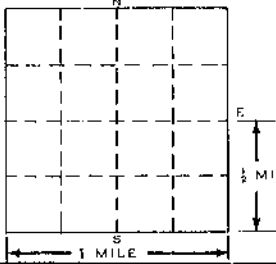


**FEB 28 1977**

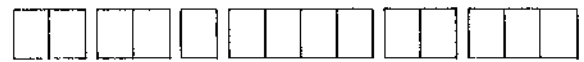
**WATER WELL RECORD**

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>		
County <b>Tuscola</b>	Township Name <b>Denmark</b>	Fraction 1/4 1/4 1/4	Section Number <b>9</b>	Town Number <b>12-N</b> N/S:	Range Number <b>7-E</b> E/W.
Distance And Direction from Road Intersections <b>500' E of Quanicasssee road on S side of Dixon road Reese, Michigan</b>			Address <b>William Weber, Builder Quanicasssee, road Reese, Michigan</b>		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion <b>140</b> ft. <b>May 25, 1976</b>		
Sketch Map: 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jotted <input type="checkbox"/> Bored <input type="checkbox"/>		
2 FORMATION			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>		
			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above _____ Surface <b>2</b> ft. <b>2</b> in. to <b>90</b> ft. Depth Weight <b>375</b> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
			9 STATIC WATER LEVEL <b>20</b> ft. below land surface		
			10 PUMPING LEVEL below land surface <b>100</b> ft. after <b>2</b> hrs. pumping <b>8</b> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____					
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
13 Well Grouted? <input 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 <b>55</b> feet <b>S</b> Direction <b>Septic Field</b> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <b>Goulds</b> Model Number <b>1107N</b> H <b>75</b> Volts <b>230</b> Length of Drop Pipe <b>42</b> ft. capacity <b>9</b> 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 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. <b>William Cragg and Son</b> <b>1291</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>Box 66, Fairgrove, Michigan 48733</b> Signed <i>William Cragg</i> Date <b>May 21, 1976</b> AUTHORIZED REPRESENTATIVE		

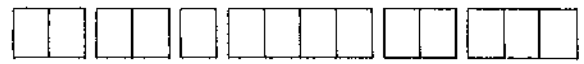




**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

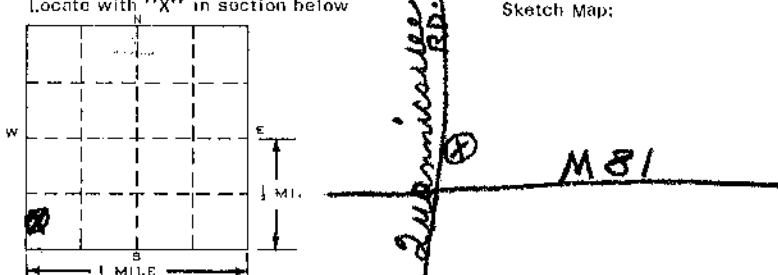
1 LOCATION OF WELL		2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3 OWNER OF WELL:	
County <i>Tuscola</i>	Township Name <i>Denmark</i>	Fraction <i>NW 1/4 NW 1/4</i>	Section Number <i>9</i>	Town Number <i>12 N</i>	Range Number <i>7 E</i>	3 OWNER OF WELL: Address <i>Elmer Kern</i> <i>8889 Dixon Rd</i> <i>Reese, Mi 48757</i>	
Distance And Direction from Road Intersections <i>.2 MI. E. OF QUANNICASSEE RD.</i> <i>150 FT. S. OF DIXON RD.</i> Street address & City of Well Location						4 WELL DEPTH: (completed) Date of Completion <i>190</i> ft. <i>5-8-86</i>	
Locate with "X" in section below Sketch Map: 						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jotted <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						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above _____ Surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____						9 STATIC WATER LEVEL _____ 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 checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade						13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> <i>cuttings</i> Depth: From <i>190</i> ft. to <i>0</i> ft.	
14 Nearest Source of possible contamination _____ feet _____ Direction <i>septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <i>Bunfas</i> Model Number _____ HP <i>1/2</i> Volts <i>220</i> Length of Drop Pipe <i>63</i> ft. capacity <i>7</i> G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc. <div style="text-align: center;">                         RECEIVED                          Mich. Dept. of Public Health                          JUL 17 1986                          Bureau of Environmental and                          Occupational Health - GWQS                     </div>						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>Stob Well Dily. 73-0863</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>6615 James Rd. Sag. Mi.</i> Signed <i>Earl W. Stob</i> Date <i>6-16-86</i> AUTHORIZED REPRESENTATIVE	



