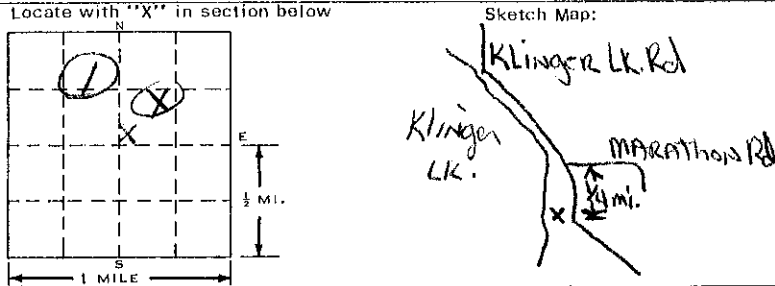
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SE 1/4 NW 1/4	Section Number 1	Town Number 8 N/S.	Range Number 11 E/W.
Distance And Direction from Road Intersections S.W. side of Circle Drive on <u>Oak St.</u> - Klinger Lake			3 OWNER OF WELL: Robert Hansen Address 504 Virginia Ave. Glenwood, IL 60425		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 125' ft. 11/12/80		
		Sketch Map: 	5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	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"/>
Clay - Silt			90	90	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Diam. 4 in. to 121 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Yellow Gravel - Clay			10	100	8 SCREEN: Type: Stainless Dia.: 3 7/8" Slot/Screen 12 Length 48" Set between 121 ft. and 125 ft. Fittings: 4 x 3 K-packer, 3" x 24" stem
Clay			15	115	9 STATIC WATER LEVEL 30 ft. below land surface
Blue Gravel			10	125	10 PUMPING LEVEL below land surface 60 GPM _____ ft. after _____ hrs. pumping _____ g.p.m. N _____ ft. after _____ hrs. pumping _____ g.p.m.
					11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA 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 50 from any 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 Flint & Walling Model Number 5BK5-8007 HP 1/2 Volts 230 Length of Drop Pipe 45 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. ADDL INFO BY DRILLER. ITEM NO: *CORRECTED BY 30 **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. GEO. P. REID & SON 01-0360 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN 46746 Signed Wm. T. Reid Date 11/24/80 AUTHORIZED REPRESENTATIVE (S)		

MAY 28 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL																																
County St. Joseph		Township Name Sturgis White Pigeon		Fraction NE 1/4 SE 1/4 NE 1/4		Section Number 1		Town Number 8 N/S.		Range Number 11 E/W.																						
Distance And Direction from Road Intersections 1/4 mi. S. of Marathon Rd. on W. side of Klinger Lake Rd. - Sandy Beach - Klinger Lake						3 OWNER OF WELL: John Frye Address Route 2 Klinger Lake, Sturgis, MI 49091																										
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion 94 ft. 5/2/80																										
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Fine Blue Sand & Clay</td> <td style="text-align: center;">36</td> <td style="text-align: center;">36</td> </tr> <tr> <td>Fine Yellow Sand</td> <td style="text-align: center;">29</td> <td style="text-align: center;">65</td> </tr> <tr> <td>Clay & Some Sand</td> <td style="text-align: center;">25</td> <td style="text-align: center;">80</td> </tr> <tr> <td>Gravel</td> <td style="text-align: center;">14</td> <td style="text-align: center;">94</td> </tr> <tr> <td>Blue Shale</td> <td style="text-align: center;">9</td> <td style="text-align: center;">103</td> </tr> <tr> <td colspan="3">pulled back to 94'</td> </tr> </tbody> </table>						2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Fine Blue Sand & Clay	36	36	Fine Yellow Sand	29	65	Clay & Some Sand	25	80	Gravel	14	94	Blue Shale	9	103	pulled back to 94'			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"/>					
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pulled back to 94'																																
						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. 4 in. to 90 ft. Depth Surface _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																										
						8 SCREEN: Type: Stainless steel Dia.: 3 7/8" Slot/Gauge xxxx 12 Length 48" Set between 90 ft. and 94 ft. Fittings: 3" x 24" stem, K-packer																										
						9 STATIC WATER LEVEL 30 GPM flows ft. below land surface																										
						10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.																										
						11 WATER QUALITY in Parts Per Million: Iron (Fe) na 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																										
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						14 Nearest Source of possible contamination 50 feet from any 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 Flint & Walling Model Number 5BK5 HP 1/2 Volts 230 Length of Drop Pipe 21 ft. capacity 18 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																										
ADDED INFO BY DRILLER ITEM NO *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO RISE 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. GEO. P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN 46746 Signature <i>G. P. Reid</i> Date 5/20/80 AUTHORIZED REPRESENTATIVE																										
16 Remarks, elevation, source of data, etc. Permit 4806																																



NOV 29 1977

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL											
County <i>St. Joseph</i>	Township Name <i>White Pigeon</i>	Fraction <i>SW 1/4 SW 1/4 NE 1/4</i>	Section Number <i>1</i>	Town Number <i>A-2 N(S)</i>	Range Number <i>11 (W)</i>						
Distance and Direction from Road Intersections <i>1.1 mi SE of County Rd 131 on Dead End St of from County Rd 133</i>						3 OWNER OF WELL: Robert J. De Low Address: <i>Rt 1 Box 144 White Pigeon MI. 49099</i>					
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion <i>31 ft. 8-4-77</i>					
Sketch Map: 						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"/> Jetted <input checked="" type="checkbox"/> Bored <input type="checkbox"/>					
2 FORMATION						6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>					
						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height Above/Below Surface <i>1</i> ft. Weight <i>3.75</i> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
THICKNESS OF STRATUM						8 SCREEN: Type: <i>jet</i> Dia.: <i>1 1/4 in</i> Slot/Gauze <i>60</i> Length <i>4 ft.</i> Set between <i>27</i> ft. and <i>31</i> ft. Fittings: <i>Knacker, Nipple & Coupling</i>					
Red Sand						9 STATIC WATER LEVEL <i>Flowers</i> land surface					
Black Sand						10 PUMPING LEVEL <input checked="" type="checkbox"/> low land surface					
Gravel						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____					
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade					
						13 Well Grouted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.					
						14 Nearest Source of possible contamination <i>NE</i> feet <i>50</i> Direction <i>Septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
ADDED INFO BY DRILLER, ITEM NO.						15 PUMP: <input type="checkbox"/> not installed Manufacturer's Name <i>Meyers</i> Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input checked="" type="checkbox"/> Submersible <i>used Pump</i> <input type="checkbox"/> Reciprocating					
*CORRECTED BY <i>DB</i>						16 Remarks, elevation, source of data, etc. <i>BR 1915</i>					
**ADDITION BY											
ELEVATION						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>Marcellus Well Drilling 0018</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>Rt 3 Marcellus MI. 49067</i> Signed <i>Howard Leigh</i> date <i>8-11-77</i> AUTHORIZED REPRESENTATIVE					
DEPTH TO ROCK											
USE A 2ND SHEET IF NEEDED											

FEB 25 1983

WATER WELL AND PUMP RECORD

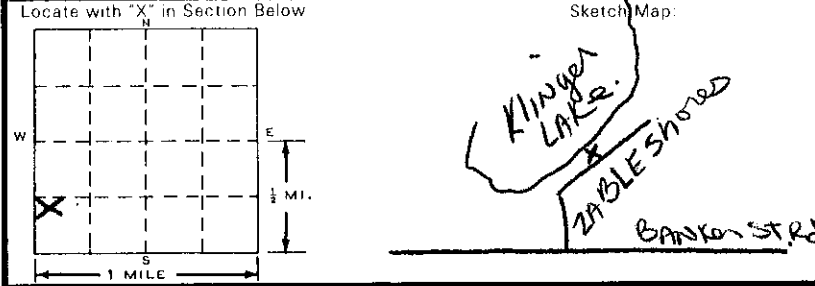
PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL
County: St. Joseph
Township Name: White Pigeon
Fraction: SW 1/4 SW 1/4 NW 1/4
Section Number: 1
Town Number: 8 N/S
Range Number: 11 E/W

Distance And Direction From Road Intersection
4/10 mi. N. of ~~HOWE~~ Banker St. Rd. on Lake side of Mable Shores

Street Address & City of Well Location
Locate with "X" in Section Below



3 OWNER OF WELL:
Stan Gorton
Address: 1345 Regent Niles, MI 49120
Address Same As Well Location? [] Yes [X] No

4 WELL DEPTH: (completed) 39 ft.
Date of Completion 5/18/83

5 [] Cable tool [] Rotary [] Driven [] Dug
[] Hollow rod [] Auger [X] Jetted []

6 USE: [X] Domestic [] Type I Public [] Type III Public
[] Irrigation [] Type IIa Public [] Heat pump
[] Test Well [] Type IIb Public []

7 CASING: Diameter [X] Steel [X] Threaded
[] Plastic [] Welded
Height: Above/Below Surface ___ ft.
Weight 3.75 lbs./ft.
Drive Shoe [X] Yes [] No

Table with 3 columns: FORMATION DESCRIPTION, THICKNESS OF STRATUM, DEPTH TO BOTTOM OF STRATUM. Rows include Sand & Gravel (20, 20), Brown Clay (10, 30), Sand & Gravel (9, 39).

