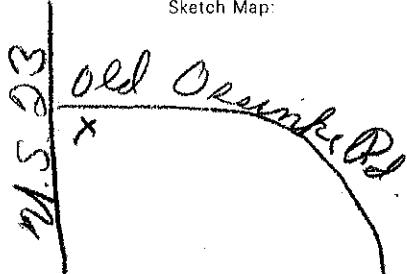


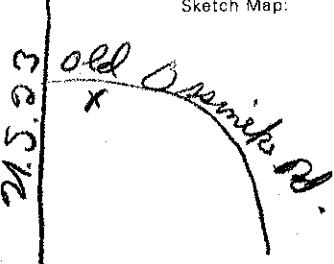
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1. LOCATION OF WELL		Township Name <i>Sandown</i>		Fraction <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/4	Section Number <input type="checkbox"/> 2	Town Number <input type="checkbox"/> 29 NXS	Range Number <input type="checkbox"/> 8 E/W
County <i>Alpena</i>		Distance And Direction From Road Intersection <i>1 mile south of U.S. 23 on Old Oscineke Rd.</i>		3. OWNER OF WELL: <i>Christopher Marsh</i> Address <i>1893 Greenfield Ln., Oscineke Mi.</i> Address Same As Well Location: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Street Address & City of Well Location		Sketch Map: 		4. WELL DEPTH: <input type="checkbox"/> Date Completed <input type="checkbox"/> MO. <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/> New Well <i>25 FT.</i> <input type="checkbox"/> 16 <input type="checkbox"/> 30 <input type="checkbox"/> 9 <input checked="" 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			
2. FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	6. USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public			
<i>Sand</i>		<i>25</i>	<i>25</i>	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 <i>12"</i> <i>4</i> in. to <i>21</i> ft. depth <input type="checkbox"/> Weight <i>10.79</i> lbs./ft. in. to ft. depth Grouted Drill Hole Diameter in. to ft. depth in. to ft. depth			
<i>Clay</i>		—	—	8. SCREEN: <input type="checkbox"/> Not Installed Type <i>Stainless Steel</i> Diameter <i>3"</i> Slot/Gauge <i>0</i> Length <i>3'</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 1/4</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			
				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>Logistic</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			
RECEIVED MICH. DEPT. OF PUBLIC HEALTH JAN - 3 94		USE A 2ND SHEET IF NEEDED		15. Remarks, elevation, source of data, etc.			
SUBDIVISION OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH				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> <i>Well Drilling 885</i> REGISTERED BUSINESS NAME <i>9488 m. 65 Lachene</i> REGISTRATION NO. _____ Address <i>9488 m. 65 Lachene</i> Signed <i>Arnold Lehman</i> Date <i>6-30-93</i> AUTHORIZED REPRESENTATIVE			
17. Rig Operator's Name:							

