

2  
MAY 2 1977WATER WELL RECORD  
ACT 294 PA 1965MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

## 1 LOCATION OF WELL

County <b>Cheboygan</b>	Township Name <b>Grant</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number <b>17</b>	Town Number <b>36N</b> N/S.	Range Number <b>1E</b> E/W.
----------------------------	-------------------------------	---	-----------------------------	--------------------------------	--------------------------------

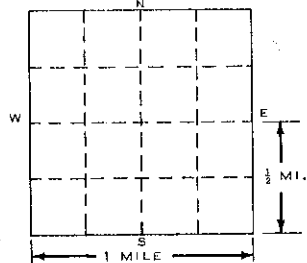
Distance And Direction from Road Intersections

**NE. corner of Mann Rd. and Abbey Rd.**

Street address &amp; City of Well Location

Locate with "X" in section below

Sketch Map:



## 3 OWNER OF WELL:

**Charles P. Baker**  
**Abbey Rd.**  
**Cheboygan, Mi. 49721**

Address

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

**36** ft. **9/7/76**5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug  
☐ Hollow rod ☐ Jetted ☐ Bored6 USE: ☒ Domestic ☐ Public Supply ☐ Industry  
☐ Irrigation ☐ Air Conditioning ☐ Commercial  
☐ Test Well7 CASING: Threaded ☒ Welded ☐ Height: Above ~~xxx~~w  
Diam. Surface **1** ft.**4** in. to **31** ft. Depth Weight **11.00** lbs./ft.in. to ft. Depth Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: **wire wound** Dia.: **4"**Slot ~~xxxx~~ **12** Length **48 x 70**Set between **32** ft. and **36** ft.Fittings: **Std R P w/18" riser**

## 9 STATIC WATER LEVEL

**20** ft. below land surface

## 10 PUMPING LEVEL below land surface

ft. after hrs. pumping **10** g.p.m.

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

## 11 WATER QUALITY in Parts Per Million:

Iron (Fe) **unk** Chlorides (Cl) **unk**Hardness **unk** Other12 WELL HEAD COMPLETION: ☐ In Approved Pit  
☐ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ BentoniteDepth: From **T** ft. to **B** ft.

## 14 Nearest Source of possible contamination

**50+** feet **NE** Direction **septic** TypeWell disinfected upon completion? ☒ Yes ☐ No

## 15 PUMP:

☐ Not installedManufacturer's Name **Goulds**Model Number **7EHO3422** HP **1/3** Volts **230**Length of Drop Pipe **27** ft. capacity **10+** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

USE A 2ND SHEET IF NEEDED

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

ADDED INFO BY DRILLER, ITEM NO.

\*CORRECTED BY *S. J. P.*

\*\*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.

**RAMSBY WELL DRILLING, INC.**

REGISTERED BUSINESS NAME

#0387

REGISTRATION NO.

Address **ROUTE #4 CHEBOYGAN MI. 49721**Signed *Bushby Ramsby*  
AUTHORIZED REPRESENTATIVEDate **9/10/76**

FEB 09 1981

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

## 1 LOCATION OF WELL

County **CHEBOYGAN** Township Name **GRANT** Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number **17** Town Number **36N** N/S. Range Number **1E** E/W.

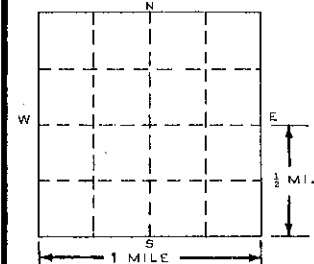
Distance And Direction from Road Intersections

**1/4 MILE S OF ABBEY RD ONE SIDE  
GAYNOR ROAD**

Street address &amp; City of Well Location

Locate with "X" in section below

Sketch Map:



## 2 FORMATION

	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
BLACK DIRT	1	1
CLAY	4	5
HARD PAN	148	153
GRAVEL	2	155
HARD PAN	64	219
HARD ROCK/HARD PAN	27	246
HARD PAN, CLAY STREAKS	29	275
HARD PAN	12	287
LOOSE HARD PAN	4	291
HARD ROCK	3	294
LOOSE HARD PAN	3	297
TOUGH CLAY	74	371
FINE SAND	7	378

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

## 3 OWNER OF WELL:

**H. AUBURT**

Address

**CHEBOYGAN, MI**

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

**378** ft. **14 Jan 1981**

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 **375** ft. DepthWeight **11.00** lbs./ft.

in. to ft. Depth

Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: **WUW** Dia.: **4**Slot/Gauge **10** Length **48 x 70**Set between **374** ft. and **378** ft.Fittings: **STD AP W/18" RISER**

## 9 STATIC WATER LEVEL

**Flow** ft. below land surface

## 10 PUMPING LEVEL below land surface

ft. after hrs. pumping **6:40 pm** 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 ☒ BentoniteDepth: From **7** ft. to **B** ft.

## 14 Nearest Source of possible contamination

**NONE** Direction TypeWell disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☐ Not installedManufacturer's Name **GOULDS**Model Number **7EH** HP **1/3** Volts **230**Length of Drop Pipe **60** ft. capacity **107** G.P.M.Type: ☒ Submersible☐ Jet☐ Reciprocating

## 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.

**RAMSBY WELL DRILLING INC 0387**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address

**Cheboygan**

Signed

**B. Ramsby**

Date

**19 Jan 81**

AUTHORIZED REPRESENTATIVE

MAY 2 1977

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

## 1 LOCATION OF WELL

County <b>Cheboygan</b>	Township Name <b>Grant</b>	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ <b>17</b>	Section Number <b>17</b>	Town Number <b>36N</b> N/S.	Range Number <b>1E</b> E/W.
----------------------------	-------------------------------	---	-----------------------------	--------------------------------	--------------------------------

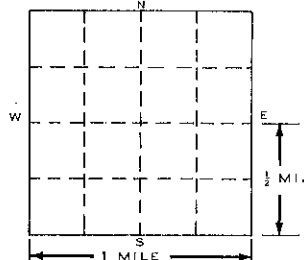
Distance And Direction from Road Intersections

 $\frac{1}{2}$  mile E. of Gaynor Rd on the E. side of Abbey Rd.

Street address &amp; City of Well Location

Locate with "X" in section below

Sketch Map:



## 2 FORMATION

	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
clay	6	6
coarse sand and gravel	2	8
hard pan	15	23
med. sand and gravel	3	26
hard pan	23	49
fine to med. sand	2	51
hard pan	26 $\frac{1}{2}$	77 $\frac{1}{2}$
sand and gravel w/clay	5 $\frac{1}{2}$	83
hard pan	134	217
sand and gravel w/streaks of clay	10	227

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

## 3 OWNER OF WELL:

Mr. Basil Miller

Address

350 S. Huron  
Cheboygan, MI. 49721

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

227 ft. Sept. 13, 1976

<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"/> _____

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 ☐ Height: Above ~~XXX~~ wDiam. Surface **1** ft.4 in. to 223 ft. Depth Weight **11.00** lbs./ft.in. to \_\_\_\_\_ ft. Depth Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: **wire wound** Dia.: **4"**Slot ~~XXXX~~ **10** Length **48 x 70**Set between **224** ft. and **227** ft.Fittings: **Std R P w/18" riser**

## 9 STATIC WATER LEVEL

**flow** ft. below land surface

## 10 PUMPING LEVEL below land surface

\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping **15** g.p.m.

\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping \_\_\_\_\_ g.p.m.

## 11 WATER QUALITY in Parts Per Million:

Iron (Fe) **unk** Chlorides (Cl) **unk**Hardness **unk** Other \_\_\_\_\_12 WELL HEAD COMPLETION: ☐ In Approved Pit☒ Pitless Adapter ☐ 12" Above Grade13 Well Grouted? ☒ Yes ☐ No☐ Neat Cement ☒ Bentonite ☐ \_\_\_\_\_Depth: From **T** ft. to **B** ft.

## 14 Nearest Source of possible contamination

**50+** feet **NW** Direction **septic** TypeWell disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☒ Not installed

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

Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

## 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.

**RAMSBY WELL DRILLING, INC. #0387**

REGISTERED BUSINESS NAME

REGISTRATION NO.

Address **ROUTE #4 CHEBOYGAN, MI. XXX 49721**Signed **Bristle Ramsby** Date **Sept 14, 1976**

AUTHORIZED REPRESENTATIVE

FEB 09 1981

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

## 1 LOCATION OF WELL

County CHEBOYGAN Township Name GRANT Fraction  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$  Section Number 17 Town Number 36N N/S. Range Number 1E E/W.

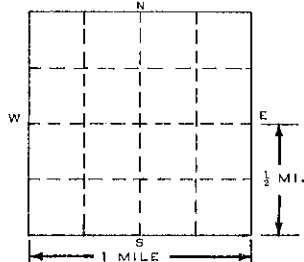
Distance And Direction from Road Intersections

1/2 MILE E OF GAYNOR ROAD ON NORTH  
S ABBEY ROAD

Street address &amp; City of Well Location

Locate with "X" in section below

Sketch Map:



## 2 FORMATION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM

SOFT STICKY CLAY

6

6

HARD PAN

20

26

HARD PAN WITH ROCKS

4

30

HARD PAN

73

103

MED. GRAVEL

2

105

HARD PAN

70

175

FINE-MED. GRAVEL

2 1/2

177 1/2

HARD PAN

36

213 1/2

FINE-MED. SAND &amp; GRAVEL

1 1/2

215

HARD PAN

3

218

FINE-MED. SAND &amp; GRAVEL

2

220

HARD PAN

2

222

FINE SAND &amp; GRAVEL W/CLAY

2

224

FINE SAND &amp; GRAVEL

2

226

SAND &amp; GRAVEL WITH CLAY

2

228

FINE SAND &amp; GRAVEL

25

253+

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, FOR INFO

\*CORRECTED BY

\*\*ADDITION BY

ELEVATION

DEPTH TO ROCK

## 3 OWNER OF WELL:

Address JAKE DODDER  
CHEBOYGAN, MI

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

253 ft. 29 AUGUST 1980

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 249 ft. Depth Weight 1100 lbs./ft.  
in. to \_\_\_\_\_ ft. Depth Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: WW Dia.: 4  
Slot/Groove 12 Length 48+70  
Set between 248 ft. and 253 ft.  
Fittings: STD RPW/18" RISER

## 9 STATIC WATER LEVEL

Flow ft. below land surface 3-4 gpm

## 10 PUMPING LEVEL below land surface

\_\_\_\_\_ ft. after \_\_\_\_\_ hrs. pumping 35 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 ☐

Depth: From T ft. to B ft.

## 14 Nearest Source of possible contamination

50+ feet S Direction Septic Type  
Well disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☒ Not installed

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

Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.

Type: ☐ Submersible☐ Jet☐ Reciprocating

## 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.

RANSBY WELL DRILLING INC 0387  
REGISTERED BUSINESS NAME REGISTRATION NO.

