

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

1 LOCATION OF WELL			**	**	**
County Wayne	Twp. Livonia	Fraction SW 1/4 SE 1/4 SW 1/4	Section No. 23	Town 1 NS	Range 9 EW
Distance And Direction from Road Intersections Between Hillcrest and Sunset Street address & City of Well Location <i>14061 Warner Ct.</i>			OWNER No. _____		
2 FORMATION			THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	
DRY HOLE					
Clay				31	
Sandy clay				47	
Hardpan				65	
Antrim shale				100	
No Water.					
Plugged from bottom to top					
<i>Dry hole</i>			3 OWNER OF WELL: Virgil Stansfield Address 14061 Warner Ct. Livonia, Michigan		
			4 WELL DEPTH: (completed) Date of Completion 100 ft. 8-12-67		
			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 type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below surface _____ ft. Diam. 4 in. to _____ ft. Depth Weight 11 lbs./ft. _____ in. to _____ ft. Depth Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>		
			8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		
			9 STATIC WATER LEVEL _____ 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 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 NO. *CORRECTED BY: <i>[Signature]</i> **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. WAYNE W. CLAYPOOL 0111 REGISTERED BUSINESS NAME REGISTRATION NO. Address 41074 W. 7 Mile Rd. Northville, Mich. Signed <i>[Signature]</i> Date _____		

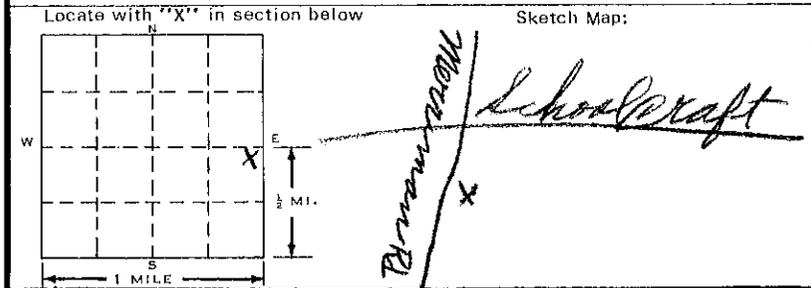
WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County Wayne Township Name Liv. Fraction SE 1/4 NE 1/4 Section Number 2720 Town Number N/S. Range Number 9 E/W.

Distance And Direction from Road Intersections
0.5 mile S. of Schoolcraft
500' E. of Meridian



3 OWNER OF WELL: K. Wilcut Stone
Address 12200 Meridian Liv. Mi.

4 WELL DEPTH: (completed) Date of Completion
60 ft. Dec 81

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.
Diam. 4 in. to 60 ft. Depth Weight 11 lbs./ft.
 in. to ft. Depth Drive Shoe? Yes No

2	FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
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	<u>blue clay</u>	<u>5</u>	<u>5</u>
	<u>brown sand</u>	<u>7</u>	<u>12</u>
	<u>blue clay</u>	<u>4</u>	<u>52</u>
	<u>gray sand</u>	<u>4</u>	<u>60</u>

8 SCREEN: Type: Stainless Dia. 4"
Slot/Gauze 15-15 Length 8'
Set between 52 ft. and 60 ft.
Fittings: K Packee 3'x1' mix

9 STATIC WATER LEVEL
12 ft. below land surface

10 PUMPING LEVEL below land surface
50 ft. after 2 hrs. pumping 75 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
 feet Direction Type
Well disinfected upon completion Yes No

15 PUMP: Not installed
Manufacturer's Name Starite
Model Number HP 1/4 Volts 230
Length of Drop Pipe 42 ft. capacity 50 G.P.M.
Type: Submersible Jet Reciprocating

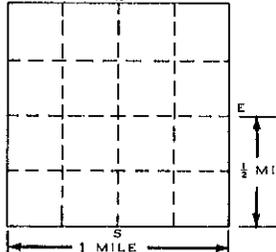
16 Remarks, elevation, source of data, etc.
CORRECTED BY
ADDITION BY
ELEVATION
DEPTH TO ROCK

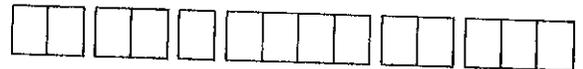
17 WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Smith Well Drilling 1133
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 21210 Waldron Farmington
Signed D. D. Smith Date 4-7-82
AUTHORIZED REPRESENTATIVE

DEC 19 1972

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL																										
County Wayne	Township Name Radford	Fraction SE 1/4 SW 1/4 NE 1/4	Section Number 19	Town Number 1 N(S)	Range Number 10 @ W.																					
Distance And Direction from Road Intersections 14600 Kinloch						3 OWNER OF WELL:																				
Street address & City of Well Location 14600 Kinloch Detroit, Michigan 48239						Address Western Golf & Country Club 14600 Kinloch Detroit, Michigan 48239																				
Locate with "X" in section below 						4 WELL DEPTH: (completed) Date of Completion 56 ft. 11-6-72																				
						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 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. _____ in. to _____ ft. Depth. Weight _____ lbs./ft. _____ in. to _____ ft. Depth. Drive Shoe? Yes <input type="checkbox"/> No <input type="checkbox"/>																				
						8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____																				
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>Yellow Sandy Clay</td> <td>15'</td> <td>15'</td> </tr> <tr> <td>Clay</td> <td>27'</td> <td>42'</td> </tr> <tr> <td>Soft Rock</td> <td>4'</td> <td>46'</td> </tr> <tr> <td>Black Shale</td> <td>10'</td> <td>56'</td> </tr> </tbody> </table>						FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Yellow Sandy Clay	15'	15'	Clay	27'	42'	Soft Rock	4'	46'	Black Shale	10'	56'	9 STATIC WATER LEVEL _____ ft. below land surface					
						FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																		
Yellow Sandy Clay	15'	15'																								
Clay	27'	42'																								
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Black Shale	10'	56'																								
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						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 type="checkbox"/> 12" Above Grade																				
						13 Well Grouted? <input type="checkbox"/> Yes <input 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. #2 DRY HOLE ALL PIPE PULLED AND HOLE CEMENTED						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. O. O. Corsaut, Inc 0025 REGISTERED BUSINESS NAME REGISTRATION NO. Address 15101 W. 11 Mile Road, Oak Park 48237 Signed <i>Owen Corsaut</i> Date Nov. 13, 1972 AUTHORIZED REPRESENTATIVE																				
						USE A 2ND SHEET IF NEEDED CORRECTED BY: _____ **ADDITION 8%																				