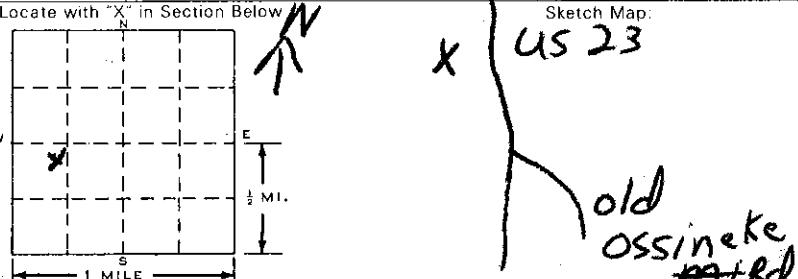
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Township Name <i>Sanborn</i>	Fraction $\frac{1}{4}$	Section Number <i>29-2</i>	Town Number <i>29</i>	Range Number <i>8</i>	
County <i>Oceana</i>	Distance And Direction From Road Intersection <i>1/2 mile East of U.S. 33 on old Orsinie Rd.</i>	1/4	1/4	1/4	NWS	E/W	
Street Address & City of Well Location		3 OWNER OF WELL <i>Henry Gauthier</i> Address <i>10068 Orsinie Rd.</i>					
Locate with "X" in Section Below		Sketch Map: 					
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM <i>25</i>	DEPTH TO BOTTOM OF STRATUM <i>25</i>	4 WELL DEPTH: Date Completed <i>6/30/93</i> <input type="checkbox"/> New Well MO. <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input checked="" type="checkbox"/> Replacement Well FT. <i>25</i>			
<i>Sand</i>		<i>-</i>	<i>-</i>	5	<input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Hollow rod	<input type="checkbox"/> Rotary <input type="checkbox"/> Auger	<input type="checkbox"/> Driven <input type="checkbox"/> Jetted <input type="checkbox"/> Dug
<i>Clay</i>		<i>-</i>	<i>-</i>	6 USE:	<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well	<input type="checkbox"/> Type I Public <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Type IIb Public	<input type="checkbox"/> Type III Public <input type="checkbox"/> Heat pump
		<i>-</i>	<i>-</i>	7 CASING:	<input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic	<input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded	Height: Above/Below Surface <i>12"</i> <input type="checkbox"/> ft. Weight <i>10.79</i> lbs/ft.
		<i>-</i>	<i>-</i>	8 SCREEN:	<i>Stainless Steel</i>	<input type="checkbox"/> Not Installed	Diameter <i>3"</i>
		<i>-</i>	<i>-</i>		Slot/Gauge <i>7</i>	Length <i>4'</i>	
		<i>-</i>	<i>-</i>		Set between <i>21</i> ft. and <i>25</i> ft.		
		<i>-</i>	<i>-</i>	9 STATIC WATER LEVEL:	<i>4</i>	ft. below land surface	<input type="checkbox"/> Flow
		<i>-</i>	<i>-</i>	10 PUMPING LEVEL: below land surface	<i>10</i>	ft. after <i>2</i> hrs. pumping at <i>10</i> G.P.M.	
		<i>-</i>	<i>-</i>		<i>10</i>	ft. after <i>1</i> hrs. pumping at <i>10</i> G.P.M.	
		<i>-</i>	<i>-</i>	11 WELL HEAD COMPLETION:	<input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> Basement offset	<input type="checkbox"/> 12" above grade <input type="checkbox"/> Approved pit	
		<i>-</i>	<i>-</i>	12 WELL GROUTED?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes From <i>-</i> to <i>-</i> ft.	
		<i>-</i>	<i>-</i>		<input type="checkbox"/> Neat cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other
		<i>-</i>	<i>-</i>		No. of bags of cement	Additives	
		<i>-</i>	<i>-</i>	13 Nearest source of possible contamination	<i>Leptin</i>	Distance <i>65</i> ft.	Direction <i>South</i>
		<i>-</i>	<i>-</i>	Well disinfected upon completion?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
		<i>-</i>	<i>-</i>	Was old well plugged?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
		<i>-</i>	<i>-</i>	14 PUMP:	<input type="checkbox"/> Not Installed	<input type="checkbox"/> Pump Installation Only	
		<i>-</i>	<i>-</i>	Manufacturer's name <i>Burke</i>	Model number <i>55N98B</i>	HP <i>1/2</i> Volts <i>230</i>	
		<i>-</i>	<i>-</i>	TYPE: <input checked="" type="checkbox"/> Submersible	Length of Drop Pipe <i>75</i> ft.	capacity <i>10</i> G.P.M.	
		<i>-</i>	<i>-</i>	PRESSURE TANK:	Manufacturer's name <i>Prostral</i>	Model number <i>202</i>	Capacity <i>30</i> Gallons
		<i>-</i>	<i>-</i>	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>-</i>	<i>-</i>	17. Rig Operator's Name:	<i>Arnold Johnson Well Drilling 0865</i>	REGISTERED BUSINESS NAME <i>9988 1965 Goetze</i>	REGISTRATION NO.
		<i>-</i>	<i>-</i>	USE A 2ND SHEET IF NEEDED	Address	Signed <i>Arnold Johnson</i> AUTHORIZED REPRESENTATIVE Date <i>6-30-93</i>	

