

<b>East of Maple</b>	
<b>Subdivision</b>	<b>Plat info</b>
Arbor Heights #2	platted in 1950 in City
Arbor Heights #3	platted in 1954 in City
Maple Ridge	platted in 1955 in City
Westaire Terrace	platted in 1955 in City

<b>West of Maple</b>	
<b>Subdivision</b>	<b>Plat info</b>
Dexter Avenue Hills	platted in 1925 in Scio Twp
The Evergreens	platted in 1927 in Scio Twp
Resubdivision of Evergreen Little Farms	platted in 1924 in Scio Twp
Hollywood Park	platted in 1959 in City
Hollywood Park No. 2	platted in 1961 in City
Hollywood Park No. 3	platted in 1964 in City
Scioto Hills	platted in 1926 in Scio Twp
Scioto Hills Number One	platted in 1929 in Scio Twp



### ABANDONED WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978.

Failure to comply is a misdemeanor.

Well ID: 81000017289

Tax No:	Permit No:	County: Washtenaw		Township: Scio			
<h2 style="margin: 0;">Well ID: 81000017289</h2> <p>Elevation:</p> <p>Latitude:</p> <p>Longitude:</p>		Fraction:	Section:	Town/Range:	French Claim:	WSSN:	
		NE ¼ SE ¼ SE ¼	24	02S 05E			
		Distance and Direction from Road Intersection: North West Corner of Allison Dr. and Ann Arbor-Dexter Rd. 40' North of Ann Arbor-Dexter and 50' West of Allison Dr.					
		Well Name: 06-11300-7					
Well Owner: Pall Gelman Science							
Well Address:				Owner Address:			
531 Allison Dr. Ann Arbor MI 48103 9019				600 S. Wagner Rd. Ann Arbor MI 48103 9019			

Drilling Method: Rotary	Casing Status After Plugging: 1.50 ft. Below Grade
Date of Well Plugging: 7/20/2006	Well Use: Other
Well Construction Type: Drift well	Date Well Constructed: 8/1/2001
Casing Type: Steel - galvanized	Casing Diameter: 6.00 in. to 112.00 ft. depth
Note: Cutting Casing off 4 feet below grade is recommended.	
Measured Well Depth: 149.00 ft.	Reference Point: Allison Rd Direction: West      Distance: 50.00 ft.

Plugging Material	From(ft)	To(ft)	Quantity	Quantity Unit
Bentonite slurry	1.50	98.00	6.00	Bags
Bentonite chips/pellets	98.00	149.00	14.00	Bags

Plugging Remarks:

Note: Plugging from well bottom up to ground surface is required

Certification: Water well drilling contractor Registration Number: 1095 Registered Representative: Richard Herron	Business Name: Stearns Drilling Address: 6974 Hammond SE Dutton, MI 49316
General Remarks: Well Use : Purge/Monitoring Well	<p style="text-align: center;"><b>WATER WELL CONTRACTOR'S CERTIFICATION:</b></p> <p>This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief</p> <p style="text-align: right;">Signature of Registered Representative      Date</p>

**ATTENTION WELL OWNER: FILE WITH DEED**



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## View Case Status

The information below summarizes the case you selected.

**Case Number:** PLM2005-00863    **Status:** Issued

### Permit

<b>Name:</b>	DIGGIT CONTRACTING INC		
<b>Application Date:</b>	10/17/2005 12:09:56 PM	<b>Jurisdiction:</b>	Scio Twp
<b>Address:</b>	584 ALLISON DR		
<b>Description:</b>	PLUMBING PERMIT TO CONNECT EXISTING HOUSE TO SEWER & WATER		

### People

Role	Name	Address
Owner	ZUCK, LOUIS V	584 ALLISON DR ANN ARBOR MI 48103
Applicant	REF-PLUMBING CONTRACTOR	
Plumbing Contractor	DIGGIT CONTRACTING INC	8762 HARRIS RD DEXTER MI 48130

### Activities

Type	Requested	Scheduled	Completed	Disposition	Done By	Comments
Verify Contractor License	10/17/2005		10/17/2005	DONE	DLN	
Application Received			10/17/2005		DLN	
Checking for Rough Insp					DLN	
Checking for Final Insp					DLN	
Issue Permit			10/17/2005	DONE	DLN	
PF Sewer Inspection			10/17/2005	DONE	DLN	
PF Water Service Ins			10/17/2005	DONE	DLN	
Sewer Inspection	10/17/2005	10/18/2005	10/18/2005	CAN		
Water Service Inspection	10/17/2005	10/19/2005	10/19/2005	DONE	JG	
Sewer Inspection	10/18/2005	10/19/2005	10/19/2005	DONE	JG	

### Fees

Item	Fee Amount	Fee Remaining
Application Fee	\$30.00	\$0.00

Sewer (sanitary, storm, combin	\$27.00	\$0.00
Water Service (<2" pipe)	\$27.00	\$0.00

**Equipment or Fixtures**

Type	Quantity
Water Service (<2")	1
Sewers (sanitary, storm, combined)	1

**What would you like to do next?**

Pre-authorization from the Development Services Division is required before paying fees on-line.

[Back to Search](#)

**Top of Page**

Use this page to view the details of the selected case.

- Click on command name (links) to run commands, or press Tab to move from command to command, and then press Enter to run a command.
- To go back to a previous page, use the Back button or command for your browser. If you go back to a previous page after you have filled in information, you may lose that information.
- To switch to a different page within eConnect, click the navigation buttons at the top of this page.
- For help with information on this page, contact the Washtenaw County Building Services and Environmental Health at 734-222-3800 or [e-mail us](#).



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

**1 LOCATION OF WELL**

County <b>WASHTENAW</b>	Township Name <b>SCIO</b>	Fraction 1/4    1/4    1/4	Section <b>24</b>	Town Number	Range Number
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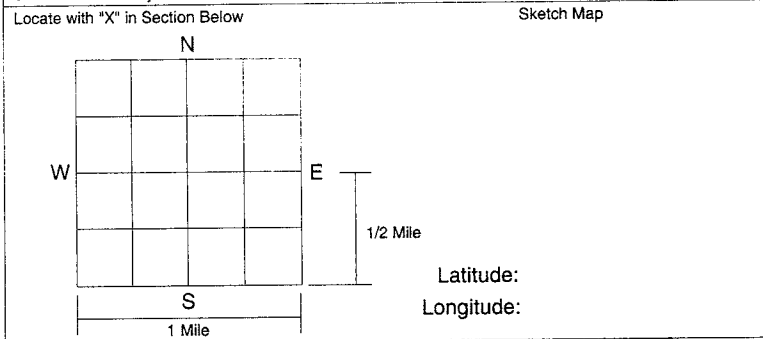
Distance and Direction From Road Intersection

**584 ALLISON**  
**ANN ARBOR MI 48103**

Street Address .City Of Well location

**3 OWNER OF WELL: LOUIS ZUCK**

Address Same as Well Location?



**4 WELL DEPTH: 126 ft.**      Date Completed **12/20/68**

**5 DRILLING METHOD: ROTARY**

**6 USE:**

**7 CASING:**

Grouted Drill Hole Diameter <b>8" to ft. depth</b>	Height: Surface
	Weight
	Drive Shoe? <input type="checkbox"/>

2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
-------------------------	----------------------	----------------------------

**8 SCREEN:**      Type: **SLOT**      Length ft.

FITTINGS:

**9 STATIC WATER LEVEL:**      Flow?

**10 PUMPING LEVEL:** below land surfac  
0 ft. after hrs. pumping at 0 G.P.M.

**11 WELL HEAD COMPLETION**

**12 WELL GROUTED?**

**13 NEAREST SOURCE OF CONTAMINATION:**

Well disinfected upon completion?   
Old Well Plugged?

**14 PUMP:** Manufacturers name **REDA**  
Model number **9D9PPO51 HP** VOLTS  
Length of Drop Pipe **105 ft.** capacity G.P.M.

CRIBLEY OFFICE NOTES

**MS91T89**  
**PS91T89 12/2/68**

**PRESSURE TANK:**

**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.

**17 RIG OPERATOR'S NAME**

**Cribley Drilling Co., Inc.**

REGISTERED BUSINESS NAME	REGISTRATION NO.
Address: <b>8300 Dexter Chelsea Rd., Dexter, MI 48130</b>	

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE

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

**IMPORTANT: File with deed.**



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

**ABANDONED WELL PLUGGING RECORD**

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

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

County <b>WASHTENAW</b>	Township Name <b>SCIO</b>	Fraction <b>NW 1/4</b>	Section No. <b>24</b>	Town No. <b>2 N</b>	Range No. <b>5 E/W</b>
----------------------------	------------------------------	---------------------------	--------------------------	------------------------	---------------------------

Distance and Direction from Road Intersection  
**1/4 MILE NW OF MAPLE AND DEXTER**

Street Address & City of Well Location  
**616 ALLISON, ANN ARBOR**

12 OWNER OF WELL **MIKE KAVICALA**  
Address **616 ALLISON ANN ARBOR, MI**  
Address Same as Well Location  Yes  No

2. WELL DEPTH: **100+ ft. ?**

3. Date Plugging Completed  
**3 29 07**

13. DROP PIPE/PUMPING EQUIPMENT REMOVED  
 Yes  No (Explain in COMMENTS)

4. USE:  Single Family  Type I Public  Heat Pump  
 Irrigation  Type II Public  \_\_\_\_\_  
 Test Well  Type III Public

14. PLUGGING MATERIAL:

Bentonite Chips	from <u>0</u> ft. to <u>94</u> ft.	<u>13</u> 50# bags
Bentonite Pellets	from _____ ft. to _____ ft.	_____ 50# bags
Bentonite Grout	from _____ ft. to _____ ft.	_____ 50# bags
Neat Cement	from _____ ft. to _____ ft.	_____ 94# bags
Cement Grout	from _____ ft. to _____ ft.	_____ 94# bags
Other	_____	

