

**DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
**DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION**

**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:

3184

TAX NO:

1. LOCATION OF WELL

County Tuscola

Township Name  
Wells

Fraction  
SW 1/4 NW 1/4

Section No.  
13

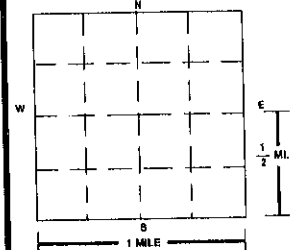
Town No.  
12N

Range No.  
10E

Distance and Direction from Road Intersection  
1665 Froede

Street Address & City of Well Location

Locate with 'X' in Section Below



Sketch Map

3. OWNER OF WELL

Address Douglas Beecher  
1665 Froede  
Deford MI 48729

Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

200 ft.

Date Completed

12-20-98

☐ 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

Height: Above/Below

Surface: 2 ft.

Diameter: 5 in. to 182 ft. depth

       in. to        ft. depth

BORE HOLE:

Diameter:        in. to        ft. depth

       in. to        ft. depth

Weight: SDR17 lbs./ft.

☐ Drive Shoe

☒ Shale Packer

8. SCREEN:

☒ Not Installed

☐ Gravel-Packed

Type       

Diameter       

Slot/Gauze       

Length:       

Set Between        ft. and        ft.

FITTINGS:

☐ K-Packer

☐ Bremer Check

☐ Blank Above Screen        ft. Other       

9. STATIC WATER LEVEL:

20 ft. Below Land Surface

☐ Flowing

10. PUMPING LEVEL: Below Land Surface

200 ft. After 1 hrs. Pumping at 35 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 182 ft.

☐ Neat Cement

☒ Bentonite

☐ Other       

No. of Bags 9

Additives EZ MUD

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type SEPTIC

Distance 75 ft.

Direction W

Type       

Distance        ft.

Direction       

14. PUMP: ☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name D&J Pump

Model Number       

HP       

Volts       

Length of Drop Pipe        ft.

Capacity        G.P.M.

TYPE: ☐ Submersible

☐ Jet

☐ Other       

PRESSURE TANK:

Manufacturer's Name       

Model Number       

Capacity       

Gallons       

2. FORMATION DESCRIPTION

THICKNESS  
OF  
STRATUM

DEPTH TO  
BOTTOM OF  
STRATUM

Sand

10

10

Clay

167

177

Limestone

10

187

Sandstone

13

200

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

☐ Yes

☒ No

Casing Diameter        in.

Depth        ft.

PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry

☐ Neat 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 William Cragg

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.

William Cragg and Son

REGISTERED BUSINESS NAME

Address 5070 Shreeves

Signed William Cragg

AUTHORIZED REPRESENTATIVE

1291

REGISTRATION NO.