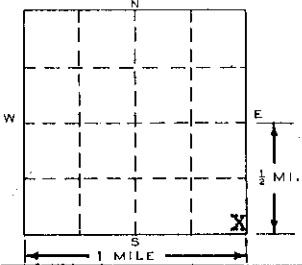
Address CheboyganSigned B. Ramsby

AUTHORIZED REPRESENTATIVE

Date 9-4-80

JUN 15 1981

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

<b>1 LOCATION OF WELL:</b> County <u>Cheboygan</u> Township Name <u>Grant</u> Fraction <u>se 1/4 se 1/4 se 1/4</u> Section Number <u>17</u> Town Number <u>36</u> Range Number <u>1 E/W.</u> Distance And Direction from Road Intersections <u>om Abbey Rd. off Black River Rd.</u> Street address & City of Well Location Locate with "X" in section below		<b>3 OWNER OF WELL:</b> Address <u>Mike Straton</u> <u>Abbry Rd.</u> <u>Cheboygan, Michigan 49721</u>										
Sketch Map: 		<b>4 WELL DEPTH: (completed) Date of Completion</b> <u>130</u> ft. <u>4-15-81</u> <b>5</b> <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"/> <b>6 USE:</b> <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"/>										
<b>2 FORMATION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>125</td> <td>125</td> </tr> <tr> <td>Sand</td> <td>5</td> <td>130</td> </tr> </tbody> </table>			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	125	125	Sand	5	130	<b>7 CASING:</b> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface <u>1</u> ft. <u>4</u> in. to <u>126</u> ft. Depth Weight <u>11</u> lbs./ft. <u>  </u> in. to <u>  </u> ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM										
Clay	125	125										
Sand	5	130										
<b>8 SCREEN:</b> Type: <u>S.S.</u> Dia.: <u>4"</u> Slot/Screen <u>10</u> Length <u>4'</u> Set between <u>126</u> ft. and <u>130</u> ft. Fittings: <u>STD</u>		<b>9 STATIC WATER LEVEL</b> <u>25</u> ft. below land surface <b>10 PUMPING LEVEL below land surface</b> <u>130</u> ft. after <u>2</u> hrs. pumping <u>30-40</u> g.p.m. <u>  </u> ft. after <u>  </u> hrs. pumping <u>  </u> g.p.m.										
<b>11 WATER QUALITY in Parts Per Million:</b> Iron (Fe) <u>  </u> Chlorides (Cl) <u>  </u> Hardness <u>  </u> Other <u>  </u>		<b>12 WELL HEAD COMPLETION:</b> <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12" Above Grade										
<b>13 Well Grouted?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Depth: From <u>0</u> ft. to <u>40</u> ft.		<b>14 Nearest Source of possible contamination</b> <u>70</u> feet <u>E</u> Direction <u>Septic</u> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										
<b>15 PUMP:</b> <input checked="" type="checkbox"/> Not installed Manufacturer's Name <u>  </u> Model Number <u>  </u> HP <u>  </u> Volts <u>  </u> Length of Drop Pipe <u>  </u> ft. capacity <u>  </u> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		<b>16 Remarks, elevation, source of data, etc.</b> ADDITIONAL INFO BY DRILLER, ITEM NO. *CORRECTED BY <u>  </u> **ADDITION BY <u>  </u> ELEVATION <u>  </u> DEPTH TO ROCK <u>  </u> 100M (Rev. 12-68)										
<b>17 WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Keiser Well Drlg.</u> <u>1156</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>2219 Levering Rd., Cheboygan, Mich.</u> Signed <u>David L. Keiser</u> Date <u>4-15-81</u> AUTHORIZED REPRESENTATIVE		USE A 2ND SHEET IF NEEDED										

JUL 28 1981

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>											
County <b>Cheboygan</b>	Township Name <b>Grant</b>	Fraction <b>se 1/4 se 1/4 se 1/4</b>	Section Number <b>17</b>	Town Number <b>36</b>	Range Number <b>1 N/S E/W</b>									
Distance And Direction from Road Intersections  <b>on Black River Rd.</b>			Address <b>Ken Burger Sky View Cottages Black Lake, Michigan</b>											
Street address & City of Well Location Locate with "X" in section below			4 WELL DEPTH: (completed) Date of Completion <b>101</b> ft. <b>6-18-81</b>											
			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"/>											
			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"/>											
<div style="text-align: center;">Sketch Map:</div>			7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Diam. Surface <b>1</b> ft.											
			<b>4</b> in. to <b>97</b> ft. Depth Weight <b>11</b> lbs./ft. in. to ft. Depth Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
<b>2 FORMATION</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">FORMATION</th> <th style="width:20%;">THICKNESS OF STRATUM</th> <th style="width:20%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td><b>Clay</b></td> <td><b>94</b></td> <td><b>94</b></td> </tr> <tr> <td><b>Sand</b></td> <td><b>7</b></td> <td><b>101</b></td> </tr> </tbody> </table>			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>Clay</b>	<b>94</b>	<b>94</b>	<b>Sand</b>	<b>7</b>	<b>101</b>	8 SCREEN: Type: <b>S.S.</b> Dia.: <b>4"</b> Slot/Grate <b>1/8"</b> Length <b>4'</b> Set between <b>97</b> ft. and <b>101</b> ft. Fittings: <b>STD</b>		
			FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM									
<b>Clay</b>	<b>94</b>	<b>94</b>												
<b>Sand</b>	<b>7</b>	<b>101</b>												
			9 STATIC WATER LEVEL <b>flow</b> ft. below land surface											
			10 PUMPING LEVEL below land surface <b>101</b> ft. after <b>2</b> hrs. pumping <b>30</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Neat Cement <input checked="" type="checkbox"/> Bentonite Depth: From <b>0</b> ft. to <b>40</b> ft.											
			14 Nearest Source of possible contamination <b>75</b> feet <b>ne</b> Direction <b>septic</b> 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											
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. <b>Keiser Well Drlg.</b> <b>1156</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2219 Levering Rd., Cheboygan, Mich.</b> Signed _____ Date <b>6-18-81</b> AUTHORIZED REPRESENTATIVE											

MAR 25 1977

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

## 1 LOCATION OF WELL

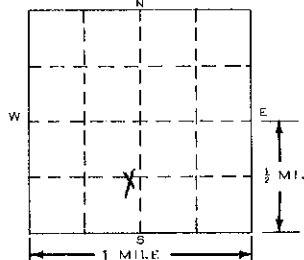
County Chickasaw Township Name Grants Fraction 1/4 E 1/4 W 1/4 Section Number 17 Town Number 36 N 7 E Range Number 1 E 1/4

Distance and Direction from Road Intersections

Street address & City of Well Location Alb Rd

Locate with "X" in section below

Sketch Map:



## 2 FORMATION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM

Clay	7	7
Sand	7	14
Clay	167	181
Sand (water bearing)	15	196

## 3 OWNER OF WELL

Address

Harry Foster  
756 Quinn Lane  
Midland, Mich 48042

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

196 ft. August 13, 1976

5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug  
☐ Hollow rod ☐ Jotted ☐ Bored ☐

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

7 CASING: Threaded ☒ Welded ☐ Height: 1 Above/Below  
Diam. Surface 1 ft.

4 in. to 194 ft. Depth Weight 11 lbs./ft.  
4 in. to 196 ft. Depth Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: stainless steel Dia.: 4 inch g.d

Slot/Grate 12 Length 12 ft

Set between 193 ft. and 196 ft.

Fittings: 9 feet of Blank and a K-Packer

## 9 STATIC WATER LEVEL

Flows ft. below land surface

## 10 PUMPING LEVEL below land surface

9 ft. after 1/2 hrs. pumping 20 g.p.m.

Flows ft. after 15 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 0 ft. to 180 ft.

## 14 Nearest Source of possible contamination

50 feet South Direction Septic system Type

Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

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

Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.

Type: ☐ Submersible

☐ Jet ☐ Reciprocating

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

ADDED INFO BY DRILLER, ITEM NO.

\*CORRECTED BY S. P.

\*\*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.

Hunkeler & Son Well Drilling 0295  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address M68 Hwy, Millersburg, Mi 49759

Signed Geo. H. Hunkeler Date Aug 16, 1976  
AUTHORIZED REPRESENTATIVE

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Choboygan</u> Twp. <u>Grant</u>		Fraction <u>SW 1/4 NW 1/4 NE 1/4</u>	Section No. <u>17</u>	Town <u>36N</u> N/S. <u>1E</u> E/W.
Distance And Direction from Road Intersections <u>5/8 mile S. of S. Block River Rd.</u> <u>on N. side of Abbey Rd.</u>		OWNER No. <u>          </u>		3 OWNER OF WELL: <u>Richard Andlich</u> Address <u>Choboygan</u>		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>254'</u> ft. Date of Completion <u>July 69</u>			
<u>Glacial drift</u>	<u>254'</u>	<u>254'</u>	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"/> _____			
			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 <u>6"</u> ft. Diam. <u>2</u> in. to <u>2 1/2</u> ft. Depth <u>3.91</u> lbs./ft. Weight <u>3.91</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
			8 SCREEN: <u>Johnson</u> Dia.: <u>1 1/4</u> Type: <u>          </u> Slot/Gauze <u>15</u> Length <u>54 x 8'0</u> Set between <u>254</u> ft. and <u>249</u> ft. Fittings: <u>Std 1" (8" nipple removed)</u>			
			9 STATIC WATER LEVEL <u>412</u> ft. below land surface			
			10 PUMPING LEVEL below land surface <u>flows 10 + gpm</u> ft. after <u>          </u> hrs. pumping <u>          </u> g.p.m. <u>          </u> ft. after <u>          </u> hrs. pumping <u>          </u> g.p.m.			
			11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>NK</u> Chlorides (Cl) <u>          </u> Hardness <u>          </u>			
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved <u>Completed by others</u> <input type="checkbox"/> In Approved <input type="checkbox"/> 12" Above Grade			
			13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> <u>B</u> Depth: From <u>B</u> ft. to <u>T</u> ft.			
			14 SANITARY: Nearest Source of possible contamination <u>SDT</u> feet <u>E</u> Direction <u>Septic</u> Type <u>(flow)</u> Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
			15 PUMP: <u>Completed by others</u> Manufacturer's Name <u>          </u> Model Number <u>          </u> Length of Drop Pipe <u>          </u> ft. capacity <u>          </u> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <u>          </u> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER. ITEM NO. <u>          </u> CORRECTED BY: <u>7</u> **ADDITION BY: <u>          </u>			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>Randy Will Dullin</u> 0387 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Choboygan</u> Signed <u>Randy Will Dullin</u> Date <u>Aug 2, 69</u> AUTHORIZED REPRESENTATIVE			



## WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>			<b>County</b> <b>Cheboygan</b>		<b>Township Name</b> <b>Grant</b>		<b>Fraction</b> $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$		<b>Section Number</b> <b>17</b>		<b>Town Number</b> <b>36</b> N/S		<b>Range Number</b> <b>1</b> E/W	
Distance And Direction From Road Intersection  <b>1/8 mile East of Abby Road on the North side of Covington Dr.</b>														
Street Address & City of Well Location <b>1929 E. Bradford Road Midland, MI 48640</b>														
Locate with "X" in Section Below <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1;">Sketch Map:</div> </div>														
<b>2 FORMATION DESCRIPTION</b>					<b>THICKNESS OF STRATUM</b>		<b>DEPTH TO BOTTOM OF STRATUM</b>							
Clay					46		46'							
Gravel					7		53'							
Hard Pan					151		204'							
Gravel					7		211'							
Clay with Gravel streaks					30		241'							
Gravel					24		265'							
<div style="text-align: center;"> <b>RECEIVED</b>              Mich. Dept. of Public Health   <b>SEP 04 1987</b>               Bureau of Environmental and Occupational Health-GWOS               USE A 2ND SHEET IF NEEDED           </div>					<b>3 OWNER OF WELL:</b> Shirley TePatti Address: 1929 E. Bradford Road Midland, MI 48640 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
					<b>4 WELL DEPTH:</b> (completed) <b>265</b> ft. Date of Completion <b>August 12, 1987</b>									
					<b>5</b> <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"/> 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 <input type="checkbox"/> Irrigation <input type="checkbox"/> Type Ila Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type Iib Public <input type="checkbox"/>									
					<b>7 CASING:</b> Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>5</b> in. to <b>80'</b> ft. depth # <b>17</b> <b>5</b> in. to <b>182'</b> ft. depth # <b>21</b> Grouted Drill Hole Diameter _____ in. to _____ ft. depth <b>6 3/4</b> in. to <b>B</b> ft. depth									
					Height: Above/Below Surface <b>1+</b> ft. Weight <b>2.87</b> lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
					<b>8 SCREEN:</b> <input type="checkbox"/> Not installed Type <b>Wire Wound</b> Diameter <b>4"</b> Slot/Gauze <b>15 slot</b> Length <b>48 x 70</b> Set between <b>261</b> ft. and <b>265</b> ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen <b>1 1/2</b> ft. Other _____									
					<b>9 STATIC WATER LEVEL:</b> <b>Flow</b> ft. below land surface <input type="checkbox"/> Flow									
					<b>10 PUMPING LEVEL:</b> below land surface _____ ft. after _____ hrs. pumping at <b>30</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.									
					<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit									
<b>12 WELL GROUTED?</b> <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 _____														
<b>13 Nearest source of possible contamination</b> Type <b>Septic</b> Distance <b>50+</b> ft. Direction <b>SW</b> Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No														
<b>14 PUMP:</b> <input checked="" type="checkbox"/> Installed <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump for Information Only Manufacturer's name <b>Goulds</b> Model number <b>10EJ05421</b> HP <b>1/2</b> Volts <b>115</b> Length of Drop Pipe <b>27</b> ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name <b>AMTROL</b> <b>WX 202 Insulated</b> Capacity _____ Gallons														
<b>15. Remarks, elevation, source of data, etc.</b>   														
<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  <b>RAMSBY WELL DRILLING INC. # 0387</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>9810 N. Straits Hwy Cheboygan MI</b> Signed <i>Henry M. Ramsby</i> Date <b>8-26-87</b> AUTHORIZED REPRESENTATIVE														

## WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>																						
County <b>Cheboygan</b>	Township Name <b>S. Part Grant</b>	Fraction <b>NW 1/4 NE 1/4 NW 1/4</b>	Section Number <b>17</b>																					
Distance And Direction From Road Intersection  <b>Right off of Abbey Road</b>		Town Number <b>36 N/S</b>																						
Street Address & City of Well Location <b>Abbey Road</b>		Range Number <b>1 E/W</b>																						
Locate with "X" in Section Below 		Date Completed MO. DAY YEAR <b>10 12 88</b> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well																						
2 FORMATION DESCRIPTION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Clay</td><td>12</td><td>12</td></tr> <tr><td>Hard Pan</td><td>151</td><td>163</td></tr> <tr><td>Hard Pan * Sand Streaks</td><td>7</td><td>170</td></tr> <tr><td>Hard Pan</td><td>28</td><td>198</td></tr> <tr><td>Gravel * Sand</td><td>4.5</td><td>202.5</td></tr> <tr><td>Fine Silt * Sand</td><td>2.5</td><td>205</td></tr> </tbody> </table>			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	12	12	Hard Pan	151	163	Hard Pan * Sand Streaks	7	170	Hard Pan	28	198	Gravel * Sand	4.5	202.5	Fine Silt * Sand	2.5	205	4 WELL DEPTH: <b>205</b> FT. 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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																				
		Clay	12	12																				
		Hard Pan	151	163																				
Hard Pan * Sand Streaks	7	170																						
Hard Pan	28	198																						
Gravel * Sand	4.5	202.5																						
Fine Silt * Sand	2.5	205																						
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"/>																								
7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>5</b> in. to <b>198</b> ft. depth 73/8 in. to <b>205</b> ft. depth Height: Above/Below Surface <b>RE</b> ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
8 SCREEN: <b>See Remarks</b> <input type="checkbox"/> Not installed Type <b>S.S.</b> Diameter <b>4"</b> Slot/Gauze <b>10S10X</b> Length <b>7XX</b> Set between <b>198</b> ft. and <b>205</b> ft. FITTINGS: <input checked="" 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: _____ ft. below land surface <input checked="" type="checkbox"/> Flow																								
10 PUMPING LEVEL: below land surface <b>205</b> ft. after <b>2</b> hrs. pumping at <b>2-3</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																								
11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" 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 <b>0</b> to <b>198</b> 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 <b>Myers</b> Model number <b>S2J52J54P</b> HP <b>1/2</b> Volts <b>230</b> Length of Drop Pipe <b>180</b> ft. capacity _____ G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons																								
15. Remarks, elevation, source of data, etc. <b>10-69P/ 4'-slot 10 &amp; 3' slot 6</b> <b>RE: 80' of SDR 21/118' of SDR 17</b>		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. <b>KEISER WELL DRLG., INC.</b> <b>1156</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2219 Levering Rd. Cheboygan, MI</b> Signed <b>David F. Keiser</b> Date <b>10-18-88</b> AUTHORIZED REPRESENTATIVE																						

USE A 2ND SHEET IF NEEDED

## WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>																
County <b>Cheboygan</b>	Township Name <b>Grant</b>	Fraction <b>1/4 1/4 1/4</b>	Section Number <b>17</b>															
		Town Number <b>36</b>	Range Number <b>1 E/W</b>															
Distance And Direction From Road Intersection  <b>On the West side of Owens Road on Black River</b>		<b>Frank Mustazza</b> <b>3379 Owens Road</b> <b>Cheboygan MI</b>  Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Street Address & City of Well Location Locate with "X" in Section Below		<b>4 WELL DEPTH:</b> Date Completed <b>9 9 88</b> <input checked="" type="checkbox"/> New Well <b>107 FT.</b> <input type="checkbox"/> Replacement Well																
Sketch Map: 		<b>5</b> <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"/> Auger <input type="checkbox"/> Jetted																
		<b>6 USE:</b> <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																
<b>2 FORMATION DESCRIPTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>THICKNESS OF STRATUM</th> <th>DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr> <td>Clay</td> <td>17</td> <td>17'</td> </tr> <tr> <td>Gravel</td> <td>6</td> <td>23'</td> </tr> <tr> <td>Hard Pan</td> <td>78</td> <td>101'</td> </tr> <tr> <td>Gravel</td> <td>6</td> <td>107'</td> </tr> </tbody> </table>			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay	17	17'	Gravel	6	23'	Hard Pan	78	101'	Gravel	6	107'	<b>7 CASING:</b> Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <b>5</b> in. to <b>104</b> ft. depth <b>#21</b> Height: Above/Below Surface <b>1+</b> ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM														
Clay	17	17'																
Gravel	6	23'																
Hard Pan	78	101'																
Gravel	6	107'																
<b>8 SCREEN:</b> <input type="checkbox"/> Not installed Type <b>Wire Wound</b> Diameter <b>4"</b> Slot/Gauze <b>15 slot</b> Length <b>48 x 70</b> Set between <b>103</b> ft. and <b>107</b> ft. FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen <b>14</b> ft. Other _____																		
		<b>9 STATIC WATER LEVEL:</b> <b>2+</b> ft. below land surface <input type="checkbox"/> Flow																
		<b>10 PUMPING LEVEL:</b> below land surface _____ ft. after _____ hrs. pumping at <b>50+</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																
		<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																
		<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>T</b> to <b>B</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <b>Cuttings</b> No. of bags of cement _____ Additives _____																
		<b>13 Nearest source of possible contamination</b> Type <b>Septic</b> Distance <b>50</b> ft. Direction <b>SW</b> 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																
		<b>14 PUMP:</b> <input checked="" type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only 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 PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons																
<b>15. Remarks, elevation, source of data, etc.</b> USE A 2ND SHEET IF NEEDED Bureau of Environmental and Occupational Health - GWOS		<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>RAMSBY DRILLING INC.</b> # <b>0387</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>9810 N. Straits Hwy</b> <b>Cheboygan MI</b> Signed <b>Nancy M. Ramsby</b> Date <b>9-19-88</b> AUTHORIZED REPRESENTATIVE																
<b>17. Rig Operator's Name:</b>																		

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Cheboygan</u> Twp <u>Grant</u>		Fraction $\frac{1}{4}$	Section No. <u>17</u>	Town <u>36N.</u>	Range <u>1E</u> E/W.
Distance And Direction from Road Intersections <u>1 mi. S. of Haynes Rd. on N. side of Black K. Rd.</u>				3 OWNER OF WELL <u>Donald J. ...</u> Address <u>Cheboygan</u>			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>295</u> ft. Date of Completion <u>Sept. 67</u>			
<u>Glacial drift</u>		<u>295</u>		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"/>			
				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 <u>1</u> ft. Diam. <u>2</u> in. to <u>2 1/2</u> in. Depth <u>290</u> ft. Weight <u>3.75</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				8 SCREEN: <u>Johnson</u> Dia.: <u>1 1/4</u> Slot/Gauze <u>15</u> Length <u>54</u> X <u>60</u> Set between <u>290</u> ft. and <u>295</u> ft. Fittings: <u>STD.</u>			
				9 STATIC WATER LEVEL <u>- 70</u> ft. below land surface			
				10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping <u>10+</u> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.			
				11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>NA</u> Chlorides (Cl) _____ Hardness _____			
				12 WELL HEAD COMPLETION <input type="checkbox"/> In/Approved <input checked="" type="checkbox"/> By <u>others</u>			
				13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.			
				14 SANITARY: <u>1</u> Nearest Source of possible contamination <u>SDT</u> feet <u>E</u> Direction <u>S. to</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
				15 PUMP: <u>Completed by others</u> Manufacturer's Name _____ HP _____ Model Number _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc.  ADDED INFO. BY DRILLER, ITEM NO.  CORRECTED BY:  MODIFICATION 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>Russell Well Drilling Co 387</u> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <u>Cheboygan</u> Signed <u>Paul ...</u> Date <u>Sept. 11/67</u> AUTHORIZED REPRESENTATIVE			

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		Twp. <u>Grant</u>		Fraction <u>1/4 NW 1/4</u>	Section No. <u>17</u>	Town <u>36 N.</u>	Range <u>1 E.</u>
County <u>Cheboygan</u> Distance And Direction from Road Intersections <u>1/4 mi. E. of Abbey Rd.</u> <u>on Black River</u> Street address & City of Well Location		OWNER No. _____		3 OWNER OF WELL: Address <u>Harry Majumdar</u> <u>Cheboygan</u>			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>109'</u> Date of Completion <u>May 67</u>			
<u>Glacial drift</u>		<u>109'</u>		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"/> _____			
				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>105</u> ft. Depth Height: Above/Below surface <u>6</u> ft. Weight <u>3.5</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
				8 SCREEN: <u>Johnson</u> Dia.: <u>1 1/4</u> Slot/Gauge <u>15</u> Length <u>54" X 80"</u> Set between <u>109</u> ft. and <u>109</u> ft. Fittings: <u>Std. (Poppet removed)</u>			
				9 STATIC WATER LEVEL <u>+10</u> ft. below land surface			
				10 PUMPING LEVEL below land surface <u>15-5 pm flow</u> <u>25</u> 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 <u>NA</u> <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade			
				13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input 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 ft SW</u> Direction <u>Septic</u> Type Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
				15 PUMP: <u>None at completion</u> Manufacturer's Name _____ Model Number _____ HP Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc.				17 WATER WELL CONTRACTOR'S CERTIFICATION:			
ADDED INFO. BY DRILLER, ITEM NO. *CORRECTED BY: **ADDITION BY: <u>RB</u>				This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <u>Randy Wee Building</u> 0327 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Rt. 4 Cheboygan</u> Signed <u>Randy Wee</u> Date <u>May 15, 67</u> AUTHORIZED REPRESENTATIVE			

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Charlevoix</u>		Twp. <u>Grant</u>	Fraction <u>NW 1/4 SE 1/4 SE 1/4</u>	Section No. <u>17</u>	Town <u>36 N.</u>	Range <u>1 E.</u>
Distance And Direction from Road Intersections <u>1/4 mi. N.W. of Alcona Rd. on E. side of Alby Rd.</u>		OWNER No. <u>1</u>		3 OWNER OF WELL: <u>C.W. Dunn</u> Address <u>Rt. 2 Charlevoix</u>				
2 FORMATION <u>Glacial drift</u>		THICKNESS OF STRATUM <u>244'</u>	DEPTH TO BOTTOM OF STRATUM <u>244'</u>	4 WELL DEPTH: (completed) <u>244'</u> ft. Date of Completion <u>May 68</u>				
				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				
				6 USE: <input 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 checked="" type="checkbox"/> <u>Camp Ground</u>				
				7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2</u> in. to <u>239</u> ft. Depth <u>6</u> ft. Weight <u>3.75</u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
				8 SCREEN: <u>Johnson</u> Dia.: <u>1 1/4"</u> Slot/Gauze <u>12</u> Length <u>54 x 80</u> Set between <u>244</u> ft. and <u>239</u> ft. Fittings: <u>Std.</u>				
				9 STATIC WATER LEVEL <u>+6</u> ft. below land surface				
				10 PUMPING LEVEL below land surface <u>flowed 1 gpm.</u> after <u>10+</u> hrs. pumping <u>10+</u> g.p.m. ft. after _____ hrs. pumping _____ g.p.m.				
				11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>NK</u> Chlorides (Cl) _____ Hardness _____				
				12 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> In Approved Process Adapter <input type="checkbox"/> 12" Above Grade <u>Completed by other</u>				
				13 GROUTING: Well Grouted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Material: <input type="checkbox"/> Neat Cement <input type="checkbox"/> _____ Depth: From _____ ft. to _____ ft.				
				14 SANITARY: <u>None at completion</u> Nearest Source of possible contamination _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No				
				15 PUMP: <u>Completed by other</u> Manufacturer's Name _____ Model Number _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> _____ <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating				
16 Remarks, elevation, source of data, etc.  ADDED INFO. BY DRILLER, ITEM NO. _____ *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. <u>Rumsey Well Drilling</u> 0387 REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Charlevoix</u> Signed <u>How Rumsey</u> Date <u>May 29, 68</u> AUTHORIZED REPRESENTATIVE						