8 SCREEN: [] Not Installed
Type Stainless Diameter 1 1/2"
Slot/xxx 10 Length 36"
Set between 36 ft. and 39 ft.
FITTINGS: [X] K-Packer [] Lead Packer [] Bremer Check
[] Blank above screen ___ ft. Other ___

9 STATIC WATER LEVEL: 3 ft. below land surface [] Flow

10 PUMPING LEVEL: below land surface 900 GPH
___ 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 [X] Approved pit

12 WELL GROUTED? [X] No [] Yes From ___ to ___ ft.
[] Neat cement [] Bentonite [] Other ___
No. of bags of cement ___ Additives ___

13 Nearest source of possible contamination
Type septic Distance 50 ft Direction any
Well disinfected upon completion? [X] Yes [] No

14 PUMP: [] Not Installed [] Pump Installation Only
Manufacturer's name his pump - Sears
Model number shallow well HP ___ Volts ___
Length of Drop Pipe 31 ft. capacity ___ G.P.M.
TYPE: [] Submersible [X] Jet
PRESSURE TANK:
Manufacturer's name Amtrol
Model number WX-202 Capacity 42 Gallons

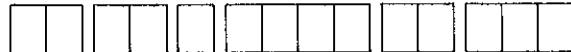
15. Remarks, elevation, source of data, etc.
MODED INFO BY DRILLER, ELEV. 100'
CORRECTED BY
2" ADDITION BY
ELEVATION
DATE IN COPY

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.
GEO. P REID & SON 91-0369
REGISTERED BUSINESS NAME REGISTRATION NO.
Address P.O. Box 5 Howe, IN 46746
Signed Wm. T. Reid Date 1/19/83
AUTHORIZED REPRESENTATIVE

RECEIVED
MICH. DEPT. OF PUB. HEALTH
SERVICES ADMINISTRATION

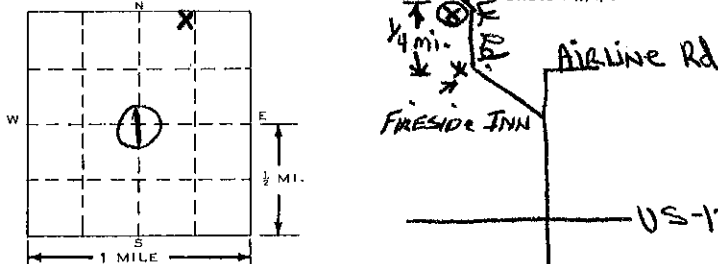
USE A 2ND SHEET IF NEEDED

2 JUN 24 1980



WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 NW 1/4 NE 1/4	Section Number 1	Town Number 8 N/S.	Range Number 11 E/W.
Distance And Direction from Road Intersections 1/4 mi. N. of Fireside Inn on the W. side of Klinger Lake Rd.			3 OWNER OF WELL: Robert C. Roberts Address 111 Sherwood Pl. Morris, IL 60450		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 65' ft. 5/14/80		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" 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"/>		
THICKNESS OF STRATUM			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
DEPTH TO BOTTOM OF STRATUM			8 SCREEN: Type: Stainless steel Dia.: 3 7/8" Slot Size: 12 Length: 48" Set between 61 ft. and 65 ft. Fittings: K-packer, 3" x 24" stem		
Fine Sand - Clay 50 50			9 STATIC WATER LEVEL 2 ft. below land surface		
Sand & Gravel & Silty 15 65			10 PUMPING LEVEL below land surface 22 GPM _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Clay 43 108			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA Hardness _____ Other _____		
Blue Shale 24 132			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
Salt Water			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite _____ Depth: From _____ ft. to _____ ft.		
Well was pulled back to 65'			14 Nearest Source of possible contamination 50 feet from any Direction septic Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Not real strong, took alot of			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling Model Number 5BK5-7808 HP 1/2 Volts 220 Length of Drop Pipe 42 ft. capacity 15 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
developing			16 Remarks, elevation, source of data, etc. PERMIT # 4804 <small>CONNECTED BY _____</small> <small>ADDITION BY <i>CP</i></small> <small>ELEVATION _____</small> <small>DEPTH TO ROCK _____</small>		
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. GEO. P. REID & SON 91-0369 <small>REGISTERED BUSINESS NAME</small> <small>REGISTRATION NO.</small> Address P.O. BOX 5 HOWE, IN 46746 Signed <i>Wm. T. Reid</i> Date 5/27/80 <small>AUTHORIZED REPRESENTATIVE</small>		

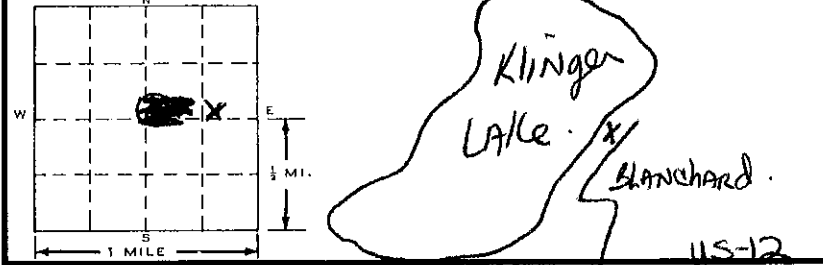
PART 127 ACT 388, P.A. 1978

1. LOCATION OF WELL

County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 SE 1/4 SW 1/4	Section Number 8 1	Town Number 8 XKS	Range Number 11 XW
-----------------------------	--------------------------------------	---	------------------------------	-----------------------------	------------------------------

Distance And Direction From Road Intersection
on the North end of Blanchard St. in Pine Bluff at Klinger Lake (5th house from the end)

Street Address & City of Well Location
Locate with "X" in Section Below



3. OWNER OF WELL:
Noel & Marla Sperry
Address
Route 1 Orland, IN 46776
Address Same As Well Location? Yes No

4. WELL DEPTH: (completed) **125** ft. Date of Completion **4/6/83**

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
2 in. to **121** ft. depth Height: Above/Below Surface **1** ft.
Grouted Drill Hole Diameter **3.75** lbs./ft. Weight
Drive Shoe Yes No

2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Fine Sand & Clay	54	54
Clay	36	90
Clay & Gravel	22	112
Shale	3	115
Shale & Gravel	10	125

8 SCREEN: Not installed
Type **Stainless** Diameter **1 1/2"**
Slot/Screen **10** Length **4'**
Set between **121** ft. and **125** ft.
FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **41** ft. below land surface Flow

10 PUMPING LEVEL: below land surface **900 GPH**
_____ 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 _____
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
Type **septic** Distance **50** ft. Direction **any**
Well disinfected upon completion? Yes No

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name **Fling & Walling**
Model number **C6267-8208** HP **3/4** Volts **230**
Length of Drop Pipe **42** ft. capacity **10** G.P.M.
TYPE: Submersible Jet
PRESSURE TANK:
Manufacturer's name **Antrol**
Model number **WX202** capacity **42** Gallons

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

RECEIVED
Mich. Dept. of Public Health
MAY 26 1983
Environmental and Occupational Health Services Administration

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

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.

GEO. P. REID & SON 91-0369
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 5 Howe, IN 46746**
Signed **GEO. P. REID** Date **4/20/83**
AUTHORIZED REPRESENTATIVE

AUG 3 1983

WATER WELL AND PUMP RECORD

Permit Number grid

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		3 OWNER OF WELL:	
County ST. JOSEPH	Township Name WHITE PIGEON	Fraction NE 1/4 NW 1/4 SE 1/4	Section Number 1
Town Number 8 N/S		Range Number 11 E/W	
Distance And Direction From Road Intersection Just N. of 1st curve from Fireside Inn Cottage 68310 on Klinger Lake Rd.		Address Daniel J. Gerow 20648 Corinth Rd. Olympia Fields, IL 60461	
Street Address & City of Well Location		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Locate with "X" in Section Below		Date of Completion 4/27/83	
Sketch Map: 		4 WELL DEPTH: (completed) 60 ft.	
2 FORMATION DESCRIPTION		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 checked="" type="checkbox"/> Jetted	
TRICKNESS 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	
Clay & Sand & Gravel	54	7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
Sand & Gravel	6	Height: Above/Below Surface 1 ft. Weight 11 lbs./ft.	
		Grouted Drill Hole Diameter ____ in. to ____ ft. depth ____ in. to ____ ft. depth ____ in. to ____ ft. depth	
		Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8 SCREEN: <input type="checkbox"/> Not installed Type Stainless Diameter 3 7/8" Slot/Screen 15 Length 48" Set between 56 ft. and 60 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: Artesian ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface flowed 60 GPM pumped 90 GPM ____ ft. after ____ hrs. pumping at ____ G.P.M. ____ 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 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 septic Distance 50 ft. Direction any 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 Flint & Walling Model number 5BK5 HP 1/2 Volts 230 Length of Drop Pipe 21 ft. capacity 19 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Antrol Model number WX-250 Capacity 250 Gallons	
15. Remarks, elevation, source of data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION:	
<p>RECEIVED in the Dept. of Public Health MAY 26 1983 Environmental and Occupational Health Services Administration</p> <p>USE A 2ND SHEET IF NEEDED</p> <p>ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK</p>		<p>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.</p> <p>GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. BOX 5 HOWE, IN 46746 Signed George P. Reid AUTHORIZED REPRESENTATIVE Date 5/16/83</p>	

NOV 28 1983
GEOLOGICAL SURVEY

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

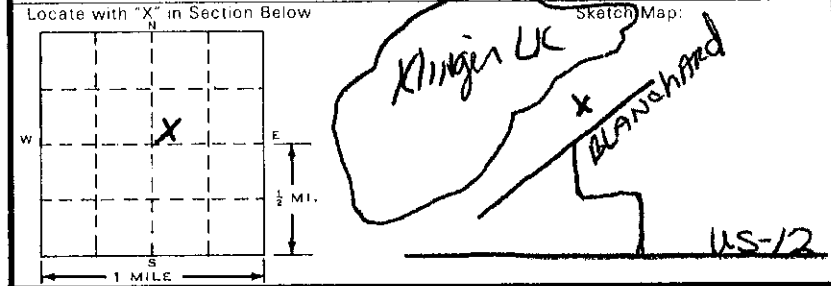
1 LOCATION OF WELL

County: **ST. JOSEPH** Township Name: **WHITE PIGEON** Fraction: **NE 1/4 SW 1/4 SW 1/4** Section Number: **1** Town Number: **8** Range Number: **11**

Distance And Direction From Road Intersection
68682 Blanchard St. - Sturgis, MI, Brown House-Sumlah Bluff - 3rd House E. of Dave Herrmann in Pine Bluff on Lakeside of Road

Street Address & City of Well Location

3 OWNER OF WELL:
Andrew S. Kalmus
Address: **8 Exeter Turn Bourbonnais, IL 60914**
Address Same As Well Location? Yes No



4 WELL DEPTH: (completed) **126** ft. Date of Completion **10/3/83**

2 FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand & Clay	36	36
Clay	61	97
Shale	24	121
Shale & Gravel	5	126

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 **11** lbs./ft.
Grouted Drill Hole Diameter _____ in. to _____ ft. depth
Drive Shoe Yes No

9 STATIC WATER LEVEL: **27** ft. below land surface Flow

8 SCREEN: Not Installed
Type **Stainless steel** diameter **3 7/8"**
Slot/Screen **12** Length **48"**
Set between **122** ft. and **126** ft.
FITTINGS K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

10 PUMPING LEVEL: below land surface
_____ ft. after _____ hrs. pumping at **38 GPM** 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 _____
No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
Type **septic** Distance **50** ft. Direction **any**
Well disinfected upon completion? Yes No