Fairgrove, MI 48733

Date Jan 2, 1999

**PERMIT NUMBER**

| 1 LOCATION OF WELL  |  | Township Name |  | Fraction             |  | Section Number             |  | Town Number  |  | Range Number   |  |
|---|--|---------------|--|----------------------|--|----------------------------|--|--|--|----------------|--|
| County<br><b>Tuscola</b>  |  | <b>Wells</b>  |  | <b>1/4 1/4 1/4</b>   |  | <b>13</b>                  |  | <b>12N N/S</b>   |  | <b>10E E/W</b> |  |
| Distance And Direction From Road Intersection<br><b>NW corner of intersection of English and Bevens roads</b>   |  |               |  |                      |  |                            |  |  |  |                |  |
| Street Address & City of Well Location<br><b>Address 5051 Kidder Almont, Michigan 48003</b>   |  |               |  |                      |  |                            |  |  |  |                |  |
| Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |               |  |                      |  |                            |  |  |  |                |  |
| Locate with "X" in Section Below  |  |               |  | Sketch Map:          |  |                            |  | 3 OWNER OF WELL:<br><b>Bill Bevins</b><br><b>5051 Kidder Almont, Michigan 48003</b>  |  |                |  |
|   |  |               |  |                      |  |                            |  | 4 WELL DEPTH: (completed) <b>160</b> ft. Date of Completion <b>May 11, 1985</b>  |  |                |  |
| 2 FORMATION DESCRIPTION   |  |               |  | THICKNESS OF STRATUM |  | DEPTH TO BOTTOM OF STRATUM |  | 5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug          |  |                |  |
|   |  |               |  | 10                   |  | 10                         |  | <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>                            |  |                |  |
|   |  |               |  | 110                  |  | 120                        |  | 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public                    |  |                |  |
|   |  |               |  | 10                   |  | 130                        |  | <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump  |  |                |  |
|   |  |               |  | 30                   |  | 160                        |  | <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>   |  |                |  |
| Sand  |  |               |  | 10                   |  | 10                         |  | 7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded |  |                |  |
| Clay  |  |               |  | 110                  |  | 120                        |  | Height: Above <del>160</del> <b>2</b> ft.  |  |                |  |
| Sandstone   |  |               |  | 10                   |  | 130                        |  | Surface <b>SDR 17</b> lbs./ft.   |  |                |  |
| Limestone   |  |               |  | 30                   |  | 160                        |  | Weight <input type="checkbox"/> Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |                |  |
|   |  |               |  |                      |  |                            |  | 8 SCREEN: <input 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: <b>5</b> ft. below land surface <input type="checkbox"/> Flow  |  |                |  |
|   |  |               |  |                      |  |                            |  | 10 PUMPING LEVEL: below land surface   |  |                |  |
|   |  |               |  |                      |  |                            |  | <b>160</b> ft. after <b>1</b> hrs. pumping at <b>30</b> 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 <b>Septic</b> Distance <b>55</b> ft. Direction <b>E</b>   |  |                |  |
|   |  |               |  |                      |  |                            |  | 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 <b>Flint &amp; Walling</b>   |  |                |  |
|   |  |               |  |                      |  |                            |  | Model number <b>5BA8</b> HP <b>.5</b> Volts <b>115</b>   |  |                |  |
|   |  |               |  |                      |  |                            |  | Length of Drop Pipe <b>40</b> ft. capacity <b>10</b> G.P.M.  |  |                |  |
|   |  |               |  |                      |  |                            |  | TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet   |  |                |  |
|   |  |               |  |                      |  |                            |  | PRESSURE TANK: <b>X-Trol</b>   |  |                |  |
|   |  |               |  |                      |  |                            |  | Manufacturer's name _____  |  |                |  |
|   |  |               |  |                      |  |                            |  | Model number <b>WX 202UG</b> Capacity <b>42</b> Gallons  |  |                |  |
| 15. Remarks, elevation, source of data, etc.  |  |               |  |                      |  |                            |  |  |  |                |  |
| 16. WATER WELL CONTRACTOR'S CERTIFICATION:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>William Cragg and Son 1291</b><br>REGISTERED BUSINESS NAME<br>Address <b>Box 66, Fairgrove, Michigan 48733</b><br>Signed <b>William Cragg</b> Date <b>May 14, 1985</b><br>AUTHORIZED REPRESENTATIVE |  |               |  |                      |  |                            |  |  |  |                |  |

## 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:

3184

TAX NO:

## 1. LOCATION OF WELL

County Tuscola

Township Name

Wells

Fraction

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

Section No.

13

Town No.

12 N

Range No.

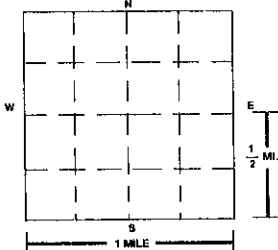
10 E

Distance and Direction from Road Intersection

Street Address &amp; City of Well Location

Locate with 'x' in Section Below

Sketch Map



## 3. OWNER OF WELL

Address Doug Beecher  
1665 Frodoe  
Deford, M.

Address Same as Well Location ☒ Yes ☐ No

## 4. WELL DEPTH:

Date Completed

ft.

/ /

☐ New Well☐ Replacement Well5. ☐ 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: \_\_\_\_\_ ft.

Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Weight: \_\_\_\_\_ lbs./ft.

## BORE HOLE:

Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

☐ Drive Shoe☐ Shale Packer8. SCREEN: ☐ Not Installed☐ Gravel-Packed

Type \_\_\_\_\_

Diameter \_\_\_\_\_

Slot/Gauze \_\_\_\_\_

Length: \_\_\_\_\_

Set Between \_\_\_\_\_

ft. and \_\_\_\_\_

ft.