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		NW SE 17		TOWN 36 N.S. RANGE 1 E.W.	
County <u>Chuboygan</u>	Twp. <u>Grant</u>	Fraction <u>1/4</u>	Section No. <u>17</u>	OWNER OF WELL <u>Tommy Dymon</u>	
Distance And Direction from Road Intersections <u>1/4 mi. Black L. Rd. on Abby Rd.</u>		OWNER No. <u>          </u>		Address <u>Rt. 1 Chuboygan</u>	
Street address & City of Well Location					
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>120</u> ft. Date of Completion <u>Oct. 66</u>		
<u>Glacial Drift</u>	<u>120'</u>		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"/>		
			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: Diam. <u>2</u> in. to <u>117</u> ft. Depth <u>116</u> ft. and <u>120</u> ft. Height: Above/Below surface <u>1</u> ft. Weight <u>          </u> lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: <u>Johnson</u> Dia.: <u>1 1/4</u> Slot/Gauze <u>15</u> Length <u>54" x 60"</u> Set between <u>116</u> ft. and <u>120</u> ft. Fittings: <u>Standard + R P + nut</u>		
			9 STATIC WATER LEVEL <u>-14</u> ft. below land surface		
			10 PUMPING LEVEL below land surface <u>NA</u> ft. after <u>          </u> hrs. pumping <u>10+</u> g.p.m. <u>          </u> ft. after <u>          </u> hrs. pumping <u>          </u> g.p.m.		
			11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>NA</u> Chlorides (Cl) <u>          </u> Hardness <u>          </u>		
			12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <u>NA</u> <input 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 <u>          </u> ft. to <u>          </u> ft.		
			14 SANITARY: <u>None at completion</u> Nearest Source of possible contamination <u>          </u> feet <u>          </u> Direction <u>          </u> Type <u>          </u> Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
			15 PUMP: Manufacturer's Name <u>NA</u> Model Number <u>          </u> HP <u>          </u> Length of Drop Pipe <u>          </u> ft. capacity <u>          </u> G.P.M. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating		
16 Remarks, elevation, source of data, etc.		17 WATER WELL CONTRACTOR'S CERTIFICATION:			
ADDED INFO. BY DRILLER, ITEM NO.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.			
*CORRECTED BY:		REGISTERED BUSINESS NAME <u>Randy Well Drilling</u> REGISTRATION NO. <u>0387</u>			
** NOTATION BY:		Address <u>Rt. 1 Chuboygan</u>			
		Signed <u>Alan Ramsey</u> Date <u>Oct. 25, 66</u>			
		AUTHORIZED REPRESENTATIVE			

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

1 LOCATION OF WELL		Fraction <u>1/4</u>		Section No. <u>17</u>		Town <u>36</u> N.S.		Range <u>1</u> E.W.	
County <u>Chubasco</u>		Twp. <u>Grant</u>		Address <u>Don Smalley</u>		OWNER No.			
Distance And Direction from Road Intersections <u>1/2 N. Black S. Rd. on Abby Rd.</u>		Street address & City of Well Location		3 OWNER OF WELL:					
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) <u>110</u> ft.		Date of Completion <u>Oct 66</u>	
						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"/>			
						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: Diam. <u>2</u> in. to <u>137</u> ft. Depth		Height: Above/Below surface <u>0'</u> ft.	
						Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/>		Weight <u>    </u> lbs/ft.	
						Set between <u>136</u> ft. and <u>141</u> ft.		Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>	
						8 SCREEN: Type: <u>Johnson</u> Dia.: <u>1 1/4"</u>			
						Slot/Gauze <u>12</u> Length <u>58" X 60"</u>			
						Fittings: <u>Standard &amp; RP &amp; seals</u>			
						9 STATIC WATER LEVEL <u>-14</u> ft. below land surface			
						10 PUMPING LEVEL below land surface <u>NA</u> ft. after <u>    </u> hrs. pumping <u>10+</u> g.p.m.			
						ft. after <u>    </u> hrs. pumping <u>    </u> g.p.m.			
						11 WATER QUALITY in Parts Per Million: Iron (Fe) <u>NA</u> Chlorides (Cl) <u>    </u>			
						Hardness <u>    </u>			
						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 <u>    </u> ft. to <u>    </u> ft.			
						14 SANITARY: <u>None at completion</u>			
						Nearest Source of possible contamination <u>    </u> feet <u>    </u> Direction <u>    </u> Type <u>    </u>			
						Well disinfected upon completion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
						15 PUMP: Manufacturer's Name <u>NA</u>			
						Model Number <u>    </u> HP <u>    </u>			
						Length of Drop Pipe <u>    </u> ft. capacity <u>    </u> G.P.M.			
						Type: <input type="checkbox"/> Submersible <input type="checkbox"/>			
						<input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating			
16 Remarks, elevation, source of data, etc. ADDED INFO. BY DRILLER, ITEM NO.		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>Ramsby Well Drilling 0287</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>Rt. 1 Chubasco</u> Signed <u>Al Ramsby</u> Date <u>Oct. 25, 66</u> AUTHORIZED REPRESENTATIVE							

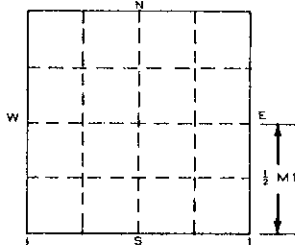


**JUL 13 1983**

# WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

1 LOCATION OF WELL		PART 127 ACT 368, P.A. 1978		PLAT NUMBER	
County	Township Name	Fraction	Section Number	Town Number	Range Number
CHEBOYGAN	GRANT	1/4 1/4 1/4	17	36 N/S	1 E/W
Distance And Direction From Road Intersection		3 OWNER OF WELL:			
SECTION 17 IN GRANT TOWNSHIP		BLACK FOREST PEAT MOSS Address ALPENA STATE ROAD			
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Locate with "X" in Section Below		Sketch Map:		4 WELL DEPTH: (completed) 63 ft. Date of Completion 29 MAR 1983	
				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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM		6 USE: <input 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 checked="" type="checkbox"/> COMM.	
FINE SAND	8	8	7 CASING: <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded Diameter 5 in. to 60 ft. depth Grouted Drill Hole Diameter 7 7/8 in. to B ft. depth		
FINE-MED SAND AND GRAVEL	9	17	Height: Above/Below Surface 1 ft. Weight 2.87 lbs./ft.		
FINE SAND	23	40	Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
SAND WITH CLAY	5	45	8 SCREEN: <input type="checkbox"/> Not Installed Type WW Diameter 4 Slot/Screen 10 Length 48 x 70 Set between 59 ft. and 63 ft. FITTINGS <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input checked="" type="checkbox"/> Blank above screen 1 1/2 ft. Other		
FINE SAND	18	63+	9 STATIC WATER LEVEL: 10 ft. below land surface <input type="checkbox"/> Flow		
			10 PUMPING LEVEL: below land surface ft. after hrs. pumping at 18 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 B to T 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 NONE Type Distance ft. Direction 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 GOULDS Model number 10 EJ HP 1/2 Volts 230 Length of Drop Pipe 52 ft. capacity 15+- G.P.M. TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name AMTROL Model number 202 Capacity 18 Gallons		
15. Remarks, elevation, source of data, etc. ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY. **ADDITION BY. ELEVATION DEPTH TO ROCK		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. RAMSBY WELL DRILLING, INC. REGISTERED BUSINESS NAME 40387 ME REGISTRATION NO. Address CHEBOYGAN, MI. 49721 Signed B. Ramsby AUTHORIZED REPRESENTATIVE Date 8 Apr 83			



OCT 15 1975

## WATER WELL RECORD

ACT 294 PA 1985

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

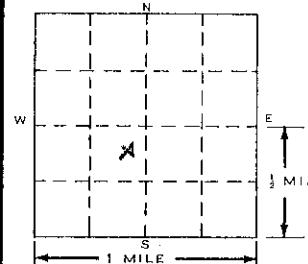
## 1 LOCATION OF WELL

County Chelan Township Name Grant Fraction N/E 1/4 Section Number 17 Town Number 36 Range Number 1

Distance and Direction from Road Intersections

Street address &amp; City of Well Location

Locate with "X" in section below



Sketch Map:

## 3 OWNER OF WELL:

Address

Raymond L. Quil  
20203 Champagne  
Taylor, Mich. 48180

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

56 ft. Sept. 17, 1975

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.

4 in. to 54 ft. Depth

4 in. to 56 ft. Depth

Weight 11 lbs./ft.

Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: stainless steel Dia.: 4 inch telescopic

Slot/Gauze 10 Length 3 feet

Set between 53 ft. and 56 ft.

Fittings: 2 ft of Hank and a K-Packer

## 9 STATIC WATER LEVEL

20" below land surface

## 10 PUMPING LEVEL below land surface

45 ft. after 1 hrs. pumping 30 g.p.m.

45 ft. after 1 hrs. pumping 30 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 0 ft. to 52 ft.

## 14 Nearest Source of possible contamination

\_\_\_\_\_ feet \_\_\_\_\_ Direction none Type \_\_\_\_\_

Well disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☒ Not installed

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

Model Number \_\_\_\_\_ HP \_\_\_\_\_ Volts \_\_\_\_\_

Length of Drop Pipe \_\_\_\_\_ ft. capacity \_\_\_\_\_ G.P.M.

Type: ☐ Submersible ☐ Jet ☐ Reciprocating

## 2 FORMATION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM

Clay  
Water Sand

49 49

7 56

USE A 2ND SHEET IF NEEDED

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

ADDED INFO BY SRD USE FROM RD.  
\*CORRECTED BY SR  
\*\*ADDED 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.

George L. Sen Well Drilling 0295  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address 12472 M-68 Hwy, Millerstown, MI, 49759

Signed Geo. L. Sen Date Sept. 17, 1975  
AUTHORIZED REPRESENTATIVE

JUL 28 1975

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

## 1 LOCATION OF WELL

County <b>Oheboygan</b>	Township Name <b>Grant</b>	Fraction <b>NW 1/4 NE 1/4 NW 1/4</b>	Section Number <b>17</b>	Town Number <b>36N</b> N/S.	Range Number <b>1E</b> E/W.
----------------------------	-------------------------------	---	-----------------------------	--------------------------------	--------------------------------

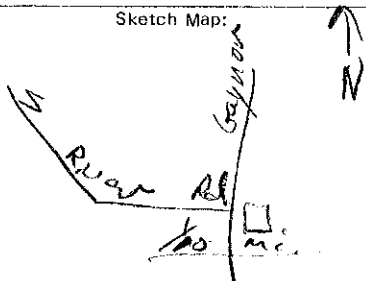
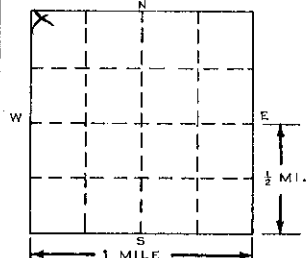
Distance And Direction from Road Intersections

**East side of Gaynor Road at the South River Road Intersection.**

Street address &amp; City of Well Location

Locate with "X" in section below

Sketch Map:



## 3 OWNER OF WELL:

**Grider**

Address

**Oheboygan**

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

**290** ft. **May 31, 1975**

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. **4** in. to **286** ft. Depth Surface **1** ft.