5. REASON FOR ABANDONING WELL  New Well Drilled  
 Municipal Water Hookup  Unrepairable  
 Other \_\_\_\_\_

6. CASING:  
4 in. dia. to ? ft. depth.  
\_\_\_\_\_ in. dia. to \_\_\_\_\_ ft. depth

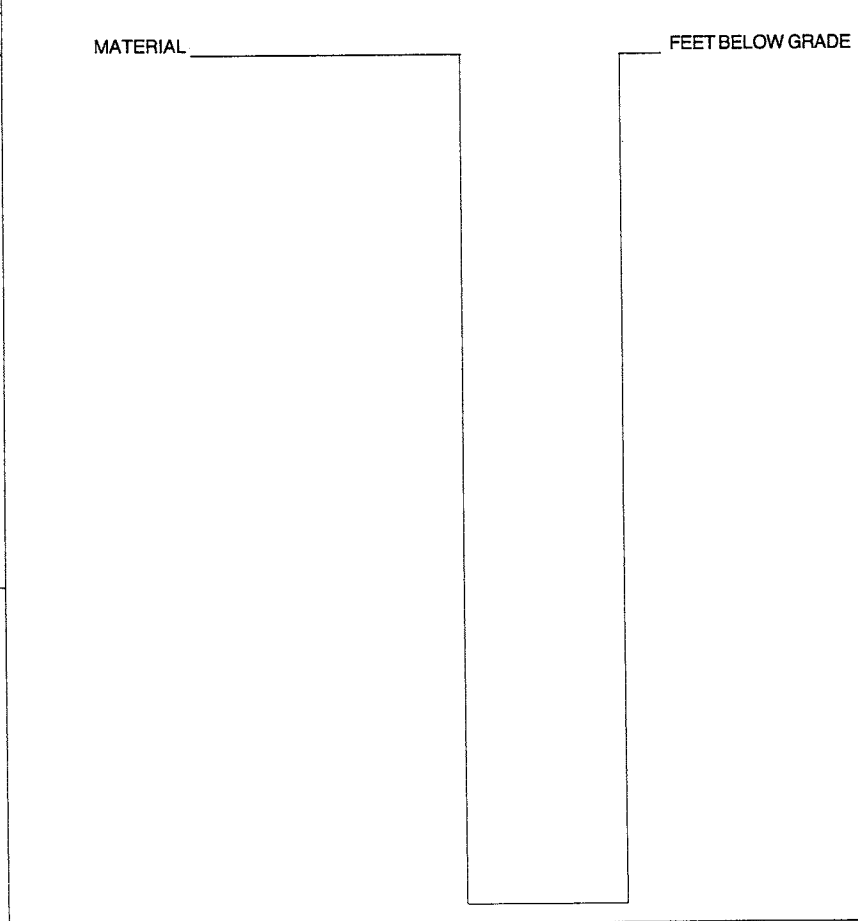
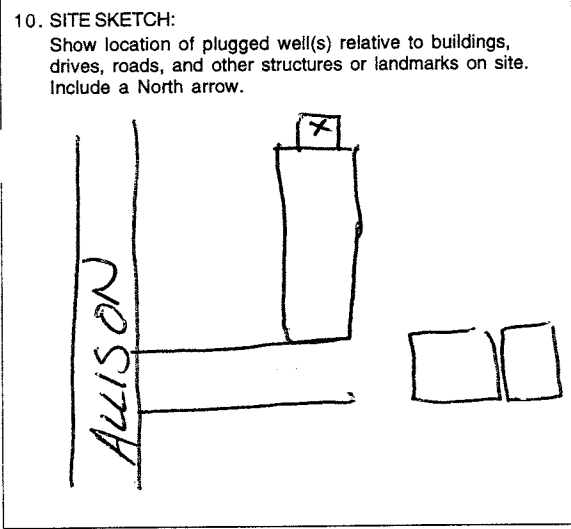
7. CASING MATERIAL  
 Steel  Other \_\_\_\_\_  
 Plastic

8. CASING STATUS AFTER PLUGGING  
 Buried 4 ft. below grade  Removed  
 Above Grade \_\_\_\_\_ in.

15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No  
Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

9. FLOWING WELL:  Yes  No

16. PLUGGING SKETCH (Complete if combination of materials was used.)  
Show type of plugging materials and interval plugged.



11. COMMENTS  
**PUMP COULD NOT BE REMOVED. DROP PIPE WAS REMOVED. TOP OF PUMP WAS 94'.  
N 42. 28816  
W 83. 78323**

17. WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief.  
**Keller Well Drilling** 1924  
REGISTERED BUSINESS NAME  
Address **5615 Chilson, Howell, MI**  
Signed **Dave Keller** Date **4/2/07**  
AUTHORIZED REPRESENTATIVE

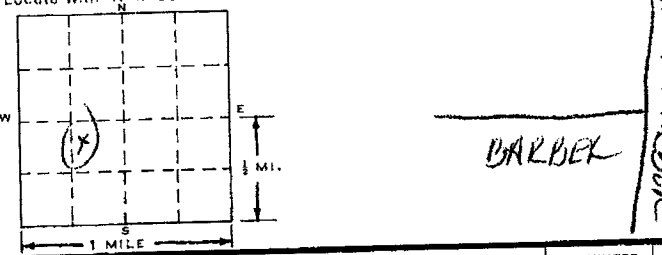
NOTE: Plugging from well bottom up to ground surface is required.

IMPORTANT: File with deed.

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

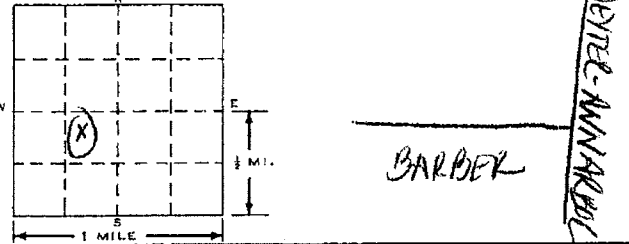
<b>1 LOCATION OF WELL</b>		<b>Fraction</b> NE NW 1/4 SW 1/4		<b>Section Number</b> 24		<b>Town Number</b> 2 XWS		<b>Range Number</b> 8 5 E/XX																															
County <b>Washtenaw</b>		Township Name <b>Scio</b>		Distance And Direction From Road Intersection		Street Address & City of Well Location Locate with "X" in Section Below		Sketch Map: 																															
<b>2 FORMATION DESCRIPTION</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Well abandonment</th> <th style="width: 10%;">THICKNESS OF STRATUM</th> <th style="width: 10%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Well abandonment	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																												<b>3 OWNER OF WELL:</b>  Address <b>315 Barber, Ann Arbor, MI 48103</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>4 WELL DEPTH:</b> Date Completed MO. DAY YEAR <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well <b>122 FT.</b> <b>10 05 92</b>  <b>5</b> <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"/>  <b>6 USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>  <b>7 CASING:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <input type="checkbox"/> Surface _____ ft. <b>4</b> in. to <b>122</b> ft. depth <input type="checkbox"/> Grouted Drill Hole Diameter _____ lbs./ft. _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <input type="checkbox"/> No _____ in. to _____ ft. depth <b>8 SCREEN:</b> <input type="checkbox"/> Not installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. <b>FITTINGS:</b> <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____  <b>9 STATIC WATER LEVEL:</b> _____ ft. below land surface <input type="checkbox"/> Flow  <b>10 PUMPING LEVEL:</b> below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.  <b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit  <b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>122</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement <b>4 1/2</b> Additives _____  <b>13 Nearest source of possible contamination</b> Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>14 PUMP:</b> <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 _____ <b>PRESSURE TANK:</b> Manufacturer's name _____ Model number _____ Capacity _____ Gallons							
		Well abandonment	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM																																			
<b>15. Remarks, elevation, source of data, etc.</b>  <div style="text-align: center;"> <p><b>SEP 22 1993</b></p> <p><b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS</b></p> </div>		<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  <b>Cribley Drilling Co., Inc.</b> <span style="float: right;">REGISTRATION NO. <b>1872</b></span> <small>REGISTERED BUSINESS NAME</small> Address <b>8300 Dexter chelsea Rd., Dexter 48130</b> Signed <i>Jessence D. Clark</i> Date <b>10/5/92</b> <small>AUTHORIZED REPRESENTATIVE</small>																																					
<b>17. Rig Operator's Name:</b>  																																							

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

GEOLOGICAL SURVEY NO. [ ]

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
PERMIT NUMBER

<b>1 LOCATION OF WELL</b>			<b>3 OWNER OF WELL:</b>		
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>	Town Number <b>2 XX/S</b>	Range Number <b>5 E/XX</b>
Distance And Direction From Road Intersection			Address <b>330 Barber, Ann Arbor, MI 48103</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address & City of Well Location Locate with "X" in Section Below			4 WELL DEPTH: <b>127</b> FT. Date Completed <b>10 05 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well		
Sketch Map: 			6 <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"/>		
2 FORMATION DESCRIPTION			7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded		
Well abandonment			4 in. to <b>127</b> ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth		
THICKNESS OF STRATUM			Height: Above/Below Surface _____ ft. Weight _____ lbs./ft.		
DEPTH TO BOTTOM OF STRATUM			Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No		
			8 SCREEN: <input type="checkbox"/> Not Installed		
			Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft.		
			FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bromor 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 _____ 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 <b>0.0</b> to <b>127</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> <b>4% Benseal</b> No. of bags of cement <b>4 1/2</b> <small>Additional</small>		
			13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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		
USE A 2ND SHEET IF NEEDED					
15. Remarks, elevation, source of data, etc. <b>SEP 22 1993</b>			16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> <b>1872</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>Thomas D. Cribley</i> Date <b>10/5/92</b> AUTHORIZED REPRESENTATIVE		
17. Rig Operator's Name: <b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWDS</b>					

D67d 2/89

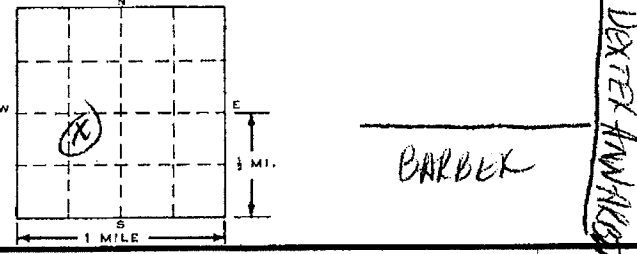
Authority: Act 388 PA 1978  
Completion: Required  
Penalty: Conviction of a violation of any provision is a misdemeanor.



GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
		Town Number <b>2 XX</b>	Range Number <b>5 XX</b>
Distance And Direction From Road Intersection		Address <b>331 Barber, Ann Arbor, MI 48103</b>	
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		4 WELL DEPTH: <b>82</b> FT. Date Completed <b>10 05 92</b>	
Sketch Map: 		<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
2 FORMATION DESCRIPTION		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II 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"/>	
Well abandonment		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Threaded <input type="checkbox"/> Welded	
		Height: Above/Below Surface _____ ft. Weight _____ lbs./ft.	
		4 _____ in. to <b>82</b> ft. depth	
		Grouted Drill Hole Diameter _____ in. to _____ ft. depth	
		Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
		8 SCREEN: <input type="checkbox"/> Not Installed	
		Type _____ Diameter _____	
		Slot/Gauze _____ Length _____	
		Set between _____ ft. and _____ ft.	
		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
		<input type="checkbox"/> Blank above screen _____ ft. Other _____	
		9 STATIC WATER LEVEL: _____ 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 <b>0</b> to <b>82</b> ft.	
		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b>	
		No. of bags of cement <b>3</b> <b>Benseal</b>	
		13 Nearest source of possible contamination	
		Type _____ Distance _____ ft. Direction _____	
		Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
		Manufacturer's name _____	
		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.		16 WATER WELL CONTRACTOR'S CERTIFICATION:	
USE A 2ND SHEET IF NEEDED		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
		<b>Cribley Drilling Co., Inc.</b> <b>1872</b>	
17. Rig Operator's Name:		REGISTERED BUSINESS NAME REGISTRATION NO.	
		Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b>	
		Signed <i>[Signature]</i> <b>10/5/92</b>	
		AUTHORIZED REPRESENTATIVE	

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWCS**

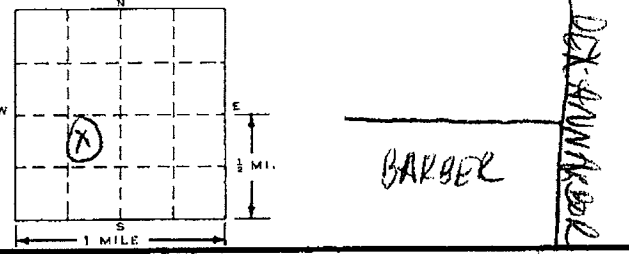
**SEP 22 1993**

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

GEOLOGICAL SURVEY NO.

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

**PERMIT NUMBER**

1 LOCATION OF WELL		3 OWNER OF WELL	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 RYS 1/4</b>	Section Number <b>24</b> Town Number <b>2</b> Range Number <b>5</b>
Distance And Direction From Road Intersection		Address <b>350 Barber, Ann Arbor, MI 48103</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address & City of Well Location		4 WELL DEPTH: <b>127</b> FT.    Date Completed: <b>10/05/92</b> <input type="checkbox"/> New Well <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	
2 FORMATION DESCRIPTION		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	
Well abandonment	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded    Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded    Surface _____ ft. 4 in. to 127 ft. depth    Weight _____ lbs./ft. _____ in. to _____ ft. depth    Grouted Drill Hole Diameter _____ in. to _____ ft. depth    Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <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 _____ 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 <b>0</b> to <b>127</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement: <b>4 1/2 Benseal</b>
			13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Gribbley Drilling Co., Inc.</b> <b>1872</b> REGISTERED BUSINESS NAME    REGISTRATION NO. Address <b>8300 Dexter chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> <b>10/5/92</b> AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name:			

USE A 2ND SHEET IF NEEDED

**SEP 22 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES**

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

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

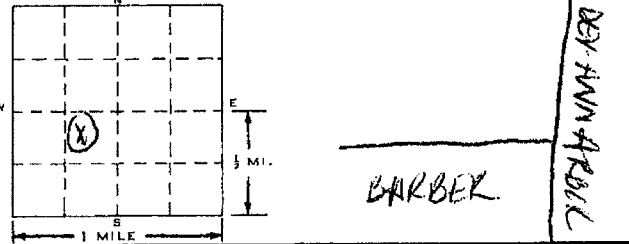
**PERMIT NUMBER**

1 LOCATION OF WELL									
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>	Town Number <b>2 XX/S</b>	Range Number <b>5 E/W</b>				
Distance And Direction From Road Intersection						3 OWNER OF WELL:			
Street Address & City of Well Location						Address <b>405 Barber, Ann Arbor, MI 48103</b>			
Locate with "X" in Section Below						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Sketch Map:			4 WELL DEPTH: <b>98</b> FT.			Date Completed MO.   DAY   YEAR <b>10   05   92</b>			<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well
			5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Auger <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted			6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well			<input type="checkbox"/> Type I Public <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Type IIb Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Heat pump
			7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Threading <input type="checkbox"/> Welded			8 SCREEN: <input type="checkbox"/> Not Installed			Height: Above/Below Surface _____ ft. Weight _____ lbs./ft.
2 FORMATION DESCRIPTION						THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM	
Well abandonment									
3 bags benseal used.									
9 STATIC WATER LEVEL:						_____ ft. below land surface <input type="checkbox"/> Flow			
10 PUMPING LEVEL: below land surface						_____ 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 pt.			
12 WELL GROUTED?						<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>98</b> ft.			
13 Nearest source of possible contamination						Type _____ Distance _____ ft. Direction _____			
14 PUMP:						<input type="checkbox"/> Not Installed <input type="checkbox"/> Pump installation Only			
15. Remarks, elevation, source of data, etc.						16. WATER WELL CONTRACTOR'S CERTIFICATION:			
USE A 2ND SHEET IF NEEDED SEP 22 1993 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS						This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Gribbley Drilling Co., Inc.</b> REGISTERED BUSINESS NAME REGISTRATION NO. <b>1872</b>			
						17. Rig Operator's Name:			

GEOLOGICAL SURVEY NO. [ ]

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction NW 1/4 NE 1/4 SW 1/4		Section Number <b>24</b>		Town Number <b>2</b> <del>XXS</del>		Range Number <b>5</b> E/XX	
Distance And Direction From Road Intersection						3 OWNER OF WELL: Address <b>411 Barber, Ann Arbor, MI 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below						4 WELL DEPTH: <b>103</b> FT. Date Completed <b>10 05 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Sketch Map: 						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							
2 FORMATION DESCRIPTION						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							
						THICKNESS OF STRATUM						7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>3 1/2</b> in. to <b>5</b> ft. depth <b>5</b> in. to <b>103</b> ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth	
Well abandonment, 5" PVC.						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 _____							
Used 4 bags benseal.						9 STATIC WATER LEVEL: _____ 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 <b>0</b> to <b>103</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement _____ Additives _____							
						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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							
USE A 2ND SHEET IF NEEDED						16 WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> <b>1872</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> Date <b>10/15/92</b> AUTHORIZED REPRESENTATIVE							
15. Remarks, elevation, source of data, etc.						17. Rig Operator's Name:							

SEP 22 1993  
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH

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

GEOLOGICAL SURVEY NO.

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

**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>		County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction NE NW 1/4 SW 1/4		Section Number <b>24</b>		Town Number <b>2</b> <del>XX</del> YS		Range Number <b>5</b> E/XX	
Distance And Direction From Road Intersection						3 OWNER OF WELL:							
Street Address & City of Well Location						Address <b>415 Barber, Ann Arbor, MI 48103</b>							
Locate with "X" in Section Below						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						4 WELL DEPTH: <b>97</b> FT. Date Completed: <b>10 05 92</b>							
						<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE: <input 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: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>4</b> in. to <b>97</b> ft. depth Surface _____ ft. _____ in. to _____ ft. depth Weight _____ lbs./ft. Grouted Drill Hole Diameter Drive Shoe <input type="checkbox"/> Yes _____ in. to _____ ft. depth <input type="checkbox"/> No _____ in. to _____ ft. depth							
<b>2 FORMATION DESCRIPTION</b>				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM							
Well abandonment								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 _____ 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 <b>0</b> to <b>97</b> ft.					
								<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b>					
								No. of bags of cement <b>3</b> Additives _____					
								13 Nearest source of possible contamination					
								Type _____ Distance _____ ft. Direction _____					
								Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
								Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
								14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only					
								Manufacturer's name _____					
								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.								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.					
								BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH <b>SEP 22 1993</b> <b>Orsley Drilling Co., Inc.</b>					
								REGISTERED BUSINESS NAME <b>8300 Dexter Chelsea Rd., Dexter 48130</b>					
								REGISTRATION NO. _____					
17. Rig Operator's Name:								Address _____					
								Signed _____ Date _____					
								AUTHORIZED REPRESENTATIVE					

D67d 2/89

GEOLOGICAL SURVEY COPY

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

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

**PERMIT NUMBER**

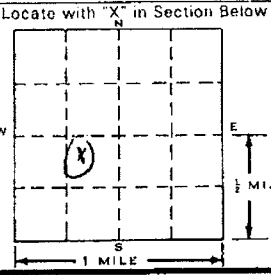
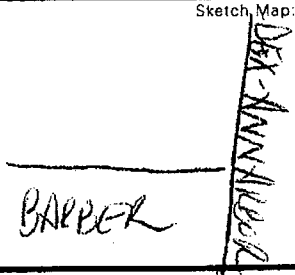
<b>1 LOCATION OF WELL</b>											
County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>		Section Number <b>24</b>		Town Number <b>2 XX/S</b>		Range Number <b>5 EXX</b>	
Distance And Direction From Road Intersection  <b>Well in front yard.</b>				3 OWNER OF WELL:  Address <b>418 Barber Ln., Ann Arbor, 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below				Sketch Map:				4 WELL DEPTH: <b>110 ft.</b> Date Completed MO. DAY YEAR <b>09 11 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well			
				5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>				6 USE: <input 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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>4</b> in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth				Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No			
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauge _____ 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 _____			
Well abandonment.								9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow			
Pulled pump and pressure grouted well shut with 3 bags Benseal.								10 PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.			
Cut casing off below grade.								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 <b>0</b> to <b>110</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____			
								13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.								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.			
17. Rig Operator's Name:				<b>SEP 22 1993</b>		<b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH</b>		Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> SIGNED _____ AUTHORIZED REPRESENTATIVE Date _____			
								REGISTRATION NO. _____ REGISTRATION NO. _____ Authority: Completion: Penalty: Act 368 PA 1978 Required Conviction of a violation of any provision is a misdemeanor.			

