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WATER WELL RECORD
ACT 294 PA 1965

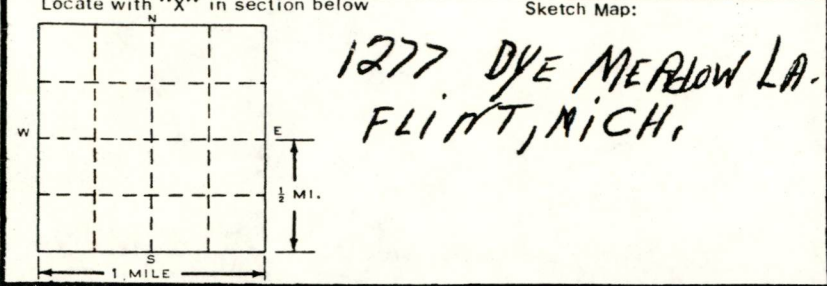
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County GENESEE	Township Name FLINT	Fraction 1/4	Section Number NE 1/4 #8	Town Number T7N	Range Number R5E
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Distance And Direction from Road Intersections

Street address & City of Well Location



3 OWNER OF WELL:
OWEN BRANEY
Address
**1277 DYE MEADOW LA.
FLINT, MICHIGAN**

4 WELL DEPTH: (completed) Date of Completion
35 ft. **JUNE 14, 1972**

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 **2** ft.
4 in. to **31** ft. Depth Weight _____ lbs./ft.
_____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
BROWN SAND	6	6
BROWN CLAY	22	28
GRAVEL	7	35
Sub - coal locate		
Dye wood Dye Meadows + other tree manors - B		

8 SCREEN:
Type: **JOHNSON** Dia.: **4"**
Slot/Gauge **35** Length **3'**
Set between **31** ft. and **35** ft.
Fittings: **K-PACKER & 3' TAIL PIPE**

9 STATIC WATER LEVEL
14 ft. below land surface

10 PUMPING LEVEL below land surface
32 ft. after **2** hrs. pumping **30** g.p.m.
_____ ft. after _____ hrs. pumping _____ g.p.m.

11 WATER QUALITY in Parts Per Million:
Iron (Fe) _____ Chlorides (Cl) _____
Hardness _____ Other _____

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

13 Well Grouted? Yes No
 Neat Cement Bentonite
Depth: From **0** ft. to **25** ft.

14 Nearest Source of possible contamination
_____ feet _____ Direction **SAN. SEWER** type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name **DAYTON**
Model Number **7P2** HP **1** Volts **220**
Length of Drop Pipe **21** ft. capacity **6** G.P.M.
Type: Submersible Jet Reciprocating

16 Remarks, elevation, source of data, etc.

USE A 2ND SHEET IF NEEDED

ADDED INFO. BY DRILLER, ITEM NO.
CORRECTED BY: **B**
ADDITION

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.
Kearsley Well Drilling Inc. 1196
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **6135 N. Genesee Rd. Flint Mi.**
Signed **[Signature]** Date **6/14/72**

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		
County GENESEE	Twp. FLINT	Fraction SE 1/4 NW 1/4 SE 1/4
		Section No. 16 Town 7 Range 6 E
Distance And Direction from Road Intersections 1/2 BLOCK NORTH REDWING DR ON EBERLY RD FLINT		
Street address & City of Well Location		
3 OWNER OF WELL: Mr Myzelle Address 1555 Eberly rd FLINT		
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
CLAY	0	5
SAND	5	36
4 WELL DEPTH: (completed) 36 ft. Date of Completion Nov 7, 67		
5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input 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. <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below surface 18 in. ft. 2 in. to 30 ft. Depth Weight _____ lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
8 SCREEN: Type: 2 Johnson Dia.: 1 1/4 Slot/Gauze _____ Length 30 in Set between 30 ft. and 36 ft. Fittings: _____		
9 STATIC WATER LEVEL 10 ft. below land surface		
10 PUMPING LEVEL below land surface 27 ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____		
12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
13 GROUTING: Well Grouted? <input 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 _____ feet _____ Direction _____ Type _____ Well disinfected upon completion <input type="checkbox"/> Yes <input type="checkbox"/> No		
15 PUMP: 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. ADDED INFO. BY DRILLER, ITEM #: CORRECTED BY: ADDITION:		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. Sherrill's Well Drilling 0151 REGISTERED BUSINESS NAME REGISTRATION NO. Address 61534 Eberly rd Flint Signed Edmund D. Dabney at Feb 7 68 AUTHORIZED REPRESENTATIVE

