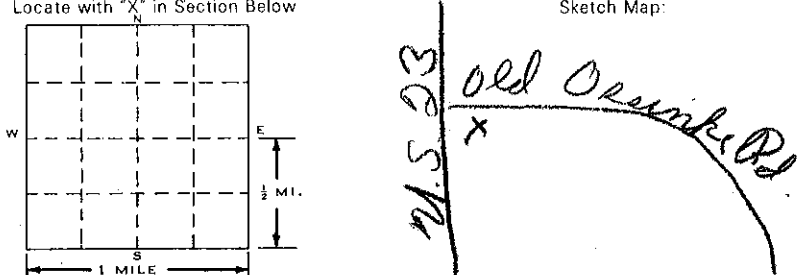


WATER WELL AND PUMP RECORD

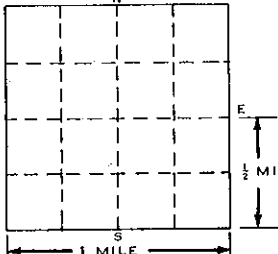
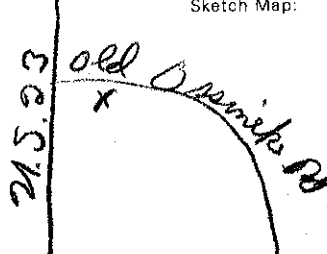
PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL	
County <i>Alcona</i>	Township Name <i>Sanborn</i>	Fraction <i>1/4 1/4 1/4</i>	Section Number <i>2</i>
Distance And Direction From Road Intersection <i>1/2 mile South of U.S. 23 on Old Ossineke Rd.</i>		Town Number <i>29 NYS</i>	
Street Address & City of Well Location		Range Number <i>8 E/W</i>	
Locate with "X" in Section Below		Date Completed MO. DAY YEAR <i>6 30 92</i>	
Sketch Map: 		<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well	
2 FORMATION DESCRIPTION <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <i>sand</i> <i>clay</i> </div> <div style="width: 30%;"> THICKNESS OF STRATUM <i>25</i> </div> <div style="width: 30%;"> DEPTH TO BOTTOM OF STRATUM <i>25</i> </div> </div>		4 WELL DEPTH: <i>25</i> FT.	
		5 <input checked="" 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 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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Plastic <i>4</i> in. to <i>21</i> ft. depth GROUTED DRILL HOLE DIAMETER <i>10</i> in. to <i>25</i> ft. depth	
15. Remarks, elevation, source of data, etc. 17. Rig Operator's Name:		8 SCREEN: <input type="checkbox"/> Not Installed Type <i>Standard Steel</i> Diameter <i>3"</i> Slot/Gauge <i>10</i> Length <i>4'</i> Set between <i>21</i> ft. and <i>25</i> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <i>19 1/2</i> Other	
		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface <i>10</i> ft. after <i>2</i> hrs. pumping at <i>10</i> 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	
<div style="writing-mode: vertical-rl; transform: rotate(180deg);"> RECEIVED MICH. DEPT. OF PUBLIC HEALTH JAN - 3 94 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH </div>		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 <i>Septic</i> Distance <i>65</i> ft. Direction <i>South</i> 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 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	
		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. <i>Arnold Lehman</i> Well Drilling 0865 REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>9488 m65 Lachine</i> Signed <i>Arnold Lehman</i> Date <i>6-30-93</i> AUTHORIZED REPRESENTATIVE	

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL	
County <i>Alcona</i>	Township Name <i>Lamborn</i>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <i>22-2</i>
Distance And Direction From Road Intersection <i>10 mile East of N.S. 23 on old Ossineke Rd.</i>		Town Number <i>29</i> NYS	
Street Address & City of Well Location		Range Number <i>8</i> E/W	
Locate with "X" in Section Below 		Sketch Map: 	
2 FORMATION DESCRIPTION		4 WELL DEPTH:	
<i>sand clay</i>	THICKNESS OF STRATUM	Date Completed MO. DAY YEAR <i>6 30 93</i>	
	DEPTH TO BOTTOM OF STRATUM	<input type="checkbox"/> New Well	
		<input checked="" type="checkbox"/> Replacement Well	
		<input checked="" 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 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 checked="" type="checkbox"/> Welded	
		<input type="checkbox"/> Plastic	
		Height: Above/Below Surface <i>12"</i>	
		Weight <i>10.79</i> lbs./ft.	
		8 SCREEN:	
		<input type="checkbox"/> Not Installed	
		Type <i>Plain end steel</i> Diameter <i>3"</i>	
		Slot/Gauze <i>7</i> Length <i>4'</i>	
		Set between <i>21</i> ft. and <i>25</i> ft.	
		FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
		<input type="checkbox"/> Blank above screen <i>12"</i> Other	
		9 STATIC WATER LEVEL:	
		<i>4</i> ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface	
		<i>10</i> ft. after <i>2</i> hrs. pumping at <i>10</i> 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 <i>Septic</i> Distance <i>65</i> ft. Direction <i>South</i>	
		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 <i>Buske</i>	
		Model number <i>SSN 88B</i> HP <i>1/2</i> Volts <i>230</i>	
		Length of Drop Pipe <i>15</i> ft. capacity <i>10</i> G.P.M.	
		TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet	
		PRESSURE TANK:	
		Manufacturer's name <i>Amtral</i>	
		Model number <i>202</i> Capacity <i>30</i> 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.	
		Registered Business Name <i>Arnold Schuman Well Drilling</i>	
		Address <i>88 1465 Sochem</i>	
		Signed <i>Arnold Schuman</i> Date <i>6-30-93</i> AUTHORIZED REPRESENTATIVE	

D67d 2/89

GEOLOGICAL SURVEY COPY

 Authority:
 Completion:
 Penalty:

 Act 368 PA 1978
 Required
 Conviction of a violation
 of any provision is a
 misdemeanor.

