

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			<i>SW SW NE</i>		
County St. Joseph	Twp. Fawn River	Fraction <i>1/4 1/4</i>	Section No. 10	Town T 8 S N/S.	Range R 9 W E/W.
Distance And Direction from Road Intersections Corner of County Hospital Road and Little Fawn River Road			OWNER No. _____		
Street address & City of Well Location RR # 1, Sturgis, Michigan			3 OWNER OF WELL: Elmer Rivers Address RR # 1, Sturgis, Michigan		
2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) _____ ft. Date of Completion _____	
	Surface dirt	5	5	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"/> _____	
	Clay	15	20	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"/> _____	
	Sand & gravel	16	36	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface level ft. Diam. 2 in. to 36 ft. Depth Weight 3 3/4 lbs/ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Heavy sand (screened)	4	40	8 SCREEN: Type: Gauze Dia.: 1 1/2" _____ /Gauze 60-60 Length 48" Set between 36 ft. and 40 ft. Fittings: Check valve	
				9 STATIC WATER LEVEL 21 ft. below land surface	
				10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. Plunger tested _____ ft. after 1 hrs. pumping 900 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 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: <i>unknown</i> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: Manufacturer's Name Flint & Walling Model Number C 6265 HP 1/2 Length of Drop Pipe 25 ft. capacity 500 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. Source of Data: Well - Michael Grahl " " " Pump - Dick Willard			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, Michigan Signed <i>Frank McLounick</i> Date 11/3/66 AUTHORIZED REPRESENTATIVE		

ADDED INFO. BY DRILLER, ITEM NO. *1, 14*
CORRECTED BY:
**ADDITION BY: *RS 4/3/67*

WATER WELL RECORD

ACT 294 PA 1985

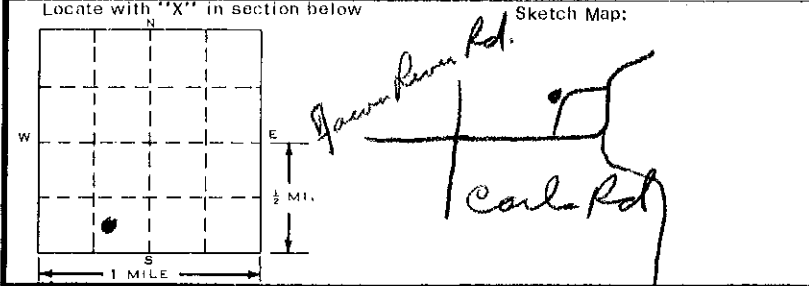
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County <u>St Joseph</u>	Township Name <u>Fawn River</u>	Fraction <u>SWSE 1/4 SW 1/4</u>	Section Number <u>10</u>	Town Number <u>80 S.</u>	Range Number <u>9 W.</u>
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Distance And Direction from Road Intersections
1/4 east 1 block N of Fawn River + Carla Rd.

Street address & City of Well Location



3 OWNER OF WELL:

Lloyd Frohreis
Sturgis, Mich

4 WELL DEPTH: (completed)

44 ft. Date of Completion 2/

<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"/>	<input type="checkbox"/>

7 CASING: Threaded Welded

Diam. _____ Height: Above/Below Surface _____ ft.

2 in. to _____ ft. Depth Weight 375 lbs./ft.

Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Sands & Gravel</u>		<u>30</u>
<u>Clay</u>	<u>3</u>	<u>33</u>
<u>Gravel</u>	<u>11</u>	<u>44</u>

8 SCREEN:

Type: 78-60 Dia.: 1"

Slot/Gauze 60 Length 3'

Set between 41 ft. and 44 ft.

Fittings: 2" Marcy Check

9 STATIC WATER LEVEL

9 ft. below land surface

10 PUMPING LEVEL below land surface

Not Known

_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:

Not Known

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

50 feet _____ Direction _____ Type _____

Well disinfected upon completion Yes No

15 PUMP:

Not installed

Manufacturer's Name Z+S

Model Number 5 HP 1/2 Volts 110

Length of Drop Pipe 21 ft. capacity 10 G.P.M.

Type: Submersible

Jet Reciprocating

16 Remarks, elevation, source of data, etc.

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.

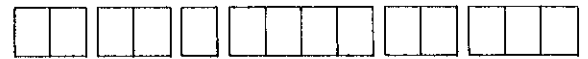
Geo. P. Reid & Son 0369

REGISTERED BUSINESS NAME REGISTRATION NO.