15. Remarks, elevation, source of water, etc.
Repl. well
ADDED INFO BY DRILLER, ITEM NO.
CORRECTED BY
ADDITION BY
ELEVATION
DEPTH TO ROCK

14 PUMP: Not Installed Pump Installation Only
Manufacturer's name **Flint & Walling**
Model number **4F19A07-301P 3/4** Volts **220**
Length of Drop Pipe **84** ft. capacity **19** G.P.M.
TYPE: Submersible Jet
PRESSURE TANK:
Manufacturer's name **Amtrol**
Model number **WX250** Capacity **120** Gallons

D67d (Rev. 10-80)

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.
GEORGE P. REID & SON 91-0369
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 5 Howe, IN 46746**
Signed **Wm. T. Reid (TS)** Date **10/10/83**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

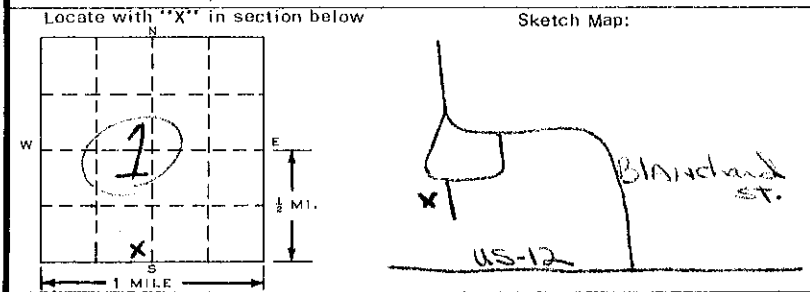
MAY 08 1981

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SE 1/4 SE 1/4	Section Number 1	Town Number 8	Range Number 11

Distance And Direction from Road Intersections
Klinger Lake Oak Drive to 1st. left turn after 2 curves, take another left, next to last on right.

Street address & City of Well Location
68804 Blanchard St. Sturgis, MI 49091

3 OWNER OF WELL:
~~XXXXXXXX~~ **MARGARET TESKE**
Address **68804 Blanchard St. Sturgis, MI 49091**



4 WELL DEPTH: (completed) Date of Completion
99 ft. **3/18/81**

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand, Little Clay, Gravel	38	38
Little Clay, Sand	22	60
Clay & Little Sand	5	65
Little Clay, Sand	10	75
Sand & Little Gravel	5	80
Sand	9	89
Little Clay, Sand & Gravel	6	95
Yellow Gravel	4	99

7 CASING: Threaded Welded Height: Above/Below Surface _____ ft.
Diam. _____ ft. Weight **3.75** lbs./ft.
2 in. to **96** ft. Depth
_____ in. to _____ ft. Depth
Drive Shoe? Yes No

8 SCREEN:
Type: **Stainless steel** Dia.: **1 1/4"**
Slot/Gauze **xxx 10** Length **36"**
Set between **96** ft. and **99** ft.
Fittings: **K-packer, Bremer, 1 1/4" x 24" stem**

9 STATIC WATER LEVEL
56 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping **900 GPH** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
NA
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
50 feet from any Direction **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Flint & Walling**
Model Number **C6267-8008** HP **3/4** Volts **110**
Length of Drop Pipe **63** ft. capacity **12** G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.

WELL DRILLED BY DRILLER, ITEM NO. _____
CORRECTED BY *60*
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.
GEO. P. REID & SON **91-0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, IN 46746**
Signed *Wm. T. Reid* Date **3/24/81**
AUTHORIZED REPRESENTATIVE



MAY 08 1981

WATER WELL RECORD
ACT 294 PA 1965

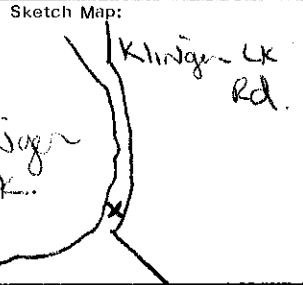
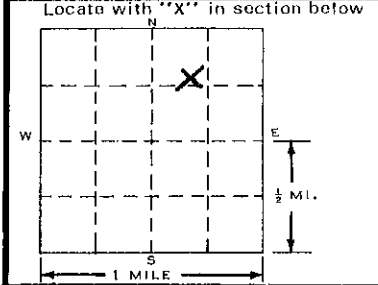
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 NW 1/4 SE 1/4	Section Number 1	Town Number 8 NYS.	Range Number 11 EXW.
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Distance And Direction from Road Intersections
1/10/mile N. of curve by Fireside on W. side of Klinger Lake Rd.

Street address & City of Well Location



3 OWNER OF WELL:
Mrs. Fred Whitehouse
Address
107 E. Main St. Sturgis, MI 49091

4 WELL DEPTH: (completed) Date of Completion
39 ft. **4/7/81**

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 Height: Above/Below Surface _____ ft.
Diam. _____ in. to _____ in. to _____ ft. Depth _____ ft. Depth _____ ft. Depth _____ ft. Weight **3.75** lbs./ft.
Drive Shoe? Yes No

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

Sand & Gravel	24	24
Clay	6	30
Sand & Gravel	5	35
Gravel	4	39

8 SCREEN:
Type: **Stainless steel** Dia.: **1 1/4"**
Slot/Grate ~~xxx~~ **10** Length **36"**
Set between **36** ft. and **39** ft.
Fittings: **k-packer, 1 1/4" x 24" stem**

9 STATIC WATER LEVEL
flowing ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping **900** GPH g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
NA
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
50 feet **from any** Direction **septic** Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Myers**
Model Number **HP33S** HP **1/3** Volts **110**
Length of Drop Pipe **21** ft. capacity **10** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY
**ADDITION BY *1/6*
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.
GEO. P. REID & SON **91-0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, TN 46746**
Signed *Wm. P. Reid* Date **4/14/81**
AUTHORIZED REPRESENTATIVE

NOV 24 1980

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County <i>St. Joseph</i>	Township Name <i>White Pigeon</i>	Fraction <i>SE 1/4 SW 1/4 NE 1/4</i>
Distance And Direction from Road Intersections <i>Lot # 31 Mound Springs - At end of Jackson St.</i>		Section Number <i>1-6</i>
Street address & City of Well Location		Town Number <i>8 N(S)</i>
Locate with "X" in section below		Range Number <i>11 E(W)</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> </div> <div style="width: 50%;"> <p style="text-align: center;">Sketch Map:</p> </div> </div>		
3 OWNER OF WELL:		
Address <i>George Reed 21675 Jackson St. Sturgis, MI. 49091</i>		
4 WELL DEPTH: (completed) Date of Completion		
ft. <i>47</i> Date <i>9/19/80</i>		
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>		
Diam. _____		Height: Above/Below Surface _____ ft.
_____ in. to _____ ft. Depth		Weight <i>3.75</i> lbs./ft.
_____ in. to _____ ft. Depth		Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8 SCREEN:		
Type <i>Stainless steel</i> Dia.: <i>1 3/4"</i>		
Slot/Grit <i>10</i> Length <i>36</i>		
Set between <i>44</i> ft. and <i>47</i> ft.		
Fittings: <i>K-packer, 1 3/4" x 2 1/2' stem</i>		
9 STATIC WATER LEVEL		
<i>Artesian</i> ft. below land surface		
10 PUMPING LEVEL below land surface		
_____ ft. after _____ hrs. pumping <i>900</i> G.P.M.		
_____ ft. after _____ hrs. pumping _____ G.P.M.		
11 WATER QUALITY in Parts Per Million:		
Iron (Fe) _____ Chlorides (Cl) _____		
<i>NA</i>		
Hardness _____ Other _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit		
<input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade		
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____		
Depth: From _____ ft. to _____ ft.		
14 Nearest Source of possible contamination		
<i>50</i> ft. from any Direction <i>North</i> Type _____		
Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: <input checked="" type="checkbox"/> Not installed		
Manufacturer's Name _____		
Model Number _____ HP _____ Volts _____		
Length of Drop Pipe _____ ft. capacity _____ G.P.M.		
Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
USE A 2ND SHEET IF NEEDED		
16 Remarks, elevation, source of data, etc.		
ADD'D INFO BY DRILLER, ITEM NO. _____ *CORRECTED BY _____ **ADDITION BY <i>W.C.</i> ELEVATION _____ DEPTH TO ROCK _____ <i>Permit # 4904</i>		
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>Geo. P. Reid & Son</i> <i>91-0360</i> REGISTERED BUSINESS NAME REGISTRATION NO.		
Address <i>Box 5 Howe, IN 46746</i>		
Signed <i>Geo. P. Reid</i>		Date <i>9/22/80</i>
AUTHORIZED REPRESENTATIVE (15)		

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JUN 23 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

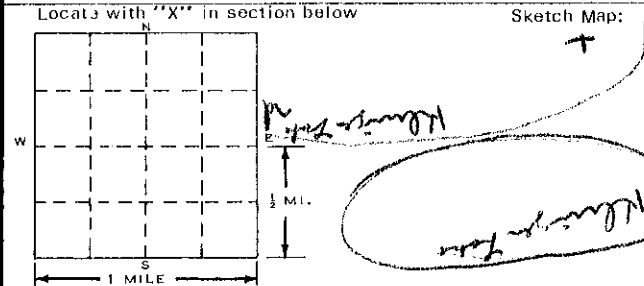
OF PUBLIC HEALTH

1 LOCATION OF WELL

County <i>St. Joseph</i>	Township Name <i>White Pigeon</i>	Fraction <i>SW 1/4 NE 1/4</i>	Section Number <i>#1</i>	Town Number <i>8</i>	Range Number <i>11 E/W</i>
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Distance And Direction from Road Intersections
Kings Lake Rd

Street address & City of Well Location



3 OWNER OF WELL:
Clare Sunday
Address
Rd 2 Sturgis

4 WELL DEPTH: (completed) Date of Completion
75 ft. May 7-76

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 Height: Above/Below Surface *1* ft.
Diam. *2* in. to *71* ft. Depth Weight *375* lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>red sand</i>	<i>50</i>	<i>50</i>
<i>blue clay</i>	<i>5</i>	<i>55</i>
<i>clay + sand</i>	<i>15</i>	<i>70</i>
<i>gravel</i>	<i>5</i>	<i>5</i>
ADDED INFO BY DRILLER, ITEM NO.		
*CORRECTED BY <i>Jc</i>		
**ADDITION BY <i>Jc</i>		
ELEVATION		
DEPTH TO ROCK		

