

WATER WELL AND PUMP RECORD

PERMIT NUMBER

0269

1 LOCATION OF WELL		3 OWNER OF WELL:	
County JACKSON	Township Name PARMA	Section Number 22	Range Number 3 E/N
Distance And Direction From Road Intersection		Address Richard Piske 3380 Callahan Rd.	
Street Address & City of Well Location		Address Same As Well Location? ☒ Yes ☐ No	
Locate with "X" in Section Below		4 WELL DEPTH: (completed) 100 ft. Date of Completion 10-10-85	
		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 ☐	
2 FORMATION DESCRIPTION		7 CASING: Diameter ☐ Steel ☐ Threaded ☒ Plastic ☐ Welded	
		Height: Above/Below Surface 7+ ft. Weight _____ lbs./ft. Drive-Shaft ☐ Yes ☒ No	
Thickness of Stratum Depth to Bottom of Stratum		8 SCREEN: ☒ Not Installed	
Top Dirt 2 2 Sandrock 10 12 Shale 7 19 Sandrock 5 24 Shale 46 70 Sandrock 30 100		Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: ☐ K-Packer ☐ Lead Packer ☐ Bremer Check ☐ Blank above screen _____ ft. Other _____	
		9 STATIC WATER LEVEL: 3 ft. below land surface ☐ Flow	
		10 PUMPING LEVEL: below land surface 15 ft. after 1 hrs. pumping at 30 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 40 ft. ☐ Neat cement ☒ Bentonite ☐ Other _____ No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination Type Septic Distance 50+ ft. Direction _____ Well disinfected upon completion? ☒ Yes ☐ No	
		14 PUMP: ☐ Not Installed ☐ Pump Installation Only Manufacturer's name GOULD PUMP Model number 10EY05442 HP 1/2 Volts 230 Length of Drop Pipe 25 ft. capacity 10 G.P.M. TYPE: ☒ Submersible ☐ Jet PRESSURE TANK: Manufacturer's name WELL X TROL Model number WX202 Capacity 213 Gallons	
15. Remarks, elevation, use of data, etc. RECEIVED Mich. Dept. of Public Health AUG 15 1986 USE A 2ND SHEET IF NEEDED 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. SEBASTIAN & SONS 1559 REGISTERED BUSINESS NAME REGISTRATION NO. Address 28731 N. DRIVE NORTH SPRINGPORT MI Signed William Sebastian Date 10-10-85 AUTHORIZED REPRESENTATIVE	