IAN-7 1974

WATER WELL RECORD

ACT 294 PA 1965

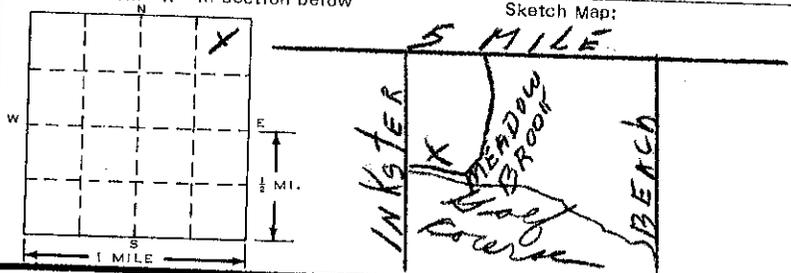
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL

County: Wayne Township Name: Redford Fraction: NE 1/4 NW 1/4 Section Number: 19 Town Number: T1 S. Range Number: R10 E.

Distance and Direction from Road Intersections:
South of 7th Ave. and East of Inkster Rd.

Street address & City of Well Location: SAME



3 OWNER OF WELL:
Address: Mrs Wm Hinckley 15053 Meadowbrook Redford Mich

4 WELL DEPTH: (completed) Date of Completion
105 ft. 10-22-73

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded Diam. 4 in. to 70 ft. Depth
Height: Above 4 ft. Surface 1 ft. Weight 11 lbs./ft. Drive Shoe? Yes No

8 SCREEN:
Type: NONE Dia.: _____
Slot/Gauze _____ Length _____
Set between _____ ft. and _____ ft.
Fittings: _____

9 STATIC WATER LEVEL: 12 ft. below land surface

10 PUMPING LEVEL below land surface: 68 ft. after 6 hrs. pumping 7 o.p.m.
_____ ft. after _____ hrs. pumping _____ o.p.m.

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

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

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

14 Nearest Source of possible contamination: _____ feet _____ Direction 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 STRATUM	DEPTH TO BOTTOM OF STRATUM
<u>Top soil</u>	<u>4</u>	<u>4</u>
<u>Sandy clay.</u>	<u>16</u>	<u>20</u>
<u>Clay brown grey.</u>	<u>42</u>	<u>62</u>
<u>Clay + sand</u>	<u>8</u>	<u>70</u>
<u>Shale black.</u>	<u>35</u>	<u>105</u>

16 Remarks, elevation, source of data, etc.

ADDED INFO BY DRILLER, ITEM NO. 5. H.
*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 & R Well Drilling 0155
REGISTERED BUSINESS NAME REGISTRATION NO.
Address 16650 Lola Drive Redford
Signed W.C. Besterman Date 12-28-73
AUTHORIZED REPRESENTATIVE

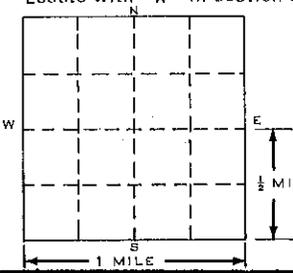
FEB 09 1981



FEB 09 1981

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL		3 OWNER OF WELL:																
County Wayne	Township Name Redford <i>Dombrowski</i>	Fraction ¼ ¼ ¼	Section Number 31															
Distance And Direction from Road Intersections 8640 Canfield Near Joy & Inkster		Town Number 1																
Street address & City of Well Location Locate with "X" in section below		Range Number 100 <i>D.W.</i>																
Sketch Map: 		Date of Completion 12/9/80																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>Blue clay</td> <td>52'</td> <td>52'</td> </tr> <tr> <td>Hardpan</td> <td>10'</td> <td>62'</td> </tr> <tr> <td>Blue shale</td> <td>15½'</td> <td>77½'</td> </tr> <tr> <td>Limestone</td> <td>22½'</td> <td>100'</td> </tr> </table>		2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Blue clay	52'	52'	Hardpan	10'	62'	Blue shale	15½'	77½'	Limestone	22½'	100'	Address Biltmore Development Co. 2900 W. Maple Troy, Michigan 48084	
		2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM														
		Blue clay	52'	52'														
		Hardpan	10'	62'														
		Blue shale	15½'	77½'														
Limestone	22½'	100'																
4 WELL DEPTH: (completed) _____ 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																
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 checked="" type="checkbox"/> Commercial <input type="checkbox"/> Test Well		7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 2'6" ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																
8 SCREEN: Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____		9 STATIC WATER LEVEL _____ 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 _____ Other _____		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade																
13 Well Grouted? <input type="checkbox"/> Yes <input 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. Dry Hole-Carriage Apts																
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. G.O. Corcaut, Inc. 0025 <small>REGISTERED BUSINESS NAME</small> <small>REGISTRATION NO.</small> Address 15101 W. 11 Mile Rd. Oak Park, MI 48237 Signed <i>[Signature]</i> Date 12/15/80 <small>AUTHORIZED REPRESENTATIVE</small>																		

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

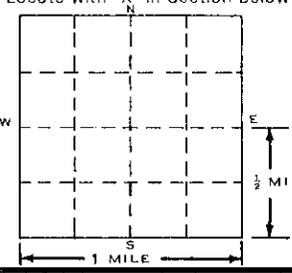
1 LOCATION OF WELL									
County Wayne	Township Name	Fraction 1/4 1/4 1/4	Section Number 27	Town Number 1S N/S	Range Number 9E E/W				
Distance And Direction From Road Intersection 11866 Hubbard Street Lavonia, Michigan						3 OWNER OF WELL: Cabot Partners Limited Partnership Address _____ Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address & City of Well Location						4 WELL DEPTH: Date Completed MO. DAY YEAR <input checked="" type="checkbox"/> New Well (Monitoring) 50 FT. 11 14 93 <input type="checkbox"/> Replacement Well			
Locate with "X" in Section Below						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"/> _____			
Sketch Map:						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"/> Monitoring Well			
						7 CASING: Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> _____ Height: Above/Below Surface 0 ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
						_____ in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to 40 ft. depth _____ in. to _____ ft. depth			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM						
				8 SCREEN: <input type="checkbox"/> Not Installed Type PVC Diameter 2 Inch Slot/Gauze 0.010 Inch Length 10 Feet Set between 40 ft. and 50 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Load Packer <input type="checkbox"/> Brammer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____					
				9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow					
				10 PUMPING LEVEL: below land surface N/A ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.					
				11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit N/A					
				12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From 0 to 50 ft. <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other 6/4/93 No. of bags of cement _____ Additives _____					
				13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction N/A Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No					
				14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name N/A 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					
Note: The monitoring well was abandoned on 6/4/93. The upper three feet of PVC casing was removed and the entire well was grouted to the surface with neat cement. Per Permit 5/6/93 . Lois Graham									
		<div style="border: 2px solid black; padding: 5px; transform: rotate(-2deg); display: inline-block;"> RECEIVED MICH DEPT OF ENVIRONMENTAL QUALITY JUL 25 1997 </div>							
		USE A 2ND SHEET IF NEEDED.							
15. Remarks, elevation, source of data, etc.		16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Terracon Consultants, Inc. REGISTERED BUSINESS NAME REGISTRATION NO. _____ Address 1701 N. Quincy Avenue, Ste 24, Naperville, IL 60540 Signed <i>Karen M. Joffe</i> Date 6/8/93 AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name:		Clayton Easterling							