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		County Alcona		Township Name SANBORN		Fraction NE 1/4 NW 1/4		Section Number 2		Town Number 29		Range Number 8	
Distance And Direction From Road Intersection 1/2 mile North of old Ossineke Rd on The West side of US-23													
Street Address & City of Well Location US-23													
Locate with "X" in Section Below 				Sketch Map: 									
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		3 OWNER OF WELL: Roy Timm					
SAND				35		35		Address 9556 US 23 S. Ossineke MI 49766					
Blue Clay				23		58		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
SAND				7		65		4 WELL DEPTH: 65 FT. Date Completed 5-21-92 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well					
Shale				65		?		5 <input checked="" 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 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													
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Height: 10.79 ft. Surface 1 ft. Weight 10.79 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
8 SCREEN: <input checked="" 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: _____ ft. below land surface <input checked="" type="checkbox"/> Flow													
10 PUMPING LEVEL: below land surface 60 ft. after 2 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 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 70 ft. Direction E 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 Burks Model number WASSAB88 1/2 Volts 115 Length of Drop Pipe 60 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Amtrak Model number W2202 Capacity 40 Gallons													
15. Remarks, elevation, source of data. 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. Arnold Lahman Well Drilling US865 REGISTERED BUSINESS NAME REGISTRATION NO. Address 9488 1765 Lachine MI 49753 Signed Arnold C. Lahman Date 5-23-92 AUTHORIZED REPRESENTATIVE													
17. Rig Operator's Name: Arnold Lahman													

USE A 2ND SHEET IF NEEDED

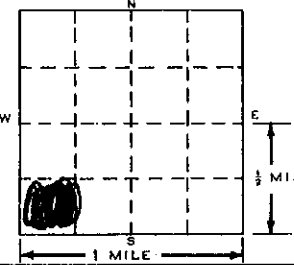
RECEIVED
Mich. Dept. of Public Health

APR 20 1993

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL County <u>Alpena</u> Township Name <u>Sanborn</u> Fraction <u>SW 1/4 SW 1/4 SW 1/4</u> Section Number <u>2</u> Town Number <u>29</u> Range Number <u>8</u> E/W <u>N</u>	
Distance And Direction From Road Intersection <u>3 1/10 mile North of Ossineke Rd</u> <u>175 FT West of US 23 South</u> Street Address & City of Well Location <u>9740 US 23 S.</u>	
Locate with "X" in Section Below 	3 OWNER OF WELL: <u>Ron Martin</u> Address <u>9740 US 23 South</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4 WELL DEPTH: (completed) <u>32</u> ft. Date of Completion <u>06/25/93</u> 5 <input checked="" 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 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 <u>4</u> in. to <u>33</u> ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Height: Above/Below Surface <u>1</u> ft. Weight _____ lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u>4 in</u>
2 FORMATION DESCRIPTION <u>Sand</u> THICKNESS OF STRATUM <u>32</u> DEPTH TO BOTTOM OF STRATUM <u>32</u>	8 SCREEN: <input checked="" 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: <u>2</u> ft. below land surface <input type="checkbox"/> Flow 10 PUMPING LEVEL: below land surface <u>18</u> ft. after <u>2</u> hrs. pumping at <u>18</u> 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 <u>7 ft</u> Type <u>SEPTIC</u> Distance <u>50</u> ft. Direction <u>EAST</u> 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 data, etc. <u>Water vein at The schale</u> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> RECEIVED Mich. Dept. of Public Health JUN 30 1993 </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. <u>Don Dziesinski</u> Well Drilling REGISTERED BUSINESS NAME <u>5280 US 23 North</u> REGISTRATION NO. <u>054</u> Address _____ Signed <u>Don Dziesinski</u> Date <u>06/25/93</u> AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		County <u>Alcona</u>		Township Name <u>Sandborn</u>		Fraction <u>NE 1/4 SE 1/4 SW 1/4</u>		Section Number <u>2</u>		Town Number <u>29</u>		Range Number <u>8</u>	
Distance And Direction From Road Intersection <u>1/2 mile north of old Ossineke rd on lake side of 1st Place South of White Sands Forest</u>				3 OWNER OF WELL: <u>Bill Lamb</u> Address <u>9911 US 23 So. H. Ossineke</u> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Street Address & City of Well Location				4 WELL DEPTH: <u>70</u> FT. Date Completed <u>MO. DAY YEAR</u> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well									
Locate with "X" in Section Below				5 <input checked="" 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 type="checkbox"/> Jetted <input type="checkbox"/>									
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 <input type="checkbox"/>									
1 MILE				7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below Surface <u>1</u> ft. Weight <u>10.79</u> lbs./ft. Grouted Drill Hole Diameter <u>4</u> in. to <u>30</u> ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
2 FORMATION DESCRIPTION				8 SCREEN: <input checked="" 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 _____									
THICKNESS OF STRATUM				9 STATIC WATER LEVEL: <u>14</u> ft. below land surface <input type="checkbox"/> Flow									
DEPTH TO BOTTOM OF STRATUM				10 PUMPING LEVEL: below land surface <u>55</u> ft. after <u>15</u> hrs. pumping at <u>9</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.									
Brown Sand				11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Wellless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit									
Red Gravelly Clay				12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>7</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <u>1</u> Additives _____									
Black Shale				13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>25</u> ft. Direction <u>NE</u> 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 <u>Acme</u> Model number <u>A0850</u> HP <u>1/2</u> Volts <u>220</u> Length of Drop Pipe <u>55</u> ft. capacity <u>15</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: <u>Well Rite</u> Manufacturer's name <u>Well Rite</u> Model number <u>WR 60</u> Capacity <u>40</u> 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. <u>Richard Layman</u> 09/19/90 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>8855 Glenview Rd.</u> Signed <u>Richard Layman</u> Date _____ AUTHORIZED REPRESENTATIVE									
17. Rig Operator's Name:				Authority: _____ Completion: _____ Penalty: _____ Act 368 PA 1978 Required 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