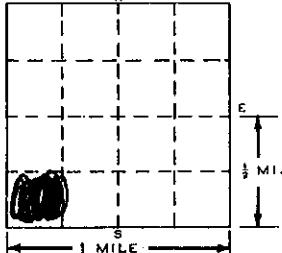
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County Alpena	Township Name SANBORN	NE 1/4 NW 1/4 SW 1/4		2	290 NS	80 EW
Distance And Direction From Road Intersection <i>1/2 mile North of old OSSINEKE Rd on The West side of US-23</i>		3 OWNER OF WELL: Roy Timm				
Street Address & City of Well Location		Address 9556 US 23 S. Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Locate with "X" in Section Below 		Sketch Map: US 23				
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: Date Completed 65 FT. 5 21 92		
SAND		35	35	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Replacement Well	
Blue Clay		23	58	<input type="checkbox"/> Domestic	<input type="checkbox"/> Type I Public	
Sand		7	65	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Type IIa Public	
Shale		65	?	<input type="checkbox"/> Test Well	<input type="checkbox"/> Type IIb Public	
				5 USE: <input checked="" type="checkbox"/> Steel	<input type="checkbox"/> Threaded	Height: Above ground
				<input type="checkbox"/> Plastic	<input checked="" type="checkbox"/> Welded	Surface 10.79 ft.
				6 Casing: 4 in. to 65 ft. depth		Weight 10.79 lbs./ft.
				in. to ft. depth		
				Grouted Drill Hole Diameter: in. to ft. depth		Drive Shoe <input checked="" type="checkbox"/> Yes
				in. to ft. depth		<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: <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: Septic	Distance 70 ft. Direction E	
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
				Was old well plugged? <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
				14 PUMP: <input type="checkbox"/> Not Installed	<input type="checkbox"/> Pump Installation Only	
				Manufacturer's name Burks		
				Model number 455A88	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 Antrol		
				Model number WR202	Capacity 40 Gallons	
15. Remarks, elevation, source of data: BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-QWS		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 Lashman Well Drilling 086</i>				
		REGISTERED BUSINESS NAME: Arnold Lashman Well Drilling 086 REGISTRATION NO. 49488 1165 Lachine MI 49753				
17. Rig Operator's Name: Arnold Lashman		Address 9488 1165 Lachine MI 49753				
		Signed Arnold Lashman Date 5-23-92				
		AUTHORIZED REPRESENTATIVE				

WATER WELL AND PUMP RECORD

 PERMIT NUMBER

1 LOCATION OF WELL						
County	Township Name	Fraction	Section Number	Town Number	Range Number	
Alpena	Sanborn	SW, SW, SW _{1/4}	2	29 N	8 E	
Distance And Direction From Road Intersection 3/10 mile North of Ossineake Rd 175 FT West of US 23 South 9740 US 23 S.						
Street Address & City of Well Location		3 OWNER OF WELL: Ron Martin Address 9740 US 23 South				
Locate with "X" in Section Below		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
		Sketch Map:				
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) 32 ft.		Date of Completion 06/25/93
Sand		32	32	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: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded		Height: Above/Below Surface 1 ft. Weight _____ lbs./ft.
				4 in. to 33 ft. depth ____ in. to ____ ft. depth Grouted Drill Hole Diameter ____ in. to ____ ft. depth ____ in. to ____ ft. depth		Drive Shoe <input checked="" type="checkbox"/> Yes 4 in <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: 0 ft. below land surface		<input type="checkbox"/> Flow
				10 PUMPING LEVEL: below land surface 18 ft. after 2 hrs. pumping at 18 G.P.M.		
				ft. after _____ hrs. pumping at _____ G.P.M.		
				11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
				12 WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____		
				No. of bags of cement _____ Additives _____		
				13 Nearest source of possible contamination _____ Type Septic Distance 50 ft. Direction EAST		
				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. WATER VEIN AT THE SCHALE						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.
						DON DZIESINSKI WELL DRILLING OS44 REGISTERED BUSINESS NAME 5280 US 23 North Address Signed Ron Dziesinski AUTHORIZED REPRESENTATIVE Date 06/25/93

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:

1235

TAX NO:

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

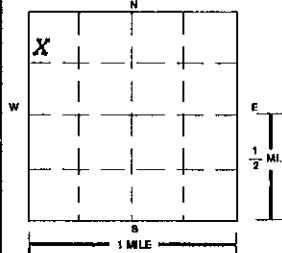
Range No.

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

SAND

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

18'

18'

SAND, GRAVEL & ROCKS

4'

22'

CLAY & ROCKS

8'

30'

SAND, GRAVEL & ROCKS

16'

46'

MICH DEPT OF ENVIRONMENTAL QUALITY
Drinking Water & Radiological Protection Division
Ground Water Survey Section
WELL CONSTRUCTION UNIT

AUG 3 1999

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 SubcontractorName Clint VanWormer

3. OWNER OF WELL Jeff Papin
Address 1985 Kurrasch
Ossineke, MI 49766

Address Same as Well Location Yes No

4. WELL DEPTH: Date Completed New Well
46 ft. 6 / 21 / 99 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 200 ft.
 Plastic Welded Surface: 1 ft.
 Other

Diameter: 5 in. to 36 ft. depth Weight: 2.93 lbs./ft.
in. to _____ ft. depthBORE HOLE: Drive Shoe
Diameter: 8.75 in. to 46 ft. depth Shale Packer
in. to _____ ft. depth

8. SCREEN: Not Installed Gravel-Packed
Type PVC Diameter 5"
Slot 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 3/4 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:

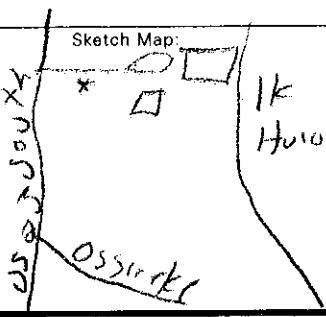
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

R. Webb & Son Well Drilling

REGISTERED BUSINESS NAME

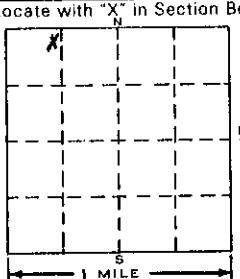
Address 3120 M-65 Hale, MI 48739Signed Clint VanWormer AUTHORIZED REPRESENTATIVEDate 1, July 1999

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD
PERMIT NUMBER

1 LOCATION OF WELL		Fraction <u>SW 1/4, SE 1/4, SW 1/4</u>		Section Number <u>2</u>	Town Number <u>290S</u>	Range Number <u>8 E/W</u>
County <u>Alpena</u>		Township Name <u>Sanborn</u>				
Distance And Direction From Road Intersection <u>OSSINKA RD ON US 23</u>		<u>1/8 Mile North of the OSSINKA RD ON US 23 Lake Sodest Road</u>		3 OWNER OF WELL: <u>Keith Ward</u> <u>9667 US 23 South.</u> <u>OSSINKA</u>		
Street Address & City of Well Location		Sketch Map:		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>80</u> ft. Date of Completion <u>4-25-90</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		
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded Height: <u>Above</u> / <u>Below</u> <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Surface <u>1</u> ft. <u>9</u> in. to <u>53</u> ft. depth Weight <u>10.79</u> lbs./ft. ____ in. to ____ ft. depth Grouted Drill Hole Diameter ____ in. to ____ ft. depth ____ in. to ____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>Brown Sand</u> <u>6 in. Sand Very Fr.</u> <u>S. Ft. Gray Clay</u> <u>Red Clay & Gravel</u> <u>Black Clay & Gravel</u> <u>Black Shale</u>		<u>19</u>	<u>19</u>			
		<u>9</u>	<u>23</u>	8 SCREEN: <input checked="" type="checkbox"/> Not Installed		
		<u>15</u>	<u>38</u>	Type _____ Diameter _____		
		<u>10</u>	<u>48</u>	Slot/Gauze _____ Length _____		
		<u>5</u>	<u>53</u>	Set between _____ ft. and _____ ft.		
		<u>27</u>	<u>80</u>	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>12</u> ft. below land surface <input type="checkbox"/> Flow		
				10 PUMPING LEVEL: below land surface <u>20</u> ft. after <u>2</u> hrs. pumping at <u>15</u> G.P.M. ____ ft. after ____ hrs. pumping at ____ G.P.M.		
				11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
				12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>12</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 _____		
				13 Nearest source of possible contamination Type <u>Septic</u> Distance <u>100</u> ft. Direction <u>East</u>		
				Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<u>RECEIVED</u> <u>MICH. DEPT. OF PUBLIC HEALTH</u> <u>JUL 6 1990</u> <u>BUREAU OF ENVIRONMENTAL HEALTH</u> <u>USE A 2ND SHEET IF NEEDED</u>				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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Pure Water Well Drilling 04-1990</u> REGISTERED BUSINESS NAME <u>8835 Fawn Rd</u> REGISTRATION NO. <u>125-90</u> Address _____ Signed <u>Keith Ward</u> AUTHORIZED REPRESENTATIVE Date <u>4-25-90</u>				

WATER WELL AND PUMP RECORD

 PERMIT NUMBER

1 LOCATION OF WELL		Township Name	Fraction	Section Number	Town Number	Range Number
County	Alpena	Sanborn	NE 1/4 NW 1/4 NE 1/4	2	79 Q	8 A
Distance And Direction From Road Intersection		9/10 mile North of Ossineke Rd on The EAST side of US 23				
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		15	15			
Blue Clay		10	55			
Blue Clay & Stones		17	69			
Sand		5	74			
RECEIVED Mich. Dept. of Public Health USE A 2ND SHEET IF NEEDED						
15. Remarks, elevation, source of data, etc. AUG 21 1990 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS						
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 Lehman Well Drilling 0865 REGISTERED BUSINESS NAME Address 9188 M65 Lacine MI 49753 REGISTRATION NO. Signed Fred Lehman Date 7-25-90 AUTHORIZED REPRESENTATIVE						