D67d 2/89

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
Distance And Direction From Road Intersection		Town Number <b>2 XM/S</b>	
Street Address & City of Well Location		Range Number <b>5 E/XX</b>	
Locate with "X" in Section Below 		Address <b>424 Barber, Ann Arbor, MI 48103</b>	
Sketch, Map: 		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2 FORMATION DESCRIPTION		4 WELL DEPTH: <b>107</b> ft. Date Completed: <b>10</b> / <b>05</b> / <b>92</b>	
		THICKNESS OF STRATUM	
Well Abandonment		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug	
Used 3.5 bags of benseal.		<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public	
		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
		8 SCREEN: <input type="checkbox"/> Not installed	
		9 STATIC WATER LEVEL: _____ ft. below land surface <input type="checkbox"/> Flow	
		10 PUMPING LEVEL: below land surface	
		11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade	
		12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>107</b> ft	
		13 Nearest source of possible contamination	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
		15. Remarks, elevation, source of data, etc.	
		16. WATER WELL CONTRACTOR'S CERTIFICATION:	
		17. Rig Operator's Name:	

**SEP 22 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH**

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

**Cribley Drilling Co., Inc.** **1872**  
 REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address: **8300 Dexter Chelsea Rd., DEXter 48130**  
 Signed: *[Signature]* Date: \_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE

D67d 2/89

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







MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

**ABANDONED WELL PLUGGING RECORD**

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

TAX NO:

PERMIT NO:

1. LOCATION OF WELL

County Washtenaw

Township Name SCIO TWP. City of Ann Arbor

Fraction NW 1/4 SE 1/4

Section No. 24

Town No. 2

Range No. 5

Distance and Direction from Road Intersection  
150' EAST OF ROAD  
572 Center Drive  
Street Address & City of Well Location

12. OWNER OF WELL MARK HEILMANN  
Address 572 Center Drive  
AZ 48103  
Address Same as Well Location  Yes  No

2. WELL DEPTH:  
130' 48" ft.

3. Date Plugging Completed  
4/11/03

13. DROP PIPE/PUMPING EQUIPMENT REMOVED  
 Yes  No (Explain in COMMENTS)

4. USE:  Single Family  Type I Public  Heat Pump  
 Irrigation  Type II Public   
 Test Well  Type III Public

14. PLUGGING MATERIAL:  
Bentonite Chips from 0 ft. to 0 ft. 0 50# bags  
Bentonite Pellets from 0 ft. to 98 ft. 7 50# bags  
Bentonite Grout from 0 ft. to 130 ft. 2.6 50# bags  
Neat Cement from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
Cement Grout from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
Other \_\_\_\_\_

5. REASON FOR ABANDONING WELL  New Well Drilled  
 Municipal Water Hookup  Unrepairable  
 Other \_\_\_\_\_

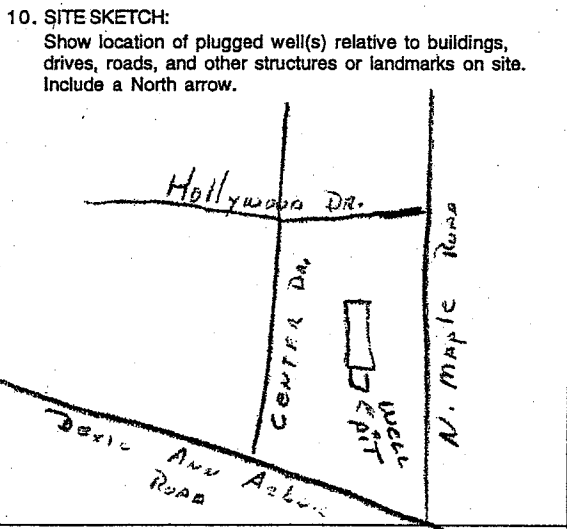
6. CASING:  
4 in. dia. to 130 ft. depth.  
3 in. dia. to 98 ft. depth

7. CASING MATERIAL  
 Steel  Other \_\_\_\_\_  
 Plastic

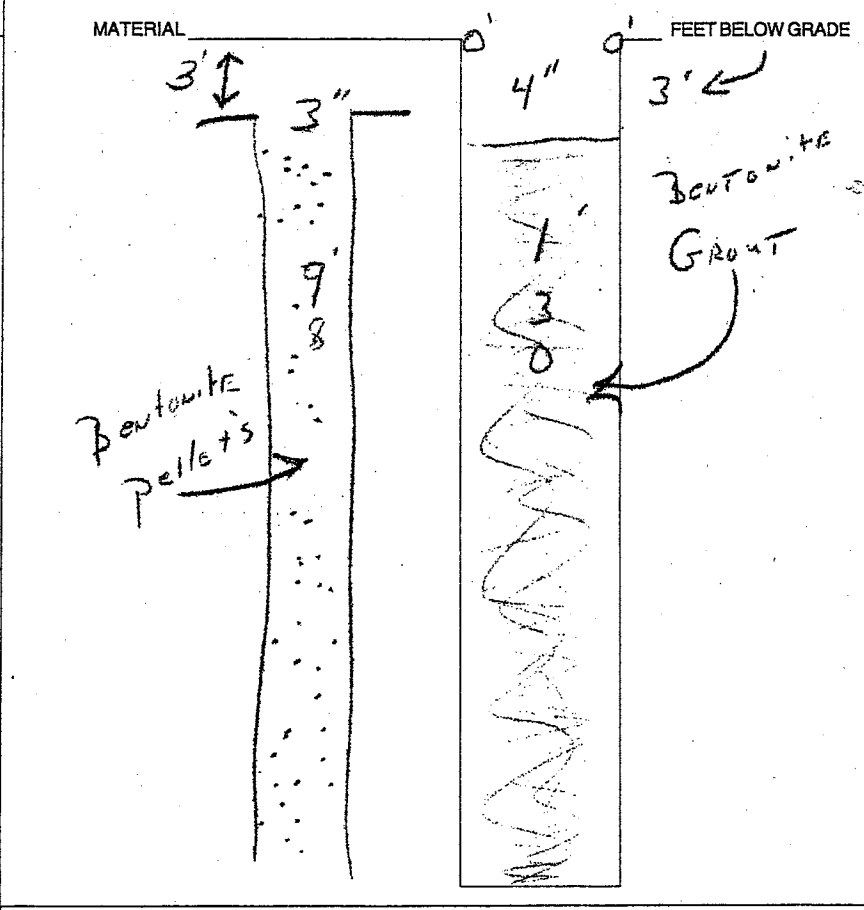
8. CASING STATUS AFTER PLUGGING  
 Buried 3 ft. below grade  Removed  
 Above Grade \_\_\_\_\_ in.

15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No  
Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

9. FLOWING WELL:  Yes  No



16. PLUGGING SKETCH (Complete if combination of materials was used.)  
Show type of plugging materials and interval plugged.



11. COMMENTS  
4/5/20/03  
**RECEIVED**  
MAY 16 2003  
WASHTENAW CO.  
ENV. HEALTH

17. WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief.  
Cribley Drilling Co., Inc 81-2014  
REGISTERED BUSINESS NAME REGISTRATION NO.  
Address 8300 Dexter, Chelsea Rd Dexter 48130  
Signed Timothy A. Clark Date 4/22/03  
AUTHORIZED REPRESENTATIVE

NOTE: Plugging from well bottom up to ground surface is required.



DOC. # 1581  
**COPY**



May 20, 1999

Mr. Ivory B. Sims Jr.  
Plumbing Inspector  
City of Ann Arbor  
Ann Arbor, MI 48107-8647

SUBJECT: Well Abandoned  
2652 Dexter Rd., Ann Arbor, MI

Dear Mr. Sims:

It is Pall/Gelman Sciences (PGSI) understanding that the residential well at 2652 Dexter Road, Ann Arbor, Michigan will be connected to the municipal system soon. As a result, the existing supply well will no longer be used for water supply or other purposes.

However, the existing well will provide a great deal of geological information and is used to monitor the boundary of the contaminated plume. PGSI will continue to sample this well in the future. For this purpose, we are requesting that the City not plug this well after the house is connected to the municipal system. Once the groundwater remediation is completed, PGSI will take the responsibility of properly plugging this well as required.

Your consideration of this matter is greatly appreciated. Should you have any questions or concerns regarding this matter, please contact me at (734) 913-6130.

Sincerely,

A handwritten signature in cursive script that reads "Farsad Fotouhi".