FITTINGS: ☐ K-Packer☐ Bremer Check☐ Blank Above Screen

ft. Other \_\_\_\_\_

## 9. STATIC WATER LEVEL:

\_\_\_\_\_ ft. Below Land Surface

☐ Flowing

## 10. PUMPING LEVEL: Below Land Surface

\_\_\_\_\_ ft. After \_\_\_\_\_ hrs. Pumping at \_\_\_\_\_ G.P.M.

☐ Plunger☐ Bailer☐ Air☐ Test Pump

## 11. WELL HEAD COMPLETION:

☐ Pitless Adapter☐ 12" Above Grade☐ Basement Offset☐ Well House12. WELL GROUTED? ☐ No ☐ Yes

From \_\_\_\_\_ to \_\_\_\_\_ ft.

☐ Neat Cement☐ Bentonite☐ Other \_\_\_\_\_

No. of Bags \_\_\_\_\_

Additives \_\_\_\_\_

## 13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type \_\_\_\_\_

Distance \_\_\_\_\_ ft.

Direction \_\_\_\_\_

Type \_\_\_\_\_

Distance \_\_\_\_\_ ft.

Direction \_\_\_\_\_

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED? ☐ Yes ☐ No

Casing Diameter \_\_\_\_\_ in.

Depth \_\_\_\_\_ ft.

PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry☐ Neat Cement☐ Bentonite Slurry

No. of Bags \_\_\_\_\_

Casing Removed? ☐ Yes ☐ No☐ Bentonite Chips

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

## 17. DRILLING MACHINE OPERATOR:

☐ Employee ☐ Subcontractor

Name \_\_\_\_\_

## 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.

D & J Pump Service  
REGISTERED BUSINESS NAME

Address 1618 BarrCAROL, MI

Signed Douglas J. Herman  
AUTHORIZED REPRESENTATIVE

Date 1-21-99

79-642  
REGISTRATION NO.

14. PUMP: ☐ Not Installed ☒ Pump Installation OnlyManufacturer's Name AcromotorModel Number A+125-50 HP 1/2 Volts 230Length of Drop Pipe 60 ft. Capacity 10 G.P.M.TYPE: ☒ Submersible ☐ Jet ☐ Other \_\_\_\_\_

PRESSURE TANK:

Manufacturer's Name Well X TROLModel Number WX 202 Capacity 412 Gallons 7

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION  
**WATER WELL AND PUMP RECORD**

TAX NO:

PERMIT NO:

3527

1. LOCATION OF WELL

County

TUSCOLA

Township Name

~~Tuscola~~ *Well*

Range No.

*13*

Section No.

*13*

Town No.

*12N*

Range No.

*9E*

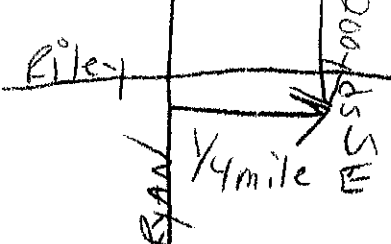
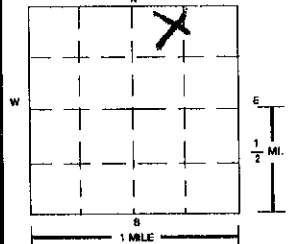
Distance and Direction from Road Intersection

*1/4 mile E. of Riley and Ryan*

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>30</i> | <i>30</i>  |
| <i>Clay</i>       | <i>30</i> | <i>80</i>  |
| <i>Shale</i>      | <i>30</i> | <i>100</i> |
| <i>Shale</i>      | <i>60</i> | <i>160</i> |
| <i>Sand Stone</i> | <i>47</i> | <i>207</i> |

3. OWNER OF WELL

Address

*David Vroman  
Riley Rd Corb*

Address Same as Well Location ☐ Yes ☒ No

4. WELL DEPTH:

*207* ft.

Date Completed

*9/16/99*

☒ New Well

☐ Replacement Well

5. ☐ Cable Tool

☐ Hollow Rod

☒ Rotary

☐ Auger/Bored

☐ Driven

☐ Dug

☐ 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: \_\_\_\_\_ ft

Diameter: *5* in.

to *160* ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Weight: \_\_\_\_\_ lbs./ft.