Weight **11.00** lbs./ft.  
Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: **Wire Wound** Dia.: **4**  
Slot **15** Length **48 x 70**  
Set between **285** ft. and **290** ft.  
Fittings: **Standard R P w/18" Riser**

## 9 STATIC WATER LEVEL

**FLOW 3-4 gpm.**  
ft. below land surface

## 10 PUMPING LEVEL below land surface

**100** ft. after \_\_\_ hrs. pumping **30** g.p.m.  
\_\_\_ ft. after \_\_\_ hrs. pumping \_\_\_ g.p.m.

## 11 WATER QUALITY in Parts Per Million:

Iron (Fe) **NK** Chlorides (Cl) \_\_\_  
Hardness **NK** Other \_\_\_

12 WELL HEAD COMPLETION: ☐ In Approved Pit  
☒ Pitless Adapter ☐ 12" Above Grade

13 Well Grouted? ☒ Yes ☐ No  
☐ Neat Cement ☒ Bentonite ☐  
Depth: From **2** ft. to **2** ft.

## 14 Nearest Source of possible contamination

**50+** feet **SW** Direction **Septic** Type  
Well disinfected upon completion ☒ Yes ☐ No

15 PUMP: ☒ Not installed

Manufacturer's Name \_\_\_  
Model Number \_\_\_ HP \_\_\_ Volts \_\_\_  
Length of Drop Pipe \_\_\_ ft. capacity \_\_\_ G.P.M.  
Type: ☐ Submersible ☐ Jet ☐ Reciprocating

## 2 FORMATION

THICKNESS  
OF  
STRATUMDEPTH TO  
BOTTOM OF  
STRATUM**SAND WITH OLAY****5****5****OLAY****12****17****HARDPAN****215****232****GRAVEL WITH OLAY****5****237****OLAY****1****238****GRAVEL WITH OLAY****3.5****241.5****HARDPAN****11****252.5****COARSE GRAVEL****2.5****255****HARDPAN****30****285****COARSE GRAVEL****5****290**

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:

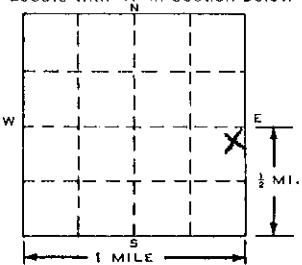
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

**Ramsby Well Drilling, Inc.** **4387**  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **Oheboygan, Michigan**Signed **P.A. Ramsby**  
AUTHORIZED REPRESENTATIVEDate **6-13-75**

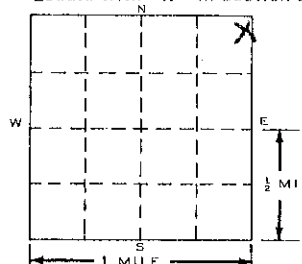
## WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>																															
County <b>CHEBOYGAN</b>	Township Name <b>GRANT</b>	Fraction <b>NE 1/4 NE 1/4 SE 1/4</b>	Section Number <b>17</b>																														
		Town Number <b>36N N/S</b>	Range Number <b>1E E/W</b>																														
Distance And Direction From Road Intersection <b>1.5 MILES OFF TWIN LAKES RD ON ROSS RD.</b>		<b>RICHARD BOYD</b> Address <b>ROSS RD</b> <b>CHEBOYGAN, MICHIGAN 49721</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
Street Address & City of Well Location <b>ROSS RD</b> <b>CHEBOYGAN, MICH.</b>		4 WELL DEPTH: Date Completed <input checked="" type="checkbox"/> New Well MO. DAY YEAR <b>5-31-90</b> <input type="checkbox"/> Replacement Well <b>116 FT.</b>																															
Locate with "X" in Section Below 		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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/> _____																															
Sketch Map: <i>Twin Lakes</i> <i>Ross Rd</i> <i>x well</i>		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"/> _____																															
<b>2 FORMATION DESCRIPTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="width:15%;">THICKNESS OF STRATUM</th> <th style="width:15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td><b>SOFT CLAY</b></td><td><b>0.0</b></td><td><b>8.0</b></td></tr> <tr><td><b>SAND</b></td><td><b>8.0</b></td><td><b>12.0</b></td></tr> <tr><td><b>HARD PAN GRAVEL</b></td><td><b>12.0</b></td><td><b>20.0</b></td></tr> <tr><td><b>HARDPAN</b></td><td><b>20.0</b></td><td><b>81.0</b></td></tr> <tr><td><b>SAND</b></td><td><b>81.0</b></td><td><b>82.0</b></td></tr> <tr><td><b>HARDPAN</b></td><td><b>82.0</b></td><td><b>96.0</b></td></tr> <tr><td><b>HARD CLAY</b></td><td><b>96.0</b></td><td><b>98.0</b></td></tr> <tr><td><b>HARDPAN</b></td><td><b>98.0</b></td><td><b>103.0</b></td></tr> <tr><td><b>SAND AND GRAVEL</b></td><td><b>103.0</b></td><td><b>116.0</b></td></tr> </tbody> </table>			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<b>SOFT CLAY</b>	<b>0.0</b>	<b>8.0</b>	<b>SAND</b>	<b>8.0</b>	<b>12.0</b>	<b>HARD PAN GRAVEL</b>	<b>12.0</b>	<b>20.0</b>	<b>HARDPAN</b>	<b>20.0</b>	<b>81.0</b>	<b>SAND</b>	<b>81.0</b>	<b>82.0</b>	<b>HARDPAN</b>	<b>82.0</b>	<b>96.0</b>	<b>HARD CLAY</b>	<b>96.0</b>	<b>98.0</b>	<b>HARDPAN</b>	<b>98.0</b>	<b>103.0</b>	<b>SAND AND GRAVEL</b>	<b>103.0</b>	<b>116.0</b>	7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>5</b> in. to <b>112</b> ft. depth Grouted Drill Hole Diameter <b>77/8</b> in. to <b>112</b> ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																													
<b>SOFT CLAY</b>	<b>0.0</b>	<b>8.0</b>																															
<b>SAND</b>	<b>8.0</b>	<b>12.0</b>																															
<b>HARD PAN GRAVEL</b>	<b>12.0</b>	<b>20.0</b>																															
<b>HARDPAN</b>	<b>20.0</b>	<b>81.0</b>																															
<b>SAND</b>	<b>81.0</b>	<b>82.0</b>																															
<b>HARDPAN</b>	<b>82.0</b>	<b>96.0</b>																															
<b>HARD CLAY</b>	<b>96.0</b>	<b>98.0</b>																															
<b>HARDPAN</b>	<b>98.0</b>	<b>103.0</b>																															
<b>SAND AND GRAVEL</b>	<b>103.0</b>	<b>116.0</b>																															
8 SCREEN: <input type="checkbox"/> Not installed Type <b>S.S.</b> Diameter <b>4"</b> Slot/Gauze <b>12</b> Length <b>4'</b> Set between <b>112</b> ft. and <b>116</b> ft. FITTINGS: <input checked="" 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: _____ ft. below land surface <input checked="" type="checkbox"/> Flow																															
		10 PUMPING LEVEL: below land surface <b>116</b> ft. after <b>2</b> hrs. pumping at <b>25</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.																															
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" 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 <b>0</b> to <b>112</b> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No																															
		14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only 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 _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons																															
15. Remarks, elevation, source of data, etc.  <div style="text-align: center;"> <b>RECEIVED</b>  <b>JAN 18 1991</b>  <b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWQS</b> </div>		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. <b>KEISER WELL DRLG, INC. 1156</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>2219 LEVERING RD, CHEBOYGAN, MI</b> Signed <i>David J. Keiser</i> Date <b>6-1-90</b> AUTHORIZED REPRESENTATIVE																															
17. Rig Operator's Name: <b>PHILLIP KILPATRICK</b>																																	

OCT 27 1975

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

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>			
County <b>Cheboygan</b>	Township Name <b>GRANT</b>	Fraction <b>NE 1/4 NE 1/4</b>	Section Number <b>17</b>	Town Number <b>36 N/2</b>	Range Number <b>1 E/W</b>
Distance And Direction from Road Intersections <b>1 mi. SO. of Twin Lakes Rd on G. ROSS Rd.</b>		Address <b>G. ROSS Rd, Cheboygan</b>			
Street address & City of Well Location Locate with "X" in section below		Date of Completion <b>9-15-75</b>			
Sketch Map: 		WELL DEPTH: (completed) <b>82</b> ft.			
		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 <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. <b>4</b> in. to <b>82</b> ft. Depth Height: Above/Below Surface <b>1</b> ft.			
		Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
2 FORMATION		8 SCREEN:			
		Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____			
		9 STATIC WATER LEVEL <b>1</b> ft. below land surface <b>FLOW</b>			
		10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping <b>6</b> g.p.m. <b>FLWS 6</b> _____ 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 _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input 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 _____ 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.  ADDED INFO BY DRILLER, ITEM NO. _____ *CORRECTED BY <b>JL</b> **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. <b>Keiser Well Drilling</b> 1156 REGISTERED BUSINESS NAME REGISTRATION NO. _____ Address <b>RT3 Box 394, Cheb</b> Signed <b>David L. Keiser</b> Date <b>9-15-75</b> AUTHORIZED REPRESENTATIVE			

MAR 13 1975

## WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT  
OF  
PUBLIC HEALTH

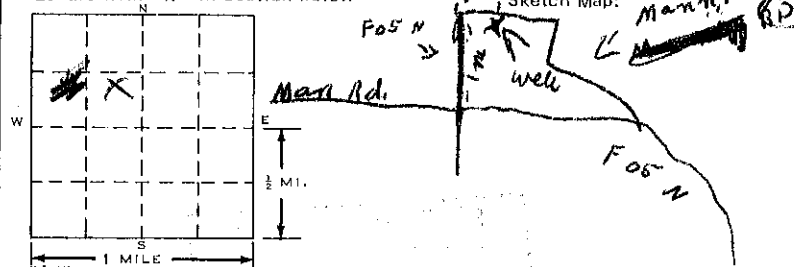
## 1 LOCATION OF WELL

County Cheboygan Township Name Grant Fraction NE 1/4 NW 1/4 Section Number 17 Town Number 36 N.W. Range Number 1 E.W.

Distance And Direction from Road Intersections  
From Juc. Fos N. on Man Rd. 1 mi North  
to Manning rd. E 100yds.

Street address &amp; City of Well Location

Locate with "X" in section below



## 3 OWNER OF WELL:

Arthur Anchambo  
Address

Black Lake, Mich.

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

176 ft.

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.

4 in. to 172 ft. Depth Weight 11 lbs./ft.

    in. to     ft. Depth Drive Shoe? Yes ☒ No ☐

## 8 SCREEN:

Type: Johnson Dia.: 3"

Slot/Gauze 10 Length 4'

Set between 172 ft. and 176 ft.

Fittings: 4" - 3" rubber packer

## 9 STATIC WATER LEVEL

4 ft. below land surface

## 10 PUMPING LEVEL below land surface

40 ft. after 2 hrs. pumping 12 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

70 feet W Direction Barn Type

Well disinfected upon completion ☒ Yes ☐ No

## 15 PUMP:

☒ Not installed

Manufacturer's Name    

Model Number     HP     Volts    

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

Type: ☐ Submersible

☐ Jet ☐ Reciprocating

USE A 2ND SHEET IF NEEDED

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

ADDED INFO BY DRILLER, ITEM NO.

\*CORRECTED BY

\*\*ADDITION BY JL

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.