JUL 1 1978

**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>											
County <i>Jucola</i>	Township Name <i>Denmark</i>	Fraction <i>W. 1/2 W. SW 1/4</i>	Section Number <i>9</i>	Town Number <i>12 N.E.</i>	Range Number <i>7 E.W.</i>						
Distance And Direction from Road Intersections <i>20 Rds. N. of M 81</i> <i>200 FT. E. of QUANNICASSEE RD.</i>						3 OWNER OF WELL: <i>John Marko</i> Address <i>1971 Quannicasse Rd.</i> <i>Reese, Mi.</i>					
Street address & City of Well Location Locate with "X" in section below  Sketch Map: <i>Quannicasse Rd.</i> <i>M 81</i>						4 WELL DEPTH: (Completed) Date of Completion <i>200</i> ft. <i>6-1-78</i>					
2 FORMATION						5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
						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 <i>1</i> ft. <i>4</i> in. to <i>120</i> ft. Depth Weight <i>11</i> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
						8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____					
DEPTH TO BOTTOM OF STRATUM						9 STATIC WATER LEVEL <i>12</i> ft. below land surface					
						10 PUMPING LEVEL below land surface <i>200</i> ft. after <i>1/2</i> hrs. pumping <i>25</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
red clay blue clay stony gray bed rock white rock gray rock sand stone coal gray rock dark gray shale gray sand stone						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____					
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION DEPTH TO ROCK <small>USE A 2ND SHEET IF NEEDED</small>						13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> <i>clay</i> Depth: From <i>0</i> ft. to <i>6</i> ft.					
						14 Nearest Source of possible contamination <i>60</i> foot <i>W</i> Direction <i>Septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
16 Remarks, elevation, source of data, etc. <i>190 ft. 5 gpm.</i> <i>200 ft. 25 gpm.</i>						15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name <i>Red Jacket</i> Model Number <i>50N19BC</i> HP <i>1/2</i> Volts <i>220</i> Length of Drop Pipe <i>63</i> ft. capacity <i>10</i> G.P.M. Type: <input checked="" 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. <i>Benderly Stob</i> <i>0863</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>6615 Janet Rd. Sag. Mi.</i> Signed <i>Carl W. Stob</i> Date <i>6-19-78</i> AUTHORIZED REPRESENTATIVE					

**WATER WELL AND PUMP RECORD**

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**PERMIT NUMBER**

PART 127 ACT 368, P.A. 1978

<b>1 LOCATION OF WELL</b>					
County <b>Tuscola</b>	Township Name <b>Denmark</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <b>9</b>	Town Number <b>12N</b> N/S	Range Number <b>7E</b> E/W
Distance And Direction From Road Intersection <b>800' N of M-81 on E side of Quanicassee</b>			3 OWNER OF WELL: <b>Bill Weber, Builder</b>		
Street Address & City of Well Location Locate with "X" in Section Below			Address <b>Reese, Michigan</b>		
<div style="border: 1px solid black; padding: 5px;"> </div>			Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			4 WELL DEPTH (completed) <b>140</b> ft.		
			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Augor <input type="checkbox"/> Jotted <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			7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/>		
			Height: Above/Below Surface <b>2</b> ft. Weight <b>SDR 17</b> lbs./ft.		
Clay			5 in. to <b>100</b> ft. depth		
Shale			in. to _____ ft. depth		
Sandstone			Grouted Drill Hole Diameter _____ in. to _____ ft. depth		
			_____ in. to _____ ft. depth		
			_____ in. to _____ ft. depth		
			_____ in. to _____ ft. depth		
			8 SCREEN: <input type="checkbox"/> Not Installed		
			Type _____ Diameter _____		
			Slot/Gauze _____ Length _____		
			Set between _____ ft. and _____ ft.		
			FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft.   Other _____		
			9 STATIC WATER LEVEL: <b>15</b> ft. below land surface <input type="checkbox"/> Flow		
			10 PUMPING LEVEL: below land surface <b>140</b> ft. after <b>1</b> hrs. pumping at <b>35</b> 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 <b>Septic</b> Distance <b>75</b> ft   Direction <b>E</b> Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15. Remarks, elevation, source of data, etc.			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
			Manufacturer's name <b>Flint &amp; Walling</b> Model number <b>5BAB</b> HP <b>.5</b> Volts <b>230</b> Length of Drop Pipe <b>63</b> ft capacity <b>10</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		
USE A 2ND SHEET IF NEEDED			PRESSURE TANK: Manufacturer's name <b>X-Trol</b> Model number <b>WX 202</b> Capacity <b>42</b> 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. <b>William Cragg and Son</b> <b>1291</b> REGISTERED BUSINESS NAME   REGISTRATION NO. Address <b>Box 66, Fairgrove, Michigan 48733</b> Signed <i>William Cragg</i> Date <b>Nov 5, 1984</b> AUTHORIZED REPRESENTATIVE		