BORE HOLE:

Diameter: *8 1/2* in.

to *160* ft. depth

*3 1/8* in. to *207* ft. depth

☐ Drive Shoe

☐ Shale Packer

8. SCREEN:

☒ Not Installed

☐ Gravel-Packed

Type

Diameter

Slot/Gauze

Length:

Set Between

ft. and

ft.

FITTINGS:

☐ K-Packer

☐ Bremer Check

☐ Blank Above Screen

ft. Other

9. STATIC WATER LEVEL:

*12* ft. Below Land Surface

☐ Flowing

10. PUMPING LEVEL: Below Land Surface

*100* ft. After

*1* hrs. Pumping at

*21* 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 *160* ft.

☐ Neat Cement

☐ Bentonite

☐ Other

No. of Bags

*4*

Additives

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type *Sept*

Distance

*71* ft.

Direction

*N*

Type

Distance

ft.

Direction

14. PUMP:

☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name

*Slay Right*

Model Number

*1/2*

HP

*220*

Volts

*220*

Length of Drop Pipe

*60* ft.

Capacity

*10* G.P.M.

TYPE:

☒ Submersible

☐ Jet

☐ Other

PRESSURE TANK:

Manufacturer's Name

*Con An*

Model Number

*7*

Capacity

*40* Gallons

RECEIVED

MICH DEPT OF ENVIRONMENTAL

NOV 18 1999

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

☐ Yes ☒ No

Casing Diameter \_\_\_\_\_ in.

Depth \_\_\_\_\_ ft.

PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry

☐ Neat Cement

☐ 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

*Dan Kulek*

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.

*Kutcher Well Drilling* *1005*

REGISTERED BUSINESS NAME

Address *1000 Camp Park*

Signed *Dan Kulek* Date *9-18-99*

AUTHORIZED REPRESENTATIVE



## WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978  
Failure to comply is a misdemeanor

TAX NO:

PERMIT NO:

3184

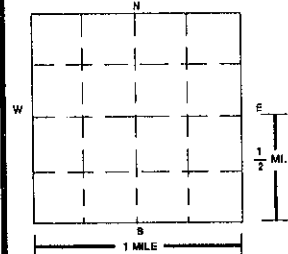
## 1. LOCATION OF WELL

County  
TuscolaTownship Name  
WellisFraction  
SW 1/4 NW 1/4 1/4Section No.  
13Town No.  
12NRange No.  
10EDistance and Direction from Road Intersection  
1665 Froede

Street Address &amp; City of Well Location

Locate with 'x' in Section Below

Sketch Map



## 2. FORMATION DESCRIPTION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM

Sand

10

10

Clay

162

122

Limestone

10

187

Sandstone

13

200

Replacement log for earlier  
report. This log includes  
about correct information

USE A 2ND SHEET IF NEEDED

## 15. ABANDONED WELL PLUGGED?

☐ Yes ☐ No

Casing Diameter \_\_\_\_\_ in.

Depth \_\_\_\_\_ ft.

## PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry☐ Neat Cement☐ Bentonite Slurry

No. of Bags \_\_\_\_\_

Casing Removed? ☐ Yes ☒ No☒ Bentonite Chips

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

Packer jet broke off in old  
casing so put Hole plug on  
top to surface

## 17. DRILLING MACHINE OPERATOR:

☐ Employee ☐ Subcontractor

Name William Cragg

## 3. OWNER OF WELL

Address Douglas Beecher  
1665 Froede  
Deford MI 48229

Address Same as Well Location ☒ Yes ☐ No

## 4. WELL DEPTH:

200 ft.

Date Completed

12-20-98

☐ New Well☒ Replacement Well5. ☐ 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☐ OtherHeight: Above/Below  
Surface: 2 ft.

Diameter: 5 in. to 187 ft. depth

Weight: 50017 lbs./ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

## BORE HOLE:

Diameter: \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

\_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

☐ Drive Shoe☒ Shale Packer

## 8. SCREEN:

☐ Not Installed☐ Gravel-Packed

Type \_\_\_\_\_

Diameter \_\_\_\_\_

Slot/Gauze \_\_\_\_\_

Length: \_\_\_\_\_

Set Between \_\_\_\_\_

ft. and \_\_\_\_\_

ft.