8 SCREEN:
Type: *jet* Dia.: *1 1/4*
Slot/Gauze *60* Length *4 ft*
Set between *71* ft. and *75* ft.
Fittings: *Complin & Pressure checks*

9 STATIC WATER LEVEL
13 ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping _____ 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
50 feet *N* Direction *septic* Type
Well disinfected upon completion Yes No

15 PUMP: Not installed.
Manufacturer's Name *used Primus 75W*
Model Number _____ HP _____ Volts
Length of Drop Pipe *21* ft. capacity _____ G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.
BR 645

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.
Marcellus Well Drilling 0018
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *R3 Marcellus Mich.*
Signed *Howard Ray* Date *May 12-76*
AUTHORIZED REPRESENTATIVE

3 JUL 10 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County St. Joseph	Township Name White Pigeon	Fraction NE ¼ SE ¼ NE ¼
		Section Number 1
		Town Number 8 N/S.
		Range Number 11 E/W.
Distance And Direction from Road Intersections ¼ mi. S. of Marathon Rd. on W. side of Klinger lk. Rd. - Sandy Beach - Klinger Lake		
Street address & City of Well Location Locate with "X" in section below		
	Sketch Map: 	
3 OWNER OF WELL: Warren Fudge Address 725 Wright Lane Marshall, MI 49068		
4 WELL DEPTH: (completed) Date of Completion 81' ft. 5/29/80		
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. 4 in. to 77 ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Clay & Sand	36	36
Clay	9	45
Sand & Gravel	16	61
Clay	11	72
Gravel	9	81
8 SCREEN: Type: Stainless steel Dia.: 3 7/8" Slot/Screen: 15 Length 48" Set between 77 ft. and 81 ft. Fittings: 4 x 3 Kpacker, 3" x 24" stem		
9 STATIC WATER LEVEL 1'8" ft. below land surface		
10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 50 GPM g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA 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 50 feet from any 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 Flint & Walling Model Number 5BK5-7911 , HP ½ Volts 220 Length of Drop Pipe 21 ft. capacity 18 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
USE A 2ND SHEET IF NEEDED		
16 Remarks, elevation, source of data, etc. ADDED INFO BY CONTRACTOR, FROM LOG CORRECTED BY _____ *ADDITION BY _____ ELEVATION _____ DEPTH TO FOOT _____		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. GEO. P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address BOX 5 HOWE, IN 46746 Signed <i>GEO. P. Reid</i> Date 6/17/80 AUTHORIZED REPRESENTATIVE

MAY 1 1978

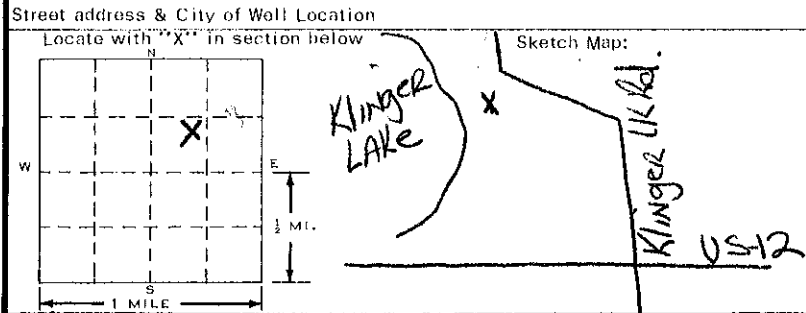
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County St Joseph Township Name White Pigeon Fraction NE 1/4 Sec 11 Section Number 1 Town Number 8 Range Number 11

Distance And Direction from Road Intersections
Manual Spring on Leamon Street
Klinger Lake



2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Clay</u>	<u>25</u>	<u>25</u>
<u>Sand & Gravel</u>	<u>15</u>	<u>40</u>
<u>No joint</u>		
<u>ADDED INFO BY DRILLER, ITEM NO.</u>		
<u>*CORRECTED BY</u>		
<u>**ADDITION BY</u>		
<u>ELEVATION</u>		
<u>DEPTH TO ROCK</u>		

16 Remarks, elevation, source of data, etc.
BR 2304

3 OWNER OF WELL:
Frank Wice
Address 12223 Maple Ave
Blue Island, Ill.

4 WELL DEPTH: (completed) 40 ft. Date of Completion 12/31/77

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.
2" in. to 36 1/2 ft. Depth Weight 3/75 lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

8 SCREEN:
Type: Stainless Dia.: 1 1/4"
Slot/Space 10 Length 3/5
Set between 36 1/2 ft. and 40 ft.
Fittings: K-Packer 2' stem

9 STATIC WATER LEVEL
ground ft. below land surface level flows

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping Flows 30 G.P.M. g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness NA 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
50 feet from Direction any septic Type _____
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Flint & Walling
Model Number C835 HP 1/2 Volts 110
Length of Drop Pipe 21 ft. capacity 10 G.P.M.
Type: Submersible Jet Reciprocating

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.
GEORGE P. REID & SON 0269
REGISTERED BUSINESS NAME REGISTRATION NO.
Address Box 5 Howe, IN 46746
Signed William T. Reid Date 5/14/78
AUTHORIZED REPRESENTATIVE

3 MAY 28 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County St. Joseph	Township Name Sturgis White Pigeon	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 1	Town Number 8 N/S.	Range Number 11 E/W.
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Distance And Direction from Road Intersections
1/4 mi. S. of Marathon Rd. on the W. side of Klinger Lake Rd. - Sandy Beach, Klinger Lake

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

Sketch Map:

3 OWNER OF WELL:
Mrs. Peter Miller
Address
311 S. Maple Sturgis, MI 49091

4 WELL DEPTH: (completed) **95** ft. Date of Completion **4/30/80**

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 **3.75** ft.
Diam. **2** in. to **92** ft. Depth Weight **3.75** lbs./ft.
2 in. to **92** ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand & Gravel	30	30
Little Clay & Sand	14	44
Sand	9	53
Gravel	3	56
Clay & Sand	24	80
Clay & Little Gravel	9	89
Vein	3	92
	3	95

8 SCREEN:
Type: **Stainless steel** Dia.: **1 1/4"**
Slot: ~~xxxx~~ **10** Length **36"**
Set between **92** ft. and **95** ft.
Fittings: **K-packer, 1 1/4" x 24" stem**

9 STATIC WATER LEVEL
flowed ft. below land surface

10 PUMPING LEVEL below land surface **900 GPH**
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
na
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
50 feet from any Direction **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed (Her pump)
Manufacturer's Name **Montgomery Wards**
Model Number **?** HP **1/3** Volts **110**
Length of Drop Pipe **21** ft. capacity **10** 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.
GEO. P. REID & SON **91-0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **BOX 5 HOWE, IN 46746**
Signed **GEO. P. Reid** Date **5/20/80**
AUTHORIZED REPRESENTATIVE

MAY 28 1980

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

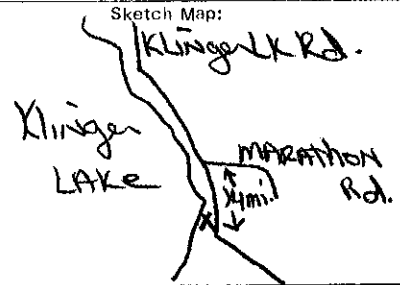
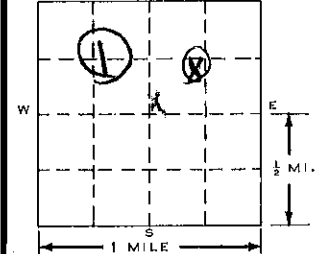
1 LOCATION OF WELL

County St. Joseph	Township Name White Pigeon	Fraction NE ¼ SE ¼ NE ¼	Section Number 1	Town Number 8 N/S.	Range Number 11 E/W.
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Distance And Direction from Road Intersections
¼ mi. S. of Marathon Rd. on W. side of Klinger Lk Rd. Sandy Beach - Klinger Lake

Street address & City of Well Location

Locate with "X" in section below



3 OWNER OF WELL:
John Oster
Address
806 Clinton, Sturgis, MI 49091

4 WELL DEPTH: (completed) **85** ft. Date of Completion **5/6/80**

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 _____ ft.
Weight **3.75** lbs./ft.
Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	20	20
Fine Sand	4	24
Little Sand	6	30
Little Clay & Sand	51	81
Vein - Gravel	4	85

8 SCREEN:
Type: **Stainless steel** Dia.: **1 ¼"**
Slot ~~Grid~~ **10** Length **36"**
Set between **82** ft. and **85** ft.
Fittings: **K-packer, 1 ¼" x 24" stem**

9 STATIC WATER LEVEL
2'3" ft. below land surface

10 PUMPING LEVEL below land surface
_____ ft. after _____ hrs. pumping **900 GPH** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
na
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
50 feet **from any** Direction **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Goulds**
Model Number **?** HP **1/3** Volts **110**
Length of Drop Pipe **21** ft. capacity **10** 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.
GEO. P. REID & SON **91-0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **BOX 5 HOWE, IN 46746**
Signed *GEO. P. Reid* Date **5/20/80**
AUTHORIZED REPRESENTATIVE

MAY 28 1980

WATER WELL RECORD
ACT 294 PA 1965

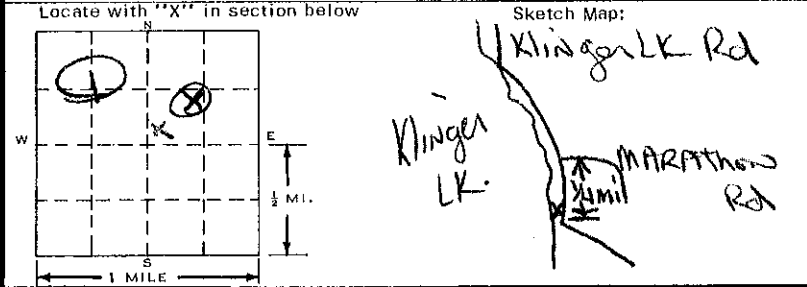
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 SE 1/4 NE 1/4	Section Number 1	Town Number 8 N/S.	Range Number 11 E/W.
-----------------------------	--------------------------------------	---	----------------------------	------------------------------	--------------------------------

Distance And Direction from Road Intersections
1/4 mi. S. of Marathon Rd. on W. Side of Klinger Lake Rd. - Sandy Beach, Klinger Lake

Street address & City of Well Location



3 OWNER OF WELL:
Fred Weiland
Address
Route 3 Howe, IN 46746

4 WELL DEPTH: (completed) Date of Completion
99 ft. **5/5/80**

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.
Weight **3.75** lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Dirt, Sand & Gravel	25	25
Clay & Sand	40	65
Gravel	2	67
Clay & Gravel	21	88
Clay & Sand	3	91
Clay & Gravel	1	92
Clay & Sand	4	96
Vein	3	99

8 SCREEN:
Type: **Stainless steel** Dia.: **1 1/4"**
Slot/Grate: **xxxx** **10** Length **36"**
Set between **96** ft. and **99** ft.
Fittings: **K-packer, 1 1/4" x 2 1/4" stem**

9 STATIC WATER LEVEL:
flows ft. below land surface

10 PUMPING LEVEL below land surface **700 /GPH**
_____ ft. after _____ hrs. pumping _____ g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
na
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
50 feet **from any** direction **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **L & S**
Model Number **LS-3** **HP 1/3** Volts **110**
Length of Drop Pipe **21** ft. capacity **12** G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.