Farsad Fotouhi  
Director of Environmental Affairs

cc: Ms. Mary Ann Bartlett, Pall Corp.  
Dr. Hyman Katz, Pall Corp.  
Mr. Greg Scheessele, PGSI

Ms. Sybil Kolon  
Mr. Richard Connors, Esq.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

**ABANDONED WELL PLUGGING RECORD**

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

TAX NO:		PERMIT NO:
1. LOCATION OF WELL		
County <b>WASHTENAW</b>	Township Name <b>SCIO</b>	Fraction <b>NW 1/4 SE 1/4</b>
	Section No. <b>24</b>	Town No. <b>2 N</b>
		Range No. <b>50 E</b>

Distance and Direction from Road Intersection **120' SOUTH EAST**  
**OFF DEXTER AND EVERGREEN**

Street Address & City of Well Location **2805 DEXTER AVE. ANN ARBOR**

12. OWNER OF WELL **JIM MINNAUGH AND DAVE CLARK**  
Address **2805 DEXTER ANN ARBOR MI**

Address Same as Well Location  Yes  No

2. WELL DEPTH: **102** ft.

3. Date Plugging Completed **1/25/07**

13. DROP PIPE/PUMPING EQUIPMENT REMOVED  
 Yes  No (Explain in COMMENTS)

4. USE:  Single Family  Type I Public  Heat Pump  
 Irrigation  Type II Public   
 Test Well  Type III Public

14. PLUGGING MATERIAL:

Bentonite Chips	from <b>0</b> ft. to <b>102</b> ft.	<b>13</b> 50# bags
Bentonite Pellets	from _____ ft. to _____ ft.	_____ 50# bags
Bentonite Grout	from _____ ft. to _____ ft.	_____ 50# bags
Neat Cement	from _____ ft. to _____ ft.	_____ 94# bags
Cement Grout	from _____ ft. to _____ ft.	_____ 94# bags
Other	_____	

5. REASON FOR ABANDONING WELL  New Well Drilled  
 Municipal Water Hookup  Unrepairable  
 Other \_\_\_\_\_

6. CASING: **4** in. dia. to **102** ft. depth.  
\_\_\_\_\_ in. dia. to \_\_\_\_\_ ft. depth

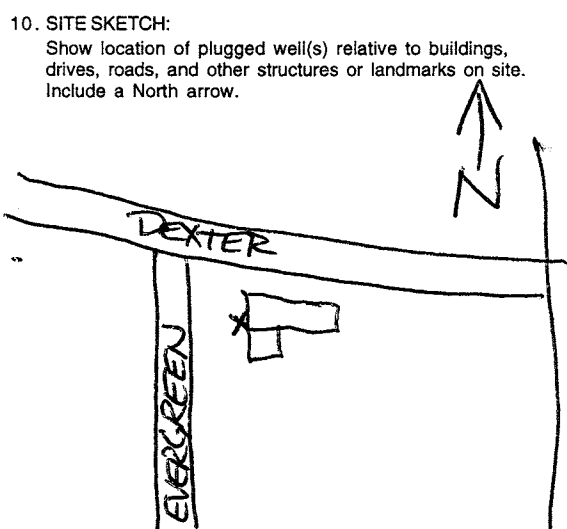
7. CASING MATERIAL  
 Steel  Other \_\_\_\_\_  
 Plastic

8. CASING STATUS AFTER PLUGGING  
 Buried **5** ft. below grade  Removed  
 Above Grade \_\_\_\_\_ in.

15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No  
Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

9. FLOWING WELL:  Yes  No

16. PLUGGING SKETCH (Complete if combination of materials was used.)  
Show type of plugging materials and interval plugged.



MATERIAL	FEET BELOW GRADE

11. COMMENTS

**GPS**  
**N 42.287400**  
**W 83.787217**

17. WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief.

REGISTERED BUSINESS NAME **Keller Well Drilling, Inc. 1924**  
Address **5015 Chikson Howell** REGISTRATION NO. **48843**

Signed **Dave Keller** Date **1/29/07**  
AUTHORIZED REPRESENTATIVE

NOTE: **Plugging from well bottom up to ground surface is required.**

**IMPORTANT: File with deed.**

GEOLOGICAL SURVEY NO.

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

**PERMIT NUMBER**

1 LOCATION OF WELL		Fraction		Section Number		Town Number		Range Number			
County <b>Washtenaw</b>		Township Name <b>Scio</b>		NW 1/4 NE 1/4 SW 1/4		<b>24</b>		<b>2 XX/S</b>		<b>5 E/XX</b>	
Distance And Direction From Road Intersection				3 OWNER OF WELL:							
Street Address & City of Well Location				Address <b>2923 Dexter Ann Arbor Rd., Ann Arbor</b>							
Locate with "X" in Section Below				Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Sketch Map:				4 WELL DEPTH: <b>97</b> FT.				Date Completed <b>10 05 92</b> YEAR			
				<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"/>				<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well			
				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: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>4</b> in. to <b>97</b> ft. depth Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth			
2 FORMATION DESCRIPTION				THICKNESS OF STRATUM		DEPTH TO BOTTOM OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed			
Well abandonment.								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 _____ 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 <b>0</b> to <b>97</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement <b>3 Benneal</b>			
								13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
								14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.				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.							
17. Rig Operator's Name:				<b>SEP 22 1993</b> <b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES</b> <b>Grubley Drilling Co., Inc.</b> REGISTRATION NO. <b>1872</b> Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> Date <b>10/5/92</b> AUTHORIZED REPRESENTATIVE							

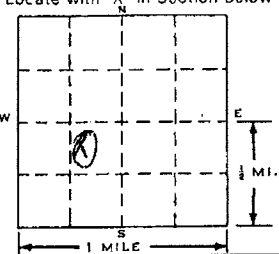
D67d 2/89

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

GEOLOGICAL SURVEY NO.

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

**PERMIT NUMBER**

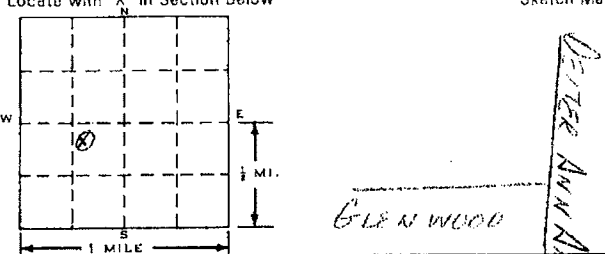
<b>1 LOCATION OF WELL</b>		County <u>Washtenaw</u>		Township Name <u>Scio</u>		Fraction <u>NW 1/4 NE 1/4 SW 1/4</u>		Section Number <u>24</u>		Town Number <u>2</u> <u>N/S</u>		Range Number <u>5</u> <u>E/W</u>	
Distance And Direction From Road Intersection  <b>Well in pit in front of house.</b>						3. OWNER OF WELL:  Address <b>2963 Dexter Rd., Ann Arbor 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below						4. WELL DEPTH: <u>115</u> FT. Date Completed MO. <u>09</u> DAY <u>12</u> YEAR <u>92</u> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Sketch Map: 						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"/>							
2. FORMATION DESCRIPTION						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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <u>4</u> " in. to _____ ft. depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth							
						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"/> Load 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							
Well abandonment.						10. PUMPING LEVEL: below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.							
Pulled pump and grouted well shut with 3.5 bags of Benseal, 1/2 bag hole plug, 1/4 bag cement.						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							
USE A 2ND SHEET IF NEEDED						12. WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <u>0</u> to <u>115</u> 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 _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
15. Remarks, elevation, source of data, etc.						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							
						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> <span style="float: right;">1872</span> REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>8300 Dexter Chelsea Rd., Dexter 48130</u> Signed <u>[Signature]</u> Date <u>9/12/92</u> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: _____						Authority: Act 368 PA 1978 Completion: Required Penalty: Conviction of a violation of any provision is a misdemeanor.							

**SEP 22 1993**  
 BUREAU OF ENVIRONMENTAL AND  
 OCCUPATIONAL HEALTH-SWOS

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
		Town Number <b>2</b>	Range Number <b>5</b>
Distance And Direction From Road Intersection		Address <b>390 Glenwood, Ann Arbor, MI 48103</b>	
Street Address & City of Well Location		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		Date Completed MO. DAY YEAR <b>09 12 92</b>	
Sketch Map: 		4 WELL DEPTH: <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input 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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
		4" in. to 105 ft. depth 2" in. to 96 ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2 FORMATION DESCRIPTION</b>		<b>8 SCREEN:</b> <input type="checkbox"/> Not Installed	
<b>Well Abandonment</b>		Type _____ Diameter _____	
2 wells: 1 - 2", 1 - 4"		Slot/Gauze _____ Length _____	
2" well - 96'		Set between _____ ft. and _____ ft.	
4" well - 105'		FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
4 bags Benseal used.		9 STATIC WATER LEVEL: _____ 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 0 to 105 ft. 0 96 <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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	
USE A 2ND SHEET IF NEEDED		<b>16 WATER WELL CONTRACTOR'S CERTIFICATION:</b>	
15. Remarks, elevation, source of data, etc.		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.	
<b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-6WOS</b>		<b>Cribley Drilling Co., Inc.</b> 1872	
17. Rig Operator's Name:		REGISTERED BUSINESS NAME REGISTRATION NO.	
		Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b>	
		Signed <i>Lawrence D. Clark</i> Date <b>9/12/92</b>	
		AUTHORIZED REPRESENTATIVE	

D67d 2/89

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



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY  
DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION

**ABANDONED WELL PLUGGING RECORD**

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

TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
County Washtenaw Township Name SC10 Fraction SW 1/4 SE 1/4 Section No. 24 Town No. 2 Range No. 5

Distance and Direction from Road Intersection 1/2 mile N. of Dexter  
Street Address & City of Well Location 739 Kuehnle Ann ARBOR

OWNER OF WELL Janet Fritzier  
Address 739 Kuehnle Ann ARBOR MI  
Address Same as Well Location  Yes  No

2. WELL DEPTH: 40 ft.

3. Date Plugging Completed 5/7/03

13. DROP PIPE/PUMPING EQUIPMENT REMOVED  
 Yes  No (Explain in COMMENTS)

4. USE:  Single Family  Type I Public  Heat Pump  
 Irrigation  Type II Public   
 Test Well  Type III Public

14. PLUGGING MATERIAL:  
Bentonite Chips from 0 ft. to 40 ft. 1.3 50# bags  
Bentonite Pellets from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags  
Bentonite Grout from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags  
Neat Cement from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
Cement Grout from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
Other \_\_\_\_\_