WATER WELL AND PUMP RECORD

PERMIT NUMBER

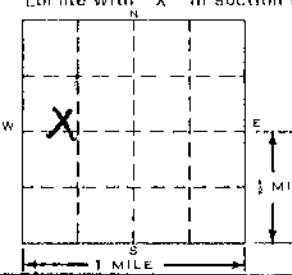
3748

1. LOCATION OF WELL			3. OWNER OF WELL:		
County JACKSON	Township Name GRASSLAKE	Fraction SE 1/4 SW 1/4	Section Number 22	Town Number T2	Range Number R2E
Distance And Direction From Road Intersection 1/4 MI. SOUTH OF INTERSECTION OF MAUTE AND KALAMBACH RD			Address HI-TECH HOMES		
Street Address & City of Well Location 2800 MAUTE RD			Address Same As Well Location? ☐ Yes ☒ No		
Locate with "X" in Section Below			4. WELL DEPTH: 218 FT. Date Completed 4/27/92		
Sketch Map: 			☒ New Well ☐ Replacement Well		
2. FORMATION DESCRIPTION			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		
			7. CASING: ☐ Steel ☐ Threaded ☐ Welded		
			Height Above/Below Surface 1 ft.		
			Weight SHALE PACKER lbs./ft.		
			Drive Shoe ☐ Yes ☐ No		
			8. SCREEN: ☒ Not Installed		
			Type _____ Diameter _____		
			Slot/Gauze _____ Length _____		
			Set between _____ ft. and _____ ft.		
			FITTINGS: ☐ K-Packer ☐ Lead Packer ☐ Bremer Check		
			☐ Blank above screen _____ ft. Other _____		
			9. STATIC WATER LEVEL: 29 ft. below land surface ☐ Flow		
			10. PUMPING LEVEL: below land surface		
			104 ft. after 2 hrs. pumping at 45 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 6 to 105 ft.		
			☐ Neat cement ☒ Bentonite ☐ Other _____		
			No. of bags of cement _____ Additives _____		
			13. Nearest source of possible contamination		
			Type SEWAGE TANK Distance 50+ ft. Direction WEST		
			Well disinfected upon completion? ☒ Yes ☐ No		
			Was old well plugged? ☐ Yes ☐ No		
			14. PUMP: ☐ Not Installed ☐ Pump Installation Only		
			Manufacturer's name BURNS		
			Model number 2MS2882 HP 1/2 Volts 230		
			Length of Drop Pipe 50 ft. capacity 10 G.P.M.		
			TYPE: ☒ Submersible ☐ Jet		
			PRESSURE TANK. Manufacturer's name ELBI		
			Model number _____ Capacity 0 Gallons		
15. Remarks, elevation, source of data. etc. MCC 11-12-92					
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.					
BEAR WELL DRILLING 38-1529					
REGISTERED BUSINESS NAME BEAR WELL DRILLING REGISTRATION NO. 38-1529					
Address 8301 DETON RD, KANSAS JUNCTION					
Signed William W. W. W. Date 5/8/92					
AUTHORIZED REPRESENTATIVE					

USE A 2ND SHEET IF NEEDED

DEC 03 1973

WATER WELL RECORD
ACT 294 PA 1965MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL County <u>JACKSON</u> Township Name <u>Parma</u> Section Number <u>22</u> Town Number <u>2</u> Range Number <u>3</u> Elev. <u>N.W.</u> Elev. <u>E.W.</u> Sketch Map: 		3 OWNER OF WELL Name <u>Keith L. Capron</u> Address <u>13235 W. Michigan</u> City <u>Parma</u>																				
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>FORMATION</th><th>THICKNESS OF STRATUM</th><th>DEPTH TO BOTTOM OF STRATUM</th></tr></thead><tbody><tr><td><u>sand</u></td><td><u>12</u></td><td><u>12</u></td></tr><tr><td><u>soft S rock</u></td><td><u>8</u></td><td><u>30</u></td></tr><tr><td><u>Medium H S rock</u></td><td><u>22</u></td><td><u>42</u></td></tr><tr><td><u>Soft W lime</u></td><td><u>26</u></td><td><u>70</u></td></tr><tr><td><u>White SAND ROCK</u></td><td><u>10</u></td><td><u>80</u></td></tr></tbody></table>		FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>sand</u>	<u>12</u>	<u>12</u>	<u>soft S rock</u>	<u>8</u>	<u>30</u>	<u>Medium H S rock</u>	<u>22</u>	<u>42</u>	<u>Soft W lime</u>	<u>26</u>	<u>70</u>	<u>White SAND ROCK</u>	<u>10</u>	<u>80</u>	4 WELL DEPTH: (completed) Date of completion <u>11-23-73</u> ft. <u>80</u>		
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																				
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		5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Jotted ☐ Bored ☐																				
		6 USE: ☒ Domestic ☐ Public Supply ☐ Industry ☐ Irrigation ☐ Air Conditioning ☐ Commercial ☐ Test Well																				
		7 CASING: Threaded ☒ Welded ☐ Height: Above/Below Surface <u>11</u> ft. Diam. <u>4</u> in. to <u>32</u> ft. Depth <u>11</u> lbs./ft. Drive Shoe? Yes ☒ No ☐																				
		8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																				
		9 STATIC WATER LEVEL <u>14</u> ft. below land surface																				
		10 PUMPING LEVEL below land surface <u>20</u> ft. after <u>1</u> hrs. pumping <u>30</u> 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 Adaptor ☐ 12" Above Grade																				
		13 Well Grouted: ☒ Yes ☐ No ☒ Neat Cement ☐ Bentonite ☐ Depth: From _____ ft. to _____ ft.																				
		14 Nearest Source of possible contamination <u>70</u> feet <u>East</u> direction <u>Septic</u> Type Well disinfected upon completion ☒ Yes ☐ No																				
		15 PUMP: ☒ Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: ☐ Submersible ☐ Jet ☐ Reciprocating																				
16 Remarks, elevation, source of data, etc. CORRECTED BY <u>[Signature]</u> ADDITION <u>[Signature]</u>		17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Leonard Well Drilling</u> 0404 REGISTERED BUSINESS NAME REGISTERATION NO. Address <u>Springport</u> Signed <u>M. Leonard</u> Date <u>11-28-73</u> AUTHORIZED REPRESENTATIVE																				