Address Howe Mch.

Signed Wm T. Reid Date 2/26/70

AUTHORIZED REPRESENTATIVE



WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County St. Joseph	Township Name Fawn River	Fraction nw 1/4nw 1/4 nw 1/4
Distance And Direction from Road Intersections 1/2 mi. South of U.S. 12 & Carl's Rd		Section Number 10
Street address & City of Well Location Locate with "X" in section below		Town Number 8 N/S.
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;"> <p style="font-size: 8px;">Sketch Map:</p> </div> <div> <p>Sketch Map:</p> </div> </div>		Range Number 9 E/W.
2 FORMATION		
FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
clay & gravel	40	40
vein-gravel	7	47
3 OWNER OF WELL:		
Name: Joe McMillin Address: Sturgis, Michigan		
4 WELL DEPTH: (completed) Date of Completion		
Depth: 47 ft. Date: 10-6-71		
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"/> Height: Above/Below Surface _____ ft. 2 in. to 44 ft. Depth Weight _____ lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8 SCREEN:		
Type: wire wound Dia.: 1" Gauze: 60 Length: 36" Set between 44 ft. and 47 ft. Fittings: 1" x 2" stem marcy check		
9 STATIC WATER LEVEL		
_____ ft. below land surface 17		
10 PUMPING LEVEL below land surface		
_____ ft. after _____ hrs. pumping NOT KNOWN g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million:		
Iron (Fe) _____ Chlorides (Cl) NOT KNOWN 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 _____ Depth: From _____ ft. to _____ ft.		
14 Nearest Source of possible contamination		
_____ 50 feet all Direction _____ 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 checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.		
CORRECTED BY: _____ **ADDITION BY: _____		
17 WATER WELL CONTRACTOR'S CERTIFICATION:		
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Geo. P. Reid & Son 0369 REGISTERED BUSINESS NAME REGISTRATION NO. Address Box 5 Howe, IN 46746 Signed <i>William Reid</i> Date 10/16/71 AUTHORIZED REPRESENTATIVE		

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL													
County St. Joseph		Township Name Fawn River		Fraction SE 1/4 SE 1/4 SW 1/4		Section Number 10		Town Number 85 N/S		Range Number 9W E/W			
Distance And Direction From Road Intersection North of Fawn River Rd. on Water St. to house on North side of curve (straight off rd) in Fawn River Village; REPLACEMENT WELL				3 OWNER OF WELL: Carrie Sybesma Address 31306 Water St. Sturgis, MI 49091 Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
Street Address & City of Well Location 31306 Water St., Sturgis				4 WELL DEPTH: 44 FT.				Date Completed MO. DAY YEAR 02 10 89 <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well					
Locate with "X" in Section Below				Sketch Map: 				5 <input 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 checked="" 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 <input type="checkbox"/>					
				yellow clay & gravel		30		30		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded 2.00 in. to 41.00 ft. depth Height: Above/Below Surface _____ ft. Weight 3.75 lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				grey clay & gravel		5		35		8 SCREEN: <input type="checkbox"/> Not installed Type stainless Diameter 1.75 in. Slot/Gauze 10 slot Length 36 in. Set between 41.00 ft. and 44 ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input checked="" type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen 2.00 ft. Other _____			
yellow sand & gravel		9		44		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow							
						10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at 15 G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
						11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit							
						12 WELL GROUTED? <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes From _____ to _____ ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other GRANULAR 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name F&W Model number CP05 HP 1/2 Volts 115 Length of Drop Pipe 21.00 ft. capacity 15 G.P.M. TYPE: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name Amtrol Model number WX-202 Capacity 21 Gallons							

USE A 2ND SHEET IF NEEDED

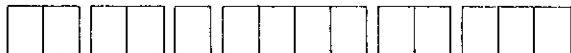
15. Remarks, elevation, source of data, etc.
WP#10644

Nitrates in mg/l: 4.0

17. Rig Operator's Name:
Don Hoover

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.