5. REASON FOR ABANDONING WELL  
 Well Drilled  Municipal Water Hookup  Unrepairable  
 Other \_\_\_\_\_

6. CASING: 2 in. dia. to 40 ft. depth.  
\_\_\_\_\_ in. dia. to \_\_\_\_\_ ft. depth

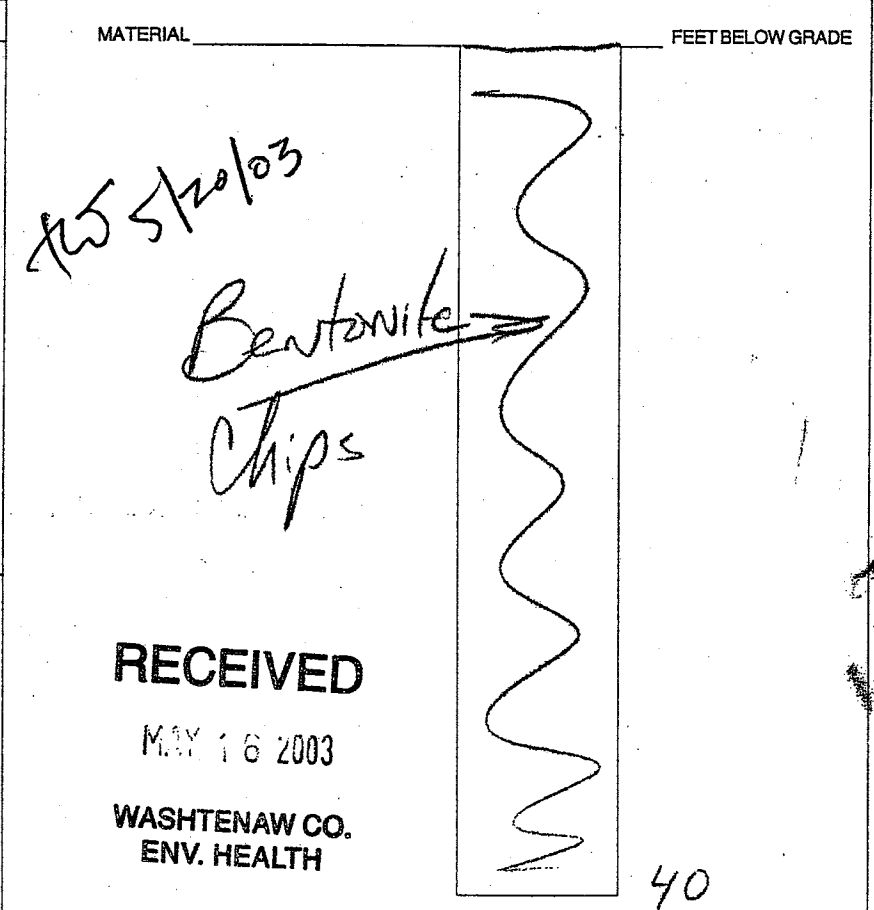
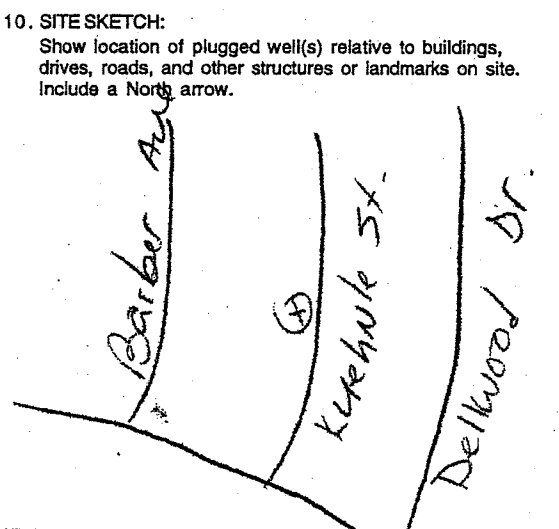
7. CASING MATERIAL  
 Steel  Other \_\_\_\_\_  
 Plastic

8. CASING STATUS AFTER PLUGGING  
 Buried \_\_\_\_\_ ft. below grade  Removed  
 Above Grade \_\_\_\_\_ in. Basement

15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No  
Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

9. FLOWING WELL:  Yes  No

16. PLUGGING SKETCH (Complete if combination of materials was used.)  
Show type of plugging materials and interval plugged.



11. COMMENTS

17. WATER WELL CONTRACTOR'S CERTIFICATION:  
This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief.  
Cribbley Drilling Co., INC 81-2014  
REGISTERED BUSINESS NAME \_\_\_\_\_ REGISTRATION NO. \_\_\_\_\_  
Address 800 Dexter Chelsea Dexter MI 48130  
Signed Simothy A. Clark Date 5/9/03  
AUTHORIZED REPRESENTATIVE

NOTE: Plugging from well bottom up to ground surface is required.



GEOLOGICAL SURVEY NO.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

**WATER WELL AND PUMP RECORD**

**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>									
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>	Town Number <b>2 NWS</b>	Range Number <b>5 E/W</b>				
Distance And Direction From Road Intersection			<b>3 OWNER OF WELL:</b>						
Street Address & City of Well Location			Address <b>430 Parkwood, Ann Arbor, MI 48103</b>						
Locate with "X" in Section Below			Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No						
			<b>4 WELL DEPTH:</b> <b>110</b> FT.      Date Completed: <b>09 07 92</b>						
			<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well						
			<b>5</b> <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"/>						
			<b>6 USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>						
			<b>7 CASING:</b> Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded    Height: Above/Below <input type="checkbox"/> Plastic <input type="checkbox"/> Welded    Surface _____ ft. <b>4</b> in. to <b>110</b> ft. depth    Weight _____ lbs./ft. _____ in. to _____ ft. depth    Drive Shoe <input type="checkbox"/> Yes Grouted Drill Hole Diameter <input type="checkbox"/> No _____ in. to _____ ft. depth _____ in. to _____ ft. depth						
<b>2 FORMATION DESCRIPTION</b>									
Well abandonment.									
Pulled pump and grouted shut with									
3 bags Benseal, 1/2 bag cement.									
			<b>8 SCREEN:</b> <input type="checkbox"/> Not Installed						
			Type _____ Diameter _____						
			Slot/Gauze _____ Length _____						
			Set between _____ ft. and _____ ft.						
			<b>FITTINGS:</b> <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft.    Other _____						
			<b>9 STATIC WATER LEVEL:</b> _____ ft. below land surface <input type="checkbox"/> Flow						
			<b>10 PUMPING LEVEL:</b> below land surface						
			_____ ft. after _____ hrs. pumping at _____ G.P.M.						
			_____ ft. after _____ hrs. pumping at _____ G.P.M.						
			<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit						
			<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>110</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>hole plug</b> No. of bags of cement: _____ Additives _____						
			<b>13 Nearest source of possible contamination</b> Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
			<b>14 PUMP:</b> <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 _____ <b>PRESSURE TANK:</b> Manufacturer's name _____ Model number _____ Capacity _____ Gallons						
USE A 2ND SHEET IF NEEDED <b>15. Remarks, elevation, source of data, etc.</b>			<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> I certify this well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>SEP 22 1993</b> <b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH - GWOS</b> <b>Pibley Drilling Co., Inc.</b>						
<b>17. Rig Operator's Name:</b> _____			REGISTERED BUSINESS NAME _____ REGISTRATION NO. <b>1872</b> Address <b>8300 Dexter, Chelsea, Dexter MI 48130</b> Signed <i>[Signature]</i> Date <b>9/12/92</b> AUTHORIZED REPRESENTATIVE						

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

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERMIT NUMBER									

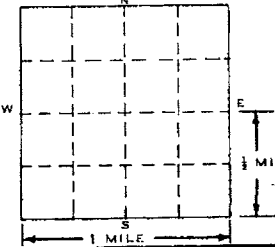
1 LOCATION OF WELL			
County	Township Name	Fraction	Section Number
Washtenaw	Scio	NW <sup>1</sup> / <sub>4</sub> NW <sup>1</sup> / <sub>4</sub> SE <sup>1</sup> / <sub>4</sub>	24
Town Number		Range Number	
2 XS		5 E/W	

Distance And Direction From Road Intersection

Street Address & City of Well Location

Locate with "X" in Section Below

Sketch Map:



2 FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM
Well Abandonment 4" 105' well.		
14 bags of Hole plug		
2" 70'-1.5 bags of hole plug.		

3 OWNER OF WELL	
Address 431 Parkwood Ann Arbor, MI 48103	
Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4 WELL DEPTH: 105 FT.	Date Completed MO. 1 DAY YEAR 10 11 92
<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
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	
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	
7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
105 in. to _____ ft. depth	
Grouted Drill Hole Diameter _____ in. to _____ ft. depth	
_____ in. to _____ ft. depth	
_____ in. to _____ ft. depth	
Height: Above/Below Surface _____ ft.	
Weight _____ lbs./ft.	
Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
8 SCREEN: <input type="checkbox"/> Not Installed	
Type _____ Diameter _____	
Slot/Gauze _____ Length _____	
Set between _____ ft. and _____ ft.	
FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check	
<input type="checkbox"/> Blank above screen _____ ft. Other _____	
9 STATIC WATER LEVEL: _____ 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 0 to 105 ft.	
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other 0-70	
No. of bags of cement _____ Additives _____	
13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____	
Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
Manufacturer's name _____	
Model number _____ HP _____ 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	

USE A 2ND SHEET IF NEEDED

15. Remarks, elevation, source of data, etc.  
**SEP 22 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWDS**

17. Rig Operator's Name:

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.