TAX NO:

PERMIT NO:

1235

1. LOCATION OF WELL

County

ALPENA

Township Name

SANBORN

Fraction

SW 1/4 NW 1/4 NW 1/4

Section No.

2

Town No.

29 N

Range No.

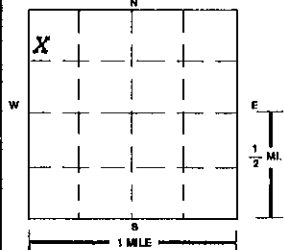
8 E

Distance and Direction from Road Intersection

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

18'

18'

SAND, GRAVEL & ROCKS

4'

22'

CLAY & ROCKS

8'

30'

SAND, GRAVEL & ROCKS

16'

46'

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
AUG 3 1999
Drinking Water & Radiological Protection Division
Ground Water Supply Section
WELL CONSTRUCTION UNIT

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

☐ Yes ☐ No

Casing Diameter _____ in.

Depth _____ ft.

N/A

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.)

0 PPM Iron

300 TDS

10 Grains Hardness

17. DRILLING MACHINE OPERATOR:

☒ Employee ☐ Subcontractor

Name **Clint VanWormer**

3. OWNER OF WELL

Jeff Papin

Address

1985 Kurrasch

Ossineke, MI 49766

Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

46 ft.

Date Completed

6 / 21 / 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 **36** ft. depth

Weight: **2.93** lbs./ft.

_____ in. to _____ ft. depth

BORE HOLE:

Diameter: **8.75** in. to **46** ft. depth

☐ Drive Shoe

☐ Shale Packer

_____ in. to _____ ft. depth

8. SCREEN: ☐ Not Installed

☒ Gravel-Packed

Type **PVC**

Diameter **5"**

Slot **XXXX 10**

Length: **10'**

Set Between **36** ft. and **46** ft.

FITTINGS: ☐ K-Packer

☐ Bremer Check

☐ Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL:

5 ft. Below Land Surface

☐ Flowing

10. PUMPING LEVEL: Below Land Surface

30 ft. After **1** hrs. Pumping at **30** 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 **36** ft.

☐ Neat Cement

☒ Bentonite

☐ Other

No. of Bags **4**

Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **Septic**

Distance **60** ft.

Direction **South**

Type _____

Distance _____ ft.

Direction _____

14. PUMP:

☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name **Myers**

Model Number **N5-12**

HP **3**

Volts **230**

Length of Drop Pipe **30** ft.

Capacity **12** G.P. M.

TYPE: ☒ Submersible

☐ Jet

☐ Other

PRESSURE TANK:

Manufacturer's Name **Myers**

Model Number **MPD 20**

Capacity **11.5** Gallons **20**

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.

R. Webb & Son Well Drilling

35-2137

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **3120 M-85 Hale, MI 48739**

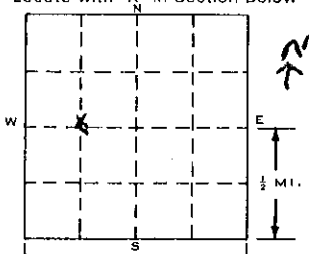
Signed

[Signature]
AUTHORIZED REPRESENTATIVE

Date **1, July 1999**

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL											
County Alcona		Township Name Sanborn		Fraction SE 1/4 SW 1/4 NW 1/4		Section Number 2		Town Number 29 NS		Range Number 8 EW	
Distance And Direction From Road Intersection 3/10 mile South of KURRASCH RD on The East side of US-23						3 OWNER OF WELL: Timm Con. Co. Inc for Ron Winters Address 3336 Piper RD Alcona MI 49707 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Street Address & City of Well Location						4 WELL DEPTH: Date Completed 6/17/91 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well 53 FT.					
Locate with "X" in Section Below						5 <input checked="" 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 type="checkbox"/> Jetted <input type="checkbox"/>					
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 <input type="checkbox"/>					
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		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 41 ft. Weight 1079 lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
sand						21		20		8 SCREEN: <input checked="" 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 _____	
clay						25		46		9 STATIC WATER LEVEL: 15 ft. below land surface <input type="checkbox"/> Flow	
										10 PUMPING LEVEL: below land surface 30 ft. after 2 hrs. pumping at 18 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
shale						7		53		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 200 Direction E 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 Bucks Model number 2W55NB88 HP 1/2 Volts 230 Length of Drop Pipe 47 ft. capacity 10 G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Amtrol Model number LX 202UG Capacity 40 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. Arnold Lahman Well Drilling 0865 REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address 9488 M-65 Lahman MI 49753 Signed Fred C. Lahman Date 6-17-91 AUTHORIZED REPRESENTATIVE	
										17. Rig Operator's Name: Fred Lahman	