George P. Reid & Son 91-0369
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address P.O. Box 10, Howe, IN 46746
 Signed *Thomas P. Reid* Date 02/20/89
 AUTHORIZED REPRESENTATIVE



DEC 6 1973

WATER WELL RECORD
ACT 294 PA 1965

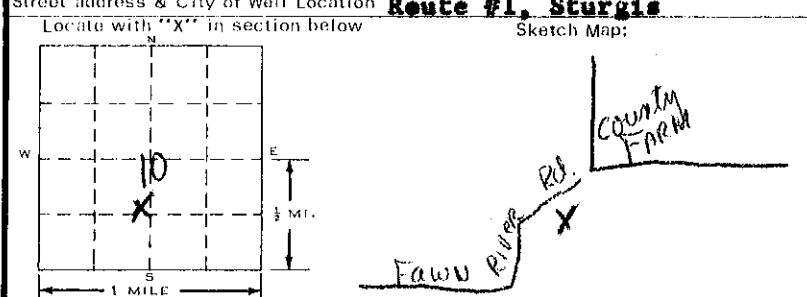
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County St. Joseph	Township Name Fawn River	Fraction SE 1/4 NE 1/4 SW 1/4	Section Number 10	Town Number 8 N/S.	Range Number 9 E/W.
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Distance And Direction from Road Intersections
12 to Sturgis to south Centreville Rd. turn right go about 1 mile to east Fawn River Rd. go left about 5 miles.

Street address & City of Well Location
Route #1, Sturgis



3 OWNER OF WELL:
Richard Donley
Route #1
Sturgis, Michigan

4 WELL DEPTH: (completed) Date of Completion
53 ft. **November 20, 1973**

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 **2** ft.
Weight **3 3/4** lbs./ft.
Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Surface	1	1
Sand & Gravel	17	18
Gravel	18	36
Gravel & Blue Clay	10	46
Sand & Gravel	2	48
Sand	5	53

8 SCREEN:
Type: **Gauze** Dia.: **1 1/2"**
~~3/8" Gauze~~ **80** Length **5'**
Set between **48** ft. and **53** ft.
Fittings: **Check Valve**

9 STATIC WATER LEVEL
27 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: In Approved Pit
 Pitless Adapter 12" Above Grade

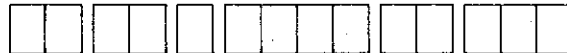
13 Well Grouted? Yes No
 Neat Cement Bentonite _____
Depth: From _____ ft. to _____ ft.

14 Nearest Source of possible contamination
_____ feet _____ Direction **Unknown** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Plint & Walling**
Model Number **C6265** HP **1/4** Volts **110**
Length of Drop Pipe **28** ft. capacity **9** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.
**Source of data: Well, Michael Grahl
Pump, Michael Grahl**

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, Michigan**
Signed *[Signature]* Date **11-23-73**
AUTHORIZED REPRESENTATIVE



JAN 21 1975

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County
St. Joseph

Township Name
~~Sherman~~ **FAWN RIVER**

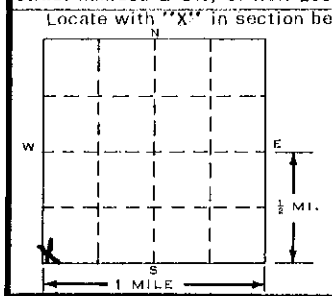
Fraction
SW 1/4 SW 1/4

Section Number
10

Town Number
8

Range Number
9

Distance And Direction from Road Intersections
In town of Fawn River, 2nd house W. of old S.R. 3 on S. side of 1st St. N. of Fawn River Rd.



3 OWNER OF WELL:
Mrs. Henry Borkholder
Address
Fawn River Rd. Sturgis, MI 49091

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Gravel	24	24
Clay & Sand	4	28
Sand & Gravel	8	36
Vein, Blue	7	43

4 WELL DEPTH: (completed) Date of Completion
43' ft. **11/21/74**

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
Diam. **2** in. to **40** ft. Depth
Surface **3.75** ft.
Weight **3.75** lbs./ft.
Drive Shoe? Yes No

8 SCREEN:
Type: **1 1/4" Redhead** Dia.: **1 1/4"**
Slots ~~xxxx~~ **10** Length **36"**
Set between **40** ft. and **43** ft.
Fittings: **Marcy check, 1 1/4" x 24" stem**

9 STATIC WATER LEVEL
10 ft. below land surface

10 PUMPING LEVEL below land surface
na
ft. after ___ hrs. pumping ___ g.p.m.

11 WATER QUALITY in Parts Per Million:
na
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
50 feet **from any** **septic** Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **Flint & Walling**
Model Number **LS-5** HP **1 1/2** Volts **110**
Length of Drop Pipe **21** ft. capacity **9** G.P.M.
Type: Submersible
 Jet Reciprocating

16 Remarks, elevation, source of data, etc.
OBTAINED BY DRILLER, ITEM NO. [Signature]
CORRECTED BY [Signature]
ELEVATION
DEPTH TO ROCK