WATER WELL AND PUMP RECORD

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PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL		
County Wayne	Township Name WAYNE	Fraction 1/4 1/4 1/4
Distance And Direction From Road Intersection 36500 Van Born		Section Number 2
Street Address & City of Well Location Locate with "X" in Section Below		Town Number 2 N/S
Sketch Map: 		Range Number 9 E/W
2 FORMATION DESCRIPTION		
THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	
Black stony sand fill	10'	10'
Muddy sand	5'	15'
Hard clay	47'	62'
Gas		62'
3 OWNER OF WELL:		
Address Ajax Roller Ring Co. 36500 Van Born P.O. Box 8 Wayne, MI 48184		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
4 WELL DEPTH: (completed)		Date of Completion
62 ft.		10/1/84
5		
<input checked="" type="checkbox"/> Cable tool	<input type="checkbox"/> Rotary	<input type="checkbox"/> Driven
<input type="checkbox"/> Hollow rod	<input type="checkbox"/> Auger	<input type="checkbox"/> Jetted
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	Height: Above/Below	
<input type="checkbox"/> Plastic <input type="checkbox"/> Welded	Surface 5' ft.	
6 in. to 59 ft. depth	Weight 1945 lbs./ft.	
Grouted Drill Hole Diameter	Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8 SCREEN:		
<input type="checkbox"/> Not Installed		
Type _____ Diameter _____		
Slot/Gauze _____ Length _____		
Set between _____ ft. and _____ ft.		
FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check		
<input type="checkbox"/> Blank above screen _____ ft. Other _____		
9 STATIC WATER LEVEL:		
_____ ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface		
_____ ft. after none hrs. pumping at _____ G.P.M.		
_____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION:		
<input 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 type="checkbox"/> Yes From _____ to _____ ft.		
<input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____		
No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination		
Type unknown Distance _____ ft. Direction _____		
Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP:		
<input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
Manufacturer's name _____		
Model number _____ HP _____ 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.		
Gas Well		
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.		
O.O. Corsaut, Inc.		0025
REGISTERED BUSINESS NAME		REGISTRATION NO.
Address 15101 W. 11 Mile Oak Park, Mic. 48237		
Signed <i>O.O. Corsaut</i>		Date 12/6/84
AUTHORIZED REPRESENTATIVE		

RECEIVED
Mich. Dept. of Public Health
DEC 27 1984
Bureau of Environmental and
Occupational Health - GWQS

USE A 2ND SHEET IF NEEDED

JUN - 9 1976

WATER WELL RECORD
ACT 294 PA 1965

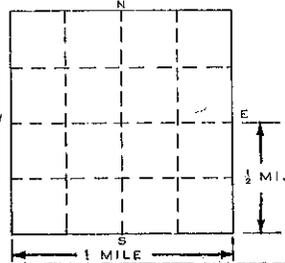
MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

1 LOCATION OF WELL			3 OWNER OF WELL:																							
County WAYNE	Township Name WESTLAND	Fraction 1/4 1/4 1/4	Section Number	Town Number 2 N/P.	Range Number 9 E/W.																					
Distance And Direction from Road/Intersections			Address BAHRITA VESNIC 1303 SELMA WESTLAND																							
Street address & City of Well Location Locate with "X" in section below Sketch Map:			4 WELL DEPTH: (completed) Date of Completion 114 ft. 4-30-76																							
			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 checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 35%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>YELLOW SAND</td> <td>7</td> <td>7</td> </tr> <tr> <td>GRAY SAND</td> <td>2</td> <td>9</td> </tr> <tr> <td>HARD BLUE CLAY</td> <td>47</td> <td>56</td> </tr> <tr> <td>HARD BLUE CLAY & GRAVEL</td> <td>41</td> <td>97</td> </tr> <tr> <td>BLACK SHALE</td> <td>7</td> <td>104</td> </tr> <tr> <td>HARD LIMESTONE</td> <td>10</td> <td>114</td> </tr> </table>			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	YELLOW SAND	7	7	GRAY SAND	2	9	HARD BLUE CLAY	47	56	HARD BLUE CLAY & GRAVEL	41	97	BLACK SHALE	7	104	HARD LIMESTONE	10	114	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Weight 11 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
			2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																					
			YELLOW SAND	7	7																					
			GRAY SAND	2	9																					
			HARD BLUE CLAY	47	56																					
			HARD BLUE CLAY & GRAVEL	41	97																					
BLACK SHALE	7	104																								
HARD LIMESTONE	10	114																								
8 SCREEN:			9 STATIC WATER LEVEL 15 ft. below land surface																							
			10 PUMPING LEVEL below land surface 40 ft. after 4 hrs. pumping 25 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 <input type="checkbox"/> Depth: From _____ ft. to _____ ft.																							
			14 Nearest Source of possible contamination _____ feet _____ Direction SEWER Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																							
			15 PUMP: <input type="checkbox"/> Not installed Manufacturer's Name HERMOTOR Model Number SD-12 HP 1/2 Volts 115 Length of Drop Pipe 42 ft. capacity _____ G.P.M. Type: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating																							
16 Remarks, elevation, source of data, etc.			17 WATER WELL CONTRACTOR'S CERTIFICATION:																							
<p>USE A 2ND SHEET IF NEEDED</p> <p>REP ADDED INFO BY DRILLER, ITEM NO. _____ *CORRECTED BY BCA *ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____</p>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.																							
			SLUSSER DRILLING Co., Inc 0388 REGISTERED BUSINESS NAME REGISTRATION NO.																							
			Address 1701 W. MICHIGAN, UPSILANTI																							
			Signed Richard A. Slusser Date 5-3-76 AUTHORIZED REPRESENTATIVE																							