FITTINGS: ☐ K-Packer☐ Bremer Check☐ Blank Above Screen

ft. Other \_\_\_\_\_

## 9. STATIC WATER LEVEL:

20 ft. Below Land Surface

☐ Flowing

## 10. PUMPING LEVEL: Below Land Surface

20 ft. After \_\_\_\_\_ hrs. Pumping at \_\_\_\_\_

25 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 187 ft.

☐ Neat Cement☒ Bentonite☐ Other \_\_\_\_\_

No. of Bags \_\_\_\_\_

Additives EZ FUD

## 13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type \_\_\_\_\_

Distance \_\_\_\_\_

ft. Direction W

Type \_\_\_\_\_

Distance \_\_\_\_\_

ft. Direction \_\_\_\_\_

## 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☐ Other \_\_\_\_\_

## PRESSURE TANK:

Manufacturer's Name \_\_\_\_\_

Model Number \_\_\_\_\_

Capacity \_\_\_\_\_

Gallons \_\_\_\_\_

## 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.

William Cragg and Son

1291

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address 5070 Shreeves

Fairgrove, MI 48723

Signed

William Cragg

Date

March 2, 1999

AUTHORIZED REPRESENTATIVE

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH

## WATER WELL AND PUMP RECORD

PERMIT NUMBER

|   |                               |   |
|---|-------------------------------|---|
| <b>1 LOCATION OF WELL</b>   |                               |   |
| County<br><b>Tuscola</b>  | Township Name<br><b>Wells</b> | Fraction<br>1/4    1/4    1/4<br>Section Number<br><b>13</b><br>Town Number<br><b>12N</b> N/S<br>Range Number<br><b>10E</b> E/W |
| Distance And Direction From Road Intersection<br><b>1200' E of Froede road on S side of Riley</b>   |                               |   |
| Street Address & City of Well Location<br>Locate with "X" in Section Below      Sketch Map:   |                               |   |
|   |                               |   |
| <b>2 FORMATION DESCRIPTION</b>  | <b>THICKNESS OF STRATUM</b>   | <b>DEPTH TO BOTTOM OF STRATUM</b>   |
| <b>Sand</b>   | <b>10</b>                     | <b>10</b>   |
| <b>Clay</b>   | <b>165</b>                    | <b>175</b>  |
| <b>Limestone</b>  | <b>5</b>                      | <b>180</b>  |
| <b>3 OWNER OF WELL:</b><br><b>Jack Downs</b><br>Address <b>4620 Buckingham</b><br><b>Warren, Michigan 48092</b><br>Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                               |   |
| <b>4 WELL DEPTH: (completed)</b> <b>180</b> ft.      Date of Completion <b>May 18, 1985</b>   |                               |   |
| <b>5</b> <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>   |                               |   |
| <b>6 USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump<br><input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>   |                               |   |
| <b>7 CASING:</b> Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded    Height: Above/Below Surface <b>2</b> ft.<br><input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded    Weight <b>SDR 17</b> lbs./ft.<br>_____ in. to _____ ft. depth<br>Grouted Drill Hole Diameter<br>_____ in. to _____ ft. depth<br>_____ in. to _____ ft. depth   |                               |   |
| <b>8 SCREEN:</b> <input type="checkbox"/> Not Installed<br>Type _____ Diameter _____<br>Slot/Gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check<br><input type="checkbox"/> Blank above screen _____ ft.    Other _____  |                               |   |
| <b>9 STATIC WATER LEVEL:</b><br><b>5</b> ft. below land surface <input type="checkbox"/> Flow   |                               |   |
| <b>10 PUMPING LEVEL:</b> below land surface<br><b>180</b> ft. after <b>1</b> hrs. pumping at <b>50</b> G.P.M.<br>_____ ft. after _____ hrs. pumping at _____ G.P.M.   |                               |   |
| <b>11 WELL HEAD COMPLETION:</b> <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade<br><input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit  |                               |   |
| <b>12 WELL GROUTED?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes From _____ to _____ ft.<br><input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>No. of bags of cement _____ Additives _____  |                               |   |
| <b>13 Nearest source of possible contamination</b><br>Type <b>Septic</b> Distance <b>75</b> ft.    Direction <b>N</b><br>Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                               |   |
| <b>14 PUMP:</b> <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only<br>Manufacturer's name <b>Flint &amp; Walling</b><br>Model number <b>5BA8</b> HP <b>.5</b> Volts <b>115</b><br>Length of Drop Pipe <b>40</b> ft. capacity <b>10</b> G.P.M.<br>TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet<br>PRESSURE TANK:<br>Manufacturer's name <b>X-Trol</b><br>Model number <b>WX 202UG</b> Capacity <b>42</b> Gallons |                               |   |
| <b>15. Remarks, elevation, source of data, etc.</b><br><div style="text-align: center;"> <p>RECEIVED</p> <p>Mich. Dept. of Public Health</p> <p>JUL 24 1985</p> <p>Bureau of Environmental and Occupational Health</p> </div>   |                               |   |
| <b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b><br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><b>William Cragg and Son</b> 1291<br>REGISTERED BUSINESS NAME    REGISTRATION NO.<br>Address <b>Box 66, Fairgrove, Michigan 48733</b><br>Signed <i>William Cragg</i> Date <b>May 14, 1985</b><br>AUTHORIZED REPRESENTATIVE  |                               |   |

