

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL									
County <u>St Joseph</u>	Township Name <u>Flower Field</u>	Fraction <u>NW 1/4 NW 1/4 NW 1/4</u>	Section Number <u>17</u>	Town Number <u>5</u>	Range Number <u>12</u>				
Distance And Direction From Road Intersection						3 OWNER OF WELL: <u>Lewis Roberts</u>			
Street Address & City of Well Location						Address <u>11275 Ayers</u>			
Locate with "X" in Section Below						Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
						4 WELL DEPTH: Date Completed <u>7/7/89</u> <input checked="" type="checkbox"/> New Well <u>77</u> FT. <input type="checkbox"/> Replacement Well			
						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 checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>4</u> in. to <u>72</u> ft. depth Height: Above/Below Surface <u>1</u> ft. Weight <u>11</u> lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
2 FORMATION DESCRIPTION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed			
<u>0-15 SAND</u>			<u>15'</u>			Type <u>Plastic</u> Diameter <u>4'</u>			
<u>15-28 WATER SAND</u>			<u>13</u>			Slot/Gauze <u>12</u> Length <u>5'</u>			
<u>28-65 GRAY CLAY</u>			<u>37</u>			Set between <u>72</u> ft. and <u>77</u> ft.			
<u>65-77 WATER SAND</u>			<u>12</u>			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 _____			
						9 STATIC WATER LEVEL: <u>12</u> ft. below land surface <input type="checkbox"/> Flow			
						10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at <u>50</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 _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" 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 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 <u>BURKS</u> Model number <u>SW10B</u> HP <u>1</u> Volts <u>220</u> Length of Drop Pipe <u>42</u> ft. capacity <u>18</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <u>Tec 1</u> Model number <u>202</u> Capacity <u>10</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>WALT Adams</u> <u>436</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>WAL</u> Signed <u>Walt Adams</u> Date <u>7-11-89</u> AUTHORIZED REPRESENTATIVE			
17. Rig Operator's Name: <u>Jim Overhang</u>									

USE A 2ND SHEET IF NEEDED

RECEIVED
 Mich. Dept. of Public Health
 JUL 17 1989
 Bureau of Environmental and Occupational Health - GWOS

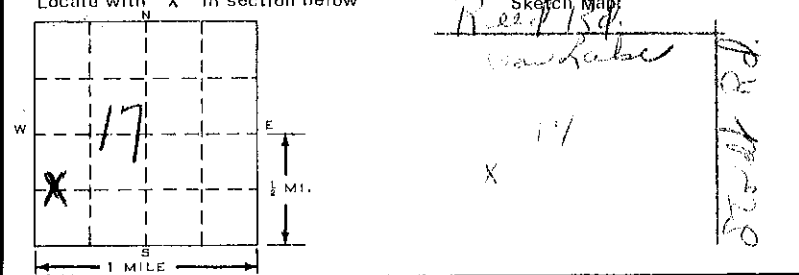


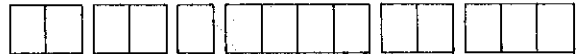
3 DEC 19 1977

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

or 16'

1. LOCATION OF WELL County: St. Joseph		Township Name: Flowerfield	Fraction: SW 1/4 SW 1/4 SE 1/4	Section Number: 17	Town Number: 6X <small>X/V.S.</small>	Range Number: 12 <small>XX E/W.</small>
Distance And Direction from Road Intersections: M-60 to 131, turn North go 1 mile to Coon Hollow turn left go 5 mi. past telephone relay sta. turn right then access on left well is 1/4 mi.				3 OWNER OF WELL: Allen Elman Address: R#5 Box 177 Three Rivers, Mich.		
Locate with "X" in section below 				4 WELL DEPTH: (completed) Date of Completion 63 ft. Oct. 10, 1977		
2 FORMATION				5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" 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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. _____ Height: Above XXXX Surface 2 ft. 2 in. to 59 ft. Depth Weight 33/4 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				8 SCREEN: Type: gauze Dia.: 1 1/4 XXX 60 <small>60</small> Length 4' Set between 59 ft. and 63 ft. Fittings: check valve		
9 STATIC WATER LEVEL 40 ft. below land surface				10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. plunger tested ft. after 1 hrs. pumping 15 g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From _____ ft. to _____ ft.				14 Nearest Source of possible contamination unknown _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name _____ Model Number _____ HP _____ Volts _____ Length of Drop Pipe 46 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. Source of data: Otto Bickel Well Tom Mesier Pump (M&S) <i>ofb</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. B.J. Lewis & Sons 0088 REGISTERED BUSINESS NAME REGISTRATION NO. Address M-60 East Cassopolis, Mich. Signed <i>Allen Elman</i> Date Dec 13, 1977 AUTHORIZED REPRESENTATIVE						



