

1 LOCATION OF WELL		
County St. Joseph	Township Name White Pigeon	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number 14 Town Number 8 <i>N/S</i> Range Number 11 <i>N/W</i>
Distance And Direction From Road Intersection Mill Pond Road, North Side		
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
Fill	3	3
Brown Sand	19	22
Brown Sand & Clay	8	30
Trace of Gray Clay	2	32
Course Sand	12	44
3 OWNER OF WELL: Jim Takace Address 20050 Mill Pond Rd. White Pigeon Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: (completed) Date of Completion 44 ft. 11-29-83		
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 <input type="checkbox"/> _____		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/> _____		
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded Height: Above/Below Surface 6 ft. <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Weight 3-3/4 lbs./ft. _____ in. to _____ ft. depth _____ 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 W/W Diameter 1-1/4 Slot/Groove #10 Length 42 Set between 40 ft. and 44 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 0 ft. Other _____		
9 STATIC WATER LEVEL: _____ 25 ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface 1 5 GPM W/Big Pump _____ 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 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 Flint & Walling Model number CPJ05 HP 1/2 Volts 115 Length of Drop Pipe 30 ft. capacity 10 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name Well-X-Trol Model number 202 Capacity 18 Gallons		
15. Remarks, elevation, source of data, etc. ADD'D INFO BY DRILLER, ITEM NO. *CORRECTED BY *ADDITION BY <i>OK</i> 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. J. W. Bowles Well Drilling 14-1699 REGISTERED BUSINESS NAME REGISTRATION NO. Address 925 Anderson Rd., Niles, Mi. 49120 Signed <i>John Bowles</i> Date 12/20/83 AUTHORIZED REPRESENTATIVE		

RECEIVED
 Mich. Dept. of Public Health
 12/21/83
 1000 Stadium Dr.
 Lansing, Michigan 48906
 Services Administration

USE A 2ND SHEET IF NEEDED