RECEIVED  
MICH. Dept. of Public Health  
NOV 2 1984  
Bureau of Environmental and  
Occupational Health - GWQS

APR 27 1977

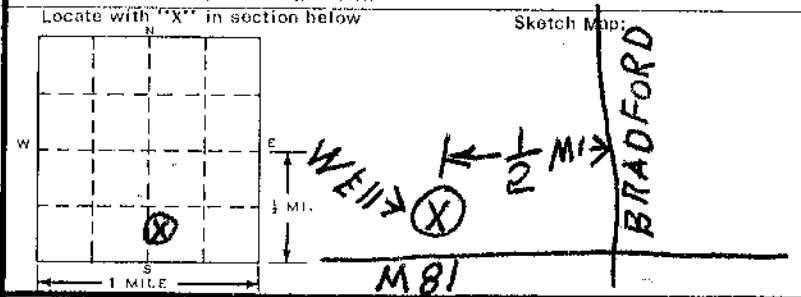
**WATER WELL RECORD**  
ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

**1 LOCATION OF WELL**

County Juscola Township Name Denmark Fraction W 1/2 W SE 1/4 Section Number 9 Town Number 12 N 7 Range Number 7 E 1/2

Distance And Direction from Road Intersections  
1/2 MI. W. OF BRADFORD  
120 FT. N. OF M81



**3 OWNER OF WELL:** RAY ORTNER  
Address 8702 W. CAROL RD.  
Reese, Mich. 48757

**4 WELL DEPTH:** (completed) 200 ft. Date of Completion 9-10-76

**5**  Cable tool  Rotary  Driven  Dug  
 Hollow rod  Jetted  Borod

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

**7 CASING:** Threaded  Welded  Height: Above/Below  
Diam. 4 in. to 99 ft. Depth Surface 11 lbs./ft.  
Weight 11 lbs./ft. Drive Shoe? Yes  No

**8 SCREEN:**  
Type: \_\_\_\_\_ Dia.: \_\_\_\_\_  
Slot/Gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
Fittings: \_\_\_\_\_

**9 STATIC WATER LEVEL** 20 ft. below land surface

**10 PUMPING LEVEL** below land surface  
200 ft. after 1 hrs. pumping 20 g.p.m.  
\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.

**11 WATER QUALITY** in Parts Per Million:  
Iron (Fe) \_\_\_\_\_ Chlorides (Cl) \_\_\_\_\_  
Hardness \_\_\_\_\_ Other \_\_\_\_\_

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

**13 Well Grouted?**  Yes  No  
 Neat Cement  Bentonite  clay  
Depth: From 0 ft. to 6 ft.

**14 Nearest Source** of possible contamination  
150 feet W Direction Septic Type  
Well disinfected upon completion  Yes  No

**15 PUMP:**  Not installed  
Manufacturer's Name Red Jacket  
Model Number 100N1800 HP 1 Volts 230  
Length of Drop Pipe 84 ft. capacity 18 G.P.M.  
Type:  Submersible  Jet  Reciprocating

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sand</u>	<u>2</u>	<u>2</u>
<u>Red Clay</u>	<u>18</u>	<u>20</u>
<u>Blue clay</u>	<u>68</u>	<u>88</u>
<u>Dark gray bed rock</u>	<u>6</u>	<u>94</u>
<u>White rock</u>	<u>1</u>	<u>95</u>
<u>Sand rock trace</u>	<u>8</u>	<u>103</u>
<u>White rock</u>	<u>3</u>	<u>106</u>
<u>Black shale</u>	<u>8</u>	<u>114</u>
<u>White rock</u>	<u>2</u>	<u>116</u>
<u>Sand rock trace</u>	<u>12</u>	<u>128</u>
<u>Black shale</u>	<u>14</u>	<u>142</u>
<u>Gray rock</u>	<u>43</u>	<u>185</u>
<u>Excellent sand rock</u>	<u>15?</u>	<u>200?</u>