D67d 2/84

GEOLOGICAL SURVEY COPY

Authority: Act 388 PA 1978  
 Completion: Required  
 Penalty: Conviction of a violation of any provision is a misdemeanor.

NOV 20 1978

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

## 1 LOCATION OF WELL

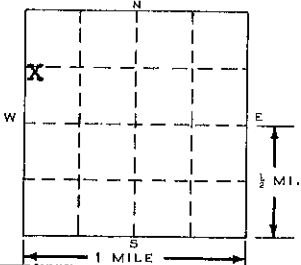
|                          |                               |                                   |                             |                              |                               |
|--------------------------|-------------------------------|-----------------------------------|-----------------------------|------------------------------|-------------------------------|
| County<br><b>Tuscola</b> | Township Name<br><b>Wells</b> | Fraction<br><b>NW ¼ SW ¼ NW ¼</b> | Section Number<br><b>13</b> | Town Number<br><b>12 N ¼</b> | Range Number<br><b>10 E ¼</b> |
|--------------------------|-------------------------------|-----------------------------------|-----------------------------|------------------------------|-------------------------------|

Distance And Direction from Road Intersections

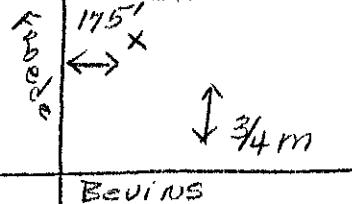
**3/4 M. N of Bevins Rd.****175' E. of Froede Rd.**

Street address &amp; City of Well Location

Locate with "X" in section below



Sketch Map:



## 3 OWNER OF WELL:

**Earl Engel**Address **3370 Clifford Rd.  
Clifford, Mi 48727**

## 4 WELL DEPTH: (completed) Date of Completion

**240** ft. **10-11-78**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  
Diam. Surface **1** ft.**4** in. to **197** ft. Depth Weight **11** lbs./ft.  
in. to ft. Depth Drive Shoe? Yes ☒ No ☐

## 2 FORMATION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM**Clay & gravel****68****68****Clay****129****197****Sandstone****43****240**

## 8 SCREEN:

Type: \_\_\_\_\_ Dia.: \_\_\_\_\_  
Slot/Gauze \_\_\_\_\_ Length \_\_\_\_\_  
Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.  
Fittings: \_\_\_\_\_

## 9 STATIC WATER LEVEL

**60** ft. below land surface

## 10 PUMPING LEVEL below land surface

**100** ft. after **3** hrs. pumping **30** 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 Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☐ Bentonite ☒ SDGDepth: From **0** ft. to **197** ft.

## 14 Nearest Source of possible contamination

\_\_\_\_\_ feet \_\_\_\_\_ Direction **none** Type \_\_\_\_\_Well disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☐ Not installedManufacturer's Name **Red Jacket**Model Number **R50 N1 QBC HP 1/2** Volts **220**Length of Drop Pipe **100** ft. capacity **10** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

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

ADDED INFO BY DRILLER, ITEM NO.