4- DEC 18 1978

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:		
County St Joe	Township Name Flowerfield	Fraction NW¹/₄ SW¹/₄ SW¹/₄	Section Number 17	Town Number 5 <i>N/S.</i>	Range Number 12 <i>E/W.</i>
Distance And Direction from Road Intersections Take 216 east of Marcellus to Chamberlain Rd. turn north to sawmills.			Address Don Pastorick Box 117 Chamberlain Rd. Marcellus, Mich.		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 66' ft. Nov. 13, 1978		
			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____		
Sketch Map:			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"/> _____		
2 FORMATION			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/ Below Surface 2 ft.		
THICKNESS OF STRATUM			Diam. 4 in. to 60' ft. Depth Weight 11 lbs./ft.		
DEPTH TO BOTTOM OF STRATUM			Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Surface			8 SCREEN:		
Red sand and gravel			Type: red brass Dia.: 33/4		
Blue clay and stone			Slot/Groove 10 Length 6'		
Gravel			Set between 60 ft. and 66 ft.		
			Fittings: strainer fittings		
			9 STATIC WATER LEVEL 18' ft. below land surface		
			10 PUMPING LEVEL below land surface plunger tested ft. after ___ hrs. pumping ___ g.p.m. ft. after 1 hrs. pumping 60 g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
			13 Well Grouted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.		
			14 Nearest Source of possible contamination 50 feet from* Direction septic system Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name F&W Model Number 011907-301 HP 3/4 Volts 220 Length of Drop Pipe 42' ft. capacity 19 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION _____ <small>USE A 2ND SHEET IF NEEDED</small>			17 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. B. J. Lewis & Sons 0088 REGISTERED BUSINESS NAME REGISTRATION NO. Address M-60 East Cassopolis, Mich. Signed <i>[Signature]</i> Date 11-29-78 AUTHORIZED REPRESENTATIVE		
16 Remarks, elevation, source of data, etc. Source of data: Otto Bickel-well Source of data: Floyd Korp-pump Permit# 3371					

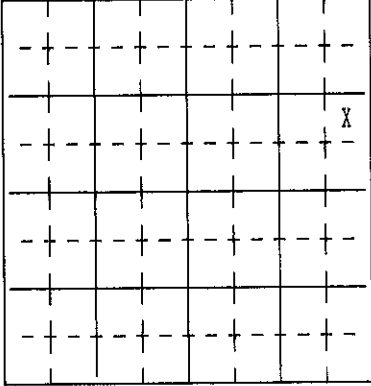
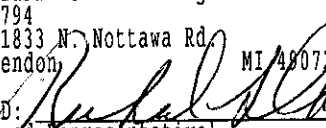
WATER WELL RECORD