**Cribley Drilling Co., Inc. 1872**  
REGISTERED BUSINESS NAME REGISTRATION NO.

Address **8300 Dexter Chelsea Rd.**

Signed *Lawrence O'Neil* Date **10/28/92**  
AUTHORIZED REPRESENTATIVE

D67d 2/89

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

GEOLOGICAL SURVEY NO.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

**WATER WELL AND PUMP RECORD**

**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
		Town Number <b>2</b>	Range Number <b>5 E/W</b>
Distance And Direction From Road Intersection		Address <b>335 Pinewood, Ann Arbor, MI 48103</b>	
Street Address & City of Well Location		Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Locate with "X" in Section Below		Date Completed MO.   DAY   YEAR <b>10   05   92</b>	
		<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
		<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	
		6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIIb Public	
2 FORMATION DESCRIPTION		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded	
		Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No	
Well abandonment.		4 _____ in. to _____ ft. depth	
		Grouted Drill Hole Diameter _____ in. to _____ ft. depth	
		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	
		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 <b>0</b> to <b>102</b> ft.	
		<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement <b>3 Benseal</b>	
		13 Nearest source of possible contamination	
		Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
		Manufacturer's name _____ Model number _____ HP _____ 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.		16 WATER WELL CONTRACTOR'S CERTIFICATION:	
USE A 2ND SHEET IF NEEDED <b>SEP 22 1993</b> BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWDS		This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> REGISTERED BUSINESS NAME REGISTRATION NO. <b>1872</b>	
		Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> Date <b>10/5/92</b> AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name:			

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

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**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>											
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>	Town Number <b>2</b>	Range Number <b>N/S 5</b>						
Distance And Direction From Road Intersection						<b>3 OWNER OF WELL:</b>					
Street Address & City of Well Location Locate with "X" in Section Below						Address <b>353 Pinewood, Ann Arbor, MI 48103</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Sketch Map: 						<b>4 WELL DEPTH:</b> Date Completed <b>10 05 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well					
						<b>5</b> <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					
<b>2 FORMATION DESCRIPTION</b>						<b>6 USE:</b> <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public					
<b>Well abandonment.</b>						<b>7 CASING:</b> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below <b>4</b> in. to <b>100</b> ft. depth Surface _____ ft. Weight _____ lbs./ft. GROUTED DRILL HOLE DIAMETER _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth					
						<b>8 SCREEN:</b> <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 _____					
<b>9 STATIC WATER LEVEL:</b> _____ ft. below land surface <input type="checkbox"/> Flow						<b>10 PUMPING LEVEL:</b> below land surface _____ ft. after _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.					
<b>11 WELL HEAD COMPLETION:</b> <input type="checkbox"/> Pitless adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit						<b>12 WELL GROUTED?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>100</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <b>3 Benseal</b>					
<b>13 Nearest source of possible contamination</b> Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						<b>14 PUMP:</b> <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					
USE A 2ND SHEET IF NEEDED						<b>15. Remarks, elevation, source of data, etc.</b>					
SEP 22 1993 BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWDS						<b>16. WATER WELL CONTRACTOR'S CERTIFICATION:</b> This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.					
						Registered Business Name: <b>Cribley Drilling Co., Inc.</b> REGISTRATION NO. <b>1872</b> Address: <b>8300 Dexter Chelsea Rd., Dexter, 48100</b> Signed: <i>[Signature]</i> AUTHORIZED REPRESENTATIVE					
17. Rig Operator's Name:						Authority: Act 368 PA 1978 Completion: Required Penalty: Conviction of a violation of any provision is a misdemeanor.					



**ABANDONED WATER WELL AND PUMP RECORD**

Completion is required under authority of Part 127 Act 368 PA 1978.

Well ID: 81000015217

Failure to comply is a misdemeanor.

<b>Tax No:</b>	<b>Permit No:</b>	<b>County:</b> Washtenaw		<b>Township:</b> Ann Arbor	
<b>Well ID: 81000015217</b>		<b>Fraction:</b> NW¼ SW¼ SE¼	<b>Section:</b> 24	<b>Town/Range:</b> 02S 06E	<b>French Claim:</b> WSSN:
		<b>Distance and Direction from Road Intersection:</b> 250 yard south of Dexter Rd on the West side of Pinewood Street			
Elevation:		<b>Well Name:</b>			
Latitude:		<b>Well Owner:</b> Mr. Rusty Andres			
Longitude:		<b>Well Address:</b> 359 Pinewood St. Ann Arbor MI 48103		<b>Owner Address:</b> 359 Pinewood St. Ann Arbor MI 48103	

<b>Drilling Method:</b> Unknown		<b>Casing Status After Plugging:</b> 8.00 ft. Below Grade	
<b>Date of Well Plugging:</b> 10/12/2004	<b>Well Use:</b> Household	<b>Inside Wellhead Protection Area:</b>	
<b>Well Construction Type:</b> Drift well	<b>Date Well Constructed:</b>	<b>Funding Source:</b>	
<b>Casing Type:</b> Steel - black		<b>Reason for Abandoning Well:</b> Well no longer needed	
<b>Diameter:</b> 4.00 in. to 127.00 ft. depth		<b>Abandonment Method:</b> Poured from surface	
<b>Note:</b> Cutting Casing off 4 feet below grade is recommended.		<b>Active Well Id:</b>	
<b>Pumping Equipment Removed:</b> Yes		<b>Equipment Removed:</b> Check valve, Drop pipe, Electrical wiring, Pitless adapter spool, Submersible pump	

<b>Original Well Depth:</b>	<b>Reference Point:</b> SE Corner of House
<b>Measured Well Depth:</b> 127.00 ft.	<b>Direction:</b> South <b>Distance:</b> 3.00 ft.
<b>Measured SWL:</b>	

Plugging Material	From(ft)	To(ft)	Quantity	Quantity Unit
Bentonite chips/pellets	8.00	127.00	15.00	Bags

**Plugging Remarks:**

**Note:**Plugging from well bottom up to ground surface is required

<b>Certification:</b> Water well drilling contractor	<b>Business Name:</b> Stearns Drilling
<b>Registration Number:</b> 1095	<b>Address:</b> 6974 Hammond SE, Dutton, MI 49316
<b>Registered Representative:</b> Richard Herron	
<b>Contractor Identification:</b>	

<b>General Remarks:</b> Well is located in a basement offset. Well cut off flush with the floor.	<b>WATER WELL CONTRACTOR'S CERTIFICATION:</b>
	This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief
	Signature of Registered Representative      Date

**ATTENTION WELL OWNER: FILE WITH DEED**

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

LOCATION OF WELL										
County	Township Name	Fraction	Section Number	Town Number	Range Number					
Washtenaw	Scio	NW¼ NE¼ SW¼	24	2	X/S	5	E/X			
Distance And Direction From Road Intersection						3 OWNER OF WELL:				
Street Address & City of Well Location						Address 366 Pinewood, Ann Arbor, MI 48103				
Locate with "X" in Section Below						Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Sketch Map:						4 WELL DEPTH: <u>111</u> FT. <input checked="" type="checkbox"/> Date Completed MO. <u>10</u> DAY <u>05</u> YEAR <u>92</u> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well				
						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>				
						6 USE: <input 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"/>				
2 FORMATION DESCRIPTION						7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded				
						4 in. to <u>111</u> ft. depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth <input type="checkbox"/> No				
Well Abandonment.						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 _____ hrs. pumping at _____ G.P.M. _____ ft. after _____ hrs. pumping at _____ G.P.M.				
						11 WELL HEAD COMPLETION: <input type="checkbox"/> Pitless adaptor <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 <u>0</u> to <u>111</u> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <u>cement</u> No. of bags of cement <u>4</u> <u>Bansal</u>				
						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
						14 PUMP: <input type="checkbox"/> Not installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons				
15. Remarks, elevation, source of data, etc. <b>SEP 22 1993</b>						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.				
17. Rig Operator's Name:						Cribley Drilling Co., Inc. <u>1872</u>				
						REGISTERED BUSINESS NAME REGISTRATION NO. Address <u>8300 Dexter Chelsea Rd., Dexter 48130</u>				
						Signed <u>[Signature]</u> Date <u>10/5/92</u> AUTHORIZED REPRESENTATIVE				

D67d 2/89

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWDS**

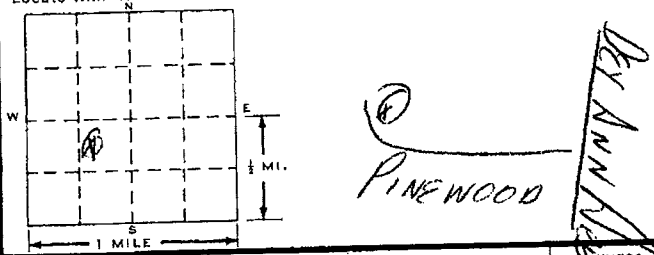
GEOLOGICAL SURVEY COPY

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

GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

**PERMIT NUMBER**

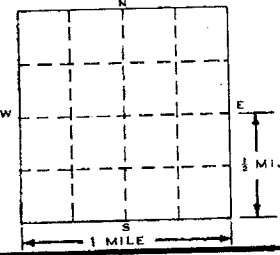
<b>1 LOCATION OF WELL</b>		<b>3 OWNER OF WELL:</b>	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
		Town Number <b>2</b>	Range Number <b>5</b>
Distance And Direction From Road Intersection  <b>Well in pit under front porch.</b>		Address <b>367 Pinewood, Ann Arbor, 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address & City of Well Location Locate with "X" in Section Below		4 WELL DEPTH: <b>100 FT.</b> Date Completed MO. DAY YEAR <b>09 11 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
Sketch Map: 		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>	
		6 USE: <input 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"/>	
2 FORMATION DESCRIPTION		7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below <b>4</b> in. to <b>100</b> ft. depth Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth	
		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"/> Bromer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____	
Well Abandonment. Pulled pump out, pressure grouted well shut with 3 bags Benseal and 3 bags hole plug.		9 STATIC WATER LEVEL: _____ 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 <b>0</b> to <b>100</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>hole plug</b> No. of bags of cement _____ Additives _____	
		13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons	
15. Remarks, elevation, source of data, etc.  <b>SEP 22 1993</b> <b>BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH GWOS</b>		16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  <b>1872</b> <b>Cribley Drilling Co., Inc.</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signature <i>[Signature]</i> DATE <b>9/12/92</b> AUTHORIZED REPRESENTATIVE	
17. Rig Operator's Name: _____		Authority: <b>Act 368 PA 1978</b> Completion: <b>Required</b> Penalty: <b>Conviction of a violation of any provision is a misdemeanor.</b>	

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GEOLOGICAL SURVEY COPY

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

<b>PERMIT NUMBER</b>							

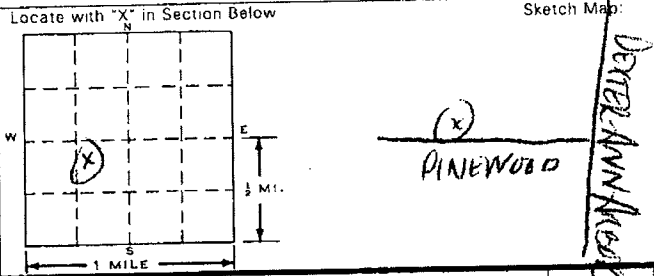
<b>1 LOCATION OF WELL</b>		County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>		Section Number <b>24</b>		Town Number <b>2 XYS</b>		Range Number <b>5 EXXX</b>	
Distance And Direction From Road Intersection  <b>Well at east side of garage.</b>						3 OWNER OF WELL:  Address <b>380 Pinewood Dr., Ann Arbor 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below 						4 WELL DEPTH: <b>110 FT.</b> Date Completed <b>09 03 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
2 FORMATION DESCRIPTION  <b>Well abandonment.</b> <b>Used 3 bags Benseal, pressure grouted well shut after pulling pump. Cut off casing below grade.</b>						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE <input 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 checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>4</b> in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No							
						8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bromer 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 _____ 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 <b>0</b> to <b>110</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <b>3 X</b> Additives _____							
						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons							
15. Remarks, elevation, source of data, etc.  <b>SEP 22 1993</b>						16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> <span style="float: right;">1872</span> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> Date <b>9/12/92</b> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name: _____						Authority: <b>Completion:</b> Penalty: _____ Act 368 PA 1978 Required Conviction of a violation of any provision is a misdemeanor.							