WATER WELL RECORD
ACT 294 PA 1965

MICHIGAN DEPARTMENT
OF
PUBLIC HEALTH

NOV 06 1978

1 LOCATION OF WELL											
County Wayne	Township Name Inkster	Fraction 1/4 1/4 ? 1/4	Section Number ?	Town Number 2 N(S)	Range Number 9-10 E(W)						
Distance And Direction from Road Intersections Venoy Road						3 OWNER OF WELL: Mathew Laliewiaz Inc. Address Gen Contractor P.O. Box 3068 24691 Sherwood Centerline, Michigan 48015					
Street address & City of Well Location Locate with "X" in section below						4 WELL DEPTH: (completed) Date of Completion 120 ft. 7-19-78					
Sketch Map: 						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 type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/>					
2 FORMATION						7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface 8" x Weight 19.45 lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
						8 SCREEN: Johnson Stainless Steel Type: Steel Dia.: 6" Slot/Groove 35 Length 5' Set between 115 ft. and 120 ft. Fittings: 5" x 18" Nipple					
Yellow Sand		3'		3'		9 STATIC WATER LEVEL 20 ft. below land surface					
Grey Clay		77'		80'		10 PUMPING LEVEL below land surface 47 ft. after 2 1/2 hrs. pumping 60+ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.					
Clay (Very Soft)		29'		100'		11 WATER QUALITY in Parts Per Million: Iron (Fe) 0.3 Chlorides (Cl) 34 Hardness 170 Other _____					
Clay (Soft)		12'		112'		12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade					
Med. Sand and Gravel		8'		120'		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.					
ADDED INFO BY DRILLER, ITEM NO.						14 Nearest Source of possible contamination Unknown _____ feet _____ Direction _____ Type Well disinfected upon completion <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
CORRECTED BY						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					
**ADDITION BY <i>Cam</i>						16 Remarks, elevation, source of data, etc. Wayne County Extension Ser.					
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. O. O. Corsaut, Inc. 0025 REGISTERED BUSINESS NAME REGISTRATION NO. Address 15101 W. 11 Mile Road Oak Park 48237 Signed <i>O. O. Corsaut</i> Date Oct. 19, 1978 AUTHORIZED REPRESENTATIVE					

1-2S-9E
Nankin Twp., (Wayne Co.)

(C)

Exploratory
TD 378 in Dundee
Dry

J. A. Prendergast

Hope No. 1

Permit No. 2788

Drilling Contractor: Keystone Well Drlg. Co.

Location: NE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$ section 1, T 2S, R 9E
500' from north and 400' from east line of quarter section

Elevation: 627.6 feet above sea level

Record by: E. A. Newman from driller's log

	Thickness (Feet)	Depth (Feet)
PLEISTOCENE:		
Drift <	49	49
MISSISSIPPIAN-DEVONIAN:		
Antrim:		
Shale	8	57
DEVONIAN:		
Traverse:		
Limestone	80	137
Shale	43	180
Limestone	1	181
Shale, blue, "Bell"	106	287
	(230)	
Dundee:		
Limestone (black water 378)	91	378
	(91)	
	TOTAL DEPTH	378

Casing Record:

8 $\frac{1}{4}$ " 40'
6 $\frac{5}{8}$ " 50'
4 $\frac{1}{4}$ " 364'

Commenced: 10-12-35
Dry hole
Plugged & abandoned: 10-16-35

6-5-56-C

Nankin Twp., T. 28., R 9E.

Wayne

H.E. Smith Water Well ✓

Driller: Unknown. Drilled in 1933

Location: In Village of Wayne, Nankin Twp. Well #1, record from samples.

	Thickness	Depth
Pleistocene:		
Drift:		
No record	220	220
Devonian:		
Traverse(or Dundee?):		
Limestone, gray, shaly	5	225
Limestone, brown, flaky	1 1/2	226 1/2
Limestone, light buff, flaky	3 1/2	230
Limestone, light gray & buff, flaky	5	235
Limestone, buff to brownish, flaky	5	240
Limestone, brownish buff, flaky	5	245

* * *

H.E. Smith Water Well ✓

Driller: Unknown

Location: SW 1/4 of SE 1/4 of NW 1/4, section 28, Nankin Twp. Well #2.

Elevation: 659'

Wayne

	Thickness	Depth
Pleistocene:		
Drift:		
Clay, soft	80	80
Hardpan	39	119
Devonian:		
Traverse:		
Limestone	11	130
Clay	27	157
Limestone	1 1/2	157 1/2
Shale, gray	2	159 1/2
Clay	11 1/2	171
Shale, gray	4	175
Sandstone	2	177
Clay & shale, alternating	8	185
Clay	27	212
Shale, gray	7	219
Dundee at 219'		

* * *

Baker Well ✓

Driller: Unknown. Drilled in 1935.

Location: SE 1/4 of NW 1/4 section 10, Nankin Twp.

Wayne

	Thickness	Depth
Pleistocene:		
Drift:		
No record	64	64
Black shale fragments & sand	8	72
Sand, some clay; black shale fragments; pyrite	26	98

(continued on next page)

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

PERMIT NUMBER

1 LOCATION OF WELL		
County WAYNE	Township Name WESTLAND	Fraction NE 1/4 NE 1/4 SE 1/4
Distance And Direction From Road Intersection 25' W of MERIDIAN, 100' SOUTH of INTERSECTION		Section Number 3
Street Address & City of Well Location 31425 ANN ARBOR TRAIL WESTLAND, MI		Town Number 2 NS
Locate with "X" in Section Below		Range Number 9 EW
		3 OWNER OF WELL: DANDY OIL COMPANY 675 EAST BIG BEAVER SUITE 103 Address P.O. Box 4205 TELE, MI 48064 Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: (completed) 20 ft. Date of Completion 9/18/92
FORMATION DESCRIPTION GRAY SILTY CLAY BROWN SILTY CLAY GRAY PLASTIC CLAY		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> Auger <input type="checkbox"/> Jetted
		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"/> MONITOR
		7 CASING: Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded Height: Above/Below Surface 0.5 ft. Weight STD lbs./ft. Drilled to _____ ft. depth Grouted Drill Hole Diameter 4 in. to 14 ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		8 SCREEN: <input type="checkbox"/> Not installed Type CYLLIN Diameter 2 1/2" Slot/Gauze .01 Length 5 FT+ Set between 15 ft. and 20 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____
		9 STATIC WATER LEVEL: 18 ft. below land surface <input type="checkbox"/> Flow
		10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.
		11 WELL HEAD COMPLETION: <input 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 .5 to 14 ft. <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 3 Additives BENTONITE (1)
		13 Nearest source of possible contamination Type UST Distance 10 ft. Direction WEST Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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. END of BORING 2 1/2"		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.