D67d 2/84

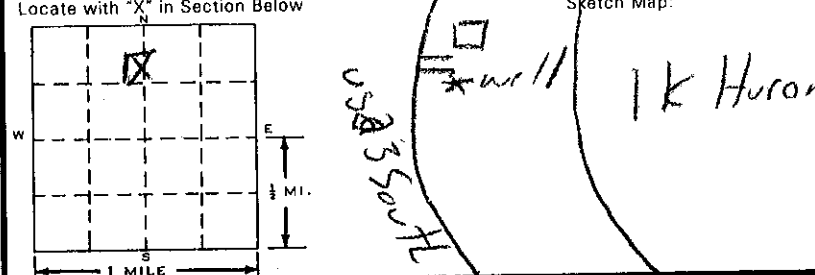
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County Alpena	Township Name Sanborn	Fraction NW 1/4 NW 1/4	Section Number 2
		Town Number 29	Range Number 8
Distance And Direction From Road Intersection 9/10 mile North of Ossineke Rd on The East side of US23		Address 9243 U.S. 23 Ossineke, Mi. 49766	
Street Address & City of Well Location Locate with "X" in Section Below		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Sketch Map: 	
2 FORMATION DESCRIPTION		4 WELL DEPTH: (completed)	
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	74 ft. Date of Completion 7-25-90
Sand	15	15	5 <input checked="" 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 type="checkbox"/> Jetted <input type="checkbox"/>
Blue clay	10	55	
Blue Clay & Stones	14	69	
Sand	5	74	
		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 type="checkbox"/> Threaded Height: 10.79 ft. <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Surface 10.79 ft. 4 in. to 10 ft. depth Weight 10.79 lbs./ft. Grouted Drill Hole Diameter _____ _____ in. to _____ ft. depth _____ in. to _____ ft. depth _____ in. to _____ ft. depth	
		8 SCREEN: <input type="checkbox"/> Not Installed Type Stainless Diameter 3" Slot/Grauze 12 Length 4' Set between 70 ft. and 74 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 1 ft. Other plug	
		9 STATIC WATER LEVEL: 1 ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface 40 ft. after 2 hrs. pumping at 10 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 150 ft. Direction N 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 data, etc. <div style="border: 1px solid black; padding: 5px; transform: rotate(-10deg); display: inline-block;"> RECEIVED Mich. Dept. of Public Health AUG 21 1990 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWOS </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. Arnold Lahman Well Drilling 0865 REGISTERED BUSINESS NAME REGISTRATION NO. 49753 Address 9488 MBS Lachine MI Signed Fred C. Lah Date 7-25-90 AUTHORIZED REPRESENTATIVE	

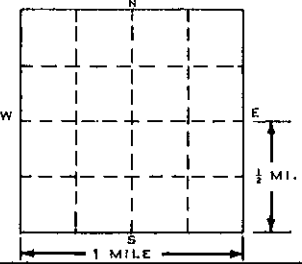
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORDPERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:			
County <u>Alcona</u>	Township Name <u>Sanborn</u>	Fraction <u>SE 1/4 NE 1/4 NW 1/4</u>	Section Number <u>2</u>	Town Number <u>29</u>	Range Number <u>8</u>
Distance And Direction From Road Intersection <u>2 1/2 miles north of Oshtemo</u>		Address <u>9227 US 23 South</u>			
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		4 WELL DEPTH: (completed) <u>73</u> ft. Date of Completion <u>8-26-88</u>			
		5 <input checked="" 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 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 type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded <u>4</u> in. to <u>69</u> ft. depth Height: <u>1079</u> ft. Grouted Drill Hole Diameter <u>1079</u> lbs./ft. <u> </u> in. to <u> </u> ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <u> </u> in. to <u> </u> ft. depth			
		8 SCREEN: <input type="checkbox"/> Not installed Type <u>Stainless</u> Diameter <u>3 3/8</u> " Slot/Gauze <u>18</u> Length <u>34</u> " Set between <u>69</u> ft. and <u>73</u> 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 <u>1</u> ft. Other <u>plug</u>			
		9 STATIC WATER LEVEL: <u>71</u> ft. below land surface <input type="checkbox"/> Flow			
		10 PUMPING LEVEL: below land surface <u>10</u> ft. after <u>2</u> hrs. pumping at <u>15</u> G.P.M. <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.			
		11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Wellless 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 <u> </u> to <u> </u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u> No. of bags of cement <u> </u> Additives <u> </u>			
		13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>20</u> ft. Direction <u>N/E</u> 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 <u>Bucks</u> Model number <u>55N8</u> HP <u>1/2</u> Volts <u>115</u> Length of Drop Pipe <u>20</u> ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>Wells & Wells</u> Model number <u> </u> Capacity <u> </u> Gallons			
15. Remarks, elevation, source of data, etc. <u>DEC 2 6 1989</u>		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. <u>Arnold Kahan</u> <u>10865</u> REGISTERED BUSINESS NAME <u>9288 M 65</u> REGISTRATION NO. <u>30572</u> Address <u> </u> Date <u>8-27-88</u> Signed <u> </u> AUTHORIZED REPRESENTATIVE			
		17. BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS			

[illegible]