1 LOCATION OF WELL		Township Name	Fraction	Section Number	Town Number	Range Number	
County Alpena		Sanborn	SE 1/4 NE 1/4 NW 1/4	2	29A	8 NW	
Distance And Direction From Road Intersection of Ossenike		3 1/2 miles north					
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	4 WELL DEPTH: (completed)			Date of Completion
Fine Sand		30	30	73 ft.			8-26-88
6 in. Gravelly Clay		33	63	6			
Med Coarse Gravelly Clay		10	73	8			
				9 SCREEN:			
				Type	Stainless	Diameter	5 1/8"
				Slot/Gauze	18	Length	34
				Set between	69	ft. and	23 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
				10 STATIC WATER LEVEL:			
				41 ft. below land surface			<input type="checkbox"/> Flow
				11 WELL HEAD COMPLETION:			
				<input checked="" type="checkbox"/> Bitless 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	20 ft. Direction NE
				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	55WD	HP	1/2 Volts 115
				Length of Drop Pipe	20	ft. capacity	10 G.P.M.
				TYPE:	<input checked="" 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:
		DEC 26 1989					This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
							Arnold Lehman 0865
							REGISTERED BUSINESS NAME
							Address
							Signed
							REPRESENTATIVE
							Date

15. Remarks, elevation, source of data, etc. DEC 8 6 1989

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.

REGISTERED BUSINESS NAME	REGISTRATION NO.
Address	5052
Signed	Date 8-27-88
AUTHORIZED REPRESENTATIVE	

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Township Name		Fraction	Section Number	Town Number	Range Number		
County	ALPENA	SANBORN		1/4	1/4	2	39 N/S	8 E/W	
Distance And Direction From Road Intersection									
10089 OSSINEKE RD OSSINEKE MI 49766									
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			7	28					
ANTRIM SHALE			67	95					
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.				
					REGISTERED BUSINESS NAME Address 3976 U.S. 33 N. ALPENA Signed M. Forster Date July 81				
					REGISTRATION NO.				

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

15. Remarks, elevation, source of data, etc

16. WATER WELL CONTRACTOR'S CERTIFICATION:

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.

Forster W.O. 04 0427
REGISTERED BUSINESS NAME REGISTRATION NO.
ddress 3876 U.S. 23 N. ALPENA
igned S. M. Forster Date July 88
AUTHORIZED REPRESENTATIVE

GEOLOGICAL SURVEY COPY

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

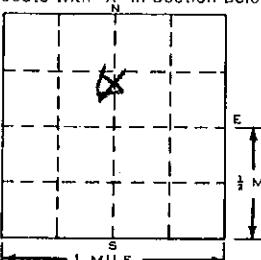
WATER WELL AND PUMP RECORD

 PERMIT NUMBER

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County ALPENA	Township Name SANBORN	1/4	1/4	2	2918	8 E/W
Distance And Direction From Road Intersection 10069 OSSINEKE RD. OSSINEKE MI 49766		3 OWNER OF WELL: CHRIS HEROLD 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	4 WELL DEPTH: (completed)		
SAND		14	14	195	ft.	Date of Completion Aug 88
GRAVEL		1	15			
SAND		10	25			
ANTRIM SHALE		150	115			
<i>Dry hole absolutely no water, left casing in ground, back- filled with shale to 15' below surface; reservoir portion of casing filled with mort cement</i>		5 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				
<i>150 ft. deep</i>		6 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded Height: Above/Below <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Surface 19 ft. 6 in. to 25 ft. depth Weight 19 lbs./ft. Grouted Drill Hole Diameter in. to ft. depth in. to ft. depth in. to ft. depth				
<i>150 ft. deep</i>		7 SCREEN: Type <input type="checkbox"/> Not installed 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				
<i>150 ft. deep</i>		8 STATIC WATER LEVEL: ft. below land surface <input type="checkbox"/> Flow				
<i>150 ft. deep</i>		10 PUMPING LEVEL: below land surface ft. after hrs. pumping at G.P.M. ft. after hrs. pumping at G.P.M.				
<i>150 ft. deep</i>		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				
<i>150 ft. deep</i>		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From to ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of cement Additives				
<i>150 ft. deep</i>		13 Nearest source of possible contamination Type Distance ft. Direction Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>150 ft. deep</i>		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				
<i>150 ft. deep</i>		15 Remarks, elevation, source of data, etc. <i>150 ft. deep</i> 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. 700 Ste. W.D. 040427 REGISTERED BUSINESS NAME 3476 U.S. 25 N. Alpena REGISTRATION NO. Address 8 MI-70 Ste Date Aug 88 Signed 8 MI-70 Ste AUTHORIZED REPRESENTATIVE				