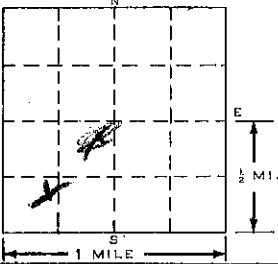
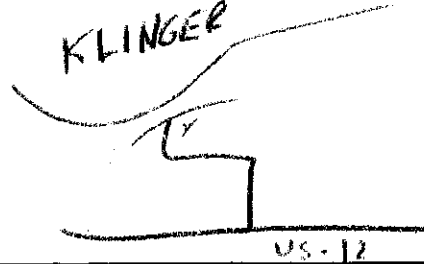

ADDED INFO BY **OWNER, ITEM NO**
*CORRECTED BY *[Signature]*
**ADDITION BY *[Signature]*
ELEVATION
DEPTH TO RIM

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.
GEO. F REID & SON **91-0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **BOX 5 HOWE, IN 46746**
Signed *[Signature]* Date **5/20/80**
AUTHORIZED REPRESENTATIVE

OCT 04 1978

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:																							
County ST. JOSEPH	Township Name White Pigeon	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 8	Town Number 8 W.S.	Range Number 11 W.																					
Distance And Direction from Road Intersections KLINGER LAKE PINE BLUFFS LOTS 11 & 12			Address 918 Homewood Mishawaka, Ind.																							
Street Address & City of Well Location			4 WELL DEPTH: (completed) Date of Completion 102' ft. Sept. 6, 1978																							
Locate with "X" in section below 			Sketch Map: 																							
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION</th> <th style="width: 20%;">THICKNESS OF STRATUM</th> <th style="width: 20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Surface</td><td>1</td><td>1</td></tr> <tr><td>Sand</td><td>35</td><td>36</td></tr> <tr><td>Fine sand</td><td>18</td><td>54</td></tr> <tr><td>Sand and clay</td><td>18</td><td>72</td></tr> <tr><td>Clay</td><td>22</td><td>94</td></tr> <tr><td>Sand</td><td>8</td><td>102</td></tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Surface	1	1	Sand	35	36	Fine sand	18	54	Sand and clay	18	72	Clay	22	94	Sand	8	102	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"/>		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
			Surface	1	1																					
			Sand	35	36																					
			Fine sand	18	54																					
			Sand and clay	18	72																					
			Clay	22	94																					
Sand	8	102																								
6 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 2 ft. Diam. _____ Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																										
7 SCREEN: Type: red brass Dia.: 3 3/4 Slot/Screen 8 Length 6' Set between 96 ft. and 102 ft. Fittings: strainer fittings																										
8 STATIC WATER LEVEL 47' ft. below land surface																										
9 PUMPING LEVEL below land surface: plunger tested _____ ft. after _____ hrs. pumping _____ g.p.m. 60 ft. after 1 hrs. pumping 60 g.p.m.																										
10 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____																										
11 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade																										
12 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite _____ Depth: From _____ ft. to _____ ft.																										
13 Nearest Source of possible contamination _____ feet _____ Direction unknown Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
14 ADDITIONAL INFORMATION: ADDED INFO BY DRILLER, ITEM NO. _____ *CORRECTED BY _____ **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____																										
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name F&W Model Number 012707-301 HP 1 Volts 220 Length of Drop Pipe 63' ft. capacity 27 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																										
16 Remarks, elevation, source of data, etc. PERMIT No 3037 Source of data: Richard Brown well Source of data: Walt Peters pump																										
17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. B. J. Lewis & Sons 0088 REGISTERED BUSINESS NAME REGISTRATION NO. Address M-60 East, Cassopolis, Mich. Signed  Date 9-19-78 AUTHORIZED REPRESENTATIVE																										

DEC 17 1979

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 SW 1/4 SW 1/4	Section Number 1	Town Number 8 N.S.	Range Number 11E/W.
Distance And Direction from Road Intersections 1st. house N. of US-12 on the East side of Oakwood Dr.			3 OWNER OF WELL: Lawrence Hopkins Address 69115 Oakwood Dr White Pigeon		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 80 ft. 9/5/79		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>		
			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Diam. _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2 FORMATION			8 SCREEN:		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Type: Stainless Dia.: 3 7/8"		
Sand, gravel	54	54	Slot xxxx 12 Length 4'		
Clay brown	18	72	Set between 76 ft. and 80 ft.		
gravel sand, yellow	8	80	Fittings: 4x3 K-packer,		
			9 STATIC WATER LEVEL 40 ft. below land surface		
			10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping 64 g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ NA 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 50 feet from Direction any 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 Flint & Walling Model Number 7BK7 HP 3/4 Volts 220 Length of Drop Pipe 54 ft. capacity 19 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **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. GEO. P. REID & SON #01-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN ;46746 Signed Geo. P. Reid Date 11-23-79 AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

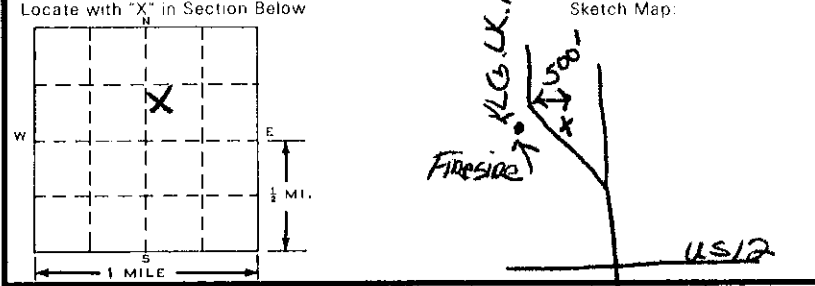
PERMIT NUMBER

AUG 02 1984 PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		Township Name		Fraction		Section Number		Town Number		Range Number	
County ST. JOSEPH		WHITE PIGEON		NE 1/4 SW 1/4 NW 1/4		1		8x XXS		1.1 XXW	

Distance And Direction From Road Intersection
3rd lot E. of Geno's on the N. side of Klinger Lake Rd. - trailer - 500' E. of Fireside Inn

Street Address & City of Well Location
 Locate with "X" in Section Below



3 OWNER OF WELL:
DAVE JORDAN
 Address
68413 Klinger Lake Rd. Sturgis, MI 49091
 Address Same As Well Location? Yes No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND & GRAVEL	11 30	30
CLAY, SAND, GRAVEL	9	39
SAND	10	49
TRACE OF CLAY, AND SAND	3	52
VEIN - BLUE	4	56

4 WELL DEPTH: (completed) **56** ft. Date of Completion **5/9/84**

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 ~~2000~~ Surface **1** ft.
 Weight **3.75** lbs./ft.
 Drive Shoe Yes No

8 SCREEN: Not Installed
 Type **Stainless** Diameter **1 1/4"**
 Slot/Groove **10** Length **36"**
 Set between **53** ft. and **56** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **5** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
 _____ ft. after _____ hrs. pumping at **850 GPH** 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 _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **septic** Distance **50** ft Direction **any**
 Well disinfected upon completion? Yes No

14 PUMP: Not Installed Pump Installation Only
 Manufacturer's name **L&S**
 Model number **IS-50DW** HP **1/2** Volts **110**
 Length of Drop Pipe **10** ft. capacity **10** G.P.M.
 TYPE: Submersible Jet
 PRESSURE TANK:
 Manufacturer's name **Amtrol**
 Model number **WX-202** Capacity **42** Gallons

15. Remarks, elevation, source of data, etc.
RECEIVED
 Mich. Dept. of Public Health
JUL 2 1984
 Bureau of Environmental and Occupational Health - GWQS

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.
GEORGE P. REID & SON **9-0369**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **P.O. Box 5 HOWE, IN 46746**
 Signed **G.P. Reid** Date **6/7/84**
 AUTHORIZED REPRESENTATIVE

USE A 2ND SHEET IF NEEDED
 ADDITION BY (Rev. 10-80)
 ELEVATION
 DEPTH TO ROCK

NOV 28 1983
GEOLOGICAL SURVEY

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		3 OWNER OF WELL:																	
County ST. JOSEPH	Township Name WHITE PIGEON	Fraction SW 1/4 NW 1/4 SE 1/4	Section Number 1																
Distance And Direction From Road Intersection 1/10 mi. E. of Hill Rd. on the N. side of Oakwood Drive		Town Number 8 KXS																	
Street Address & City of Well Location 1/10 mi. E. of Hill Rd. on the N. side of Oakwood Drive		Range Number 11 XG/W																	
Locate with "X" in Section Below		Address 428 Mortimer Ave. Sturgis, MI 49091																	
Sketch Map		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
		Date of Completion 09/27/83																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">2 FORMATION DESCRIPTION</td> <td style="text-align: center;">US-72</td> <td style="text-align: center;">THICKNESS OF STRATUM</td> <td style="text-align: center;">DEPTH TO BOTTOM OF STRATUM</td> </tr> <tr> <td>SAND</td> <td></td> <td style="text-align: center;">36</td> <td style="text-align: center;">36</td> </tr> <tr> <td>CLAY & GRAVEL</td> <td></td> <td style="text-align: center;">10</td> <td style="text-align: center;">46</td> </tr> <tr> <td>SAND & GRAVEL</td> <td></td> <td style="text-align: center;">17</td> <td style="text-align: center;">63</td> </tr> </table>		2 FORMATION DESCRIPTION	US-72	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	SAND		36	36	CLAY & GRAVEL		10	46	SAND & GRAVEL		17	63	4 WELL DEPTH: (completed) 63 ft.	
		2 FORMATION DESCRIPTION	US-72	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM														
		SAND		36	36														
CLAY & GRAVEL		10	46																
SAND & GRAVEL		17	63																
		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 checked="" 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																	
		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 I ft. Weight 11 lbs./ft.																	
		Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless steel Diameter 3 7/8" Slot/Opening 12 Length 48" Set between 59 ft. and 63 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: 3 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 type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																	
		12 WELL GROUTED? <input 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 septic Distance 50 ft. Direction any 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 Flint & Walling Model number 4P27A07-301 HP 3/4 Volts 230 Length of Drop Pipe 21 ft. capacity 27 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Amtrol Model number WX-250 Capacity 120 Gallons																	
15. Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO LYONS		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. GEO. P. REID & SONS 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 5 Howe, IN 46746 Signed <i>G. P. Reid</i> Date 10/24/83 AUTHORIZED REPRESENTATIVE																	