SEP - 8 1976

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL

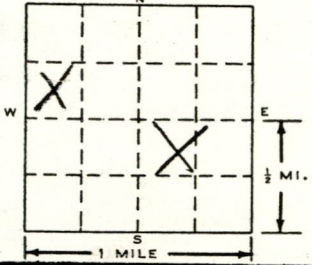
County Genesee	Township Name Flint	Fraction 1/4 NW 1/4	Section Number 18	Town Number 8 N.S.	Range Number 6 C.W.
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Distance And Direction from Road Intersections:

Street address & City of Well Location: **6233 LANCASTER**

Locate with "X" in section below

Sketch Map:



3/OWNER OF WELL:

Address **Blaine Homes**
3933 W. COURT

4 WELL DEPTH: (completed) Date of Completion

45 ft. **7-30-71**

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 **28** ft.
Weight **375** lbs./ft.
Drive Shoe? Yes No

2 FORMATION THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

Yellow Clay	10	10
Blue Clay	25	35
Sand	10	45

8 SCREEN:

Type: **Stainless** Dia.: **1 1/4**
Slot Gauge **50** Length **3'**
Set between **42** ft. and **45** ft.
Fittings:

9 STATIC WATER LEVEL

28 ft. below land surface

10 PUMPING LEVEL below land surface

45 ft. after **2** hrs. pumping **600** 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 **25** ft.

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

15 PUMP: Not installed
Manufacturer's Name **TAIS**
Model Number **SEI** HP **1/2** Volts **115**
Length of Drop Pipe **42** ft. capacity **100** G.P.M.
Type: Submersible Jet Reciprocating

USE A 2ND SHEET IF NEEDED

16 Remarks, elevation, source of data, etc.

CP

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.
Gil Sundewell Drilling **0169**
REGISTERED BUSINESS NAME REGISTRATION NO.
Address **1302 KRSul**
Signed **Janeen Remslay** Date **7-30-71**
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL		
County <i>Lapeer</i>	Twp. <i>Flint</i>	Fraction <i>N 1/2 SW 1/4 SE</i>	Section No. <i>18</i>	Town <i>T 0 N 5</i>	Range <i>6 E W.</i>
Distance And Direction from Road Intersections _____			OWNER No. _____		
Street address & City of Well Location <i>6174 Lancaster</i>			Address <i>Lawrence Custom Home</i>		
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) Date of Completion	
<i>Yellow Clay</i>		<i>19</i>	<i>19</i>	<i>65</i> ft.	
<i>Blue Clay</i>		<i>40</i>	<i>59</i>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____	
<i>Gravel</i>		<i>6</i>	<i>65</i>	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. <i>2</i> in. to <i>62</i> ft. Depth Height: Above/Below surface _____ ft. Weight _____ lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				8 SCREEN: Type: <i>slot</i> Dia.: <i>1 1/4</i> Slot/Space <i>18</i> Length <i>3'</i> Set between <i>62</i> ft. and <i>65</i> ft. Fittings: <i>Bremner Check Valve</i>	
				9 STATIC WATER LEVEL <i>35</i> ft. below land surface	
				10 PUMPING LEVEL below land surface <i>60</i> ft. after _____ hrs. pumping <i>12</i> g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.	
				11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____	
				12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" 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"/> <i>mud</i> Depth: From _____ ft. to _____ ft.	
				14 SANITARY: Nearest Source of possible contamination <i>50+</i> feet _____ Direction <i>Septic</i> Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				15 PUMP: 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. ...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. <i>Hubert Kunde Well Drilling</i> <i>0169</i> REGISTERED BUSINESS NAME REGISTRATION NO. Address <i>11302 Krigels Dr. Flint</i> Signed <i> Evelyn Kunde</i> Date _____ AUTHORIZED REPRESENTATIVE		

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Senessee Twp. Flint Fraction 1/4 NW 1/4 SE 1/4 Section No. 18 Town 7 NYS. Range 6 E/W.