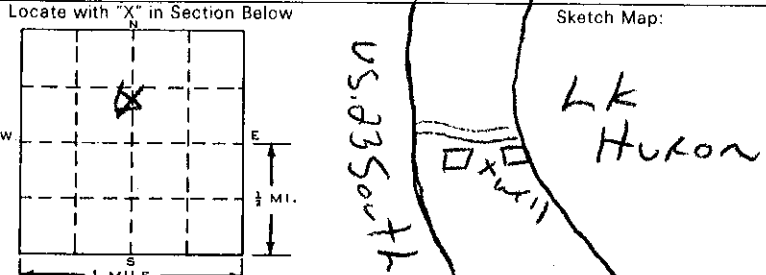
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:			
County ALPENA	Township Name SANBORN	Fraction 1/4	Section Number 2	Town Number 29 N	Range Number 8 E
Distance And Direction From Road Intersection 10069 OSSINEKE RD. OSSINEKE MI 49766		Address 10069 OSSINEKE RD. OSSINEKE MI 49766			
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		Sketch Map:			
					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		
SAND		14	14		
GRAVEL		1	15		
SAND		10	25		
ANTRIM SHALE		150	175		
<div style="font-family: cursive; font-size: 1.2em; padding: 10px;">Dry hole absolutely no water, left casing in ground, back-filled with shale to 5' below surface; remaining portion of casing filled with neat cement.</div>		4 WELL DEPTH: (completed) 175 ft. Date of Completion Aug 88			
		5 <input checked="" 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 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 type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> _____ Diameter 6 in. to 25 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 _____ 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: _____ 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 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 _____ 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 _____ 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.		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. <div style="font-family: cursive; font-size: 1.2em; padding: 10px;">Foster W.D. 040427 REGISTERED BUSINESS NAME 3476 U.S. 23 N. Alpena Address 8. Mile Foster Date Aug 88 Signed _____ AUTHORIZED REPRESENTATIVE</div>			

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL					
County <u>Alcona</u>	Township Name <u>Sanborn</u>	Fraction <u>N 1/4 S 1/4 NW 1/4</u>	Section Number <u>2</u>	Town Number <u>29</u>	Range Number <u>8</u>
Distance And Direction From Road Intersection <u>2 miles north of Ossineke</u>			3 OWNER OF WELL: <u>Fortin</u>		
Street Address & City of Well Location			Address <u>9821 US 23</u> <u>Ossineke MI</u>		
Locate with "X" in Section Below			Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			4 WELL DEPTH: (completed) <u>36</u> ft. Date of Completion <u>8-17-88</u>		
			5 <input checked="" 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 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 type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Surface <u>1</u> ft. _____ in. to _____ ft. depth Weight <u>10.7</u> 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		
Brown Sand			8 SCREEN: <input checked="" 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 _____		
Blue clay & gravel			9 STATIC WATER LEVEL: <u>12</u> ft. below land surface <input type="checkbox"/> Flow		
			10 PUMPING LEVEL: below land surface <u>15</u> ft. after <u>2</u> hrs. pumping at <u>20</u> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.		
Black Gravelly Silt			11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Jetless 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 <u>Septic</u> Distance <u>300</u> ft. Direction <u>NW</u> 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 _____ 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		
USE A 2ND SHEET IF NEEDED					
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. <u>Arnold Lehman 0865</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>9988 165 South</u> Signed <u>[Signature]</u> Date <u>8-18-88</u> AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County ALPENA	Township Name SANBORN	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 2	Town Number 29 N.B.	Range Number 8 E.W.
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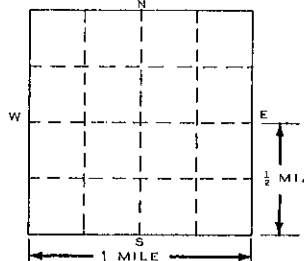
Distance And Direction from Road Intersections

9920 U.S. 23 S.
OSSINEKE MI. 49766

Street address & City of Well Location

Locate with "X" in section below

Sketch Map:



3 OWNER OF WELL:

KEVIN KOLLIER
Address **9920 U.S. 23 S.**
OSSINEKE MI. 49766

4 WELL DEPTH: (completed) Date of Completion

39 ft. **MAY 87**

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

Diam. Surface **1** ft.Weight **11** lbs./ft.Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: **ROCK WELL**

Slot/Gauze _____ Length _____

Set between _____ ft. and _____ ft.

Fittings: _____

9 STATIC WATER LEVEL

4 ft. below land surface

10 PUMPING LEVEL below land surface

10 ft. after **4** hrs. pumping **8** 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 Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

50 feet **W** Direction **SEPTIC** TypeWell 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 Remarks, elevation, source of data, etc.

RECEIVED
ALPENA
FEB 2 1987
District Health Department
Alpena, Michigan

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.

REGISTERED BUSINESS NAME

REGISTRATION NO.

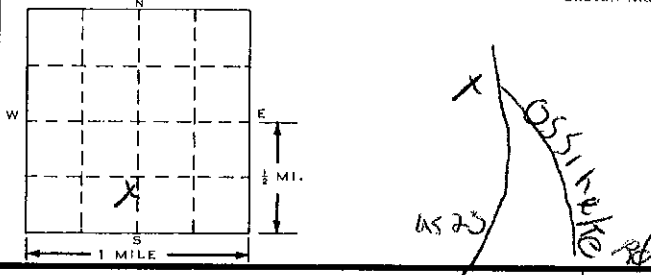
Address **5476 U.S. 23 N ALPENA**Signed **J. M. Foster**
AUTHORIZED REPRESENTATIVEDate **May 87**