RECEIVED
Mich. Dept. of Public Health
OCT 31 1983
Environmental and
Occupational Health
Services Administration

USE A 2ND SHEET IF NEEDED

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		Township Name WHITE PIGEON	Fraction NE 1/4 SW 1/4 SW 1/4	Section Number 1	Town Number 8	Range Number 11	
County ST. JOSEPH							
Distance And Direction From Road Intersection West of Hill Street about 4 or 5 cottages, on the N. side of Lemon Street at Klinger Lake				3 OWNER OF WELL: CUSHING ROTH Address Route 3 Box 551 Nashville, IN 47448 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Street Address & City of Well Location Locate with "X" in Section Below				4 WELL DEPTH: (completed) 44 ft. Date of Completion 5/30/84			
Sketch Map: 				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 checked="" 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"/>			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Above/ Below Surface 1 ft <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight 3.75 lbs./ft. Grouted Drill Hole Diameter <input type="checkbox"/> Yes <input type="checkbox"/> No Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
SAND & SOME CLAY		18	18		8 SCREEN: <input type="checkbox"/> Not installed Type Stainless steel Diameter 1 1/4" Slot/Screen 10 Length 36" Set between 41 ft. and 44 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		
CLAY & GRAVEL		20	38		9 STATIC WATER LEVEL: 1'10" ft. below land surface <input type="checkbox"/> Flow		
GRAVEL		6	44		10 PUMPING LEVEL: below land surface flows 900 GPH _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ 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 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 septic Distance 50 ft. Direction any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					14 PUMP: <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe 21 ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons		
15. Remarks, elevation, source of data, etc. RECEIVED Mich. Dept. of Public Health JUN 6 1984 Bureau of Environmental and Occupational Health - CWQS ADDED INFO BY DRILLER, ITEM NO. CORRECTED BY ADDITION BY ELEVATION DEPTH TO ROCK WP. 7315				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. GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 5 HOWE, TN 46746 Signed George P. Reid Date 6/4/84 AUTHORIZED REPRESENTATIVE			

JUL 9 1984

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

GEOLOGICAL SURVEY NO. []

WATER WELL AND PUMP RECORD

[] [] [] [] [] [] [] [] [] []

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		Township Name WHITE PIGEON	Fraction NE 1/4 NW 1/4 SE 1/4	Section Number 1	Town Number 8 N/S	Range Number 11 E/W	
County ST. JOSEPH		Distance And Direction From Road Intersection 2/10 mi. N. of Fireside Inn on the W. side of Klinger Lake Rd.					
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				
		FINE SAND	50	50			
		CLAY	5	55			
		SAND & SOME GRAVEL	6	61			
15. Remarks, elevation, source of data, etc. RECEIVED Mich. Dept. of Public Health MAY 8 1984 Bureau of Environmental and Occupational Health - GWQS USE A 2ND SHEET IF NEEDED		3 OWNER OF WELL: ART & KATHLEEN DANIELS Address 68112 Klinger Lake Rd, Sturgis, MI 49091 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
		4 WELL DEPTH: (completed) 61 ft.		Date of Completion 3/29/84			
		<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 checked="" 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 type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded Height: Above/ Below Surface 1 ft. <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight 3.75 lbs./ft. _____ in. to _____ ft depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		8 SCREEN:		<input type="checkbox"/> Not Installed Type Stainless Diameter 1 1/4" Slot/Groove 10 Length 36" Set between 58 ft. and 61 ft. FITTINGS: <input checked="" 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:		2 ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface		900 GPH _____ 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 septic Distance 50 ft. Direction any 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 THEIR PUMP Myers Model number HD-33S HP 1/3 Volts 110 Length of Drop Pipe 21 ft. capacity 9 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name THEIR TANK Amtrol Model number WX-201 Capacity 30 Gallons					
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. GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. BOX 5 HOWE, IN 46746 Signed <i>George P. Reid</i> Date 5/7/84 AUTHORIZED REPRESENTATIVE					

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL			County ST. JOSEPH		Township Name WHITE PIGEON		Fraction NE 1/4 NW 1/4 SE 1/4		Section Number 1		Town Number 8 NKS		Range Number 11 EWV										
Distance And Direction From Road Intersection 3/10 mi. N. of Fireside Inn on the w. side of Klinger Lake Rd.						3 OWNER OF WELL: MRS. WILLIAM TRAXEL Address Route 5 Box 157 Maysville, KY 41056 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Street Address & City of Well Location Locate with "X" in Section Below						4 WELL DEPTH: (completed) 61 ft. Date of Completion 3/29/84																	
						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 checked="" type="checkbox"/> Jetted																	
2 FORMATION DESCRIPTION						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"/>																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">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>FINE SAND</td> <td style="text-align: center;">50</td> <td style="text-align: center;">50</td> </tr> <tr> <td>CLAY</td> <td style="text-align: center;">5</td> <td style="text-align: center;">55</td> </tr> <tr> <td>SAND & SOME GRAVEL</td> <td style="text-align: center;">6</td> <td style="text-align: center;">61</td> </tr> </tbody> </table>						FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	FINE SAND	50	50	CLAY	5	55	SAND & SOME GRAVEL	6	61	7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2 in. to 58 ft. depth Height: Above/Below Surface xxxx 1 ft. Weight 3.75 lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
FINE SAND	50	50																					
CLAY	5	55																					
SAND & SOME GRAVEL	6	61																					
8 SCREEN:						<input type="checkbox"/> Not Installed Type Stainless Diameter 1 1/2" Slot xxxx 10 Length 36" Set between 58 ft. and 61 ft. FITTINGS: <input checked="" 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:						_____ 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 septic Distance 50 ft Direction any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																	
14 PUMP:						<input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons																	
15. Remarks, elevation, source of water						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.																	
WP #6901 ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY. **ADDITION BY. ELEVATION DEPTH TO ROCK						RECEIVED Mich. Dept. of Public Health MAY 8 1984 Bureau of Environmental and Occupational Health - GWQS																	
USE A 2ND SHEET IF _____ GEORGE P. REID & SON 910369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. BOX 5 HOWE, IN 46746 Signed <i>W. P. Reid</i> Date 5/7/84 AUTHORIZED REPRESENTATIVE																							

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		Township Name		Fraction		Section Number		Town Number		Range Number	
County ST. JOSEPH		WHITE PIGEON		NE 1/4 NW 1/4 NE 1/4		1		8		11	
Distance And Direction From Road Intersection 68102 Klinger Lake Rd. - Sandy Beach, 3/10 mi. N. of Fireside Inn on the W. side of Klinger Lake Rd.											
Street Address & City of Well Location 305 N. Vermillion St., Streator, IL											
Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 61364											
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL:			
FINE SAND				30		30		LUTHER (LUKE) CHAMNESS			
CLAY & SAND				6		36		Address 305 N. Vermillion St., Streator, IL			
FINE SAND				16		52		Date of Completion 5/10/84			
SAND & GRAVEL				8		60		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 checked="" type="checkbox"/> Jetted			
Sketch Map: 				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public							
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 3.75 lbs./ft.			
8 SCREEN: <input type="checkbox"/> Not Installed				Type Stainless Diameter 1 1/2"				Slot/Space 10 Length 36"			
9 STATIC WATER LEVEL: 2'4" ft. below land surface <input type="checkbox"/> Flow				Set between 57 ft. and 60 ft.				FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check			
10 PUMPING LEVEL: below land surface				Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> fitless adapter <input type="checkbox"/> 12" above grade			
11 WELL HEAD COMPLETION: <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.				13 Nearest source of possible contamination			
12 WELL GROUTED? <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____				Type septic Distance 50' Direction any				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13 Nearest source of possible contamination				14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only				Manufacturer's name (his pump) Myers			
14 PUMP: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____				Model number HP-33S HP 1/3 Volts 110				Length of Drop Pipe 15 1/3' ft. capacity 10 G.P.M.			
15 Remarks, elevation, source of data, etc.				TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet				PRESSURE TANK: Manufacturer's name galvanized (his tank)			
15 Remarks, elevation, source of data, etc.				Model number tank mount Capacity 12 Gallons				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.			
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.				REGISTERED BUSINESS NAME GEORGE P. REID & SON REGISTRATION NO. 91-0369				Address P.O. Box 5 Howe, TN 46746			
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.				SIGNED George P. Reid Date 6/28/84				AUTHORIZED REPRESENTATIVE			

RECEIVED
 Mich. Dept. of Public Health
 JUL 13 1984
 Bureau of Environmental and Occupational Health
 GWQS