USE A 2ND SHEET IF NEEDED

RECEIVED
 NOV 17 1992
 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-CWOS

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.
Pinnacle Environmental Group, Inc #1758
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **60 N. WESTWOOD AVE, TROY, MI 48064**
 Signed **number 7, G/92** Date **11/2/92**
 AUTHORIZED REPRESENTATIVE

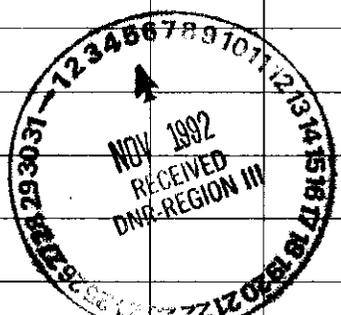
MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

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PERMIT NUMBER

1 LOCATION OF WELL					
County WAYNE	Township Name WESTLAND	Fraction NE 1/4 NE 1/4 SE 1/4	Section Number 3	Town Number 2 NS	Range Number 9 EW
Distance And Direction From Road Intersection 115' WEST OF INTERSECTION 31425 ANN ARBOR TRAIL WESTLAND, MI			3 OWNER OF WELL: DANNY OIL COMPANY Address: 675 EAST BIG BEAVER SUITE 103 P.O. BOX 4205 TROY, MI 48064		
Street Address & City of Well Location			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Locate with "X" in Section Below		Sketch Map:			

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	4 WELL DEPTH: (completed) 20 ft. Date of Completion 9/17/92 5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> MONITOR 7 CASING: Diameter <input type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> _____ Height: Above/Below Below 2 in. to 15 ft. depth Surface 15 ft. _____ in. to _____ ft. depth Weight 370 lbs./ft. Grouted Drill Hole Diameter 1 in. to 14 ft. depth Drive Shoe <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No _____ in. to _____ ft. depth 8 SCREEN: <input type="checkbox"/> Not Installed Type CROWN Diameter 2 IN <input checked="" type="checkbox"/> Slot Gauze 101 Length 5 FT Set between 15 ft. and 20 ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____ 9 STATIC WATER LEVEL: 12 ft. below land surface <input type="checkbox"/> Flow 10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M. 11 WELL HEAD COMPLETION: <input 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 15 to 15 ft. <input checked="" type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement 3 Additives BENTONITE (1) 13 Nearest source of possible contamination Type UST Distance 30 ft. Direction SOUTH Well disinfected upon completion? <input type="checkbox"/> Yes <input checked="" 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
CLAY, BROWN	5'	5'	
GREENISH GRAY SILTY CLAY	5'	10'	
BROWN SILTY CLAY w/ GRAVEL	5'	15'	
GRAY SILTY CLAY	5'	20'	
GRAY PLASTIC CLAY	1.5'	21.5'	



15. Remarks, elevation, source of data, etc. **END OF BORING 27.5**

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.

NOV 17 1992

RECEIVED

MICH. DEPT. OF PUBLIC HEALTH

Pinnacle Environmental Group, Inc #1758

REGISTERED BUSINESS NAME REGISTRATION NO.

Address **600 N. WESTWOOD AVE, TROY, MI 48064**

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES **Y. G. J.** Date **11/2/92**

AUTHORIZED REPRESENTATIVE

WATER WELL AND PUMP RECORD

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

TAX NO:

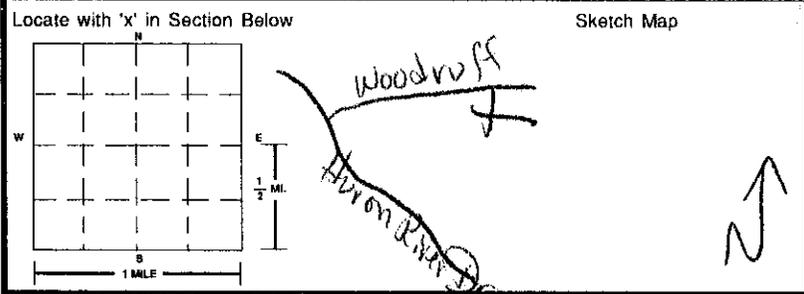
PERMIT NO:

5662

1. LOCATION OF WELL
County: Wayne Township Name: Rockwood/Brownstown Fraction: SE 1/4 Section No.: 5 Town No.: 28 Range No.: 10-11E

Distance and Direction from Road Intersection
21821 Woodruff Rd.
Rockwood
Huron River Dr
Street Address & City or Well Location

3. OWNER OF WELL: H.C. Builders
Address: 21821 Woodruff Rd.
Rockwood, MI 48173
Address Same as Well Location Yes No



4. WELL DEPTH: 97 ft. Date Completed: 12 / 2 / 99
 New Well Replacement Well

5. Cable Tool Rotary Driven Dug
 Hollow Rod Auger/Bored Jetted

6. USE: Household Type I Public Type III Public
 Irrigation Type IIa Public Heat Pump irrigation
 Test Well Type IIb Public only

7. CASING: Steel Threaded Plastic Welded
 Other _____
Diameter: 5 in. to 31 ft. depth Weight: SDR21 lbs./ft.
BORE HOLE: Drive Shoe Shale Packer
Diameter: 7-7/8 in. to 30 ft. depth
4-3/4 in. to 97 ft. depth

2. FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Top Soil	2	2
Yellow Clay	13	15
Blue Clay	5	20
Blue Clay & Gravel	4	24
Fractured Limestone & Gravel	4	28
Hard Limestone	19	47
Silica	50	97

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: 30 ft. Below Land Surface Flowing

10. PUMPING LEVEL: Below Land Surface 60 ft. After 2 hrs. Pumping at 75 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 30 ft.
 Neat Cement Bentonite Other pressure
No. of Bags 6 Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:
Type nothing within 50 foot Distance _____ Direction _____
Type _____ Distance _____ ft. Direction _____