**16 Remarks, elevation, source of data, etc.**  
103 ft. 19 gpm.  
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.  
Bender & Stob 0863  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 6615 James Rd. Sag. Mich.  
Signed Earl W. Stob Date 9-10-76  
AUTHORIZED REPRESENTATIVE

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH ABANDONED WELL PLUGGING RECORD

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

County Tuscola

Township Name Douglas

Fraction S1/4

1/4 E1/4

Section No. 9

Town No. 17 N/S

Range No. 7 E/W

Distance and Direction from Road Intersection

3/4 mi west of road intersection

Street Address & City of Well Location

12. OWNER OF WELL

Address

Myron Bell  
8730 W. Cass St  
Rockford MI 48257

Address Same as Well Location  Yes  No

2. WELL DEPTH:

180 ft.

3. Date Plugging Completed

9 12/196

13. DROP PIPE/PUMPING EQUIPMENT REMOVED

Yes  No (Explain in COMMENTS)

4. USE:  Single Family

Type I Public

Heat Pump

Irrigation

Type II Public

Test Well

Type III Public

14. PLUGGING MATERIAL:

Bentonite Chips from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags

Bentonite Pellets from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags

Bentonite Grout from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags

Neat Cement from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags

Cement Grout from 0 ft. to 180 ft. 4 94# bags

Other \_\_\_\_\_

6. CASING:

2 in. dia. to 100 ft. depth.

\_\_\_\_\_ in. dia. to \_\_\_\_\_ ft. depth

7. CASING MATERIAL

Steel  Other \_\_\_\_\_

Plastic

8. CASING STATUS AFTER PLUGGING

Buried 4 ft. below grade

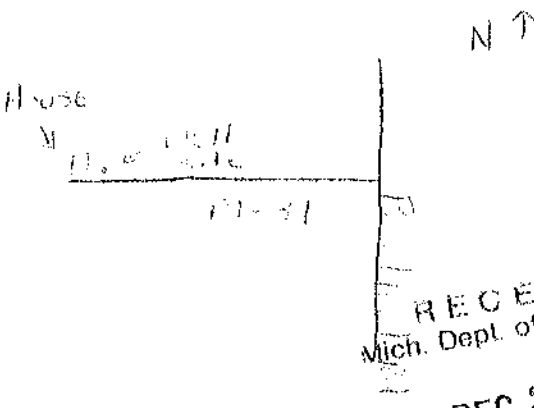
Removed

Above Grade \_\_\_\_\_ in.

9. FLOWING WELL:  Yes  No

10. SITE SKETCH:

Show location of plugged well(s) relative to buildings, drives, roads, and other structures or landmarks on site. Include a North arrow.



15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No

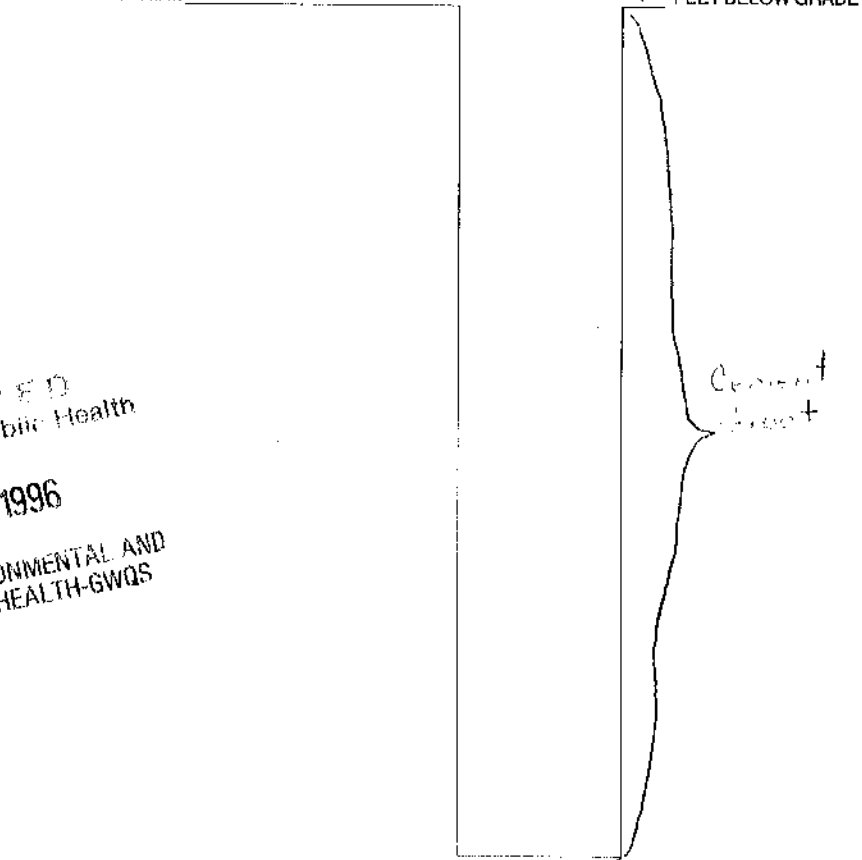
Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

16. PLUGGING SKETCH (Complete if combination of materials was used.)

Show type of plugging materials and interval plugged.

