TAX NO: ~~40-005-000-005-00~~

MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER WELL AND PUMP RECORD

PERMIT NO: 24888

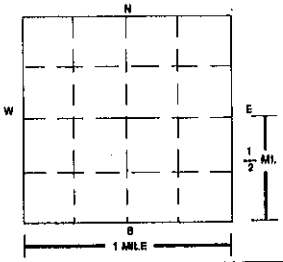
1. LOCATION OF WELL

County	Township Name	Fraction	Section No.	Town No.	Range No.
Kalkaska	Cold Springs	1/4 1/4 1/4	8	28	6

Distance and Direction from Road Intersection: 8178 N. Davis Rd N.E.

Street Address & City of Well Location

Locate with 'x' in Section Below



Sketch Map

3. OWNER OF WELL
Address: Levon Stoops
6575 Twin Lake Rd.
Mancelona, MI 49659
Address Same as Well Location ☐ Yes ☐ No

4. WELL DEPTH: 54 ft. Date Completed 7/8/96 ☒ 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 _____
Diameter: 4 in. to 50 ft. depth; _____ in. to _____ ft. depth
BORE HOLE: Diameter: _____ in. to _____ ft. depth; _____ in. to _____ ft. depth
Height: Above/Below Surface: T ft
Weight: _____ lbs./ft.
☐ Drive Shoe ☐ Shale Packer

2. FORMATION DESCRIPTION

FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	35	35
water sand	21	56

8. SCREEN: ☐ Not Installed ☐ Gravel-Packed
Type 5-5 Diameter 4"
Slot/Gauze 10 Length: 4 Foot
Set Between 50 ft. and 54 ft.
FITTINGS: ☒ K-Packer ☐ Bremer Check ☐ Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: 35 ft. Below Land Surface ☐ Flowing

10. PUMPING LEVEL: Below Land Surface
_____ ft. After ½ hrs. Pumping at 20 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 _____ to _____ ft.
☐ Neat Cement ☒ Bentonite ☐ Other natural
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type septic Distance 60 ft. Direction S
Type _____ Distance _____ ft. Direction _____

14. PUMP: ☐ Not Installed ☐ Pump Installation Only
Manufacturer's Name Gould's
Model Number _____ HP ½ Volts 220
Length of Drop Pipe 48 ft. Capacity 10 G.P.M.
TYPE: ☒ Submersible ☐ Jet ☐ Other _____
PRESSURE TANK:
Manufacturer's Name Challenger
Model Number _____ Capacity 20 Gallons

RECEIVED
Mich. Dept. of Public Health
JAN 17 1997
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS

USE A 2ND SHEET IF NEEDED

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

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

17. DRILLING MACHINE OPERATOR:
☐ Employee ☒ Subcontractor
Name Jack

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.
Jack's well Drilling (REGISTERED BUSINESS NAME) 1617 (REGISTRATION NO.)
Address Elmira
Signed _____ (AUTHORIZED REPRESENTATIVE) Date 11-12-96

GW-2-228 9/93

GEOLOGICAL SURVEY COPY

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

TAX NO: 16-005-008-005-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NO: 24888

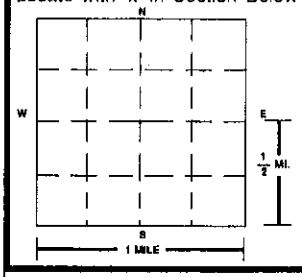
1. LOCATION OF WELL

County	Township Name	Fraction	Section No.	Town No.	Range No.
KALKASKA	cold springs	1/4 1/4 1/4	8	28	6

Distance and Direction from Road Intersection: 8178 N. DAVIS Rd N. E.

Street Address & City of Well Location

Locate with 'x' in Section Below / Sketch Map



3. OWNER OF WELL
Address: LeVon Stoops
6575 Twin Lk. Rd
Mancelona, Mi 49659
Address Same as Well Location ☐ Yes ☐ No

4. WELL DEPTH: 53 ft. | Date Completed 11/25/96 | ☒ 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 _____
Diameter: 4 in. to 49 ft. depth; _____ in. to _____ ft. depth
BORE HOLE: Diameter: 7 in. to _____ ft. depth; _____ in. to _____ ft. depth
Height: Above/Below Surface: 1 ft
Weight: _____ lbs./ft.
☐ Drive Shoe ☐ Shale Packer