JAN 24 1984

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL			3 OWNER OF WELL: <u>Abend Bros. Collision</u>		
County <u>Alpena</u>	Township Name <u>Sanborn</u>	Fraction <u>1/4</u> <u>1/4</u> <u>1/4</u>	Section Number <u>2</u>	Town Number <u>29</u> <u>NS</u>	Range Number <u>8</u> <u>EW</u>
Distance And Direction From Road Intersection <u>across from Ossineke Rd on US 23 S.</u>			Address <u>10130 WS 23 S. Ossineke</u> <u>49766</u>		
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			4 WELL DEPTH: (completed) <u>214</u> ft. Date of Completion <u>11-10-83</u>		
Sketch Map: 			5 <input checked="" 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 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 <input type="checkbox"/> Welded <u>0</u> in. to <u>40</u> ft. depth <u> </u> in. to <u> </u> ft. depth Grouted Drill Hole Diameter <u> </u> in. to <u> </u> ft. depth <u> </u> in. to <u> </u> ft. depth		
2 FORMATION DESCRIPTION			Height: Above/Below Surface <u>1</u> ft. Weight <u>10.79</u> lbs./ft. Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
THICKNESS OF STRATUM			8 SCREEN: <input type="checkbox"/> No Installed		
DEPTH TO BOTTOM OF STRATUM			Type <u>Stainless</u> Diameter <u>3"</u> Slot/Groove <u>18</u> Length <u>4'</u> Set between <u>210</u> ft. and <u>44</u> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <u> </u> ft. Other <u> </u>		
<u>Sand</u>			9 STATIC WATER LEVEL: <u>8</u> ft. below land surface <input type="checkbox"/> Flow		
<u>clay</u>			10 PUMPING LEVEL: below land surface		
<u>Hard pan</u>			<u>30</u> ft. after <u>2</u> hrs. pumping at <u>8</u> G.P.M. <u> </u> ft. after <u> </u> hrs. pumping at <u> </u> G.P.M.		
<u>Water Sand</u>			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 <u> </u> to <u> </u> ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other <u> </u> No. of bags of cement <u> </u> Additives <u> </u>		
			13 Nearest source of possible contamination		
			Type <u>septic</u> Distance <u>50</u> ft. Direction <u>South</u> 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 <u> </u> Model number <u> </u> HP <u> </u> Volts <u> </u> Length of Drop Pipe <u> </u> ft. capacity <u> </u> G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <u> </u> PRESSURE TANK: Manufacturer's name <u> </u> Model number <u> </u> Capacity <u> </u> Gallons		
15. Remarks, elevation, source of data, etc.			16. WATER WELL CONTRACTOR'S CERTIFICATION:		
RECEIVED MICH. DEPT. OF PUBLIC HEALTH JAN 5 1984 Environmental and Occupational Health Services Administration			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Kapman Well Drilling 0865</u> REGISTERED BUSINESS NAME <u>4988 MT 65 S Lachine MI</u> REGISTRATION NO. <u> </u> Address <u> </u> Signed <u>Fred C. Kah</u> Date <u>11-22-83</u> AUTHORIZED REPRESENTATIVE		

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

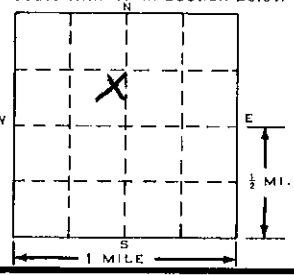
PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:													
County Alpena	Township Name Sanborn	Fraction NW 1/4 NW 1/4 NE 1/4	Section Number 2												
Distance And Direction From Road Intersection 500' South of Tim Rd on US 235.		Town Number 29	Range Number 8												
Street Address & City of Well Location 500' South of Tim Rd on US 235.		Address Timm Const. 712 Brook													
Locate with "X" in Section Below		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No													
		4 WELL DEPTH: (completed) 35 ft. Date of Completion 10-20-83													
2 FORMATION DESCRIPTION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Sand</td> <td>10</td> <td>10</td> </tr> <tr> <td>Clay</td> <td>15</td> <td>25</td> </tr> <tr> <td>Water sand</td> <td>10</td> <td>35</td> </tr> </tbody> </table>			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Sand	10	10	Clay	15	25	Water sand	10	35	5 <input checked="" 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 type="checkbox"/> Jetted <input type="checkbox"/>	
			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM											
		Sand	10	10											
		Clay	15	25											
Water sand	10	35													
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 type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Surface 1 ft. 0 in. to 31 ft. depth Weight: 10.7 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 3" Slot/Gauge 8 Length 4' Set between _____ ft. and _____ 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: 8 ft. below land surface <input type="checkbox"/> Flow		10 PUMPING LEVEL: below land surface 30 ft. after 2 hrs. pumping at 10 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 500' Direction E 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 Burke Model number _____ HP 1/3 Volts 230 Length of Drop Pipe 30 ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Extrol Manufacturer's name _____ Model number 202 Capacity 42 Gallons													
15. Remarks, elevation, source of data, etc. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">Mich. D. of Public Health</p> <p style="text-align: center;">DEC 15 1983</p> <p style="text-align: center;">1077 in metal and</p> <p style="text-align: center;">Occupational Health</p> <p style="text-align: center;">Services Administration</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. Arnold & Lahman Well Drilling 0865 REGISTERED BUSINESS NAME REGISTRATION NO. 49153 Address 9488 M-65 S. Lachine Signed Fred C. Lehman Date 11-23-83 AUTHORIZED REPRESENTATIVE													

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		FRACTION		SECTION NUMBER		TOWN NUMBER		RANGE NUMBER	
County	Township Name	NW 1/4 SE 1/4 NW 1/4		2		290 N		8 E	
Distance And Direction From Road Intersection		3 1/2 mile North of Ossineke Rd on US 23 South							
Street Address & City of Well Location		Isadore Isackson 9631 US 23 S. Ossineke							
Locate with "X" in Section Below		Sketch Map:		4 WELL DEPTH: (completed)		Date of Completion			
				40 ft.		5-3-83			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input checked="" 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 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 type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded		Height: Above/Below Surface <u>12' 5"</u>			
				_____ in. to _____ ft. depth		Weight <u>10.79</u> 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					
						8 SCREEN: <input checked="" 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: _____ 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 <u>septic</u> Distance <u>65</u> ft. Direction <u>SE</u>			
						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 data, etc.		16. WATER WELL CONTRACTOR'S CERTIFICATION:							
<p>RECEIVED</p> <p>Mich. Dept. of Public Health</p> <p>DEC 5 1983</p> <p>Environmental & Occupational Health Services Administration</p>		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.							
		Lahman Well Drilling 0865							
		Address 9488 M-65 S. Lachine 49755							
		Signed Fred C. Yahm Date 5-4-83							

**MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION**

WATER WELL AND PUMP RECORD

TAX NO:

04-061-002-000-520-00

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

PERMIT NO:

1231

1. LOCATION OF WELL

County **ALPENA**

Township Name

SANBORN

Fraction

1/4 1/4 1/4

Section No.

2

Town No.

20N

Range No.

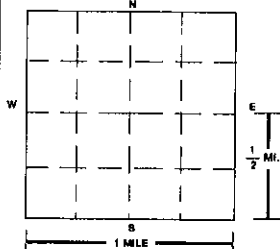
8E

Distance and Direction from Road Intersection

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

21'

21'

CLAY

1'

22'

SAND

15'

37'

CLAY

1'

38'

LIMESTONE

1'

39'

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

☒ Yes ☐ No

Casing Diameter **1** in.

Depth **20** ft.

PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry

☐ Neat Cement

☐ Bentonite Slurry

No. of Bags **1**

☐ Concrete Grout

☒ Bentonite Chips

Casing Removed?

☐ Yes ☒ No

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

2' Blank on bottom of the screen.

17. DRILLING MACHINE OPERATOR:

☒ Employee ☐ Subcontractor

Name **Clint VanWormer**

3. OWNER OF WELL

RICHARD KUNZAT

Address

9717 MS 23 S

OSSINEKE MI 49766

Address Same as Well Location

☒ Yes ☐ No

4. WELL DEPTH:

39 ft.

Date Completed

5 / 27 / 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 **XXXX**

Surface: **1** ft

Diameter: **5** in. to **27** ft. depth

Weight: **2.93** lbs./ft.

in. to ft. depth

BORE HOLE:

Diameter: **8.5** in. to **39** ft. depth

☐ Drive Shoe

☐ Shale Packer

in. to ft. depth

8. SCREEN: ☐ Not Installed

☒ Gravel-Packed

Type **PVC**

Diameter **5"**

Slot **10**

Length: **10'**

Set Between **27** ft. and **37** 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

35 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 **27** ft.

☐ Neat Cement

☒ Bentonite

☐ Other

No. of Bags **5**

Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **Septic** Distance **52** ft. Direction **North**

Type Distance ft. Direction

14. PUMP: ☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name **Myers**

Model Number **N5-12** HP **1/2** Volts **230**

Length of Drop Pipe **30** ft. Capacity **12** G.P.M.

TYPE: ☒ Submersible ☐ Jet ☐ Other

PRESSURE TANK:

Manufacturer's Name **Flex-Con**

Model Number **PC-66** Capacity **11.5** Gallons **20**

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.

R. Webb & Son Well Drilling

35-2137

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **3120 M-65 Hale, MI 48739**

Signed

Date **June 4, 1998**

GEOLOGICAL SURVEY COPY

EQP 2017 (12/96)

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County Alcona	Township Name SANBORN W	Fraction SW 1/4 SE 1/4 SW 1/4	Section Number 2
Distance And Direction From Road Intersection		Town Number 29	
Street Address & City of Well Location		Range Number 8 E N	
Locate with "X" in Section Below		Address ADAM BROS Collision 10130 US 23 S. OSCEOLA MI.	
Sketch Map:		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		4 WELL DEPTH: 39 FT. Date Completed 9/18/95 <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		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"/> _____	
2 FORMATION DESCRIPTION SAND CLAY Gravel + SHALE		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 <input type="checkbox"/> _____	
		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded 5 in. to 39 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
RECEIVED Mich. Dept. of Public Health DEC 01 1995 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS		8 SCREEN: <input type="checkbox"/> Not Installed Type Circ-Hline Diameter 5" Slot/Gauze 10 Length 5" Set between 34 ft. and 39 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: 12 ft. below land surface <input type="checkbox"/> Flow 10 PUMPING LEVEL: below land surface 39 ft. after 1 hrs. pumping at 7 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.	
15. Remarks, elevation, source of data, etc.		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 0 to 30 ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 4 Additives _____	
17. Rig Operator's Name: 4		13 Nearest source of possible contamination Type SEPTIC Distance W ft. Direction SO 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 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	
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. Regel Well Drilling 595 REGISTERED BUSINESS NAME REGISTRATION NO. Address 1261 Klee RD Signed David A. Regel Date 9-26-95 AUTHORIZED REPRESENTATIVE		Authority: Act 368 PA 1978 Completion: Required Penalty: Conviction of a violation of any provision is a misdemeanor.	