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.
Geo. P. Reid & Son **0369**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **Box 5 Howe, IN 46746**
Signed **William T. Reid** Date **12/3/74**
AUTHORIZED REPRESENTATIVE

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

Permit no: 16176

Tax no:

1. Location of well
County: St. Joseph

Township name: Fawn River

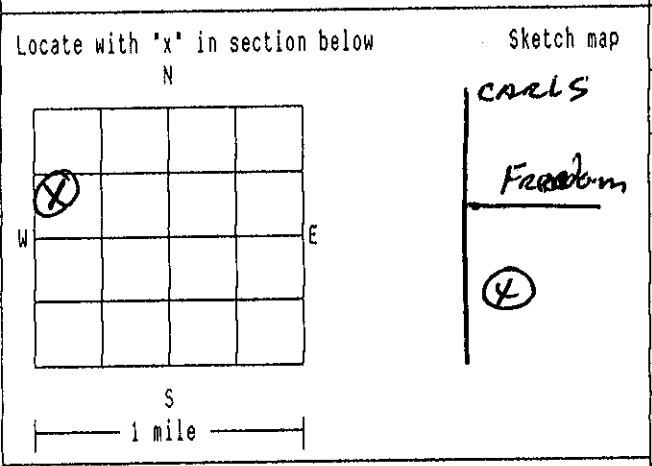
Fraction: NW 1/4 SW 1/4 NW 1/4 Section: 10 Town no: 85 Range no: 9W

Distance and Direction from Road Intersection
.36 mile South of Freedom Rd. on East side of Carls Rd.

TRIEZENBERG-CARLS RD
69361 Carls Rd., Sturgis
Street address & city of well location

3. Owner of well: Craig Triezenberg
Address: 69361 Carls Rd.
Sturgis, MI 49091
Address same as well location? Yes

4. Well depth: 77 ft.
Date completed: 06/15/95 New well



5. Drilling method: Jetted

6. Use: domestic

7. Casing: Steel, threaded
Casing diameter: 4.00 in. to 72.00 ft. depth
in. to ft. depth
Bore hole diameter: in. to ft. depth
in. to ft. depth
Height: Above/Below Surface: ft.
Weight: 11.0 lbs./ft.
Drive shoe: No
Shale packer:

8. Screen
Type: stainless Diameter: 3.75 in.
Slot/Gauze: 12 slot Length: 60 in.
Set between: 72.00 ft. and 77 ft.
Fittings: K-Packer
Blank above screen: 2.00 ft. Other:

9. Static water level: 22 ft. below land surface

10. Pumping level: Below land surface
ft. after 1 hrs. pumping at 50 G.P.M.
Using: Plunger

11. Well head completion: pitless adapter

12. Well grouted? Yes
Granular bentonite
No. of bags: 3

13. Nearest source of possible contamination
Type *septic* Distance *SE* ft. Direction
Type Distance ft. Direction

2. Formation description	Thickness of stratum	Depth to bottom of stratum
brown clay & gravel	36	36
yellow sand & gravel	41	77

15. Abandoned well plugged?
Casing diameter in. Depth ft.
Plugging material:
No. of bags: Casing removed?

14. Pump
Manufacturer: Goulds
Model number: 10LS05-422
Length of drop pipe: 42.00 ft. Capacity: 1/2 G.P.M.
Type:
Pressure tank --
Manufacturer: Aqua-Air
Model number: V-80 Capacity: 28 gallons

16. Remarks:

17. Drilling machine operator
Employee
Name: Todd Gotshall

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.
George P. Reid & Son 91-2059
P.O. Box 10, Howe, TN 46746
Signed *George P. Reid* Date: 07/02/95

RECEIVED
 MICH. DEPT. OF PUBLIC HEALTH
 JUL 14 95
 BUREAU OF ENVIRONMENTAL
 AND OCCUPATIONAL HEALTH

TAX NO:

MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

16666

1. LOCATION OF WELL

County

St Joe

Township Name

Fawn River

Fraction

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

Section No.

10

Town No.

8 N

Range No.

9 W

Distance and Direction from Road Intersection

On Carls road, east
Side of road, Approx. 3/4 mi
North of Fawn River Rd.