•CORRECTED BY

••ADDITION BY

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.**METAMORA WELL DRILLING****0397**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **1200 Inlay City Rd., Lapeer**Signed *Marcelo Lunk*

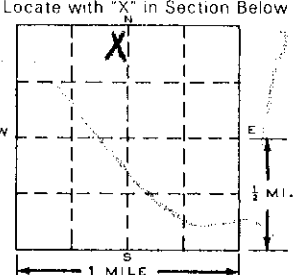
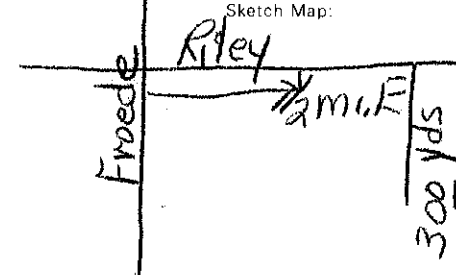
AUTHORIZED REPRESENTATIVE

Date **10-16-78**



## WATER WELL AND PUMP RECORD

PERMIT NUMBER

|   |                            |  |                          |                         |                          |
|---|----------------------------|--|--------------------------|-------------------------|--------------------------|
| <b>1 LOCATION OF WELL</b>   |                            | <b>2 FORMATION DESCRIPTION</b>   |                          | <b>3 OWNER OF WELL:</b> |                          |
| County <u>Tuscola</u>   | Township Name <u>Wells</u> | Fraction <u>NE 1/4 NE 1/4 NW 1/4</u>   | Section Number <u>13</u> | Town Number <u>12</u>   | Range Number <u>10 E</u> |
| Distance And Direction From Road Intersection<br><u>2 mi E of Riley &amp; Froede</u>  |                            | 3 OWNER OF WELL: <u>John Summer</u><br>Address <u>5360 Riley Rd Deford MI</u><br>Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |                          |                         |                          |
| Street Address & City of Well Location<br>Locate with "X" in Section Below<br>  |                            | 4 WELL DEPTH: <u>180</u> FT. Date Completed <u>9/15/95</u><br><input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well<br>5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug<br><input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> |                          |                         |                          |
| Sketch Map:<br>  |                            | 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public<br><input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump<br><input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>   |                          |                         |                          |
| 7 CASING: Diameter <u>5</u> in. to <u>140</u> ft. depth<br><input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded<br>Height: Above/Below Surface _____ ft.<br>Weight _____ lbs./ft.<br>Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No  |                            | 8 SCREEN: <input checked="" type="checkbox"/> Not Installed<br>Type _____ Diameter _____<br>Slot/Gauze _____ Length _____<br>Set between _____ ft. and _____ ft.<br>FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check<br><input type="checkbox"/> Blank above screen _____ ft. Other _____  |                          |                         |                          |
|   |                            | 9 STATIC WATER LEVEL: <u>20</u> ft. below land surface <input type="checkbox"/> Flow<br>10 PUMPING LEVEL: below land surface<br><u>100</u> ft. after <u>1</u> hrs. pumping at <u>29</u> G.P.M.<br>_____ ft. after _____ hrs. pumping at _____ G.P.M.   |                          |                         |                          |
| 11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade<br><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>140</u> ft.<br><input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____<br>No. of bags of cement <u>7</u> Additives _____  |                          |                         |                          |
|   |                            | 13 Nearest source of possible contamination<br>Type <u>Septic Tank</u> Direction <u>NE</u><br>Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>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<br>Manufacturer's name _____<br>Model number _____ HP <u>1/2</u> Volts <u>220</u><br>Length of Drop Pipe _____ ft. capacity <u>10</u> G.P.M.<br>TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____<br>PRESSURE TANK: Manufacturer's name <u>Con Air</u><br>Model number <u>N66</u> Capacity <u>40</u> Gallons |                            | 15. Remarks, elevation, source of data, etc.   |                          |                         |                          |
|   |                            | 16. WATER WELL CONTRACTOR'S CERTIFICATION:<br>This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.<br><u>Kitch Well Drilling</u> 1805<br>REGISTERED BUSINESS NAME REGISTRATION NO. _____<br>Address <u>1221 Clark Park</u><br>Signed <u>Arny Kitch</u> Date <u>9-15-95</u><br>AUTHORIZED REPRESENTATIVE   |                          |                         |                          |
| 17. Rig Operator's Name: <u>Arny Kitch</u>  |                            | USE A 2ND SHEET IF NEEDED  |                          |                         |                          |

[illegible]

JUL 26 1972

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

D67d 100M (Rev. 12-68)