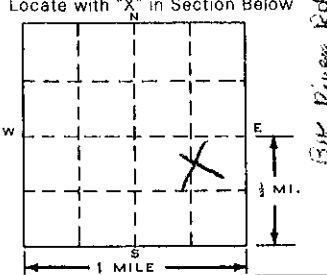
Chester Johnson 0070  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address R.R. 1 Onaway Mich

Signed Chester Johnson Date      
AUTHORIZED REPRESENTATIVE

## WATER WELL AND PUMP RECORD

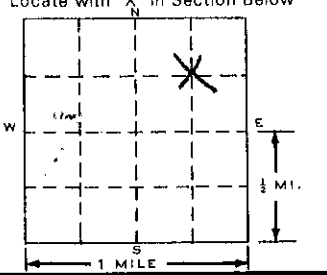
PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>CHEBOYGAN</b>	Township Name <b>GRANT</b>	Fraction <b>SW 1/4 SE 1/4 SE 1/4</b>	Section Number <b>17</b>
		Town Number <b>36N N/S</b>	Range Number <b>1E E/W</b>
Distance And Direction From Road Intersection <b>RIGHT OFF BLACK RIVER ROAD</b>		Address <b>4375 BROOKFIELD</b> <b>DAVISBURG, MICHIGAN 48019</b>	
Street Address & City of Well Location <b>BLACK RIVER ROAD</b> <b>CHEBOYGAN, MICHIGAN</b>		Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Locate with "X" in Section Below		Date of Completion <b>8-20-86</b>	
Sketch Map: 		4 WELL DEPTH: (completed) <b>200</b> ft.	
		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"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		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"/>	
		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded 5 in. to 198 ft. depth 198 in. to 200 ft. depth Grouted Drill Hole Diameter 75/8 in. to 200 depth 200 in. to 200 ft. depth	
		Height: Above/Below Surface <b>1</b> ft. Weight <b>SDR 155/ft.</b> Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>2 FORMATION DESCRIPTION</b>		<b>8 SCREEN:</b>	
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<input type="checkbox"/> Not Installed
CLAY	5.0	5.0	Type <b>S.S.</b> Diameter <b>4"</b>
HARD PAN	39.5	44.5	Slot/Gauze <b>10</b> Length <b>4"</b>
GRAVEL	.5	45.0	Set between <b>196</b> ft. and <b>200</b> ft.
HARD PAN	1.0	46.0	FITTINGS: <input checked="" type="checkbox"/> X-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____
GRAVEL	1.0	47.0	9 STATIC WATER LEVEL: _____ ft. below land surface <input checked="" type="checkbox"/> Flow
HARD PAN	8.0	55.0	10 PUMPING LEVEL: below land surface
SAND	.5	55.5	<b>200</b> ft. after <b>2</b> hrs. pumping at <b>100</b> G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.
HARD PAN	68.5	124.0	11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 2" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit
GRAVEL	1.0	125.0	12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>198</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
HARD PAN	42.5	167.5	No. of bags of cement _____ Additives _____
GRAVEL	.5	168.0	13 Nearest source of possible contamination Type <b>NONE</b> Distance _____ ft. Direction _____
HARD PAN	8.0	176.0	Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
GRAVEL	24.0	200.0	14 PUMP: <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only
		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 _____	
		PRESSURE TANK: Manufacturer's name _____	
		Model number _____ Capacity _____ Gallons _____	
15. Remarks, elevation, source of data, etc. <b>8-61P</b> <b>FLWS 15 G.P.M.</b> <b>RECEIVED</b> <b>Mich. Dept. of Public Health</b> <b>DEC 17 1986</b> <b>Director of Environmental and Occupational Health - G.W.G.</b>		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. <b>KEISER WELL DRILLING</b> <b>1156</b> REGISTERED BUSINESS NAME _____ REGISTRATION NO. _____ Address <b>2219 LEVERING RD., CHEBOYGAN, MI</b> Signed <b>David Keiser</b> Date <b>8-21-86</b> AUTHORIZED REPRESENTATIVE	



## WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>CHEBOYGAN</b>	Township Name <b>S. PART GRANT</b>	Fraction <b>NE 1/4 NE 1/4 NE 1/4</b>	Section Number <b>17</b>
		Town Number <b>06N N/S</b>	Range Number <b>10 E/W</b>
Distance And Direction From Road Intersection <b>RIGHT OFF OF KURAN DRIVE ONTO OWENS ROAD</b>		Address <b>1100 GERALD WARREN, MICHIGAN 48090</b>	
Street Address & City of Well Location <b>OWENS ROAD CHEBOYGAN, MICHIGAN</b>		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: (completed) <b>120</b> ft.	
Sketch Map: 		Date of Completion <b>8-25-87</b>	
2 FORMATION DESCRIPTION		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 type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input 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"/>	
		7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
		Height: Above/Below Surface <b>50</b> ft.	
		Weight <b>50</b> lbs./ft.	
		Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8 SCREEN: <input type="checkbox"/> Not Installed	
		Type <b>10</b> Diameter <b>4"</b>	
		Slot/Gauze <b>116</b> Length <b>120</b>	
		Set between <b>1</b> ft. and <b>120</b> ft.	
		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
		<input type="checkbox"/> Blank above screen <b>0</b> ft. Other <b>0</b>	
		9 STATIC WATER LEVEL: <b>0</b> ft. below land surface <input checked="" type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface <b>120</b> ft. after <b>2</b> hrs. pumping at <b>70+</b> G.P.M.	
		<b>120</b> ft. after <b>2</b> hrs. pumping at <b>70+</b> G.P.M.	
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input checked="" 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 <b>0</b> to <b>117</b> ft.	
		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other <b>0</b>	
		No. of bags of cement <b>0</b> Additives <b>0</b>	
		13 Nearest source of possible contamination <b>SEPTIC</b>	
		Type <b>SEPTIC</b> Distance <b>0</b> ft. Direction <b>0</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>HYERS</b>	
		Model number <b>172</b> HP <b>1/2</b> Volts <b>230</b>	
		Length of Drop Pipe <b>62</b> ft. capacity <b>11</b> G.P.M.	
		TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet	
		PRESSURE TANK: Manufacturer's name <b>4-180L</b>	
		Model number <b>4X202</b> Capacity <b>42</b> Gallons	
		15. Remarks, elevation, source of data, etc. <b>21-6P</b>	
		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. <b>REYER WELL DRILLING 1156</b>	
USE A 2ND SHEET IF NEEDED		REGISTERED BUSINESS NAME <b>REYER WELL DRILLING RD. CHEBOYGAN, MI</b>	
		Address <b>REYER WELL DRILLING RD. CHEBOYGAN, MI</b>	
		Signed <b>David S. Keiser</b> Date <b>3-30-87</b>	

TAX NO.

MICHIGAN WATER WELL AND PUMP RECORD

Permit No.

11 Location of Well		1 Township Name		1 Fraction		1 Section Number		1 Town Number		1 Range Number	
1 County		1 Township Name		1 Fraction		1 Section Number		1 Town Number		1 Range Number	
1 CHEBOYGAN		1 GRANT SOUTHEAST PART		1 SE 1/4 SE 1/4 NE 1/4		1 17		1 36N		1 N/S 1E E/W	
1 Distance and Direction From Road Intersection						3 Owner of Well MAZIASZ, CHUCK					
1 TO THE END OF ABBEY ROAD, JUST OFF BLACK RIVER ROAD						Address 4670 HIAWATHA DRIVE					
1 ABBEY ROAD						CHEBOYGAN MI 49721-					
1 CHEBOYGAN						Address Same as Well Location? No					
1 Street Address and City of Well Location						4 Well Depth (Completed) Date of Completion 08/24/94					
1 Sketch Map						107 ft. New Well					
1						5 Drilling Method MUD ROTARY					
1						6 Proposed Use DOMESTIC					
1											
12 FORMATION DESCRIPTION						7 Casing PLASTIC					
1						5 in. to 102 ft. depth					
1						in. to ft. depth					
1						Bore Hole Diameter					
1						8 in. to 107 ft. depth					
1						in. to ft. depth					
1						8 Screen Gravel-packed? No					
1						Type SLOTTED Diameter 4					
1						Slot/Gauze 15 Length 4					
1						Set Between 102 ft. and 107 ft.					
1						Fittings K-PACKER 0.00 Blank ft. above screen					
1						9 Static Water Level Ft. Below Land Surface 8 Flow					
1						10 Pumping Level Below Land Surface					
1						107 ft. after 2 hrs. pumping at 40 G.P.M.					
1						ft. after hrs. pumping at G.P.M.					
1						Using AIR					
1						11 Well Head Completion PITLESS ADAPTER					
1						12 Well Grouted? Yes From 0 to 40 ft.					
1						BENTONITE					
1						No. of bags of cement Additives					
1						13 Nearest Source of Possible Contamination					
1						Distance ft. Direction					
1						Distance ft. Direction					
15 Abandoned well plugged? No						14 Pump Installed Pump Installation Only? No					
1 Casing Diameter in. Depth ft.						Manufacturer's Name MYERS					
1						Model Number RM2N51-12 HP 1/2 Volts 115					
1 Casing removed? No						Length of Drop Pipe 40 ft. Capacity 12 G.P.M.					
1						Type SUBMERSIBLE Jet					
16 Remarks, elevation, source of data, etc.						Pressure tank:					
1						Manufacturer's Name WELL-X-TROL					
1						Pressure Tank Model 202 UG Capacity 40 gal.					
17 Drilling machine operator:						18 Water Well Contractor's Certification:					
1 Employee						This well was drilled under my jurisdiction and this report is true					
1 Name BRUCE BYARD						to the best of my knowledge and belief.					
1 Authority: Act 368 PA 1978						Registered business name: KEISER WELL DRILLING, INC					
1 Completion: Required.						Registration number: 1156					
1 Penalty: Conviction of violation of any						Address: 2214 LEVERING ROAD, CHEBOYGAN, MI 49721					
1 provision is a misdemeanor.						Signed: David J. Keiser Date 8-24-94					
1 IMPORTANT: File with deed.						(Authorized representative)					

RECEIVED  
MICH. DEPT. OF PUBLIC HEALTH

JUL 26 95

BUREAU OF ENVIRONMENTAL  
AND OCCUPATIONAL HEALTH

GEOLOGICAL SURVEY COPY

TAX NO:  
151-017-108-077-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

PERMIT NO:  
0257

1. LOCATION OF WELL

County **Cheboygan** Township Name **Grant** Fraction **NE 1/4 NE 1/4 NE 1/4** Section No. **17** Town No. **36 N** Range No. **1 E**

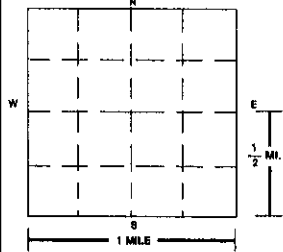
Distance and Direction from Road Intersection

Approximately 3/8 Mile East of Black River  
Road on the North side of Abbey Road.

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

Hard Clay

6'

6'

Hardpan

196'

202'

Medium Fine Sand

3'

205'

Hardpan

6'

211'

Clay & Sand

5'

216'

Hardpan

1'

217'

Medium Coarse Sand & Gravel

8'

225'

3. OWNER OF WELL

Address

Donald K. Henrikson  
3769 Abbey Road  
Cheboygan, MI. 49721

Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

225 ft.

Date Completed

8 / 19 / 97

☒ 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: 1 ft.

Diameter: 5 in. to 18 1/2 ft. depth

5 in. to 22 1/2 ft. depth

Weight: SDR-21 lbs./ft.

SDR-17

BORE HOLE:

Diameter: in. to ft. depth

8-3/4 in. to 225 ft. depth

☐ Drive Shoe

☐ Shale Packer

8. SCREEN: ☐ Not Installed

☒ Gravel-Packed

Type Stainless Steel

Diameter 4"

Slot/Gauze 12 slot

Length: 4'

Set Between 221 ft. and 225 ft.

FITTINGS: ☒ K-Packer

☐ Bremer Check

☒ Blank Above Screen 1 1/2 ft. Other

9. STATIC WATER LEVEL:

XXXXXX ft. Below Land Surface

☒ Flowing 10 GPM

10. PUMPING LEVEL: Below Land Surface

225 ft. After 1 hrs. Pumping at 50+ G.P.M.

☐ Plunger

☐ Bailor

☒ Air

☐ Test Pump

11. WELL HEAD COMPLETION:

☒ Pitless Adapter

☐ 12" Above Grade

☐ Basement Offset

☐ Well House

12. WELL GROUTED? ☐ No ☒ Yes

From 200 to 0 ft.

☐ Neat Cement

☒ Bentonite

☐ Other

No. of Bags 14

Additives EZ Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type None at Completion ft. Direction

Type Distance ft. Direction

14. PUMP:

☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name Goulds

Model Number 13GS07422

HP 3/4

Volts 230

Length of Drop Pipe 80 ft.

Capacity 13+ G.P. M.

TYPE: ☒ Submersible

☐ Jet

☐ Other

PRESSURE TANK:

Manufacturer's Name Amtrol

Model Number WX-203

Capacity 32 Gallons

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

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.