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD
PERMIT NUMBER

1. LOCATION OF WELL

County	Township Name		Fraction	Section Number	Town Number	Range Number
Alpena	Sanborn		NE 1/4 SW 1/4 NW 1/4	2	29	8 NW
Distance And Direction From Road Intersection			US 23 South 2 miles north of Oscoda.			
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		
Brown Sand			30	30		
Blue Clay & Gravel			5	35		
Black Gravelly Silt			1	36		
3. OWNER OF WELL:						
Fortin						
Address: 9821 US 23 Ossinister MI						
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
4. WELL DEPTH: (completed)			Date of Completion			
36			ft. 8-17-88			
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						
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 Height: Above <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Below ____ in. to ____ ft. depth Surface ____ ft. ____ in. to ____ ft. depth Weight 102 lbs./ft. Grouted Drill Hole Diameter ____ in. to ____ ft. depth ____ in. to ____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
8. SCREEN: <input 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: 16 ft. below land surface <input type="checkbox"/> Flow						
10. PUMPING LEVEL: below land surface 15 ft. after 2 hrs. pumping at 0.0 G.P.M. ____ ft. after ____ hrs. pumping at ____ G.P.M.						
11. WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Bitless 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 300 ft. Direction NW 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						
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 Lehman 0865 REGISTERED BUSINESS NAME: 9988965 South Address: _____ SIGNED: _____ Date: 8-18-88 AUTHORIZED REPRESENTATIVE						



WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County	Township Name	Fraction	Section Number	Town Number	Range Number
ALPENA	SANBORN	1/4 1/4 1/4	2	29 N.E.	8 E/W

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:	4 WELL DEPTH: (completed) Date of Completion
		39 ft. MAY 87
		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
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well
		7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Diam. Surface 1 ft. 4 in. to 29 ft. Depth Weight 11 lbs./ft. in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		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: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade
		13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.
		14 Nearest Source of possible contamination 50 feet W Direction SEPTIC Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		15 PUMP: <input checked="" type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

Michigan Department of Public Health
Alpena District Health Department
5476 U.S. 23 N. Alpena
5476 U.S. 23 N. Alpena

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.

FORSTER W.D. 04 04 27
REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 5476 U.S. 23 N. ALPENA

Signed J. M. Forster Date May 87
AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1. LOCATION OF WELL

County Alpena	Township Name SanBORN	Fraction 1/4	Section Number 2	Town Number 29	Range Number 8	
Distance And Direction From Road Intersection across from Ossineke Rd on US 23 S.						
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		22	22			
Clay		5	27			
Hard pan		10	37			
Water Sand		7	44			
3. OWNER OF WELL: Abend Brew. Collision						
Address 10130 US 23 S. Ossineke 49766						
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
4. WELL DEPTH: (completed)		Date of Completion 11-10-83				
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:		Steel <input checked="" type="checkbox"/>	Threaded <input type="checkbox"/>	Height: Above/Below		
Diameter	Plastic <input type="checkbox"/>	Welded <input checked="" type="checkbox"/>	Surface 1 ft.			
0 in. to	40 ft. depth				Weight 10.79 lbs./ft.	
in. to	ft. depth					
Grouted Drill Hole Diameter						
in. to ft. depth						
in. to ft. depth						
Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
8. SCREEN:						
<input type="checkbox"/> Not Installed						
Type Stainless	Diameter 3					
Slot/Size 13	Length 47					
Set between 10	ft. and 44 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 8 G.P.M.						
ft. after hrs. pumping at G.P.M.						
11. WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade						
<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit						
12. WELL GROUTED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft.						
<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____						
No. of bags of cement _____ Additives _____						
13. Nearest source of possible contamination						
Type septic Distance 50 ft. Direction South						
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: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.						
Lahman Well Drilling 0865						
REGISTERED BUSINESS NAME 9988 M-65 S Lachine VT REGISTRATION NO.						
Address 9988 M-65 S Lachine VT						
Signed Fred C. Lahman Date 11-22-83						
AUTHORIZED REPRESENTATIVE						

ADDED INFO BY DRILLER, ITEM NO.

*CORRECTED BY

**ADDITION BY

ELEVATION

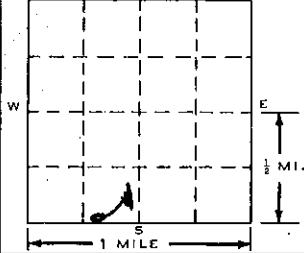
DEPTH TO SURFACE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

GEOLOGICAL SURVEY NO.