USE A 2ND SHEET IF NEEDED

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

ADDED INFO BY DRILLER, (ITEM ALL)
 *CORRECTED BY
 **ADDITION BY
 ELEVATION
 DEPTH TO ROCK

AUG 3 1983

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

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PERMIT NUMBER

1 LOCATION OF WELL County ST. JOSEPH Township Name WHITE PIGEON Fraction NE 1/4 NE 1/4 SW 1/4 Section Number 1 Town Number 8 XXS Range Number 11 XXW																			
Distance And Direction From Road Intersection N. around curve from Fireside Tavern on the E. side of Klinger Lake Rd. Street Address & City of Well Location Locate with "X" in Section Below Sketch Map: 																			
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 & Little Gravel</td> <td>20</td> <td>20</td> </tr> <tr> <td>Sand & Stones</td> <td>10</td> <td>30</td> </tr> <tr> <td>Little clay & Sand</td> <td>9</td> <td>39</td> </tr> <tr> <td>Sand</td> <td>6</td> <td>45</td> </tr> <tr> <td>Vein - Yellow</td> <td>3</td> <td>48</td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand & Little Gravel	20	20	Sand & Stones	10	30	Little clay & Sand	9	39	Sand	6	45	Vein - Yellow	3	48
FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																	
Sand & Little Gravel	20	20																	
Sand & Stones	10	30																	
Little clay & Sand	9	39																	
Sand	6	45																	
Vein - Yellow	3	48																	
3 OWNER OF WELL: Ken Perry Address 68325 Klinger Lake Rd. Sturgis, MI 49091 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
4 WELL DEPTH: (completed) 48 ft. Date of Completion 5/24/83																			
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 checked="" 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																			
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 3.75 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 stainless Diameter 1 1/2" Slot xxxx 10 Length 36" Set between 45 ft. and 48 ft. FITTINGS: <input checked="" 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: top or ground below land surface <input type="checkbox"/> Flow																			
10 PUMPING LEVEL: below land surface 900 GPH _____ 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 septic Distance 50 ft. Direction any Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
14 PUMP: <input checked="" type="checkbox"/> Not installed by us <input type="checkbox"/> Pump Installation Only Manufacturer's name Sta-Rite Model number ? HP 1/3 Volts 110 Length of Drop Pipe 21 ft. capacity ? G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Sta-Rite Model number con air tank capacity ? Gallons																			
15. Remarks, elevation, source of data, etc. <p style="text-align: center;"> RECEIVED Mich. Dept. of Public Health JUN 24 1983 Environmental and Occupational Health Services Administration </p> <p style="text-align: center;"> USE A 2ND SHEET IF NEEDED ADDED INFO BY DRILLER, ITEM NO. _____ *CORRECTED BY _____ **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____ </p>																			
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. <p style="text-align: center;"> GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 5 HOWE, IN 46746 Signed <i>George P. Reid</i> Date 5/31/83 AUTHORIZED REPRESENTATIVE </p>																			

1 LOCATION OF WELL		
County St. Joseph	Township Name White Pigeon	Fraction NE 1/4 NW 1/4 SW 1/4
		Section Number 1
		Town Number 8 XVS
		Range Number 11 EXW
Distance And Direction From Road Intersection 1/10 mile N. of Fireside on W. side of Klinger Lake Rd. #13		
Street Address & City of Well Location 13 Sandy Beach, Sturgis, MI		
Locate with "X" in Section Below		
<div style="display: flex; align-items: center;"> <div style="border: 1px dashed black; padding: 5px; margin-right: 20px;"> </div> <div> <p>Sketch Map:</p> </div> </div>		
3 OWNER OF WELL: Ed Hribar Address 9723 90th Ave. Palos, IL 60465 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
4 WELL DEPTH: (completed) 57 ft. Date of Completion April 30, 1985		
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 checked="" 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 type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below Surface _____ ft. _____ in. to _____ ft. depth Weight _____ lbs./ft. _____ 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 1 1/4" Slot/Gauze 10 Length 36" Set between 54 ft. and 57 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 2 ft. Other _____		
9 STATIC WATER LEVEL: _____ ft. below land surface <input checked="" type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 60 G.P.M. _____ 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 type="checkbox"/> Approved pit		
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 30 ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other BRY PORTLAND No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name Hydro-lux Model number _____ HP 1/2 Volts 115 Length of Drop Pipe 21 ft. capacity 15 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number top mount Capacity _____ Gallons		
15. Remarks, elevation, source of data, etc.		
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>RECEIVED</p> <p>Mich. Dept. of Public Health</p> <p>JUN 1 1 1985</p> <p>Bureau of Environmental and Health - GWQS</p> <p>USE A 240 (SHORT) IF NEEDED</p> </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. GEO. P. REID AND SON 01-0360 <small>REGISTERED BUSINESS NAME REGISTRATION NO.</small> Address P.O. Box 10, Howe IN 46746 Signed Thomas F. Reid Date 6/8/85 <small>AUTHORIZED REPRESENTATIVE</small>		

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Township Name White Pigeon		Fraction SW 1/4 SW 1/4 NE 1/4	Section Number 1	Town Number 8 N/S	Range Number 11 E/W
County St. Joseph		Distance And Direction From Road Intersection 4/10 mile N. of US-12 on W. side of Benham Beach Rd					
Street Address & City of Well Location 68876 Benham Beach Rd. Sturgis		3 OWNER OF WELL: Cathryn Horton Address 4505 Andersen Cir. Omaha, NE 68133-2708					
Locate with "X" in Section Below		Sketch Map:		4 WELL DEPTH: (completed) _____ ft. Date of Completion 77 ft. 7-15-85			
		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 checked="" 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: <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded		Height: Above/Below Surface _____ ft. Weight 1.1 lbs./ft.			
		_____ in. to _____ ft. depth		Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Grouted Drill Hole Diameter _____ in. to _____ ft. depth					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	8 SCREEN: <input type="checkbox"/> Not Installed Stainless Diameter 3.75"			
sand & gravel		42	42	Type _____ Slot/Slot Length 12 Length 48"			
sand & clay		28	70	Set between 73 ft. and 77 ft.			
yellow gravel		7	77	FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 2 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			
				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only			
				Manufacturer's name F&W			
				Model number 4F27A07 HP 3/4 Volts 230			
				Length of Drop Pipe 21 ft. capacity 27 G.P.M.			
				TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet			
				PRESSURE TANK: Manufacturer's name Amtrol			
				Model number wx-250 Capacity 13 DD 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.					
REplacement		USE A 2ND SHEET IF NEEDED		Geo. P. Reid & Son 01-0360 REGISTERED BUSINESS NAME REGISTRATION NO.			
				Address P.O. Box 10 Howe, IN 46746			
				Signed Thomas P. Reid Date 7-20-85 AUTHORIZED REPRESENTATIVE			

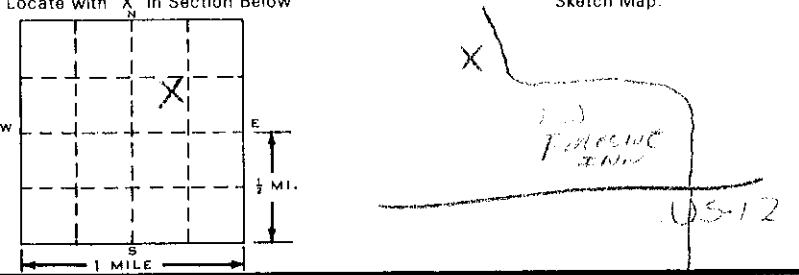
RECEIVED
Mich. Dept. of Public Health
JUL 30 1985
Bureau of Environmental and Occupational Health - GWQS

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

1 LOCATION OF WELL																				
County St. Joseph	Township Name White Pigeon	Fraction SW 1/4 NE 1/4 NW 1/4 Section Number 1 Town Number 85 Range Number N/S E/W																		
Distance And Direction From Road Intersection .7 mile N. of US-12 on NW side of Blanchard Rd. in Pine Bluff at Klinger Lake (Oak St. N. of US-12) .1 mile NE of stop sign on NW side of Rd. Street Address & City of Well Location 68668 Blanchard Rd., Sturgis																				
Locate with "X" in Section Below 		3 OWNER OF WELL: Clark Wilson Address 68668 Blanchard Rd. Sturgis, MI 49091 Address Same As Well Location? <input checked="" 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>clay, sand, grav</td> <td style="text-align: center;">36</td> <td style="text-align: center;">36</td> </tr> <tr> <td>clay</td> <td style="text-align: center;">72</td> <td style="text-align: center;">108</td> </tr> <tr> <td>shale & clay</td> <td style="text-align: center;">5</td> <td style="text-align: center;">113</td> </tr> <tr> <td>clay & gravel</td> <td style="text-align: center;">6</td> <td style="text-align: center;">119</td> </tr> <tr> <td>sand & gravel</td> <td style="text-align: center;">6</td> <td style="text-align: center;">125</td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	clay, sand, grav	36	36	clay	72	108	shale & clay	5	113	clay & gravel	6	119	sand & gravel	6	125	4 WELL DEPTH: (completed) 125 ft. Date of Completion 07/26/86
		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																
		clay, sand, grav	36	36																
		clay	72	108																
		shale & clay	5	113																
clay & gravel	6	119																		
sand & gravel	6	125																		
		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 checked="" type="checkbox"/> Jetted																		
		6 USE: <input 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 CASING: Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 4.00 in. to 21.0 ft. depth Height: Above/Below Surface 11.00 ft. Weight 11.00 lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																		
		8 SCREEN: <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> stainless 3.75 in. Diameter Type 12 slot Length 48 in. Slot/Gauze 121.00 ft. and 125 ft. Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 2.00 ft. Other _____																		
		9 STATIC WATER LEVEL: 38 ft. below land surface <input type="checkbox"/> Flow																		
		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 60 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																		
		14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name F&W Model number 4F19A07-301 HP 3/4 Volts 230 Length of Drop Pipe 63.00 ft. capacity 19 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Antrol Model number WX-250 Capacity 120 Gallons																		
15. Remarks, elevation, source of data, etc. PH 7.3 IRON .5 NITRATE 0 HARDNESS 21 wp 8335		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. George P. Reid & Son 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, Home, IN 46746 Signed Thomas P. Reid Date 07/31/86 AUTHORIZED REPRESENTATIVE																		

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

PERMIT NUMBER

1 LOCATION OF WELL		County St. Joseph		Township Name White Pigeon		Fraction NE 1/4 SW 1/4 NE 1/4		Section Number 1		Town Number 85 N/S		Range Number 14 E/W	
Distance And Direction From Road Intersection 2nd house past curve (N) by Fireside on W. side of Klinger Lake Rd. (brown)						3 OWNER OF WELL: Ralph Firoved Address 22577 Remington Court Elkhart, IN 46514 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Street Address & City of Well Location 68324 Klinger Lake Rd, Sturgis						4 WELL DEPTH: (completed) 61 ft. Date of Completion 10/16/86							
Locate with "X" in Section Below 						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 checked="" type="checkbox"/> Jetted <input type="checkbox"/>							
2 FORMATION DESCRIPTION						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 2.00 in. to 58.00 ft. depth Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth							
						8 SCREEN: <input type="checkbox"/> Not Installed Type stainless Diameter 1.25 in. Slot/Gauze 10 slot Length 36 in. Set between 58.00 ft. and 61 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 2.00 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 15 G.P.M. _____ 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 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													
14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name L&S Model number LG-3S HP 1/3 Volts 115 Length of Drop Pipe 9.25 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name AMTROL Model number TM-12 Capacity 12 Gallons													