Street Address & City of Well Location

69255 Carls Rd Sturgis

3. OWNER OF WELL

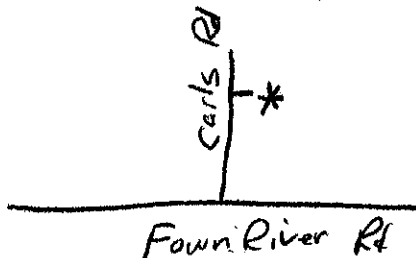
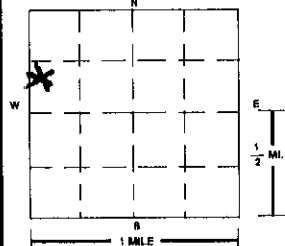
Address

69255 Carls Rd
Sturgis Mich 49091

Address Same as Well Location Yes No

Locate with 'x' in Section Below

Sketch Map



4. WELL DEPTH:

Date Completed

New Well
 Replacement Well

56 ft. 10/5/95

5. Cable Tool Rotary Driven Dug

Hollow Rod Auger/Bored Jetted

6. USE:

Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump
 Test Well Type IIb Public

7. CASING:

Steel Threaded

Plastic Welded
 Other

Height: Above/Below
Surface: 1 ft

Diameter: 5 in. to 56 ft. depth
in. to ft. depth

Weight: 200 lbs./ft.

BORE HOLE:

Diameter: 8 in. to 56 ft. depth
in. to ft. depth

Drive Shoe
 Shale Packer

8. SCREEN:

Not Installed Gravel-Packed

Type: PVC (wire wrap) Diameter: 5"
Slot/Gauze: 10 Length: 6'
Set Between: 50 ft. and 56 ft.

FITTINGS: K-Packer Bremer Check

Blank Above Screen ft. Other: glued

9. STATIC WATER LEVEL:

17 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface

ft. After 1 hrs. Pumping at 80 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 35 ft.

Neat Cement Bentonite Other
No. of Bags: 3 Additives: E-2 mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type: septic Distance: 250 ft. Direction:
Type: Distance: ft. Direction:

14. PUMP:

Not Installed Pump Installation Only

Manufacturer's Name: Myers
Model Number: HP 1/2 Volts: 220
Length of Drop Pipe: ft. Capacity: 10 G.P.M.
TYPE: Submersible Jet Other

PRESSURE TANK:

Manufacturer's Name: A-O-Smith
Model Number: V-140 Capacity: 45 Gallons

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

Sand	5'	5'
clay	41'	46'
(vein) medium gravel	10'	56'

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Mich. Dept. of Public Health
NOV 15 1995

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: Robert Detcher

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.

REGISTERED BUSINESS NAME

C-L Well Drilling 91-2029

REGISTRATION NO.

Address

11431 C.O. 10 Middlebury TN 46540

Signed

Charles W. Hunt

AUTHORIZED REPRESENTATIVE

Date

10-9-95

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.

100M 25307A

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL				3 OWNER OF WELL:	
County St. Joseph	Township Name Fawn River	Fraction sw 1/4 nw 1/4 se 1/4	Section Number 10	Town Number 8 N.S.	Range Number 9 E/W.
Distance And Direction from Road Intersections 1/4 mile west of county farm rd. on north side of Fawn River Rd.			Address Fawn River Township Hall East Fawn River Rd. Sturgis, MI 49091		
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion 39 ft. 2-26-74		
Sketch Map: 			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"/>		
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft.	
				_____ 2 in. to 36 ft. Depth Weight 3.75 lbs./ft.	
				_____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
				8 SCREEN:	
Gravel		26	26	Type: 78-60 Dia.: 1"	
Clay & Sand		10	36	Size: 60 Length: 36"	
Vein		3	39	Sot between 36 ft. and 39 ft.	
				Fittings: Marcy check, 1" x 24" stem	
				9 STATIC WATER LEVEL 9 ft. below land surface	
				10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping n/a g.p.m.	
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) n/a	
				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 septic Type _____	
				Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name Flint & Walling	
				Model Number LS-5 HP 1/2 Volts 110	
				Length of Drop Pipe 21 ft. capacity 9 G.P.M.	
				Type: <input type="checkbox"/> Submersible <input checked="" type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:		
USE A 2ND SHEET IF NEEDED _____ BY <i>Geo P. Reid</i> _____ _____			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			REGISTERED BUSINESS NAME Geo. P. Reid & Son REGISTRATION NO. 0360		
			Address Box 5 Howe, IN 46746		
			Signed <i>William T. Reid</i> AUTHORIZED REPRESENTATIVE Date 4/12/74		