MATERIAL

4 FEET BELOW GRADE



11. COMMENTS

RECEIVED  
DEC - 4 1996

RECEIVED  
Mich. Dept. of Public Health

DEC 30 1996  
BUREAU OF ENVIRONMENTAL AND  
OCCUPATIONAL HEALTH-GWQS

17. WATER WELL CONTRACTOR'S CERTIFICATION:

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

D & J Pump Service 0642  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 1614 E. Cass, Caro, Mich

Signed Donald J. ... Date 9-28-96  
AUTHORIZED REPRESENTATIVE

William Cragg  
LOCAL HEALTH DEPT. COPY

Authority: Act 368 PA 1978  
Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
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:

2691

TAX NO:

1. LOCATION OF WELL

County

Tuscola

Township Name

Denmark

Fraction

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

Section No.

9

Town No.

12N

Range No.

7E

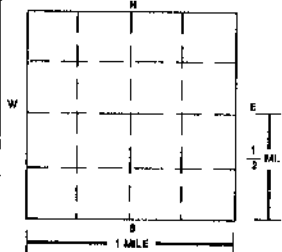
Distance and Direction from Road Intersection

.25 Mile N of M-81 on the W side  
of Bradford Rd.  
1850 Bradford 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

Sand

5

5

Clay

90

95

Shale

8

103

Sandstone

9

112

Shale

53

165

Sandstone

35

200

3. OWNER OF WELL

Address Tim Baur

1850 Bradford Rd.

Reese MI 48757

Address Same as Well Location  Yes  No

4. WELL DEPTH:

200 ft.

Date Completed

02-13-98

New Well

Replacement Well

5.  Cable Tool

Rotary

Driven  Dug

Hollow Rod

Auger/Bored

Jetted

6. USE:  Household

Type I Public

Type III Public

Irrigation

Type IIa Public

Heat Pump

Test Well

Type IIb Public

7. CASING:  Steel  Threaded

Plastic  Welded

Other

Height: Above/Below Surface: 2 ft

Diameter: 5 in. to 109 ft. depth

Weight: SDR 17 lbs./ft.

BORE HOLE:

Diameter: 8.5 in. to 109 ft. depth

Drive Shoe

Shale Packer

4.25 in. to 200 ft. depth

8. SCREEN:  Not Installed

Gravel-Packed

Type \_\_\_\_\_

Diameter \_\_\_\_\_

Slot/Gauze \_\_\_\_\_

Length: \_\_\_\_\_

Set Between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

FITTINGS:  K-Packer

Bremer Check

Blank Above Screen \_\_\_\_\_ ft. Other \_\_\_\_\_

9. STATIC WATER LEVEL:

20 ft. Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

200 ft. After 1 hrs. Pumping at 25 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 109 to 0 ft.

Neat Cement

Bentonite

Other \_\_\_\_\_

No. of Bags 4

Additives BZ Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type SEPTIC

Distance 60 ft. Direction S

Type \_\_\_\_\_

Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed

Pump Installation Only

Manufacturer's Name \_\_\_\_\_

Model Number \_\_\_\_\_

HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft.

Capacity \_\_\_\_\_ G.P.M.

TYPE:  Submersible

Jet

Other \_\_\_\_\_

PRESSURE TANK:

Manufacturer's Name \_\_\_\_\_

Model Number \_\_\_\_\_

Capacity \_\_\_\_\_ Gallons \_\_\_\_\_

15. ABANDONED WELL PLUGGED?  Yes  No

Casing Diameter \_\_\_\_\_ in.

Depth \_\_\_\_\_ ft.

PLUGGING MATERIAL:

Neat Cement

Bentonite Slurry

Cement/Bentonite Slurry

Concrete Grout

Bentonite Chips

No. of Bags \_\_\_\_\_

Casing Removed?  Yes  No

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

Packer jet system buried under  
cement. Cannot access.

