

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER & RADILOGICAL 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

TAX NO:

PERMIT NO:

3184

1. LOCATION OF WELL

County
Tuscola

Township Name
Wells

Fraction
SW 1/4 NW 1/4

Section No.
13

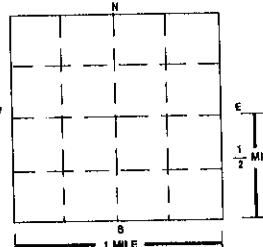
Town No.
12N

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

2. FORMATION DESCRIPTION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Sand	10	10
Clay	167	177
Limestone	10	187
Sandstone	13	200

RECEIVED

JAN 5 1999

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 William Cragg

3. OWNER OF WELL

Address Douglas Beecher

1665 Froede

Reford

MT 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

Hollow Rod Auger/Bored

Driven

Dug

Jetted

6. USE:

Household Type I Public

Irrigation Type IIa Public

Test Well Type IIb Public

Type III Public

Heat Pump

7. CASING:

Steel Threaded

Plastic Welded

Height: Above/Below

Surface: 2 ft

Other

Diameter: 5 in. to 187 ft. depth

in. to ft. depth

Weight: SDR12 lbs./ft.

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

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 187 ft.

Neat Cement Bentonite Other

No. of Bags 9 Additives EZ HUI

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 Philip

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

REGISTERED BUSINESS NAME

Address 5070 Shreeves

1291

REGISTRATION NO.

Fairgrove, MT 48729

Signed William Cragg
AUTHORIZED REPRESENTATIVE

Date

Jan 2, 1999

WATER WELL AND PUMP RECORD

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Failure to comply is a misdemeanor

TAX NO:

PERMIT NO:

3181

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

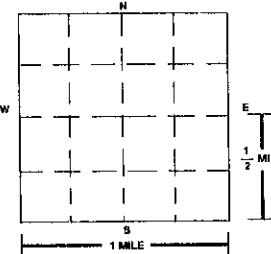
Range No.

10 E

Distance and Direction from Road Intersection

Street Address & City of Well Location

Locate with 'x' in Section Below



Sketch Map

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

RECEIVED
MICH DEPT OF ENVIRONMENTAL QUALITY
JAN 29 1999Drinking Water & Radiological Protection Division
Ground Water Sampling Section
WELL LOG

JAN 29 1999

JAN 25

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 _____

 Concrete Grout Bentonite ChipsCasing Removed? Yes No

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 Bell St. CARO, MI

Signed *Douglas J. Herman* AUTHORIZED REPRESENTATIVE

Date 1-21-99

DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER & RADIOPROTECTION DIVISION
WATER WELL AND PUMP RECORD

TAX NO:

1. LOCATION OF WELL
 County **Tuscola**

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

PERMIT NO:

3527

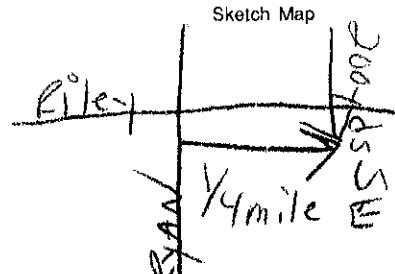
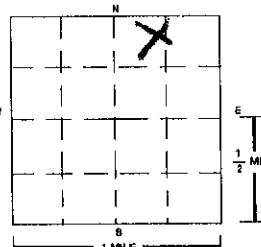
Township Name **Wauseon** Fraction **1/4** Section No. **13** Town No. **DN** Range No. **9E**

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



2. FORMATION DESCRIPTION

	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Sand	30	30
Clay	30	80
Sand	20	100
Shale	50	160
Sand Stone	47	207

RECEIVED
 MICH DEPT OF ENVIRONMENTAL

NOV 18 1999

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drinking Water & Radiological Protection
Casing Diameter _____ in.	Depth _____ ft.	Ground Water Supply Section
PLUGGING MATERIAL:		
<input type="checkbox"/> Cement/Bentonite Slurry	<input type="checkbox"/> Neat Cement <input type="checkbox"/> Concrete Grout	<input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Bentonite Chips
No. of Bags _____	Casing Removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor
 Name **Gary A. Duley**

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.

Water Well Duley 1005
 REGISTERED BUSINESS NAME **Big Creek Well** REGISTRATION NO. **1005**

Address **Big Creek Rd** Signed **Gary A. Duley** 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

PERMIT NO:

3528

TAX NO:

1. LOCATION OF WELL

County

Tuscola

Township Name

Wells

Fraction

NE 1/4

Section No.

13

Town No.

DN

Range No.