**RAMSBY DRILLING, INC.**

REGISTERED BUSINESS NAME

1865 South Straits Hwy.

Address

Indian River, MI 49749

Signed

*Michael R. Ramsby*  
AUTHORIZED REPRESENTATIVE

Date August 29, 1997

#16-2031

REGISTRATION NO.

TAX NO.		MICHIGAN WATER WELL AND PUMP RECORD				Permit No.	
11 Location of Well		County		Township Name		Range Number	
CHEBOYGAN		GRANT		SE 1/4 NW 1/4 NE 1/4		17 36N N/5 1E E/W	
Distance and Direction From Road Intersection				3 Owner of Well			
ON COVINGTON DRIVE				ENDLICH, DEAN			
Address				23042 BEACONSFIELD			
COVINGTON DRIVE				EASTPOINT MI 48021-			
CHEBOYGAN							
Street Address and City of Well Location				Address Same as Well Location? No			
Sketch Map				4 Well Depth (Completed)			
[X]				270 ft.			
				Date of Completion 07/01/96			
				New Well			
				5 Drilling Method MUD ROTARY			
				6 Proposed Use DOMESTIC			
12 FORMATION DESCRIPTION		Thickness of Stratum		Depth to Bottom of Stratum		7 Casing PLASTIC	
CLAY		7		7		5 in. to 262 ft. depth	
HARDPAN		70		77		in. to ft. depth	
SAND		3		80		Bore Hole Diameter	
HARDPAN		3		83		8 in. to 270 ft. depth	
SAND AND GRAVEL		3		86		in. to ft. depth	
HARDPAN		3		89		8 Screen Gravel-packed? No	
SAND AND GRAVEL		3		90		Type SLOTTED Diameter 4	
HARDPAN STREAKED WITH CLAY		124		214		Slot/Gauze 10 Length 8	
GRAVEL		16		230		Set Between 262 ft. and 270 ft.	
HARDPAN		10		240		Fittings K-PACKER 0.00 Blank ft. above screen	
SAND AND GRAVEL		30		270		9 Static Water Level Ft. Below Land Surface 12 Flow	
						10 Pumping Level Below Land Surface	
						270 ft. after 2 hrs. pumping at 12 G.P.M.	
						ft. after hrs. pumping at G.P.M.	
						Using AIR	
						11 Well Head Completion PITLESS ADAPTER	
						12 Well Grouted? Yes From 0 to 262 ft.	
						BENTONITE	
						No. of bags Additives	
						13 Nearest Source of Possible Contamination	
						Distance ft. Direction	
						Distance ft. Direction	
15 Abandoned well plugged? No		Casing Diameter in. Depth ft.		14 Pump Installed Pump Installation Only? No		Manufacturer's Name MYERS	
Casing removed? No						Model Number RF2NFL51-12 HP 1/2 Volts 115	
						Length of Drop Pipe 40 ft. Capacity 12 G.P.M.	
						Type SUBMERSIBLE Jet	
16 Remarks, elevation, source of data, etc.						Pressure tank:	
						Manufacturer's Name WELL-X-TROL	
						Pressure Tank Model 202 Capacity 0 gal.	
17 Drilling machine operator:		Employee		18 Water Well Contractor's Certification:			
Name BRUCE BYARD				This well was drilled under my jurisdiction and this report is true			
Authority: Act 368 PA 1978				to the best of my knowledge and belief.			
Completion: Required.				Registered business name: KEISER WELL DRILLING, INC			
Penalty: Conviction of violation of any provision is a misdemeanor.				Registration number: 1851			
IMPORTANT: File with deed.				Address: 2219 LEVERING ROAD, CHEBOYGAN, MI 49721			
				Signed: <u>Enelich Keiser</u> Date 7-1-96			
				(Authorized representative)			



TAX NO:  
151-017-100-004-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

PERMIT NO:  
0014

1. LOCATION OF WELL

County

Cheboygan

Township Name

Grant

Fraction

1/4 1/4 1/4

Section No.

17

Town No.

36N

Range No.

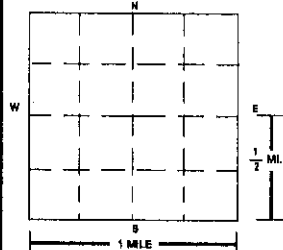
1E

Distance and Direction from Road Intersection

M-33 to Orchard Beach Rd-Left to S. River Rd-Right to N. Black River Rd.-Right 1/2 mile-east side of road.

Street Address & City of Well Location

Locate with 'x' in Section Below



Sketch Map

x

ABBY Rd

2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

Fill

4

4

Clay

52

56

Gravel

2

58'

Clay

140

198'

Gravel

2

200'

Clay

37

237'

Course Gravel

14

251'

3. OWNER OF WELL

Address

Darlene Napier  
3650 N. Black River Rd.  
Cheboygan, MI 49721

Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

Date Completed

☐ New Well

☐ Replacement Well

251 ft.

8/27/97

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: 1+ ft

☐ Other

Diameter: 5 in. to 164 in. depth: 5 in. to 251 ft. depth: 17

BORE HOLE:

Diameter: 8 in. to bottom

in. to ft. depth

☒ Drive Shoe

☐ Shale Packer

8. SCREEN: ☐ Not Installed

☒ Gravel-Packed

Type: Stainless Steel

Diameter: 3"

Slot/Gauze: 10

Length: 8'

Set Between 243 ft. and 251 ft.

FITTINGS: ☒ K-Packer

☐ Bremer Check

☒ Blank Above Screen

2 ft. Other

9. STATIC WATER LEVEL:

5 ft. Below Land Surface

☐ Flowing

10. PUMPING LEVEL: Below Land Surface

bottom ft. After 1 hrs. Pumping at 40 G.P.M.

☐ Plunger

☐ Bailor

☒ Air

☐ Test Pump

11. WELL HEAD COMPLETION:

☒ Pitless Adapter

☐ Basement Offset

☒ 12" Above Grade

☐ Well House

12. WELL GROUTED?

☐ No ☒ Yes

From 0 to 233 ft.

☒ Neat Cement

☒ Bentonite

☐ Other

No. of Bags: 10

Additives: 100 oz EZ Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type: Septic Distance: 57 ft. Direction: East

Type: Distance: ft. Direction:

14. PUMP:

☐ Not Installed

☐ Pump Installation Only

Manufacturer's Name: Grundfos

Model Number: JS10-7 HP: 3/4 Volts: 230

Length of Drop Pipe: 105 ft. Capacity: 10 G.P.M.

TYPE: ☒ Submersible

☐ Jet

☐ Other

PRESSURE TANK:

Manufacturer's Name: WellxTrol

Model Number: 202 Capacity: Gallons: 20

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: John Kasuba-Helper-Leo

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.

NORTHERN DRILLING INC.

REGISTERED BUSINESS NAME

16-2002

REGISTRATION NO.

Address: 8750 Church Rd., Cheboygan, MI 49721

Signed: Joe Antkowiak

Date: 9/10/97

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978

Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.

TAX NO:

151-17-200-007-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

PERMIT NO:

0661

1. LOCATION OF WELL

County **CHEBOYGAN**

Township Name

**GRANT**

Fraction

1/4 1/4 1/4

Section No.

**17**

Town No.

**36N**

Range No.

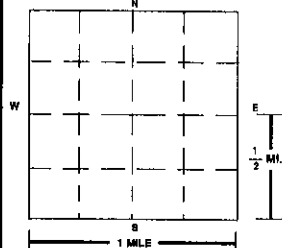
**1E**

Distance and Direction from Road Intersection

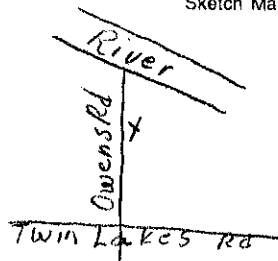
Twin Lakes Rd. to Owens Rd.-2nd lot from end on west side of road.

Street Address &amp; City of Well Location

Locate with 'x' in Section Below



Sketch Map



2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

Clay

22

22'

Sand &amp; Gravel

9

31'

Hardpan

77

108'

Sand &amp; Gravel

8

116'

3. OWNER OF WELL

Address

JOHN HAWKINS  
3561 Owens Rd.  
Cheboygan, MI 49721Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

Date Completed

☒ New Well☐ Replacement Well

116 ft.

9/24/97

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: 1+ ft

☐ Other

Diameter: 5 in. to 112 ft. depth

in. to ft. depth

BORE HOLE:

Diameter: 8 in. to bottom

in. to ft. depth

☒ Drive Shoe☐ Shale Packer

8. SCREEN:

☐ Not Installed☒ Gravel-Packed

Type Wirewound

Diameter 3"

Slot/Gauze

15

Length: 5'

Set Between 111 ft. and 116 ft.

FITTINGS:

☒ K-Packer☐ Bremer Check☒ Blank Above Screen 2 ft. Other

9. STATIC WATER LEVEL:

ft. Below Land Surface

☒ Flowing 1-1 1/2 GPM

10. PUMPING LEVEL: Below Land Surface

Bottom ft. After 1 hrs. Pumping at 20+ G.P.M.

☐ Plunger☐ Bailor☒ Air☐ Test Pump

11. WELL HEAD COMPLETION:

☐ Pitless Adapter☒ 12" Above Grade☐ Basement Offset☐ Well House

12. WELL GROUTED?

☐ No ☒ Yes

From 0 to 101 ft.

☐ Neat Cement☒ Bentonite☐ Other

No. of Bags 5

Additives 50 Oz EZ Mud

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type N/A

Distance ft. Direction

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

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 Joe Antkowiak-Helper-Joe D.

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.

NORTHERN DRILLING INC.

REGISTERED BUSINESS NAME

16-2002

REGISTRATION NO.

Address 8750 Church Rd., Cheboygan, MI 49721

Signed

Joe Antkowiak

Date

9/26/97

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978

Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.

TAX NO:

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NO:

1. LOCATION OF WELL

County

**Cheboygan**

Township Name

**Grant**

Fraction

**NE 1/4 NE 1/4 NE 1/4**

Section No.

**17**

Town No.

**36 N**

Range No.

**1 E**

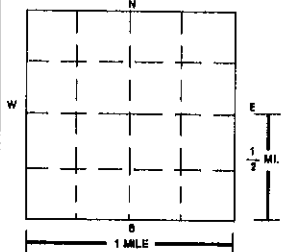
Distance and Direction from Road Intersection

**3/8 Mile East of Black River Road on the  
North side of Abbey Road.**

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**Clay****8'****8'****Clay & Gravel****7'****15'****Hardpan****89'****104'****Sandy Clay****29'****133'****Hardpan****70'****203'****Sandy Clay****25'****228'****Fine Sand****4'****232'****Medium Fine Sand****5'****237'**

**RECEIVED  
MICH. DEPT. OF PUBLIC HEALTH  
OCT 04 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:

☐ 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 \_\_\_\_\_

3. OWNER OF WELL

Address

**Masil Miller****Abbey Road****Cheboygan MI. 49721**Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

**237** ft.

Date Completed

**8 / 30 / 95**☒ 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: **1** ftDiameter: **5** in. to **193** ft. depthWeight: **SDR21** lbs./ft.**5** in. to **233** ft. depth**SDR17**

BORE HOLE:

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

☐ Drive Shoe**9** in. to **237** ft. depth☐ Shale Packer8. SCREEN: ☐ Not Installed☒ Gravel-PackedType **Stainless Steel**Diameter **4"**Slot/Gauze **10 slot**Length: **4'**Set Between **233** ft. and **237** ft.

FITTINGS:

☒ K-Packer☐ Bremer Check☒ Blank Above Screen **1 1/2** ft. Other \_\_\_\_\_

9. STATIC WATER LEVEL:

**XXXXXX** ft. Below Land Surface☒ Flowing **12 Gpm**

10. PUMPING LEVEL: Below Land Surface

**Grade** ft. After \_\_\_\_\_ hrs. Pumping at **15** 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 ☒ YesFrom **220** to **0** ft.☐ Neat Cement☒ Bentonite☐ Other \_\_\_\_\_No. of Bags **11**Additives **EZ Mud**

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type **None at Completion** ft. Direction \_\_\_\_\_

Type \_\_\_\_\_ Distance \_\_\_\_\_ ft. Direction \_\_\_\_\_

14. PUMP:

☐ Not Installed☐ Pump Installation OnlyManufacturer's Name **StaRite**Model Number **10SP4C02T**HP **1/2**Volts **230**Length of Drop Pipe **40** ft.Capacity **10+**

G.P.M.