17. DRILLING MACHINE OPERATOR:

Employee  Subcontractor

Name \_\_\_\_\_

William Cragg Jr.

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.

REGISTERED BUSINESS NAME \_\_\_\_\_

Bill Cragg Jr. Water W.D.

REGISTRATION NO. \_\_\_\_\_

Address \_\_\_\_\_

2074 Mertz Rd.

Garo,

MI 4872

Signed \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_

2-20-98

**WATER WELL AND PUMP RECORD**

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

TAX NO:

06 009 000-000-00

PERMIT NO:

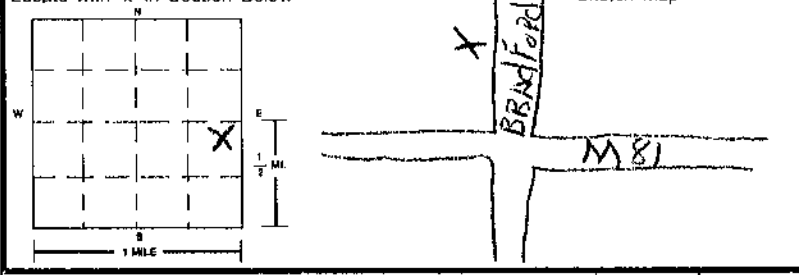
003716

1. LOCATION OF WELL

County: Tuscola Township Name: DENMARK Fraction: SE 1/4 NE 1/4 Section No.: 9 Town No.: 120 Range No.: 7E

Distance and Direction from Road Intersection  
1/2 MILE NORTH OF M81 ON BRADFORD WEST SIDE

Street Address & City of Well Location



3. OWNER OF WELL PAUL HATCH  
Address 1616 BRADFORD REESE  
Address Same as Well Location  Yes  No

4. WELL DEPTH: 225 ft. Date Completed 12 08 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  Height: Above/Below  
 Plastic  Welded Surface: 1 ft.  
 Other

Diameter: 5 in. to 109 ft. depth Weight: SDR11 lbs./ft.  
BORE HOLE: Diameter: 8.5 in. to 109 ft. depth  Drive Shoe  
9.5 in. to 225 ft. depth  Shale Packer

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

9. STATIC WATER LEVEL: 20 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface 40 ft. After 1 hrs. Pumping at 35 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 109 ft.  
 Neat Cement  Bentonite  Other BENSEN  
No. of Bags 5 Additives EZ MUD

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:  
Type SEPTIC Distance 50 ft. Direction S.E.  
Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
BROWN CLAY	12	12
GRAY CLAY	68	80
GRAY SHALE	6	86
SAND ROCK	9	95
BLACK SHALE	9	106
SAND ROCK	29	135
DARK SHALE	45	180
SAND ROCK	45	225

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?  Yes  No  
Casing Diameter 2 in. Depth 60 ft.  
PLUGGING MATERIAL:  Neat Cement  Bentonite Slurry  
 Cement/Bentonite Slurry  Concrete Grout  Bentonite Chips  
No. of Bags 1 Casing Removed?  Yes  No

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

17. DRILLING MACHINE OPERATOR:  
 Employee  Subcontractor  
Name GRANI HOWELL

14. PUMP:  Not Installed  Pump Installation Only  
Manufacturer's Name MYERS  
Model Number 25752-12 HP .05 Volts 220  
Length of Drop Pipe 60 ft. Capacity 12 G.P.M.  
TYPE:  Submersible  Jet  Other \_\_\_\_\_  
PRESSURE TANK:  
Manufacturer's Name AQUA AIR  
Model Number V100 Capacity 80 Gallons 9.9

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.  
TRAVLER WELL DRILLING 1865  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 7528 W. FRANKENMUTH RD VASSAR  
Signed [Signature] Date 12-29-99  
AUTHORIZED REPRESENTATIVE

TAX NO: 006-009-000-1425-00

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY

WATER WELL AND PUMP RECORD

PERMIT NO:

2691

1. LOCATION OF WELL

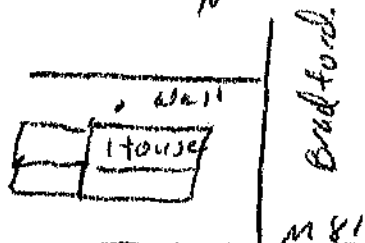
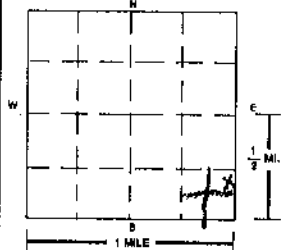
County Tuscola Township Name DENMARK Fraction NE 1/4 SE 1/4 Section No. 9 Town No. T12N Range No. R7E

Distance and Direction from Road Intersection 2.10 Mile North of M 81 + 100' West of Bradford.