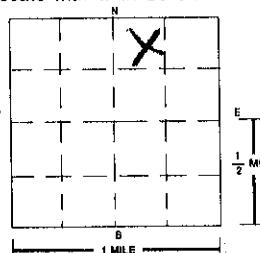
95

Distance and Direction from Road Intersection

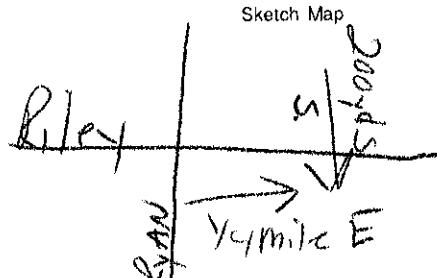
1/4 mile E. of Riley and Ryan

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
Sand	30	30
Clay	50	80
Shale	20	100
Shale	40	140
Sand Stone	23	183

4. WELL DEPTH: 182 ft. Date Completed 9/17/99 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 Other Height: Above/Below Surface: _____ ft
 Plastic Welded
 Other

Diameter: 3 in. to 160 ft. depth Weight: _____ lbs./ft.
_____ in. to _____ ft. depth

BORE HOLE: Drive Shoe
Diameter: 8 1/2 in. to 160 ft. depth Shale Packer
3 1/8 in. to 103 ft. depth

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: Septic Type _____ Distance 69 ft. Direction N
Septic Type _____ Distance _____ ft. Direction _____

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name City Pump Model Number 1803 HP 1/2 Volts 220
Length of Drop Pipe 60 ft. Capacity 70 G.P.M.

TYPE: Submersible Jet Other
PRESSURE TANK: Conair
Manufacturer's Name Conair Model Number 1 Capacity 7 Gallons 90

USE A 2ND SHEET IF NEEDED

NOV 18 1999

15. ABANDONED WELL PLUGGED? Yes No

Casing Diameter _____ in.

Depth _____

Drinking Water & Radiological Protection

Ground Water Supply Section

WELL CONSTRUCTION UNIT

Neat Cement Concrete Grout Bentonite Chips

Cement/Bentonite Slurry

Casing Removed? Yes No

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

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.

Gilesch Well Drilling

REGISTRATION NO.

Bob Clark, Inc.

1803

Gilesch Well Drilling

REGISTRATION NO.

Gilesch Well Drilling

1803

Gilesch Well Drilling

REGISTRATION NO.

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REGISTRATION NO.

Gilesch Well Drilling

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**DEQ MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
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

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

County
Tuscola

Township Name
Nellie

Fraction
SW 1/4 NW 1/4 NE 1/4

Section No.
13

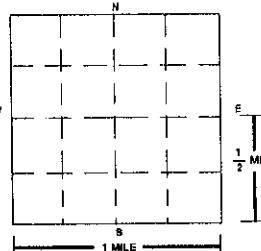
Town No.
12N

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

2. FORMATION DESCRIPTION

THICKNESS
OF
STRATUM

DEPTH TO
BOTTOM OF
STRATUM

Sand	10	10
Clay	167	177
Limestone	10	187
Sandstone	13	200

100	100
100	100
100	100
100	100
100	100

Replacement log for earlier
report. This log includes
all pertinent information

MAR 3 1999

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.)

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

Reford

MI 48229

Address Same as Well Location Yes No

4. WELL DEPTH: 200 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 Height: Above/Below
 Plastic Welded Surface: 2 ft
 Other

Diameter: 5 in. to 187 ft. depth in. to ft. depth

BORE HOLE: Diameter: in. to ft. depth in. to ft. depth

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

ft. After hrs. Pumping at 75 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 9 Additives EZ HU

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 _____
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

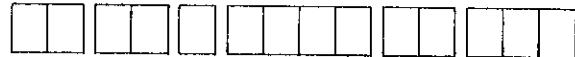
REGISTRATION NO.

Address 5070 Shreeves

Fairgrove, MI 48229

Signed William Cragg
AUTHORIZED REPRESENTATIVE

Date March 2, 1999



NOV 20 1978

WATER WELL RECORD

ACT 294 PA 1966

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County	Township Name	Fraction	Section Number	Town Number	Range Number
Tuscola	Wells	NW 1/4 SW 1/4 NW 1/4	13	12 N 4	10 E/W

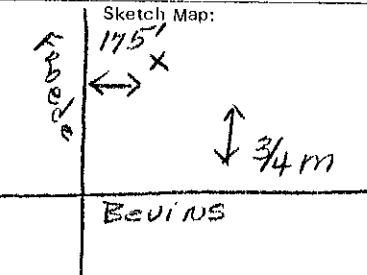
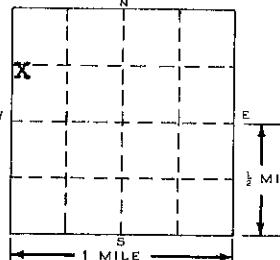
Distance And Direction from Road Intersections

3/4 M. N of Bevins Rd.

175' E. of Froede Rd.