TYPE:

☒ Submersible☐ Jet☐ Other \_\_\_\_\_

PRESSURE TANK:

Manufacturer's Name **Amtrol**Model Number **WX-202 UG**Capacity **20**

Gallons

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.

**RAMSBY DRILLING INC.****#16-2031**

REGISTERED BUSINESS NAME

Address

**9810 North Straits Hwy.  
Cheboygan, MI 49721**

REGISTRATION NO.

Signed

AUTHORIZED REPRESENTATIVE

Date

**Sept 11, 1995**

GEOLOGICAL SURVEY COPY

Authority: Act 368 PA 1978

Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.



TAX NO:  
151-17-200-007-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

PERMIT NO:  
0661

1. LOCATION OF WELL

County

Cheboygan

Township Name

Grant

Fraction

1/4 1/4 1/4

Section No.

17

Town No.

36N

Range No.

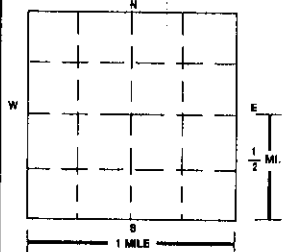
1E

Distance and Direction from Road Intersection

Twin Lakes Rd. at Owens Rd.- 2nd lot from  
end on west side of road.

Street Address & City of Well Location

Locate with 'x' in Section Below



Sketch Map

3. OWNER OF WELL

Address

John Hawkins  
3561 Owens Rd.  
Cheboygan, MI 49721

Address Same as Well Location ☒ Yes ☐ No

4. WELL DEPTH:

ft.

Date Completed

☐ 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: \_\_\_\_\_ ft

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

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

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

BORE HOLE:

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

☐ Drive Shoe

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

☐ 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:

\_\_\_\_\_ 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 House

12. 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 \_\_\_\_\_

14. PUMP:

☐ Not Installed

☒ Pump Installation Only

Manufacturer's Name Star-Rite

Model Number 10SP

HP 1/2

Volts 230

Length of Drop Pipe 85

ft. Capacity 10

G.P.M.

TYPE: ☒ Submersible

☐ Jet

☐ Other \_\_\_\_\_

PRESSURE TANK:

Manufacturer's Name Wellx'trol

Model Number 202

Capacity \_\_\_\_\_

Gallons 20

2. FORMATION DESCRIPTION

THICKNESS  
OF  
STRATUM

DEPTH TO  
BOTTOM OF  
STRATUM

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 \_\_\_\_\_

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.

NORTHERN DRILLING INC.

REGISTERED BUSINESS NAME

16-2002

REGISTRATION NO.

Address 8750 Church Rd., Cheboygan, MI 49721

Signed Joe Antkowiak

AUTHORIZED REPRESENTATIVE

Date 8-24-98

Authority: Act 368 PA 1978

Completion: Required

Penalty: Conviction of a violation of any provision is a misdemeanor.

GEOLOGICAL SURVEY COPY

TAX NO:  
140-N10-000-031-00

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

PERMIT NO:  
0704

1. LOCATION OF WELL

County

Cheboygan

Township Name

Aloha

Fraction

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

Section No.

17

Town No.

36N

Range No.

1W

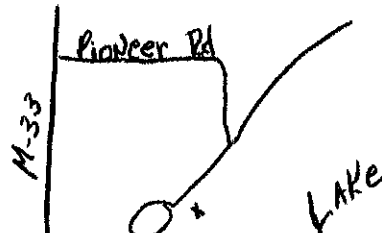
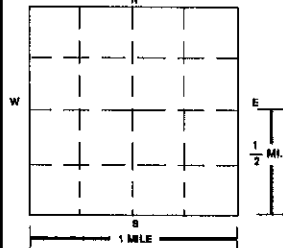
Distance and Direction from Road Intersection

Approx. 400 ft south of road end turn around

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

3. OWNER OF WELL

Address

Bradford Rowe  
1133 Needle Point Dr.  
Cheboygan, MI 49821

Address Same as Well Location ☐ Yes ☐ No

4. WELL DEPTH:

Date Completed

ft.

☐ 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: \_\_\_\_\_ 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 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:

\_\_\_\_\_ 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 House

12. 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 \_\_\_\_\_

15. ABANDONED WELL PLUGGED?

☒ Yes ☐ No

Casing Diameter 4 in.

Depth 60 ft.

PLUGGING MATERIAL:

☐ Cement/Bentonite Slurry

☐ Neat Cement

☐ Bentonite Slurry

☐ Concrete Grout

☒ Bentonite Chips

No. of Bags 7

Casing Removed?

☐ Yes

☒ No

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

17. DRILLING MACHINE OPERATOR:

☐ Employee ☐ Subcontractor

Name \_\_\_\_\_

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.

**NORTHERN DRILLING INC.**

REGISTERED BUSINESS NAME

**16-2002**

REGISTRATION NO.

Address **8750 Church Rd., Cheboygan, MI 49721**

Signed \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

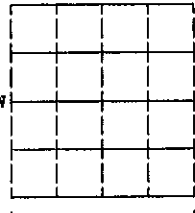
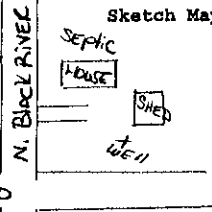
Date \_\_\_\_\_

GEOLOGICAL SURVEY COPY

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

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER: **2736**

1 LOCATION OF WELL		16367117001		Tax Parcel No. 15101730000601																																											
County <b>CHEBOYGAN</b>		Township Name <b>GRANT</b>		Fraction <b>1/4 1/4 1/4</b>		Section No. <b>17</b>																																									
				Town No. <b>36 N</b>		Range No. <b>01 E</b>																																									
Distance And Direction From Road Intersection 200 YARDS N. OF MANN RD, E. SIDE OF N. BLACKRIVER RD 5394 NORTH BLACK RIVER RD, CHEBOYGAN 49721 Street Address & City of Well Location				3 OWNER OF WELL <b>GLENN PRINGLE</b> Address <b>5394 NORTH BLACK RIVER RD</b> <b>CHEBOYGAN, MI 49721</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																											
Locate with 'x' in Section Below N  W E 1/4 mi.		Sketch Map:  ELEVATION <b>0.00 msl</b>		4 WELL DEPTH: <b>227.0 ft.</b> Date Completed <b>07/26/99</b> <input type="checkbox"/> New Well <input checked="" type="checkbox"/> Replacement Well		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"/> Auger/Bored <input type="checkbox"/> Jetted																																									
2 FORMATION DESCRIPTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION DESCRIPTION</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>ROCK &amp; TOPSOIL</td><td>1.0</td><td>1.0</td></tr> <tr><td>HARDFAN &amp; ROCKS</td><td>5.0</td><td>6.0</td></tr> <tr><td>HARD CLAY, HARDFAN</td><td>101.0</td><td>107.0</td></tr> <tr><td>HARDFAN &amp; BOULDERS</td><td>6.0</td><td>113.0</td></tr> <tr><td>SAND, GRAVEL</td><td>1.0</td><td>114.0</td></tr> <tr><td>HARDFAN</td><td>19.0</td><td>133.0</td></tr> <tr><td>HARDFAN &amp; BOULDERS</td><td>21.0</td><td>154.0</td></tr> <tr><td>SANDY HARDFAN</td><td>19.0</td><td>173.0</td></tr> <tr><td>HARD CLAY, HARDFAN</td><td>7.0</td><td>180.0</td></tr> <tr><td>SOFT CLAY, SAND &amp; GRAVEL MIX</td><td>31.0</td><td>211.0</td></tr> <tr><td>HARDFAN</td><td>10.0</td><td>221.0</td></tr> <tr><td>SAND &amp; GRAVEL</td><td>6.0</td><td>227.0</td></tr> <tr><td>CLAY, GRAVEL</td><td>2.0</td><td>229.0</td></tr> </tbody> </table>				FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	ROCK & TOPSOIL	1.0	1.0	HARDFAN & ROCKS	5.0	6.0	HARD CLAY, HARDFAN	101.0	107.0	HARDFAN & BOULDERS	6.0	113.0	SAND, GRAVEL	1.0	114.0	HARDFAN	19.0	133.0	HARDFAN & BOULDERS	21.0	154.0	SANDY HARDFAN	19.0	173.0	HARD CLAY, HARDFAN	7.0	180.0	SOFT CLAY, SAND & GRAVEL MIX	31.0	211.0	HARDFAN	10.0	221.0	SAND & GRAVEL	6.0	227.0	CLAY, GRAVEL	2.0	229.0	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 II Public <input type="checkbox"/> Heat Pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIB Public <input type="checkbox"/>	
				FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																																									
				ROCK & TOPSOIL	1.0	1.0																																									
				HARDFAN & ROCKS	5.0	6.0																																									
				HARD CLAY, HARDFAN	101.0	107.0																																									
HARDFAN & BOULDERS	6.0	113.0																																													
SAND, GRAVEL	1.0	114.0																																													
HARDFAN	19.0	133.0																																													
HARDFAN & BOULDERS	21.0	154.0																																													
SANDY HARDFAN	19.0	173.0																																													
HARD CLAY, HARDFAN	7.0	180.0																																													
SOFT CLAY, SAND & GRAVEL MIX	31.0	211.0																																													
HARDFAN	10.0	221.0																																													
SAND & GRAVEL	6.0	227.0																																													
CLAY, GRAVEL	2.0	229.0																																													
7 CASING: <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input checked="" type="checkbox"/> Welded Diameter <b>5.00 in. to 222.0 ft. depth</b> <b>0.00 in. to 0.0 ft. depth</b> Grouted Drill Hole Diameter <b>8.50 in. to 212.0 ft. depth</b> <b>0.00 in. to 0.0 ft. depth</b> Height: Above Surface <b>1.5 ft.</b> Weight <b>lbs/ft.</b> Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																															
8 SCREEN <input type="checkbox"/> Not Installed Type <b>Stainless Steel</b> Diameter <b>4.00</b> SLOT <b>12.000</b> Length <b>5.0</b> Set between <b>222.00 ft.</b> and <b>227.00 ft.</b> FITTINGS: <input checked="" type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremmer Check <input checked="" type="checkbox"/> Blank above screen <b>0.5 ft.</b> <input type="checkbox"/> Other																																															
9 STATIC WATER LEVEL: <b>95.00</b> ft. below land surface <input type="checkbox"/> Flow																																															
10 PUMPING LEVEL: below land surface <b>227 ft.</b> after <b>1.0 hrs.</b> pumping at <b>80 G.P.M.</b> <b>0 ft.</b> after <b>0.0 hrs.</b> pumping at <b>0 G.P.M.</b>																																															
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 <b>5.0</b> to <b>212.0</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other No. of bags of <b>10</b> Additives <b>EZ-MUD</b> <b>BEN-SEAL</b>																																															
13 Nearest source of possible contamination Type <b>Septic</b> Distance <b>50 ft.</b> Direction <b>N</b> 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 <b>GRUNFOS 22 1" SCH 80 DROP PIPE</b> Model number <b>HP 3/4</b> Volts Length of Drop Pipe <b>205 ft.</b> Capacity <b>10 G.P.M.</b> TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturers name <b>WELL MADE *BURIED*</b> Model number <b>WM6LP</b> Capacity <b>19.3</b> Gallons																																															
15 Remarks, elevation, source of data, etc. <b>5X4 REDUCER BELL, 9 BAGS GRAVEL PACK</b>  Data Source: <b>MDNR</b>				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.  <div style="display: flex; justify-content: space-between;"> <div> <b>SACKRIDER &amp; SON WELL DRILLING</b>            REGISTERED BUSINESS NAME         </div> <div> <b>1889</b>            REGISTRATION NO.         </div> </div> Address <b>12990 AFTON ROAD WOLVERINE, MI 49799</b> Signed <i>[Signature]</i> Date <b>Aug 31/99</b> AUTHORIZED REPRESENTATIVE																																											