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

ACT 294 PA 1965

Taken off of tax receipt

1 LOCATION OF WELL County: <u>St Joseph</u> Twp.: <u>Flowerfield</u> Range: <u>12 WE/W.</u> Distance and Direction from Road Intersections: <u>on Craglow road 7/10 of mile north - from M. 216 West side of road</u> Street address & City of Well Location: _____		Section No.: <u>17</u> Town: <u>55 N/S.</u> 3 OWNER OF WELL: <u>M. Alfred Schung</u> Address: <u>Marcellus Mich R#3</u> OWNER No.: _____														
2 FORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">FORMATION</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>clay</u></td> <td style="text-align: center;"><u>20</u></td> <td style="text-align: center;"><u>20</u></td> </tr> <tr> <td style="text-align: center;"><u>gravel clay</u></td> <td style="text-align: center;"><u>20</u></td> <td style="text-align: center;"><u>40</u></td> </tr> <tr> <td style="text-align: center;"><u>course gravel</u></td> <td style="text-align: center;"><u>20</u></td> <td style="text-align: center;"><u>60</u></td> </tr> <tr> <td style="text-align: center;"><u>sand</u></td> <td style="text-align: center;"><u>11</u></td> <td style="text-align: center;"><u>71</u></td> </tr> </tbody> </table>	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>clay</u>	<u>20</u>	<u>20</u>	<u>gravel clay</u>	<u>20</u>	<u>40</u>	<u>course gravel</u>	<u>20</u>	<u>60</u>	<u>sand</u>	<u>11</u>	<u>71</u>	4 WELL DEPTH: (completed) <u>71</u> ft. Date of Completion: <u>April 8-67</u> 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input checked="" 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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2</u> in. to <u>6 1/2</u> ft. Depth <u>1</u> ft. Height: Above/Below surface _____ ft. Weight <u>375</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8 SCREEN: Type: <u>1-Jet B-48</u> Dia.: <u>1 1/4</u> Slot/Gauze: <u>60</u> Length: <u>4 ft</u> Set between <u>67</u> ft. and <u>71</u> ft. Fittings: <u>Cumplin B reamer check</u>
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM														
<u>clay</u>	<u>20</u>	<u>20</u>														
<u>gravel clay</u>	<u>20</u>	<u>40</u>														
<u>course gravel</u>	<u>20</u>	<u>60</u>														
<u>sand</u>	<u>11</u>	<u>71</u>														
9 STATIC WATER LEVEL <u>35</u> 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 checked="" 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 <u>50</u> feet <u>S</u> Direction <u>Zomba</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No															
15 PUMP: Manufacturer's Name: <u>Myers</u> Model Number: _____ HP: <u>3/4</u> Length of Drop Pipe: <u>42</u> ft. capacity: <u>100</u> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. _____ *CORRECTED 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. <u>Marcellus Well Drilling, No 0018</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address: <u>Marcellus Mich R#3</u> Signed: <u>Howard Renge</u> Date: <u>April 19-67</u> AUTHORIZED REPRESENTATIVE																