15. Remarks, elevation, source of data, etc.
PH 7.5
HARDNESS 200 G/G
NITRATE 1 mg/L
IRON 0.5 mg/L

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.
George P. Reid & Son 91-0349
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **P.O. Box 10, Howe, IN 46746**
Signed **Thomas P. Reid** Date **11/07/86**
AUTHORIZED REPRESENTATIVE

WATER WELL & PUMP RECORD

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PERMIT NUMBER

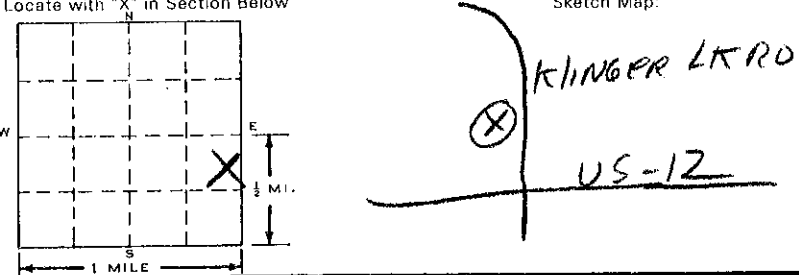
1 LOCATION OF WELL																	
County St. Joseph	Township Name White Pigeon	Fraction SE 1/4 SE 1/4 NE 1/4															
Distance And Direction From Road Intersection 1st house on N. side of Spring St. going in off Klinger Lake Rd. on E. end of St. 21816 SPRING ST.		Section Number 1															
Street Address & City of Well Location 21816 Spring St., Sturgis		Town Number 8S N/S															
Locate with "X" in Section Below		Range Number 11W E/W															
		3 OWNER OF WELL: James D. Bailey Address Route 1 Geneva, IN 46740 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" 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>yellow & white sand</td> <td style="text-align: center;">25</td> <td style="text-align: center;">25</td> </tr> <tr> <td>clay</td> <td style="text-align: center;">6</td> <td style="text-align: center;">31</td> </tr> <tr> <td>yellow & white fine sand</td> <td style="text-align: center;">5</td> <td style="text-align: center;">36</td> </tr> <tr> <td>yellow & white gravel</td> <td style="text-align: center;">28</td> <td style="text-align: center;">64</td> </tr> </tbody> </table>		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	yellow & white sand	25	25	clay	6	31	yellow & white fine sand	5	36	yellow & white gravel	28	64	4 WELL DEPTH: (completed) 64 ft. Date of Completion 05/20/87
		FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM													
yellow & white sand	25	25															
clay	6	31															
yellow & white fine sand	5	36															
yellow & white gravel	28	64															
		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 checked="" 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															
		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2.00 in. to 61.00 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No															
		8 SCREEN: <input type="checkbox"/> Not installed Type stainless Diameter 1.25 in. Slot/Gauze 10 slot Length 36 in. Set between 61.00 ft. and 64 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Brenner Check <input checked="" type="checkbox"/> Blank above screen 2.00 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 15 G.P.M. _____ 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 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															
		14 PUMP: <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump installation only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe 30.00 ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons															
15. Remarks, elevation, source of data, etc. Replacement well WP#9072 pH: 7.4 Hardness in ppg: 22 Iron in mg/l: .7 Nitrates in mg/l: 8.0		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. _____ REGISTERED BUSINESS NAME George P. Reid & Son REGISTRATION NO. 91-0349 Address P.O. Box 10, Howe, IN 46746 Signed George P. Reid Date 05/17/87 AUTHORIZED REPRESENTATIVE															

USE A 2ND SHEET IF NEEDED

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL		County St. Joseph		Township Name White Pigeon		Fraction SE 1/4 NE 1/4 SE 1/4		Section Number 1		Town Number 85 N/S		Range Number 11W E/W	
Distance And Direction From Road Intersection .32 mile North of US-12 on West side of Klinger Lake Rd. NEW RESIDENCE						3 OWNER OF WELL: Mike Mingus Address 68680 Klinger Lake Rd. Sturgis, MI 49091 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location 68680 Klinger Lake Rd., Sturgis						4 WELL DEPTH: 117 FT. Date Completed 04 26 89 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Locate with "X" in Section Below 						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 checked="" type="checkbox"/> Jetted							
2 FORMATION DESCRIPTION						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 4.00 in. to 113.0 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
yellow sand & gravel						8 SCREEN: <input type="checkbox"/> Not Installed Type stainless Diameter 3.75 in. Slot/Gauze 12 slot Length 48 in. Set between 113.00 ft. and 117 ft.							
brown clay & gravel						9 STATIC WATER LEVEL: 32 ft. below land surface <input type="checkbox"/> Flow							
blue clay						10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 60 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
yellow sand & gravel						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							
blue clay						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 checked="" type="checkbox"/> Other granular No. of bags of cement _____ Additives _____							
yellow sand & gravel						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							
yellow sand & gravel						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name F&W Model number 4F27A07-301 HP 3/4 Volts 230 Length of Drop Pipe 63.00 ft. capacity 27 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Amrol Model number WX-203 Capacity 80 Gallons							
15. Remarks, elevation, source of data, etc. pH: 7.5 Hardness in gpg: 27 Iron in mg/l: .6 Nitrates in mg/l: 7.0						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. George P. Reid & Son 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 10, HOWE, IN 46746 Signed Thomas P. Reid Date 05/24/89 AUTHORIZED REPRESENTATIVE							
												17. Rig Operator's Name: Todd Gotshall	

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MAY 31 1989
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Authority: Act 368 PA 1978
Completion: Required
Penalty: Conviction of a violation of any provision is a misdemeanor.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Township Name White Pigeon		Fraction NE 1/4 NW 1/4 Sec 1	Section Number 1	Town Number 8 MS	Range Number 11-20 W
County St Joseph		Distance And Direction From Road Intersection KLINGEN LK RD		3 OWNER OF WELL: HEAVY SMOKE 839 HY 43 NORTH THOMASVILLE AL 36718			
Street Address & City of Well Location		Sketch Map: 		Address HEAVY SMOKE 839 HY 43 NORTH THOMASVILLE AL 36718			
Locate with "X" in Section Below		4 WELL DEPTH: 46 FT.		Date Completed MO. DAY YEAR <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well			
5 FORMATION DESCRIPTION P1		THICKNESS OF STRATUM		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input type="checkbox"/> Type I Public <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Type IIb Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Heat pump			
6 FORMATION DESCRIPTION		DEPTH TO BOTTOM OF STRATUM		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2 in. to 46 ft. depth Surface _____ ft. Weight _____ lbs./ft.			
7 FORMATION DESCRIPTION				8 SCREEN: <input type="checkbox"/> Not Installed Type STAINLESS STEEL Diameter 2" Slot/Gauze 10 Length 4' 6" Set between 42 ft. and 46 ft.			
8 FORMATION DESCRIPTION				9 STATIC WATER LEVEL: 0 ft. below land surface <input checked="" type="checkbox"/> Flow			
9 FORMATION DESCRIPTION				10 PUMPING LEVEL: below land surface FLOWES AT 50GPM _____ ft. after _____ hrs. pumping at _____ G.P.M.			
10 FORMATION DESCRIPTION				11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Jetless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit			
11 FORMATION DESCRIPTION				12 WELL GROUTED? <input type="checkbox"/> No <input 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 1 Additives _____			
12 FORMATION DESCRIPTION				13 Nearest source of possible contamination Type SEPTIC LINE Distance 10 ft. Direction E Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13 FORMATION DESCRIPTION				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name FLINT SWALLING Model number CP407 HP 3/4 Volts 120/240 Length of Drop Pipe _____ ft. capacity 16 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name WELL X TROL Model number W4 202 Capacity 20 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. WILLIAMS WELL WATER 551871 REGISTERED BUSINESS NAME REGISTRATION NO. Address 28186 BENTHAM RD CENTREVILLE MI Signed [Signature] Date 9 Oct 89 AUTHORIZED REPRESENTATIVE			
17. Rig Operator's Name:							

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BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS

USE A 2ND SHEET IF NEEDED

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

1 LOCATION OF WELL			
County ST. JOSEPH	Township Name WHITE PIGEON	Fraction NE 1/4 NE 1/4 SW 1/4	Section Number 1 Town Number 8 Range Number 11
Distance And Direction From Road Intersection 1/4 mi. S. & W. of Klinger Lake Rd. on N. side of Hill St. #68534 Hill Street			
Street Address & City of Well Location 1206 Myrtle Avenue Sturgis, MI 49091			
Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Locate with "X" in Section Below		Sketch Map:	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND		500	50
LITTLE CLAY, SAND & GRAVEL		1	56
SAND & GRAVEL		12	68
CLAY & GRAVEL		2	70
SAND & STONES		4	74
LITTLE SAND & GRAVEL		6	80
3 OWNER OF WELL: DR. JEFFREY NASSER Address: 1206 Myrtle Avenue Sturgis, MI 49091 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4 WELL DEPTH: (completed) 80 ft. Date of Completion 11/2/84			
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 checked="" 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			
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2 in. to 77 ft. depth 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 Stainless steel Diameter 1 3/4" Slot/Gauge 10 Length 3' Set between 77 ft. and 80 ft. FITTINGS: <input checked="" 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: 44 ft. below land surface <input type="checkbox"/> Flow			
10 PUMPING LEVEL: below land surface 850 GPH _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input checked="" 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 septic Distance 50 ft Direction _____ 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 (His pump) L&S Model number LS-33 HP 1/3 Volts 115 Length of Drop Pipe 42 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name AmTrol tank (His Tank) Model number WX-103 Capacity 21 Gallons			
15. Remarks, elevation, source of data, etc. WP # 7404 NITRATES 4 mg/l IRON 0.3 PPM pH 7.5 HARDNESS 19 GPG		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. GEORGE P. REID & SON 91-0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address P.O. Box 5 Howe, IN 46746 Signed Wm. J. Reid (rs) Date 11/16/84 AUTHORIZED REPRESENTATIVE	

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