8. SCREEN: ☐ Not Installed ☐ Gravel-Packed
Type: 5-5 Diameter: 4"
Slot/Gauze: 10 Length: 4'
Set Between: 49 ft. and 53 ft.
FITTINGS: ☒ K-Packer ☐ Bremer Check ☐ Blank Above Screen _____ ft. Other _____

9. STATIC WATER LEVEL: 35 ft. Below Land Surface ☐ Flowing

10. PUMPING LEVEL: Below Land Surface
_____ ft. After 1/2 hrs. Pumping at 20 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 _____ to _____ ft.
☐ Neat Cement ☒ Bentonite ☐ Other _____
No. of Bags _____ Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type Septic Distance 60 ft. Direction S
Type _____ Distance _____ ft. Direction _____

14. PUMP: ☐ Not Installed ☐ Pump Installation Only
Manufacturer's Name: Gouds
Model Number _____ HP 1/2 Volts 220
Length of Drop Pipe 48 ft. Capacity 10 G.P.M.
TYPE: ☒ Submersible ☐ Jet ☐ Other _____
PRESSURE TANK:
Manufacturer's Name: Challenger
Model Number _____ Capacity 20 Gallons

2. FORMATION DESCRIPTION

	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
SAND	35	35
WATER SAND	21	56

USE A 2ND SHEET IF NEEDED

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

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

17. DRILLING MACHINE OPERATOR:
☐ Employee ☒ Subcontractor
Name Jack

15. 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.
Jack's well Drilling (REGISTERED BUSINESS NAME) 1617 (REGISTRATION NO.)
Address Elmira Mi
Signed Jack Sherwood (AUTHORIZED REPRESENTATIVE) Date 12-2-96

GW-2-228 9/93

GEOLOGICAL SURVEY COPY

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

GEOLOGICAL SURVEY SAMPLE No.

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

County	Twp.	Fraction	Section No.	Town	Range
KALKASKA	COLD SPRINGS	SE ¼ SW ¼ SE ¼	8	28 N.	6 W

Distance And Direction from Road Intersections: CROY LAKE ROAD ¼ MILE WEST 9571

Street address & City of Well Location: N. side of Rd

OWNER No.

3 OWNER OF WELL: CARL BATTELL

Address: KALKASKA MICH,

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
YELLOW SAND	10	10
WHITE SAND	10	20
COARSE GRAVEL	10	30
WHITE COARSE SAND	16	46

4 WELL DEPTH: (completed) ft. Date of Completion 5-26-67

5 ☐ Cable tool ☐ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☒ Jetted ☐ Bored ☐ ___

6 USE: ☒ Domestic ☐ Public Supply ☐ Industry ☐ Irrigation ☐ Air Conditioning ☐ Commercial ☐ Test Well ☐ ___

7 CASING: Diam. 2 in. to 46 ft. Depth; Threaded ☐ Welded ☐; ___ in. to ___ ft. Depth

Height: Above/Below surface 1 ABOVE ft.; Weight 3.75 lbs/ft.; Drive Shoe? Yes ☒ No ☐

8 SCREEN:

Type: GO Dia.: 1¼

Slot/Gauze GAUZE Length 54-36

Set between 46 ft. and ___ ft.

Fittings: DRIVE COUPLINGS

9 STATIC WATER LEVEL 14 ft. below land surface

10 PUMPING LEVEL below land surface

14 ft. after 1 hrs. pumping 1950 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: ☐ In Approved Pit ☐ Pitless Adapter ☒ 12" Above Grade

13 GROUTING: No well Pit

Well Grouted? ☐ Yes ☐ No

Material: ☐ Neat Cement ☐ Pipe Cap

Depth: From ___ ft. to ___ ft.

14 SANITARY:

Nearest Source of possible contamination

100 feet West Direction Lake Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP:

Manufacturer's Name Not installed

Model Number ___ HP ___

Length of Drop Pipe ___ ft. capacity ___ G.P.M.

Type: ☐ Submersible ☐ ___ ☐ Jet ☐ Reciprocating

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO. 1, 13, 14, 15

*CORRECTED BY: [redacted]

**ADDITION BY: [redacted]

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.

SCHOLL, SON — REGISTERED BUSINESS NAME

0893 — REGISTRATION NO.

Address MANCELONA MICH, ROUTE 2

Signed FRED SCHOLL — AUTHORIZED REPRESENTATIVE — Date 5-26-67

D67D 100M 6-66

AUG 11 1967

GEOLOGICAL SURVEY COPY