1. Location of Well		County	Township	Fraction	Section Number	Town Number	Range Number
St. Joseph		Flowerfield	NE 1/4 SE 1/4 NE 1/4	17	5 S	12 W	
Distance & Direction From Road Intersection 3/4 mile north of M 216 on west side of Creglow Rd.				3. Owner of Well: Alfred Schug			
Street & City of Well 52320 Creglow Marcellus				Address 52320 Creglow Marcellus MI 49067			
Address Same as Well Location? Yes				4. Well Depth 65 Date Completed 06/26/97 Type Repl			
Sketch Map 				5. METHOD: Rotary Other			
				6. USE: Household Other			
2. FORMATION DESCRIPTION				7. CASING: Plastic			
				Diameter 5 in to 65 ft. depth in to ft. depth			
Top Soil 1 1				Height Above/Below Above Surface 1 ft.			
Orange Clay w/Sand 6 7				Weight lbs/ft.			
Med Br. Sand w/Clay 5 12				BORE HOLE Diameter 8 in to 65 ft. depth in to ft. depth			
Fine Lt. Br. Gravel 2 14				Drive Shoe Yes X No			
Lt. Br. Clay 20 34				Shale Packer Yes X No			
Lt. Br. Clay w/Gravel 11 45				8. SCREEN: Not Installed			
Orange Clay w/Gravel 7 52				Type PVC Diameter 5 inch			
Fine Lt. Br. Gravel 13 65				Slot/Gauze Slot 18 Length 5 ft			
				Set Between 60 ft and 65 ft			
				Fittings Blank Above Screen 0 Other			
				9. STATIC WATER LEVEL 25 Ft. Below Land Surface Flow			
				10. PUMPING LEVEL: below land surface			
				27 Ft. after 1 hrs. pumping at 25 G.P.M.			
				Ft. after hrs. pumping at G.P.M.			
				Plunger Bailer X Air Test Pump			
				11. WELL HEAD COMPLETION X Pitless Adapter X 12" abv grade Basement Offset Well House			
				12. WELL GROUTED No X Yes From 0 to 60 Ft.			
				Neat Cement X Bentonite Other			
				No. Bags Cement 3.00 Additives			
				13. NEAREST SOURCE OF POSSIBLE CONTAMINATION			
				Type septic Distance 60 Ft. Direction nw			
				Type fuel tank Distance 55 Ft. Direction ne			
15. ABANDONED WELL PLUGGED? X Yes No				14. PUMP Not Installed Pump Installation Only			
Casing Diameter 2 ft. Depth 40 ft.				Manufacturer's Name F&W			
PLUGGING MATERIAL Bentonite Slurry				Model Number 4F10G05305 HP 1/2 Volts 115			
No. of Bags 1.50 Casing Removed Yes X No				Length of drop pipe 56 Ft. Capacity 10 GPM			
				Type X Submersible Jet			
				Pressure Tank Name used existing tank			
				Pressure Tank Model Capacity Gallons			
16. REMARKS				18. WATER WELL CONTRACTORS CERTIFICATION			
				This well was drilled under my jurisdiction, and this report is true to the best of my knowledge and belief			
17. Rig Operator's Name: Rick Clark				REGISTERED BUSINESS NAME: Clark Well Drilling			
X Employee Subcontractor				REGISTRATION NUMBER: 1794			
				ADDRESS: 51833 N. Nottawa Rd. Mendon, MI 49072			
AUTHORITY: Act 368 PA 1978 COMPLETION: Required				DATE: 9/30/97 SIGNED:  (Authorized Representative)			
PENALTY: Conviction of a violation of any provision is a misdemeanor.				(Geological Survey Copy)			
IMPORTANT: File with deed.							

RECEIVED
 DEPARTMENT OF
 ENVIRONMENTAL QUALITY
 OCT 13 97
 D.W.R.P.D.
 GROUND WATER SUPPLY SEC.

TAX NO.

MICHIGAN WATER WELL AND PUMP RECORD

Permit No.

1 Location of Well		County		Township Name		Fraction		Section Number		Town Number		Range Number	
ST JOSEPH		FABIUS		NE 1/4 NW 1/4 SW 1/4		17		5S		N/S		12W E/W	
Distance and Direction From Road Intersection								3 Owner of Well LAKESHORE BLDGRS.					
11099 ELIZABETH DR. THREE RIVERS								Address 12265 FISHINGSITE RD. THREE RIVERS MI 49093-					
Street Address and City of Well Location								Address Same as Well Location? No					
Sketch Map				4 Well Depth (Completed)				Date of Completion 7/26/96					
				61 ft.				New Well					
5 Drilling Method CABLE TOOL								6 Proposed Use DOMESTIC					
2 FORMATION DESCRIPTION				Thickness of Stratum		Depth to Bottom of Stratum		7 Casing STEEL				Height Above Surface 1 ft.	
DRY SAND GRAVEL				6		6		4 in. to 57 ft. depth				Weight 11LBS lbs./ft.	
HARD BROWN CLAY				14		20		in. to ft. depth				Drive Shoe Yes	
MUDDY COARSE SAND (WET)				30		50		in. to ft. depth				Shale Packer No	
GRAVEL (WET)				11		61		8 Screen				Gravel-packed? No	
								Type SLOTTED				Diameter 4	
								Slot/Gauze 18				Length 4	
								Set Between 57 ft. and 61 ft.					
								Fittings K-PACKER				1.00 Blank ft. above screen	
9 Static Water Level 18 ft. Below Land Surface								Flow					
10 Pumping Level Below Land Surface								18 ft. after 1 hrs. pumping at 50 G.P.M.					
								ft. after hrs. pumping at G.P.M.					
								Using PLUNGER					
11 Well Head Completion PITLESS ADAPT													
12 Well Grouted? Yes From 0 to 25 ft.								BENTONITE					
								No. of bags 2 Additives					
13 Nearest Source of Possible Contamination								SEPTIC SYSTEM					
								Distance 55 ft. Direction S					
								Distance ft. Direction					
15 Abandoned well plugged? No								14 Pump Installed Pump Installation Only? No					
Casing Diameter in. Depth ft.								Manufacturer's Name STA-RITE					
								Model Number 10P4C02T HP 1/2 Volts 230					
								Length of Drop Pipe 42 ft. Capacity 10 G.P.M.					
								Type SUBMERSTIBLE Jet					
								Pressure tank:					
								Manufacturer's Name WELL-MATE					
								Pressure Tank Model WM-9 Capacity 9 gal.					
16 Remarks, elevation, source of data, etc.								17 Drilling machine operator:					
								Employee					
								Name CHARLIE					
								Authority: Act 368 PA 1978					
								Completion: Required.					
								Penalty: Conviction of violation of any provision is a misdemeanor.					
								IMPORTANT: File with deed.					
								18 Water Well Contractor's Certification:					
								This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
								Registered business name: EARL SANDERS & SON					
								Registration number: 0112					
								Address: 72819 M-40 HIGHWAY, LAWTON, MI 49065					
								Signed: <u>R. Sanders</u> Date <u>7/20/96</u>					
								(Authorized representative)					