Street address & City of Well Location

Locate with "X" in section below



2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion		
Clay & gravel		68	68	240	ft.	10-11-78
Clay		129	197	5	<input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>	
Sandstone		43	240	6	<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	<input checked="" type="checkbox"/> Casing: Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. Surface 1 ft.	
				8	<input type="checkbox"/> SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____	
				9	9 STATIC WATER LEVEL 60 ft. below land surface	
				10	10 PUMPING LEVEL below land surface 100 ft. after 3 hrs. pumping 30 g.p.m. ft. after hrs. pumping g.p.m.	
				11	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____	
				12	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input checked="" type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade	
				13	13 Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> SDG Depth: From 0 ft. to 197 ft.	
				14	14 Nearest Source of possible contamination feet Direction Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15	15 PUMP: Manufacturer's Name Red Jacket Model Number R50 N1 GBC HP 1/2 Volts 220 Length of Drop Pipe 100 ft. capacity 10 G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating	

USE A 2ND SHEET IF NEEDED

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

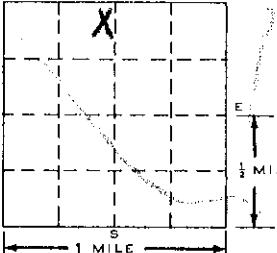
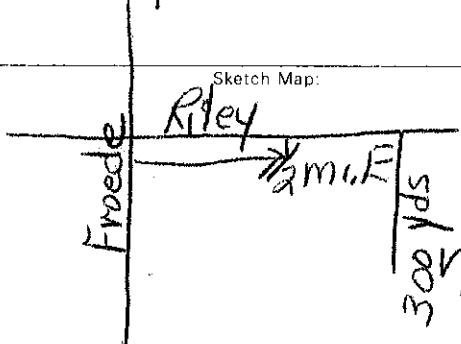
REGISTERED BUSINESS NAME

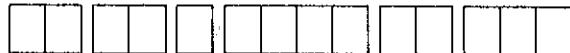
REGISTRATION NO.

Address 1200 Imlay City Rd., Lapeer

Signed *Maurice Jank* AUTHORIZED REPRESENTATIVE

Date 10-16-78

1 LOCATION OF WELL		Township Name	Fraction	Section Number	Town Number	Range Number
County	Tuscola	Wells	NE 1/4 NE 1/4 NW 1/4	13	12 N	10 E
Distance And Direction From Road Intersection 2 mi E of Riley & Froede						
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			
Sand		10	10			
Clay		00	70			
Sand & Sand		20	90			
Clay		50	140			
Clay		40	160			
WATER LEVEL 20 ft. below land surface						
10 PUMPING LEVEL: below land surface						
100 ft. after 1 hrs. pumping at 29 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 0 to 140 ft.						
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of cement 7 Additives						
13 Nearest source of possible contamination Type: <u>Septic</u> Distance: <u>100 ft.</u> Direction: <u>NE</u>						
Well disinfected upon completion? <input 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 _____ Model number _____ HP <u>1/2</u> Volts <u>220</u> Length of Drop Pipe _____ ft. capacity <u>10</u> G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name <u>Con Air</u> Model number <u>N66</u> Capacity <u>40</u> Gallons						
USE A 2ND SHEET IF NEEDED						
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>Kitch Well Drilling</u> 1805 REGISTERED BUSINESS NAME _____ Address <u>122 Clark Ave</u> REGISTRATION NO. _____						
17. Rig Operator's Name: <u>Don Kitch</u>						
Signed <u>Don Kitch</u> AUTHORIZED REPRESENTATIVE Date <u>9-13-95</u>						



JUL 20 1972

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

1 LOCATION OF WELL

County Tuscola		Township Name Wells		Fraction NW_{1/4} NW_{1/4} NW_{1/4}	Section Number 13	Town Number 12-N	Range Number 10-E	E/W. N/S.
Distance And Direction from Road Intersections 500' S of Riley Rd. on E side of Freede Rd. Freede Rd. Kingston, Michigan								
Street address & City of Well Location Locate with "X" in section below								
Sketch Map:								
4 WELL DEPTH: (completed) Date of Completion 235' ft. Mar. 17, 1972								
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"/> Jetted <input type="checkbox"/> Bored								
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								
7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/below Diam. Surface 2 ft.								
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____								
9 STATIC WATER LEVEL 30 ft. below land surface								
10 PUMPING LEVEL below land surface 63 ft. after 1 hrs. pumping 9 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: <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 <input type="checkbox"/> Depth: From _____ ft. to _____ ft.								
14 Nearest Source of possible contamination 65 feet W Direction Septic Tank 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 type="checkbox"/> Jet <input type="checkbox"/> Reciprocating								
USE A 2ND SHEET IF NEEDED								
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY <i>[Signature]</i> **ADDITION BY <i>[Signature]</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. Orville Cragg and Sons 0538 <small>REGISTERED BUSINESS NAME</small> <small>REGISTRATION NO.</small> Address Box 91 Fairgrove, Michigan Signed <i>[Signature]</i> <small>AUTHORIZED REPRESENTATIVE</small> Date 3-20-72								