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

Table with 3 columns: Formation Description, Thickness of Stratum, and Depth to Bottom of Stratum. The table is mostly empty, with some vertical text on the left side: 'RECEIVED MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY APR 10 98' and 'BRADFORD GROUND WATER SUPPLY SEC.'.

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

Yes  No

Casing Diameter \_\_\_\_\_ in. Depth \_\_\_\_\_ ft.

PLUGGING MATERIAL:

Neat Cement  Bentonite Slurry  Cement/Bentonite Slurry  Concrete Grout  Bentonite Chips

No. of Bags \_\_\_\_\_ Casing Removed?  Yes  No

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

17. DRILLING MACHINE OPERATOR:

Employee  Subcontractor

Name \_\_\_\_\_

3. OWNER OF WELL

Address TIM BAUER 1850 BRADFORD RD. REESE MI

Address Same as Well Location  Yes  No

4. WELL DEPTH:

Date Completed \_\_\_\_\_

ft. / /

New Well

Replacement Well

5.  Cable Tool  Rotary  Driven  Dug

Hollow Rod  Auger/Bored  Jetted

6. USE:  Household  Type I Public  Type III Public

Irrigation  Type IIa Public  Heat Pump

Test Well  Type IIb Public

7. CASING:  Steel  Threaded

Plastic  Welded

Other \_\_\_\_\_

Height: Above/Below

Surface: \_\_\_\_\_ ft

Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Weight: \_\_\_\_\_ lbs./ft.

BORE HOLE:

Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Drive Shoe

Shale Packer

8. SCREEN:  Not installed  Gravel-Packed

Type \_\_\_\_\_ Diameter \_\_\_\_\_

Slot/Gauze \_\_\_\_\_ Length: \_\_\_\_\_

Set Between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

FITTINGS:  K-Packer  Bremer Check

Blank Above Screen \_\_\_\_\_ ft. Other \_\_\_\_\_

9. STATIC WATER LEVEL:

20 ft. Below Land Surface  Flowing

10. PUMPING LEVEL: Below Land Surface

55 ft. After 1.5 hrs. Pumping at 18 G.P.M.

Plunger  Bailor  Air  Test Pump

11. WELL HEAD COMPLETION:

Pitless Adapter  42" Above Grade

Basement Offset  Well House

12. WELL GROUTED?  No  Yes

From \_\_\_\_\_ to \_\_\_\_\_ ft.

Neat Cement  Bentonite  Other \_\_\_\_\_

No. of Bags \_\_\_\_\_ Additives \_\_\_\_\_

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:  Not Installed  Pump Installation Only

Manufacturer's Name Aqua America (Acemotor)

Model Number 12AB-502-2 HP 2 Volts 220

Length of Drop Pipe 60 ft. Capacity 12 G.P.M.

TYPE:  Submersible  Jet  Other \_\_\_\_\_

PRESSURE TANK:

Manufacturer's Name Amtrol

Model Number WJ2-22 Capacity 20 Gallons

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.

Paul's Pump Repair, Inst 0588 REGISTERED BUSINESS NAME REGISTRATION NO.