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Mich. Dept. of Public Health

NOV 06 1996

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WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

SEP 25 1973

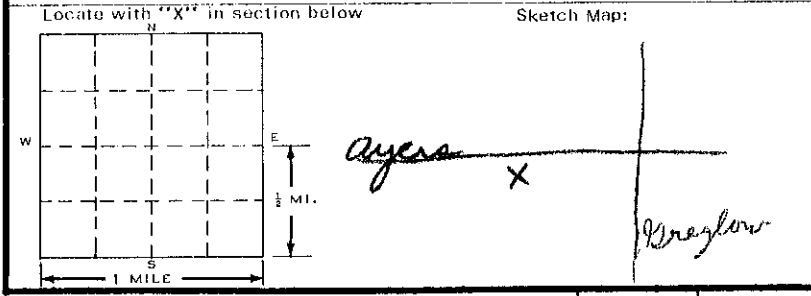
1 LOCATION OF WELL

County <i>St Joseph</i>	Township Name <i>Flowerfield</i>	Fraction <i>1/4 NE 1/4 NW 1/4</i>	Section Number <i>17</i>	Town Number <i>55 N/S.</i>	Range Number <i>12W E/W.</i>
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Distance and Direction from Road Intersections
*South side of Ayers
1/4 mi west of Kreglow*

Street address & City of Well Location

3 OWNER OF WELL:
Ron Benhain
Address
Marcellus Mich



4 WELL DEPTH: (completed) Date of Completion
64 ft. May 5-73

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.
Diam. *2* in. to *60* ft. Depth Weight *375* lbs./ft.
in. to *ft.* Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<i>Top soil</i>	<i>1</i>	<i>1</i>
<i>red clay</i>	<i>5</i>	<i>6</i>
<i>gravel</i>	<i>5</i>	<i>11</i>
<i>red sand</i>	<i>15</i>	<i>26</i>
<i>red gravel</i>	<i>5</i>	<i>31</i>
<i>red clay</i>	<i>25</i>	<i>56</i>
<i>water sand</i>	<i>8</i>	<i>64</i>

8 SCREEN:
Type: *Jet* Dia.: *1 1/4*
Slot/Gauze *60* Length *4 ft*
Set between *60* ft. and *64* ft.

Fittings: *Complin & Breamer Check*

9 STATIC WATER LEVEL
21 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 Grade

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
75 feet N.E. Direction *Septic* Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name *L.S.*
Model Number *LS 500* HP *1/2* Volts *115*
Length of Drop Pipe *27* ft. capacity ____ G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
Op

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.
Marcellus Well Drilling 0018
REGISTERED BUSINESS NAME REGISTRATION NO.
Address *R3 Marcellus Michigan*
Signed *Howard Reigh* Date *May 9-73*
AUTHORIZED REPRESENTATIVE