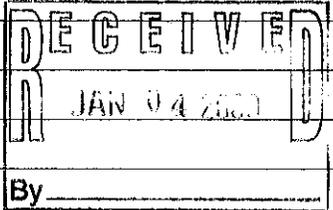
15. ABANDONED WELL PLUGGED? Yes No
Casing Diameter _____ in. Depth _____ ft.
PLUGGING MATERIAL: Neat Cement Bentonite Slurry
 Cement/Bentonite Slurry Concrete Grout Bentonite Chips
No. of Bags 4 Casing Removed? Yes No

14. PUMP: Not Installed Pump Installation Only
Manufacturer's Name: Aermotor
Model Number: A50300 HP 3 Volts 230
Length of Drop Pipe 63 ft. Capacity 50 G.P.M.
TYPE: Submersible Jet Other _____
PRESSURE TANK:
Manufacturer's Name _____ Capacity _____ Gallons
Model Number _____ none open discharge

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

17. DRILLING MACHINE OPERATOR:
 Employee Subcontractor
Name: Donald Bailey

18. WATER WELL CONTRACTOR'S CERTIFICATION:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Slusser Drilling Co., Inc. 81-2197
REGISTERED BUSINESS NAME REGISTRATION NO.
Address: 1701 W. Michigan - Ypsilanti, MI 48197
Signed: Donald E Bailey Date: 12/15/99
AUTHORIZED REPRESENTATIVE



JAN 20 2000

USE A 2ND SHEET IF NEEDED

AUG 16 1982

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH



1 LOCATION OF WELL		
County Wayne	Township Name Dearborn Heights	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$
Distance And Direction from Road Intersections Carriage Park Apts. Se Corner of Inkster and Joy Rd. 8514 Inkster Rd.		Section Number 6
Street and Locality Dearborn Heights		Town Number 2 N/S.
Locate with "X" in section below		Range Number 10 E/W
		3 OWNER OF WELL: Address Carriage Hill Apt. Co. 2900 West Maple Troy, MI 48084
Sketch Map: Well #8		4 WELL DEPTH: (completed) Date of Completion 159 ft. May 27, 82
		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 type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____
		7 CASING: Threaded <input type="checkbox"/> Welded <input checked="" type="checkbox"/> Height: Above/Below Surface _____ ft. Diam. _____ Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 FORMATION		8 SCREEN: Rock Well Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Black Top soil	2	2
Brown Clay	7	9
Gray Clay	61	70
Gray Clay and Bolders	27	97
Limestone Brown	23	120
Gray Shale	6	126
Brown Limestone	14	140
Blue Shale	19	159
		9 STATIC WATER LEVEL _____ ft. below land surface
		10 PUMPING LEVEL below land surface _____ ft. after $\frac{1}{2}$ hrs. pumping _____ g.p.m. w/Air _____ ft. after $1\frac{1}{2}$ hrs. pumping _____ g.p.m. w/Air
		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 type="checkbox"/> 12" Above Grade
		13 Well Grouted? <input type="checkbox"/> Yes <input 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 _____ foot _____ 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
ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY _____ **ADDITION BY _____ ELEVATION _____ DEPTH TO ROCK _____ USE A 2ND SHEET IF NEEDED		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. _____ Brown Drilling Co. Inc. _____ 0026 <small>REGISTERED BUSINESS NAME REGISTRATION NO.</small> Address Howell, MI 48843 Signed <i>Stanley R. Brown</i> Date _____ <small>AUTHORIZED REPRESENTATIVE</small>
16 Remarks, elevation, source of data, etc. <p style="text-align: center;">This Well pumps hard good</p>		

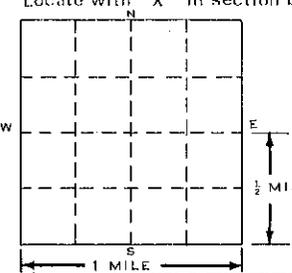


WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT

OF
PUBLIC HEALTH

1 LOCATION OF WELL					
County Wayne	Township Name Dearborn Heights	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 6	Town Number 2 N/S.	Range Number 10 E/W
Distance And Direction from Road Intersections Carriage Park Apts. SE Corner of Inkster and Joy Rd. 8514 Inkster Rd. Dearborn Heights			3 OWNER OF WELL: Address Carriage Hill Apt. Co. 2900 West Maple Troy, MI 48084		
Street address & City of Well Location Locate with "X" in section below 			Sketch Map: Well #7		
2 FORMATION			4 WELL DEPTH: (completed) Date of Completion 81 ft. May 15, 82		
THICKNESS OF STRATUM			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"/> _____		
DEPTH TO BOTTOM OF STRATUM			6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____		
Top Soil	3	3	7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Black Clay	5	8	8 SCREEN: Johnson Type: S/S W/W Dia.: 5" Slot/Opening: 50 Length 5' Set between _____ ft. and _____ ft. Fittings: _____		
Gray Clay	4	12	9 STATIC WATER LEVEL 9 ft. below land surface		
Gray clay gravel	3	15	10 PUMPING LEVEL below land surface _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m.		
Gray Clay	45	50	11 WATER QUALITY in Parts Per Million: Iron (Fe) _____ Chlorides (Cl) _____ Hardness _____ Other _____		
Gray Clay & Gravel	26	76	12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade		
Sand & Gravel	5	81	13 Well Grouted? <input checked="" type="checkbox"/> Yes <input 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. DRY HOLE = WON'T PUMP WATER 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. Brown Drilling Co., Inc. -0026 REGISTERED BUSINESS NAME REGISTRATION NO. Address Howell, MI 48843 Signed <i>James R. Brown</i> Date _____ AUTHORIZED REPRESENTATIVE		

3

JAN 29 1981

WATER WELL AND PUMP RECORD

PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL

County **Wayne** Township Name **Dearborn Heights** Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number **6** Town Number **2** Range Number **10** **EA**

Distance And Direction From Road Intersection
700' S.E. of Inkster & Joy Road
Carriage Park Apartments
8640 Canfield, Dearborn Heights 48127

Street Address to City of Well Location
 Locate with "X" in Section Below Sketch Map:

3 OWNER OF WELL:
 Address **Carriage Hill Apartments Co.**
2900 W. Maple Road
Troy, Michigan 48084

Address Same As Well Location? Yes No

4 WELL DEPTH: (completed) **403** ft. Date of Completion **12/28/81**

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Diameter Steel Threaded Plastic Welded
 Height: Above/Below Surface **1** ft. Weight **11** lbs./ft.
 Drive Shoe No

8 SCREEN: Not Installed
 Type _____ Diameter _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen _____ ft. Other _____