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		Fraction		Section Number	Town Number	Range Number
County <i>Alpena</i>	Township Name <i>SANBORN W</i>	<i>SW 1/4 SE 1/4 SW 1/4</i>		<i>2</i>	<i>29 NW</i>	<i>8 E</i>
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			
<i>SAND</i>		<i>29</i>	<i>29</i>			
<i>CLAY</i>		<i>5</i>	<i>34</i>			
<i>Gravel + SHALE</i>		<i>5</i>	<i>39</i>			
<i>RECEIVED</i> <i>Mich. Dept. of Public Health</i> <i>DEC 01 1995</i> <i>BUREAU OF ENVIRONMENTAL HEALTH-GWQS</i>						
USE A 2ND SHEET IF NEEDED						
15. Remarks, elevation, source of data, etc.						
17. Rig Operator's Name: <i>David D May</i>						

3 OWNER OF WELL:
ABEND BROS' COLLISION
 Address *10130 US 23 S.*
OSEINKE 14
 Address Same As Well Location? Yes No

4 WELL DEPTH: Date Completed New Well
39 FT. *9/18/95* Replacement Well

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

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

7 CASING: Diameter Steel Threaded Height: Above/Below
5 *1/4* *39* ft. depth Surface *1* ft.
 in. to ft. depth Weight lbs./ft.
 in. to ft. depth Grouted Drill Hole Diameter Drive Shoe Yes
 in. to ft. depth in. to ft. depth No

8 SCREEN: Not installed
 Type *Castline* Diameter *5"*
 Slot/Gauze *1/4* Length *5"*
 Set between *34* ft. and *39* ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen ft. Other

9 STATIC WATER LEVEL: *12* ft. below land surface 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.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From *0* to *30* ft.
 Neat cement Bentonite Other
 No. of bags of cement *4* Additives

13 Nearest source of possible contamination
 Type *SEPT 10* Distance *W* ft. Direction *80*

Well disinfected upon completion? Yes No
 Was old well plugged? Yes No

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 _____

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.

David D May Drilling 595
 REGISTERED BUSINESS NAME: *David D May Drilling 595* REGISTRATION NO.
 Address *1261 1/2 Lee Rd*
 Signed *David D May* Date *9-26-95*
 AUTHORIZED REPRESENTATIVE

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

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF

PUBLIC HEALTH

1 LOCATION OF WELL

County ALPEN	Twp. SAN BORN	Fraction NE 1/4 SE 1/4 SW 1/4	Section No. 2	Town 24	N./E. 8	Range E/8
Distance And Direction from Road Intersections APP. 3 1/2 MI S. OF PANTRIDGE PT. RD		OWNER No. OWNER		3 OWNER OF WELL FRED G. HUNNEMAN		
APP. 300 FT. N. OF OLD OSSINEKE RD.				Address ROUTE I OSSINEKE, MI		
Street address & City of Well Location						
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion 38 ft. 3/23/68			
SAND - YELLOW - MED'	17	17	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			
SAND - GRAY - FINE SILT	19	36	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			
SHALE - BROWN + WATER	2	38	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/ Below 4 in. to 37 ft. Depth surface 1 ft. Weight 11 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				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 55 feet S Direction SEPT Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: NOT INSTALLED BY				Manufacturer's Name Driller 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. ADDED BY: ADDED 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 Douglas Well Drilling 0368 REGISTERED BUSINESS NAME Address ROUTE I OSSINEKE, MI REGISTRATION NO. Signed William Douglas Date 3/25/69 AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County	Twp.	Fraction	Section No.	Town	Range
A/PENO	SANDBURN	SE 1/4 NW 1/4 NW 1/4	2	29 N.	8 E.
Distance And Direction from Road Intersections					
1 1/4 Mi. N. OF OSSINEKE Rd.					
4 1/2 Mi. S. OF Partridge Rd.					
Street address & City of Well Location 215, 23 South Osunapee Mich					
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion	
SAND - YELLOW		19	19	56	ft. 8-9-67
SAND - SILT - V/FINE		15	34	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"/>	
CLAY - W/ GRAVEL		20	54	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"/>	
GRAVEL w/SOME SAND		1	55	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below 6 in. to 55 ft. Depth surface 1 ft. Weight 19 lbs/ft.	
SHALE & WATER		1	56	8 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 15 direction SEPT Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				15 PUMP: NOT IN SHED 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 #2		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. DRAVST WELL DRILLING 0348 REGISTERED BUSINESS NAME Address: DRAVST F Signed: Bill DRAVST Date: 9/27/67 AUTHORIZED REPRESENTATIVE			
*CORRECTED BY:					
*ADDITION BY:					
AUG 20 1968					