Distance And Direction from Road Intersections
1/2 mile E. of Adams Rd.
700 feet N. of N. Court St.

Street address & City of Well Location 6215 Tinton Dr.

3 OWNER OF WELL:
Address Lawrence Custom Homes
2523 Clia Rd.

2 FORMATION

FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Yellow Clay</u>	<u>20</u>	<u>20</u>
<u>Blue Clay</u>	<u>35</u>	<u>55</u>
<u>Sand</u>	<u>9</u>	<u>64</u>

4 WELL DEPTH: (completed) 64 ft. Date of Completion 9-3-68

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Diam. 2 in. to 61 ft. Depth 61 ft. Depth
Threaded Welded Height: Above/Below surface 1 ft.
Weight 3.25 lbs/ft. Drive Shoe? Yes No

8 SCREEN:
Type: Stainless Dia.: 1 1/4"
Slot/Gauze 50 Length 3'
Set between 61 ft. and 64 ft.
Fittings: Roach & Brewer Check

9 STATIC WATER LEVEL
18 ft. below land surface

10 PUMPING LEVEL below land surface
_____ 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 _____

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

13 GROUTING:
Well Grouted? Yes No
Material: Neat Cement Muds
Depth: From _____ ft. to _____ ft.

14 SANITARY:
Nearest Source of possible contamination
507 feet _____ Direction Septic Type
Well disinfected upon completion Yes No

15 PUMP:
Manufacturer's Name Rose
Model Number _____ HP
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
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.
Gilbert Jankowski 0169
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 8-1302 Kraske Dr.
Signed [Signature] Date 9-19-68
AUTHORIZED REPRESENTATIVE

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL											
County <u>Washtenaw</u>		Twp. <u>Flint</u>		Fraction <u>1/4 NW 1/4 SE 1/4</u>		Section No. <u>18</u>		Town <u>70</u>		Range <u>6 (E/W)</u>	
Distance And Direction from Road Intersections <u>1/2 mile E of Elmer Rd. 500 N. of N. Court St.</u>				OWNER No. _____		3 OWNER OF WELL: <u>Lawrence Custom Homes</u> Address <u>2523 Clia Rd.</u>					
Street address & City of Well Location <u>6215 Trenton Dr.</u>						4 WELL DEPTH: (completed) Date of Completion <u>64</u> ft. <u>9-10-68</u>					
2 FORMATION		THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/>					
<u>Yellow Clay</u>		<u>78</u>		<u>18</u>		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"/>					
<u>Blue Clay</u>		<u>40</u>		<u>58</u>		7 CASING: Diam. Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> <u>2</u> in. to <u>61</u> ft. Depth Height: Above/Below surface <u>1</u> ft. Weight <u>3.75</u> lbs/ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
<u>Sand</u>		<u>6</u>		<u>64</u>		8 SCREEN: Type: _____ Dia.: <u>1 1/4</u> Slot/Gauze <u>50 Stainless</u> Length <u>3'</u> Set between <u>61</u> ft. and <u>64</u> ft. Fittings: <u>HP packer & Bruner Check</u>					
						9 STATIC WATER LEVEL <u>18</u> ft. below land surface					
						10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
						11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____					
						12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input checked="" 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 checked="" type="checkbox"/> <u>muds</u> Depth: From _____ ft. to _____ ft.					
						14 SANITARY: Nearest Source of possible contamination <u>50 feet</u> Direction <u>septic</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
						15 PUMP: 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. 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>Albert Swade Well Drilling</u> <u>0169</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>4-1302 Kypouli Dr</u> Signed <u>Albert Swade</u> Date <u>9-18-68</u> AUTHORIZED REPRESENTATIVE					