Address 2289 Riley Rd CARO

Signed Paul Chermiowski Date 2/14/98 AUTHORIZED REPRESENTATIVE

<b>1 LOCATION OF WELL</b>									
County <b>Tuscola</b>	Township Name <b>Denmark</b>	Fraction <b>1/4 1/4 1/4</b>	Section Number <b>9</b>	Town Number <b>12N N/S</b>	Range Number <b>7E E/W</b>				
Distance And Direction From Road Intersection <b>1200' N of M-81 on E side of Quanicassce Road</b>						<b>3 OWNER OF WELL:</b> <b>Robert Hicks</b> Address <b>Quanicassce Road</b> <b>Reese MI 48757</b>			
Street Address & City of Well Location						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below						<b>4 WELL DEPTH:</b> <b>155 FT.</b> Date Completed <b>09-18-89</b> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well			
						<b>5</b> <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
						<b>6 USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>			
<b>2 FORMATION DESCRIPTION</b>		<b>THICKNESS OF STRATUM</b>	<b>DEPTH TO BOTTOM OF STRATUM</b>	<b>7 CASING:</b> <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded					
<b>Clay</b>	<b>90</b>	<b>90</b>	Height: Above <del>Surface</del> <b>2</b> ft. Weight <b>SDR 17</b> lbs./ft.						
<b>Shale</b>	<b>15</b>	<b>105</b>	Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Sandstone</b>	<b>10</b>	<b>115</b>	<b>8 SCREEN:</b> <input type="checkbox"/> Not Installed						
<b>Shale</b>	<b>25</b>	<b>140</b>	Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.						
<b>Sandstone</b>	<b>15</b>	<b>155</b>	FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____						
			<b>9 STATIC WATER LEVEL:</b> <b>15</b> ft. below land surface <input type="checkbox"/> Flow						
			<b>10 PUMPING LEVEL:</b> below land surface <b>155</b> ft. after <b>1</b> hrs. pumping at <b>35</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.						
			<b>11 WELL HEAD COMPLETION:</b> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit						
			<b>12 WELL GROUTED?</b> <input 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 _____						
			<b>13 Nearest source of possible contamination</b> Type <b>Septic</b> Distance <b>75</b> ft. Direction <b>W</b> 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						
			<b>14 PUMP:</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name <b>Tait</b> Model number <b>5DL210</b> HP <b>0.5</b> Volts <b>230</b> Length of Drop Pipe <b>60</b> ft. capacity <b>10</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: <b>X-Trol</b> Manufacturer's name _____ Model number <b>WX-202</b> Capacity <b>42</b> Gallons						
15. Remarks, elevation, source of data, etc.  USE A 2ND SHEET IF NEEDED			<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>William Cragg and Son</b> <b>1291</b> REGISTERED BUSINESS NAME <b>William Cragg and Son</b> REGISTRATION NO. _____ Address <b>5070 Shrooves, Fairgrove, MI 48733</b> Signed <b>William Cragg</b> Date <b>Sept 19, 1989</b> AUTHORIZED REPRESENTATIVE						
			17. Rig Operator's Name: _____  RECEIVED Mich. Dept. of Public Health BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH 1989						

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

<b>PERMIT NUMBER</b>							

<b>1 LOCATION OF WELL</b>											
County <b>Tuscola</b>	Township Name <b>Denmark</b>	Fraction <b>1/4 1/4 1/4</b>		Section Number <b>9</b>	Town Number <b>12W N/S</b>	Range Number <b>7E E/W</b>					
Distance And Direction From Road Intersection <b>1500' E of Bradford Road on N side of M-10</b>				3 OWNER OF WELL: <b>Lyle Burke</b> Address <b>9520 SAGINAW RD. ROOSE, MICHIGAN</b> Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Street Address & City of Well Location				4 WELL DEPTH: (completed) <b>200</b> ft.				Date of Completion <b>Jan. 19, 1988</b>			
Locate with "X" in Section Below				Sketch Map:				5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>			
				6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>				7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded			
								Height: Above/Below Surface <b>2</b> ft. Weight <b>SDR 17</b> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>2 FORMATION DESCRIPTION</b>		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM								
<b>Clay</b>		<b>65</b>	<b>65</b>								
<b>Shale</b>		<b>75</b>	<b>160</b>								
<b>Sandstone</b>		<b>40</b>	<b>200</b>								
				8 SCREEN: <input type="checkbox"/> Not installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____							
				9 STATIC WATER LEVEL: <b>30</b> ft. below land surface <input type="checkbox"/> Flow							
				10 PUMPING LEVEL: below land surface <b>200</b> ft. after <b>1</b> hrs. pumping at <b>35</b> 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 <b>septic</b> Distance <b>75</b> ft. Direction <b>W</b> 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 <b>Tait</b> Model number <b>5DL210</b> HP <b>.5</b> Volts <b>230</b> Length of Drop Pipe <b>60</b> ft. capacity <b>10</b> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <b>X-Trol</b> Model number <b>WX 202</b> Capacity <b>42</b> Gallons							
15. Remarks, elevation, source of data, etc.  <div style="text-align: center;">                     RECEIVED                      Mich. Dept. of Public Health                      FEB 22 1988                      Bureau of Environmental and Occupational Health                 </div>				16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>William Craig and Son 1291</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>5070 Shreeves, Fairgrove, Mich 40733</b> Signed <i>William Craig</i> Date <b>Jan 19, 1988</b> AUTHORIZED REPRESENTATIVE							
				Authority: Act 368 PA 1978 Completion: Required Penalty: Conviction of a violation of any provision is a misdemeanor.							