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		TOWNSHIP NAME		Fraction	Section Number	Town Number	Range Number
County Jackson		Parma		SW 1/4 SE 1/4 NW 1/4	22	T2S N/S	R3W E/W
Distance And Direction From Road Intersection 300' east of Callahan Road 1 2/10ths mile north of Michigan Avenue				3 OWNER OF WELL: Total Petroleum P. O. Box 708 Traverse City, Michigan 49684			
Street Address & City of Well Location Locate with "X" in Section Below				Address Same As Well Location? ☐ Yes ☒ No			
				Sketch Map: 			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH (completed) 161 ft. Date of Completion 11/5/81			
Gravel Fill		1	1	5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug			
Muck		2	3	☐ Hollow rod ☐ Auger ☐ Jetted ☐			
Sand, gravel, stones & coal		24	27	6 USE ☐ Domestic ☐ Type I Public ☐ Type III Public			
Grey Shale		2	29	☐ Irrigation ☐ Type IIa Public ☐ Heat pump			
Green Shale		2	31	☐ Test Well ☐ Type IIb Public ☒ Water supply			
Green Sandstone & Shale		5	36	7 CASING: ☒ Steel ☒ Threaded ☐ Plastic ☐ Welded			
Grey Shale & Sandstone		9	45	Height: Above/below now for oil rig			
Hard Sandstone		5	50	Surface 12" x			
Green Shale		3	53	Weight _____ lbs / ft			
Sandstone, Lime w/Shale Strips		17	70	Drive Shoe ☒ Yes ☐ No			
Hard Grey Shale		12	82	8 SCREEN ☒ Not Installed			
Lime w/Green Shale Strips		4	86	Type _____ Diameter _____			
Hard Sandstone		49	135	Slot/Gauge _____ Length _____			
Sandstone		26	161	Set between _____ ft. and _____ ft.			
ADDED INFO. BY DRILLER, ITEM NO. _____				FITTINGS: ☐ K-Packer ☐ Lead Packer ☐ Bremer Check			
CORRECTED BY _____				☐ Blank above screen _____ ft. Other _____			
USE A 2ND SHEET IF NEEDED				9 STATIC WATER LEVEL _____ ft. below land surface ☒ Flow			
ADDITIONAL _____				10 PUMPING LEVEL: below land surface			
15. Remarks, elevation, source of data, etc.		_____ ft. after _____ hrs. pumping at _____ G.P.M.					
Lease: Komps Farms 1-22		_____ ft. after _____ hrs. pumping at _____ G.P.M.					
CORRECTED BY _____		11 WELL HEAD COMPLETION: ☐ Pitless adaptor ☒ 12" above grade					
ADDITIONAL _____		☐ Basement offset ☐ Approved pit					
		12 WELL GROUTED? ☐ No ☒ Yes From _____ to _____ ft.					
		☐ Neat cement ☒ Bentonite ☐ Other _____					
		No. of bags of cement _____ Additives _____					
		13 Nearest source of possible contamination					
		Type _____ Distance _____ ft. Direction _____					
		Well disinfected upon completion? ☒ 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.					
		Hart Well Drilling Company 522					
		REGISTERED BUSINESS NAME REGISTRATION NO.					
		Address 1154 S. Jefferson Mason, Michigan 48854					
		Signed S.W. Hart Date 11-13-81					
		AUTHORIZED REPRESENTATIVE					