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		County <u>Genesee</u>		Twp. <u>Flint</u>	Fraction <u>NE 1/4 SW 1/4</u>	Section No. <u>18</u>	Town <u>7</u> (N/S)	Range <u>6</u> (E/W)
Distance And Direction from Road Intersections _____					OWNER No. _____			
Street address & City of Well Location <u>6159 Lancaster</u>					3 OWNER OF WELL <u>Lawrence Custom Homes</u> Address _____			
2 FORMATION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) <u>65</u> ft.		Date of Completion _____		
<u>Yellow Clay</u>		<u>19</u>	<u>19</u>	5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug				
<u>Blue Clay</u>		<u>40</u>	<u>59</u>	<input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____				
<u>Gravel</u>		<u>6</u>	<u>65</u>	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 type="checkbox"/> Welded <input type="checkbox"/>		Height: Above/Below surface _____ ft.		
				Diam. <u>2</u> in. to <u>62</u> ft. Depth		Weight _____ lbs./ft.		
				_____ in. to _____ ft. Depth		Drive shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
				8 SCREEN: Type: <u>slot</u> Dia.: <u>1 1/4</u>				
				Slot/Groove <u>18</u> Length <u>3'</u>				
				Set between <u>62</u> ft. and <u>65</u> ft.				
				Fittings: <u>Bremner Check Valve</u>				
				9 STATIC WATER LEVEL <u>35</u> ft. below land surface				
				10 PUMPING LEVEL below land surface <u>41.0</u> ft. after <u>2</u> hrs. pumping <u>12</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 <input type="checkbox"/> Pitless Adapter <input checked="" 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>Muds</u> Depth: From _____ ft. to _____ ft.				
				14 SANITARY: Nearest Source of possible contamination <u>50+</u> feet _____ Direction <u>South</u> Type _____ Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
				15 PUMP: 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. 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>Herbert Sunde Well Drilling</u> <u>0169</u> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>H. 1302 Krawli Dr. Flint</u> Signed <u>Lucy Sunde</u> Date _____ AUTHORIZED REPRESENTATIVE				

JUN 29 1976

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL													
County <u>Genesee</u>	Township Name <u>Flint</u>												
Fraction <u>NW 1/4 NW 1/4 NE 1/4</u>	Section Number <u>21</u> Town Number <u>7 N.S.</u> Range Number <u>6 E.W.</u>												
Distance And Direction from Road Intersections <u>about 1/4 mile S of Columma Rd.</u> <u>100' E. of Oberly St</u>													
Street address & City of Well Location <u>2033 Oberly Rd. Flint</u>													
Locate with "X" in section below													
	Sketch Map: 												
2 FORMATION													
<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><u>Sand with yellow clay</u></td> <td style="text-align: center;"><u>27</u></td> <td style="text-align: center;"><u>27</u></td> </tr> <tr> <td><u>Blue clay</u></td> <td style="text-align: center;"><u>7</u></td> <td style="text-align: center;"><u>34</u></td> </tr> <tr> <td><u>Coarse water gravel</u></td> <td style="text-align: center;"><u>10</u></td> <td style="text-align: center;"><u>44</u></td> </tr> </tbody> </table>	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	<u>Sand with yellow clay</u>	<u>27</u>	<u>27</u>	<u>Blue clay</u>	<u>7</u>	<u>34</u>	<u>Coarse water gravel</u>	<u>10</u>	<u>44</u>	3 OWNER OF WELL <u>Johnman Brown</u> Address <u>2033 Oberly St. Flint</u> 4 WELL DEPTH: (completed) Date of Completion <u>44</u> ft. <u>5-29-76</u> 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input checked="" type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> 6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Diam. <u>2"</u> <u>4"</u> Height: Above/Below Surface <u>1</u> ft. Weight <u>375 coupling</u> Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8 SCREEN: Type: <u>Blow</u> Dia.: <u>1 1/4"</u> Slot/Gauze <u>10</u> Length <u>42"</u> Set between <u>41</u> ft. and <u>44</u> ft. Fittings: <u>coupling + Brewer</u> 9 STATIC WATER LEVEL <u>7</u> ft. below land surface 10 PUMPING LEVEL below land surface <u>36</u> ft. after <u>1/2</u> hrs. pumping <u>15</u> 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 checked="" 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 <u>10</u> feet <u>W</u> Direction <u>Sewer</u> Type Well disinfected upon completion <input 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
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16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO.
*CORRECTED BY suby
**ADDITION BY CP
ELEVATION
DEPTH TO ROCK

17 WATER WELL CONTRACTOR'S CERTIFICATION: *0654
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Ken Lees Well Drilling 0645
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 412 N. Bridge St Linden
Signed Walter W. McHenry Date 5-30-76
AUTHORIZED REPRESENTATIVE