9 STATIC WATER LEVEL: **4** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
120 ft. after **4** hrs. pumping at **60** G.P.M.
 _____ ft. after _____ hrs. pumping at _____ G.P.M.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From **0** to **92** ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **Storm Drain** Distance **50** ft. Direction **east**
 Well disinfected upon completion? Yes No

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
 PRESSURE TANK: Manufacturer's name _____
 Model number _____ Capacity _____ Gallons

2 FORMATION DESCRIPTION THICKNESS OF STRATUM DEPTH TO BOTTOM OF STRATUM

Fill sand and gravel	10'	10
Clay (gray)	40'	50
Heavy gravel with clay	2'	52
Sharp, firm medium gravel	11'	63
Medium and fine waterground	5'	68
Gray clay with some gravel	7'	75
Layered sharp gravel and watersand	15'	90
Limestone	47'	137
Sahle and limestone(mixed)	58'	195
Sandstone and gray shale	125'	320
Sandstone	61'	381
Gray Shale	3'	384
Salt	19'	403

ADDED INFO BY DRILLER, ITEM NO.
 *CORRECTED BY *[Signature]*
 *MODIFICATION BY *[Signature]*
 ELEVATION
 USE A **DEPTH TO ROCK**

15. Remarks, elevation, source of data, etc.
2" opening in bedrock at 97'
oil at 114'
381' - 403' Blackwater, brinetaste
sulphur smell

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.
M. Sullivan Well Drilling 63-1790
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **9375 Big Lake Road, Clarkston, Michigan**
 Signed *[Signature]* Date **1/14/82**
 AUTHORIZED REPRESENTATIVE

AUG 16 1982



WATER WELL RECORD

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

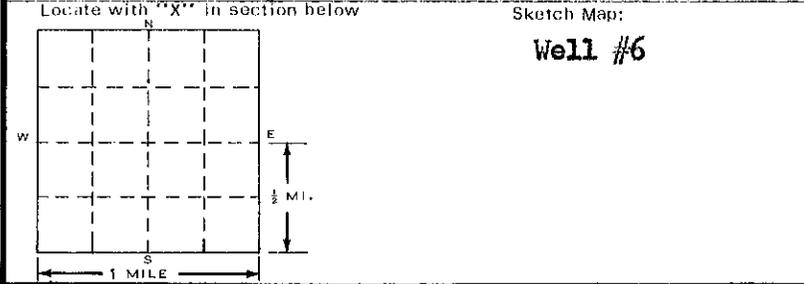
ACT 294 PA 1965

1 LOCATION OF WELL

County: Wayne Township Name: Dearborn Heights Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number: 6 Town Number: 2 X.S. Range Number: 10 E/W

Distance And Direction from Road Intersections
Carriage Park Apts. SE Corner of Inkster and Joy Rd.
8514 Inkster Rd.
 Street: Dearborn Heights

3 OWNER OF WELL:
Carriage Hill Apt. Co.
 Address: 2900 West Maple Troy, MI 48084



4 WELL DEPTH: (completed) Date of Completion
156 ft. May 4, 82

5 Cable tool Rotary Driven Dug
 Hollow rod Jetted Bored

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

7 CASING: Threaded Welded
 Diam. _____ Height: Above/Below Surface _____ ft.
5 in. to 105 ft. Depth Weight _____ lbs./ft.
 _____ in. to _____ ft. Depth Drive Shoe? Yes No

2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Brown Clay	10	10
Gray Clay	36	46
Gray Clay & Fine Gravel	2	48
Gray Clay	9 1/2	57 1/2
Fine Gravel & Stone	2 1/2	60
Gray Clay	15	75
Black & Brown Limestone Oily	5	80
White & Brown Limestone	15	95
Brown Limestone	2	97
Gray Limestone	8	105
Gray Limestone w/Shale Lenses	5	110
Gray Shale and Gray Limestone	6	116
Gray Brown Limestone	40	156

8 SCREEN: Rock
 Type: _____ Dia.: _____
 Slot/Gauze _____ Length _____
 Set between _____ ft. and _____ ft.
 Fittings: _____

9 STATIC WATER LEVEL
9 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 _____ Other _____

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

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

14 Nearest Source of possible contamination
 _____ feet _____ Direction _____ 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.
DRY HOLE - WON'T PUMP WATER
 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.
Brown Drilling Co. Inc. 0026
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address Howell, MI 48843
 Signed Henry R. Brown Date _____
 AUTHORIZED REPRESENTATIVE