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County	Twp.	Fraction	Section No.	Town	Range
<i>ALBENO</i>	<i>SANDBORN</i>	<i>NE 1/4 NW 1/4 NW 1/4</i>	<i>2</i>	<i>29</i>	<i>N 8 8 E 1/2</i>
Distance And Direction from Road Intersections <i>4 1/2 Mi. N. of CESSINGAE Rd</i> <i>4 1/2 Mi. S. of PANTHIDGE Rd</i>		OWNER No. 		3 OWNER OF WELL <i>Robert Lancaster</i>	
Street address & City of Well Location <i>Route I Ossineke Mich</i>		Address <i>Route I Ossineke Mich</i>			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion <i>44 ft. 6-7-67</i>	
<i>SAND- FINE</i>		<i>30</i>	<i>30</i>	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"/>	
<i>SAND- SILT</i>		<i>4</i>	<i>34</i>	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"/>	
<i>Clay- GRAY</i>		<i>8</i>	<i>42</i>	7 CASING: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below <i>4 in. to 44 ft. Depth surface 12" ft.</i> <i>Weight 11 lbs/ft.</i>	
<i>GROVE & WATER</i>		<i>2</i>	<i>44</i>	<i>in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i>	
				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 <i>60 feet NW</i> Direction <i>SEPTIC</i> Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				15 PUMP: <i>NOT INSTALLED BY DRILLER</i> 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. <i>ADDED INFO. BY DRILLER, ITEM NO.</i>		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief <i>Robert D. Dulay 0368</i> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <i>Route I Ossineke Mich</i> Signed <i>Bill Robert</i> Date <i>6/21/67</i> AUTHORIZED REPRESENTATIVE			

MAR 16 1976

WATER WELL RECORD
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OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Alpena		Township Name 52N 60W		Fraction NW 1/4 NW 1/4 NW 1/4 NW 1/4	Section Number 2	Town Number 29	Range Number 8
Distance And Direction from Road Intersections 1/2 TENTH S. OF KUNNISCH DR 8 TENTH N. OF OSSINEKE RD		Address BERNARD SCHEUNER 9300 45 23 SOUTH OSSINEKE, MI		3 OWNER OF WELL BERNARD SCHEUNER			
Street Address & City of Well Location		Sketch Map:		4 WELL DEPTH: (completed) 52 ft.		Date of Completion 12-8-75	
Locate with "X" in section				<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"/>
5 USE: <input checked="" type="checkbox"/> Domestic		<input type="checkbox"/> Public Supply		<input type="checkbox"/> Industry			
<input type="checkbox"/> Irrigation		<input type="checkbox"/> Air Conditioning		<input type="checkbox"/> Commercial			
<input type="checkbox"/> Test Well		<input type="checkbox"/>		<input type="checkbox"/>			
6 CASING: Threaded <input checked="" type="checkbox"/>		Welded <input type="checkbox"/>		Height: Above/Below Diam. 4 ft.			
4 in. to ft. Depth		4 ft. Surface		11 lbs./ft.			
4 in. to ft. Depth		4 ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		11 lbs./ft.			
8 SCREEN:							
Type: JOHNSON Dia.: 4"							
Slot/Gap 10 Length 4'							
Set between 49 ft. and 52 ft.							
Fittings:							
9 STATIC WATER LEVEL							
4 ft. below land surface							
10 PUMPING LEVEL below land surface							
4 ft. after hrs. pumping g.p.m.							
4 ft. after hrs. pumping g.p.m.							
11 WATER QUALITY in Parts Per Million:							
Iron (Fe) Chlorides (Cl)							
Hardness Other							
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit							
<input type="checkbox"/> Pitless Adapter		<input checked="" type="checkbox"/> 12" Above Grade					
13 Well Grouted? <input type="checkbox"/> Yes <input 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 70 feet E Direction SEPT Type							
Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No							
15 PUMP: <input checked="" type="checkbox"/> Not installed							
Manufacturer's Name							
Model Number HP Volts							
Length of Drop Pipe ft. capacity G.P.M.							
Type: <input type="checkbox"/> Submersible							
<input type="checkbox"/> Jet		<input type="checkbox"/> Reciprocating					
16 Remarks, elevation, source of data, etc.							
ADDED INFO BY DRILLER, ITEM NO.							
*CORRECTED BY BT							
**ADDITION BY BT							
ELEVATION							
DEPTH TO ROCK							
USE A 2ND SHEET IF NEEDED							
17 WATER WELL CONTRACTOR'S CERTIFICATION:							
This well was drilled under my jurisdiction and this report is true Durst Well Drilling 0368							
REGISTERED BUSINESS NAME							
REGISTRATION NO.							
Address 2523 South Ossineke mi							
Signed William Durst Date 3-8-76							
AUTHORIZED REPRESENTATIVE							