USE A 2ND SHEET IF NEEDED

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <u>Alcona</u>	Twp. <u>SAN BORN</u>	Fraction <u>NE 1/4 SE 1/4 SW 1/4</u>	Section No. <u>2</u>	Town <u>29</u> N. E. <u>8</u>	Range <u>8</u> E. <u>10</u>
Distance And Direction from Road Intersections <u>App. 5.8 Mi. S. of Pantridge Pt. Rd.</u> <u>App. 300 ft. N. of old Ossineke Rd.</u>		OWNER No. _____			
Street address & City of Well Location					

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	3 OWNER OF WELL: Address
<u>SAND - YELLOW - MED.</u>	<u>17</u>	<u>17</u>	<u>Fred G. Hunnisch</u> <u>ROUTE I</u> <u>OSSINEKE, MI.</u>
<u>SAND - GRAY - FINE SILT</u>	<u>19</u>	<u>(36)</u>	4 WELL DEPTH: (completed) <u>38</u> ft. Date of Completion <u>3/23/68</u>
<u>SHALE - BROWN + WATER</u>	<u>2</u>	<u>38</u>	5 <input checked="" 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 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 <u>1</u> ft. Diam. <u>4</u> in. to <u>37</u> ft. Depth Weight <u>11</u> lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" 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 _____
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade
			13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input 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>55</u> feet <u>S</u> Direction <u>SEPT</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			15 PUMP: <u>NOT INSTALLED BY</u> Manufacturer's Name <u>DRILLER</u> Model Number _____ 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:

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.

DAVOUST WELL DRILLING0368

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address ROUTE I OSSINEKE, MI.Signed William Davoust Date 3/29/69

AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			2 FORMATION		3 OWNER OF WELL:	
County	Twp.	Fraction	Section No.	Town	Range	
ALPENA	SANBORN	SE 1/4 NW 1/4	2	29 N.	8	E/W
Distance And Direction from Road Intersections 1 1/4 Mi. N. OF OSSINEHE RD. 4 1/2 Mi. S. OF PARTRIDGE RD. Street address & City of Well Location U.S. 23 South Mich			OWNER No.		Address 150 S. OLIVER ALPENA, MICH	
			4 WELL DEPTH: (completed) 56 ft.		Date of Completion 8-9-67	
			5 <input checked="" 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 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: Diam. Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface 1 ft. 6 in. to 55 ft. Depth Weight 19 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 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			
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" 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 75 feet S Direction SEW Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
			15 PUMP: NOT IN STALL BY DRILLER Manufacturer's Name 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: **ADDITION BY: AUG 20 1968			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. Droust Well Drilling 0348 REGISTERED BUSINESS NAME REGISTRATION NO. Address ROUTE F Signed Bill Droust Date 9/27/67 AUTHORIZED REPRESENTATIVE			

1 LOCATION OF WELL

County ALDEN	Twp. SANDBORN	Fraction NE 1/4 NW 1/4 N 1/4	Section No. 2	Town 29 N 8	Range 8 E 1/2
Distance And Direction from Road Intersections 1/2 mi. N. of Cassin Rd 1/2 mi. S. of Pritchard Rd		OWNER No. _____	3 OWNER OF WELL Robert Lancaster Address Route 1 Sandborn Mich		
Street address & City of Well Location		Route 1 Sandborn Mich			

2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>44</u> ft. Date of Completion <u>6-7-67</u>
	SAND- FINE	30	30	5 <input checked="" 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 type="checkbox"/> Bored <input type="checkbox"/>
	SAND- SITT	4	34	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- GRAY	8	42	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. <u>4</u> in. to <u>44</u> ft. Depth surface <u>12</u> ft. Weight <u>11</u> lbs./ft. ____ in. to ____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	GRAVEL & WATER	2	44	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 _____
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade
				13 GROUTING: Well Grouted? <input type="checkbox"/> Yes <input 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>60</u> feet <u>W</u> Direction <u>SEPTIC</u> Type Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No
				15 PUMP: <u>NOT INSTALLED BY DRIVE</u> Manufacturer's Name _____ 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:**

4-ADDITION 105

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.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address Route 1, Chambersburg, Md.

Signed Bill Stewart Date 6/21/67

AUTHORIZED REPRESENTATIVE

MAR 16 1976

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

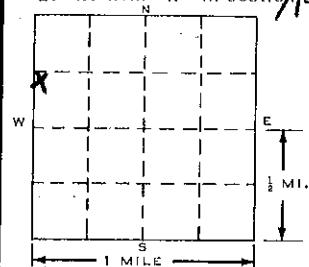
County Alpena Township Name 52N 60RN Fraction NW 1/4 NW 1/4 Section Number 2 Town Number 29 Range Number 8 E/W E

Distance And Direction from Road Intersections

1/2 TENTH S. OF KUMHACH DR.
8 TENTH N. OF OSSINETE RD

Street address & City of Well Location

Locate with "X" in section



Sketch Map:

100' W OF US
23 SOUTH

OSSINETE RD

2 FORMATION

THICKNESS
OF
STRATUMDEPTH TO
BOTTOM OF
STRATUM

SAND GRAY

37

37

CLAY GRAY

6

43

SAND CLAY + GRAY + HARD PAN

1

44

SAND GRAY MED + WATER

8

52

3 OWNER OF WELL

Address

BERNARD SCHEUNER
9300 US 23 SOUTH
OSSINETE, MI

4 WELL DEPTH: (completed) Date of Completion

52 ft. 12-8-75

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 ☐

Height: Above/Below

Surface 1 ft.Weight 11 lbs./ft.Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: Johnson Dia.: 4"Slot/Gauge 10 Length 4'Set between 49 ft. and 52 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:

☐ In Approved Pit☐ Pitless Adapter ☒ 12" Above Grade13 Well Grouted? ☐ Yes ☒ No☐ Neat Cement ☐ Bentonite ☐

Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination

70 feet E Direction SEPT TypeWell 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

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY BT**ADDITION BY BT

ELEVATION

DEPTH TO ROCK

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ATEL 21 MAR

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.

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 415 23 South Ossinette miSigned William Daoust Date 3-12-76

AUTHORIZED REPRESENTATIVE