AUG 16 1982

WATER WELL RECORD

ACT 294 PA 1965

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

1 LOCATION OF WELL		3 OWNER OF WELL:																																																							
County Wayne	Township Name Dearborn Heights	Fraction $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$	Section Number 6																																																						
Distance And Direction from Road Intersections Carriage Park Apts. SE Corner Of Inkster and 8514 Inkster Joy Rds.		Town Number 2 N/S.																																																							
Street Address and City or Village Dearborn Heights, Mich. Bldg. #2		Range Number 10 E/W.																																																							
Locate with "X" in section below		Date of Completion April 2, 82																																																							
		Sketch Map: Well # 5																																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">2 FORMATION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 15%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> <tr> <td>Top Soil</td> <td>$\frac{1}{2}$'</td> <td>$\frac{1}{2}$'</td> </tr> <tr> <td>Brown Clay</td> <td>14$\frac{1}{2}$</td> <td>15</td> </tr> <tr> <td>Gray Clay</td> <td>30</td> <td>45</td> </tr> <tr> <td>Gray Clay & Gravel</td> <td>31</td> <td>76</td> </tr> <tr> <td>Gray Clay & Cobbles w/Occ. Boulder</td> <td>23</td> <td>99</td> </tr> <tr> <td>Brown Limestone</td> <td>2</td> <td>101</td> </tr> <tr> <td>Boulders & Cobblestone</td> <td>3</td> <td>104</td> </tr> <tr> <td>Hard Gray Shale</td> <td>13</td> <td>117</td> </tr> <tr> <td>Grayish-Black Shale</td> <td>3</td> <td>120</td> </tr> <tr> <td>Gray Shale</td> <td>9</td> <td>129</td> </tr> <tr> <td>Brown Shale</td> <td>2</td> <td>131</td> </tr> <tr> <td>Soft Med Gray Shale</td> <td>2</td> <td>133</td> </tr> <tr> <td>Lime Stone</td> <td>87</td> <td>220</td> </tr> <tr> <td>Gray Shale</td> <td>50</td> <td>270</td> </tr> <tr> <td>Lime Stone</td> <td>45</td> <td>315</td> </tr> <tr> <td>Sandstone</td> <td>60</td> <td>375</td> </tr> <tr> <td>Black Shale</td> <td>3</td> <td>378</td> </tr> </table>		2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Top Soil	$\frac{1}{2}$ '	$\frac{1}{2}$ '	Brown Clay	14 $\frac{1}{2}$	15	Gray Clay	30	45	Gray Clay & Gravel	31	76	Gray Clay & Cobbles w/Occ. Boulder	23	99	Brown Limestone	2	101	Boulders & Cobblestone	3	104	Hard Gray Shale	13	117	Grayish-Black Shale	3	120	Gray Shale	9	129	Brown Shale	2	131	Soft Med Gray Shale	2	133	Lime Stone	87	220	Gray Shale	50	270	Lime Stone	45	315	Sandstone	60	375	Black Shale	3	378	4 WELL DEPTH: (completed) _____ 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"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> _____ 6 USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Public Supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Air Conditioning <input type="checkbox"/> Commercial <input type="checkbox"/> Test Well <input type="checkbox"/> _____ 7 CASING: Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> _____ Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> _____ 8 SCREEN: Rock Type: _____ Dia.: _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. Fittings: _____ 9 STATIC WATER LEVEL _____ 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 _____ Other _____ 12 WELL HEAD COMPLETION: <input type="checkbox"/> In Approved Pit <input type="checkbox"/> Pitless Adapter <input type="checkbox"/> 12" Above Grade 13 Well Grouted? <input checked="" type="checkbox"/> Yes <input 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	
2 FORMATION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																																																							
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16 Remarks, elevation, source of data, etc. DRY HOLE = WON'T MAKE OR TAKE WATER ADDED INFO BY DRILLER, ITEM NO. *CORRECTED BY **ADDITION BY ELEVATION		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. Brown Drilling Co. Inc. 0026 REGISTERED BUSINESS NAME REGISTRATION NO. Address Howell, MI 48842 Signed <i>Fred R. Brown</i> Date _____ AUTHORIZED REPRESENTATIVE																																																							

WATER WELL AND PUMP RECORD

PART 127 ACT 368, P.A. 1978

PERMIT NUMBER

DEC 16 1981

DEC 2 1981

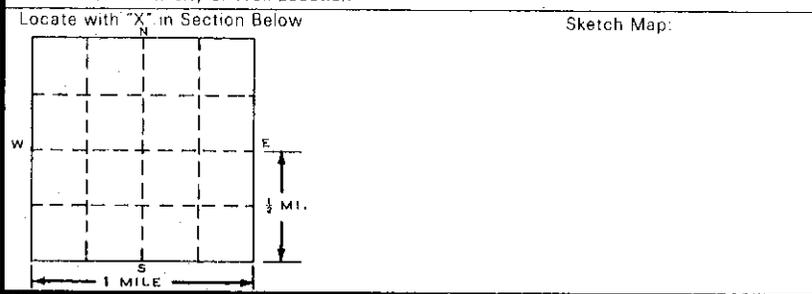
1 LOCATION OF WELL

County: **Wayne** Township Name: **Dearborn Heights** Fraction: $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ Section Number: **6** Town Number: **2** Range Number: **10 NW**

Distance And Direction From Road Intersection
400 Ft. S. E. of Inkster & Joy Roads
Carriage Park Apartments
8640 Canfield, Dearborn Heights, MI

Street Address & City of Well Location

3 OWNER OF WELL:
Carriage Park Apartments
 Address **2900 W. Maple Road**
Troy, MI 48084
 Address Same As Well Location? Yes No



4 WELL DEPTH: (completed) **92 ft.** Date of Completion **11/21/81**

5 Cable tool Rotary Driven Dug
 Hollow rod Auger Jetted

6 USE: Domestic Type I Public Type III Public
 Irrigation Type IIa Public Heat pump
 Test Well Type IIb Public

7 CASING: Diameter Steel Threaded Height: Above/Below
 4 in. to **63** ft. depth Plastic Welded Surface **1** ft.
 Grouted Drill Hole Diameter Weight **11** lbs./ft.
 in. to _____ ft. depth Drive Shoe Yes
 in. to _____ ft. depth No

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Fill Sand Gravel	10'	10'
Clay (grey)	40'	50'
Heavy Gravel w/Clay	2'	52'
Sharp Medium Gravel	11'	63'
Medium & Fine Water Gravel	5'	68'
Clay w/Some Gravel	7'	75'
Streaks Sharp Gravel, Water Sand	17'	92'
Black Shale, Sandstone, Med. Gravel		
(Balder at 80' & 91')		
(Gas Encountered about 53' to about 80')		

8 SCREEN: Not Installed
 Type **Johnson Stainless** Diameter **4"**
 Slot/Gauze **25-25-25-35-35** Depth **31'**

Set between **65** ft. and **92** ft.
 FITTINGS: K-Packer Lead Packer Bremer Check
 Blank above screen **2** ft. Other **68-75' Blank**

9 STATIC WATER LEVEL: **9** ft. below land surface Flow

10 PUMPING LEVEL: below land surface
60 ft. after **8** hrs. pumping at **10** G.P.M.
60 ft. after **10** hrs. pumping at **15** G.P.M.

11 WELL HEAD COMPLETION: Pitless adapter 12" above grade
 Basement offset Approved pit

12 WELL GROUTED? No Yes From _____ to _____ ft.
 Neat cement Bentonite Other _____
 No. of bags of cement _____ Additives _____

13 Nearest source of possible contamination
 Type **Storm Drain** Distance **75** ft. Direction **S.W.S.**
 Well disinfected upon completion? Yes No

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 _____
 PRESSURE TANK:
 Manufacturer's name _____
 Model number _____ Capacity _____ Gallons

15. Remarks, elevation, source of data, etc.
Screen positions - 2' blank, 5' 25 slot, 7' blank, 2'-4' 25 slot, 2'-5' 35 slot (pump cavitates at 15 gpm.)

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.
M. Sullivan Well Drilling **63-1790**
 REGISTERED BUSINESS NAME REGISTRATION NO.
 Address **9375 Big Lake Road, Clarkston, MI 48016**
 Signed *[Signature]* Date **11/25/81**
 AUTHORIZED REPRESENTATIVE

ADDED INFO. BY DRILLER, ITEM #11

CORRECTED BY *[Signature]*

ADDITION 1121