GEOLOGICAL SURVEY NO.

# MICHIGAN DEPARTMENT OF PUBLIC HEALTH WATER WELL AND PUMP RECORD

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>		Section Number <b>28 24</b>		Town Number <b>2 N/S</b>		Range Number <b>5 E/W</b>	
Distance And Direction From Road Intersection						3 OWNER OF WELL: Address <b>415 Pinewood, Ann Arbor, MI 48103</b> Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below						4 WELL DEPTH: <b>103 FT.</b> Date Completed <b>10/05/92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Sketch Map: 						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							
						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							
2 FORMATION DESCRIPTION <b>Well abandonment.</b>						7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Diameter: <b>4</b> in. to <b>103</b> ft depth Height: Above/Below Surface _____ ft. Weight _____ lbs./ft. GROUTED DRILL HOLE DIAMETER: _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No							
						8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremor 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 _____ 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 <b>0</b> to <b>103</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>cement</b> No. of bags of cement <b>3</b> <b>Benseal</b> Additives							
						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.						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.							
17. Rig Operator's Name:						Cribley Drilling Co., Inc. <b>1872</b> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> Date <b>10/5/92</b> AUTHORIZED REPRESENTATIVE							

USE A 2ND SHEET IF NEEDED

SEP 22 1993

BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH SERVICES

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

GEOLOGICAL SURVEY NO. [ ]

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
WATER WELL AND PUMP RECORD

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
PERMIT NUMBER

1 LOCATION OF WELL		Township Name		Fraction	Section Number	Town Number	Range Number
County <b>Washtenaw</b>		<b>Scio</b>		<b>NW 1/4 NE 1/4 SW 1/4</b>	<b>24</b>	<b>2 x/W/S</b>	<b>5 E/W</b>
Distance And Direction From Road Intersection  <b>Well on side of house near gas meter.</b>				3 OWNER OF WELL:  Address <b>424 Pinewood, Ann Arbor 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Street Address & City of Well Location Locate with "X" in Section Below				Sketch Map: 			
2 FORMATION DESCRIPTION		THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM		4 WELL DEPTH: Date Completed MO. DAY YEAR		
<b>Well abandonment.</b>					<b>104 FT.</b> <b>09 11 92</b>		
<b>Pulled pump and pressure grouted well shut with 2.5 bags Benseal and cut casing off below grade.</b>					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"/> Jatted <input type="checkbox"/>		
					6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		
					7 CASING: Diameter <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Plastic <input type="checkbox"/> Welded Height: Above/Below <b>4</b> in. to _____ ft. depth Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shon <input type="checkbox"/> Yes <input type="checkbox"/> No		
					8 SCREEN: <input type="checkbox"/> Not Installed Type _____ Diameter _____ Slot/Gauze _____ Length _____ Set between _____ ft. and _____ ft. FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check <input type="checkbox"/> Blank above screen _____ ft. Other _____		
					9 STATIC WATER LEVEL: _____ 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 <b>0</b> to <b>104</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement <b>2.5</b> Additives _____		
					13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
					14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.		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.					
17. Rig Operator's Name:		BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWOS				Cribley Drilling Co., Inc. 1872 REGISTERED BUSINESS NAME REGISTRATION NO.	
						Address <b>8300 Dexter Chelsea Rd., Dexter 48130</b>	
						Signed <i>[Signature]</i> Date <b>9/12/92</b> AUTHORIZED REPRESENTATIVE	

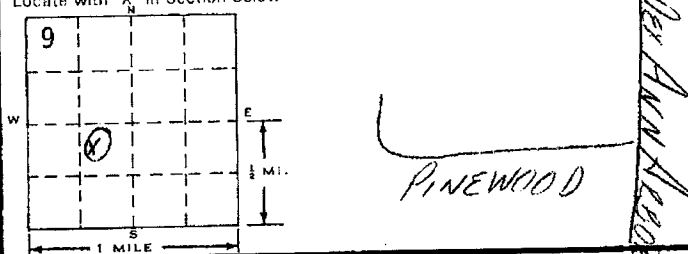
D67d 2/89

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

GEOLOGICAL SURVEY NO.

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

PERMIT NUMBER

<b>1 LOCATION OF WELL</b>		County <b>Washtenaw</b>		Township Name <b>Scio</b>		Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>		Section Number <b>24</b>		Town Number <b>2</b> <small>X XVS</small>		Range Number <b>5</b> <small>E/W</small>	
Distance And Direction From Road Intersection  <b>Well along side of house in pit, under sidewalk</b>						3 OWNER OF WELL:  Address <b>436 Pinewood, Ann Arbor 48103</b> Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Street Address & City of Well Location Locate with "X" in Section Below						4 WELL DEPTH: Date Completed <b>96 FT.</b> <b>09 11 92</b> <input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well							
Sketch Map: 						5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>							
						6 USE: <input 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"/>							
2 FORMATION DESCRIPTION						7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded Diameter <input type="checkbox"/> Plastic <input type="checkbox"/> Height: Above/Below <b>4</b> in. to _____ ft. depth Surface _____ ft. Weight _____ lbs./ft. Grouted Drill Hole Diameter _____ in. to _____ ft. depth Drive Shoe <input type="checkbox"/> Yes <input type="checkbox"/> No _____ in. to _____ ft. depth							
						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 _____							
Well Abandonment.  Pulled pump, pressure grouted old well shut with 2.5 bags Benseal and 1 bag hole plug.						9 STATIC WATER LEVEL: _____ 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 <b>0</b> to <b>96</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>hole plug</b> No. of bags of cement <b>2.5</b> Additives <b>1</b>							
						13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
						14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of Drop Pipe _____ ft. capacity _____ G.P.M. TYPE: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet _____ PRESSURE TANK: Manufacturer's name _____ Model number _____ Capacity _____ Gallons							
15. Remarks, elevation, source of data, etc.  <b>USE A 2ND SHEET IF NEEDED</b>						16. WATER WELL CONTRACTOR'S CERTIFICATION: I certify that this well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Cribley Drilling Co., Inc.</b> <span style="float: right;">1872</span> REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>8300 Dexter chelsea Rd., Dexter 48130</b> Signed <i>[Signature]</i> DATE <b>9/12/92</b> AUTHORIZED REPRESENTATIVE							
17. Rig Operator's Name:													

**SEP 22 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-SWCS**

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

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**ABANDONED WELL PLUGGING RECORD**

TAX NO:

PERMIT NO:

1. LOCATION OF WELL  
 County Washtenaw Township Name Scioto Fraction NE 1/4 SW 1/4 SW 1/4 Section No. 24 Town No. 2 Range No. 5 EW

Distance and Direction from Road Intersection 2nd To Last  
House  
 Street Address & City of Well Location

12. OWNER OF WELL John Psychas  
 Address 330 ROSE  
AZ ME  
 Address Same as Well Location  Yes  No

2. WELL DEPTH: 83 ft.  
 3. Date Plugging Completed 7/20/98

13. DROP PIPE/PUMPING EQUIPMENT REMOVED  
 Yes  No (Explain in COMMENTS)

4. USE:  Single Family  Type I Public  Heat Pump  
 Irrigation  Type II Public   
 Test Well  Type III Public

14. PLUGGING MATERIAL:  
 Bentonite Chips from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags  
 Bentonite Pellets from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 50# bags  
 Bentonite Grout from 0 ft. to 83 ft. 2 50# bags  
 Neat Cement from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
 Cement Grout from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. \_\_\_\_\_ 94# bags  
 Other \_\_\_\_\_

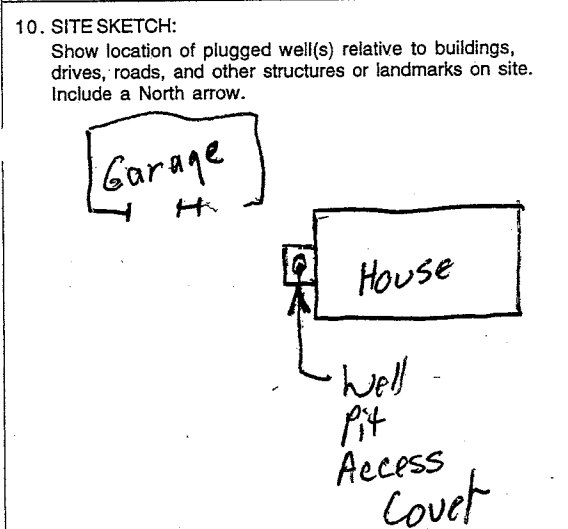
5. REASON FOR ABANDONING WELL  New Well Drilled  
 Municipal Water Hookup  Unrepairable  
 Other \_\_\_\_\_

6. CASING: 4" in. dia. to \_\_\_\_\_ ft. depth.  
 \_\_\_\_\_ in. dia. to \_\_\_\_\_ ft. depth

7. CASING MATERIAL  
 Steel  Other \_\_\_\_\_  
 Plastic

8. CASING STATUS AFTER PLUGGING  
 Buried 0 ft. below grade  Removed  
 Above Grade \_\_\_\_\_ in.

9. FLOWING WELL:  Yes  No



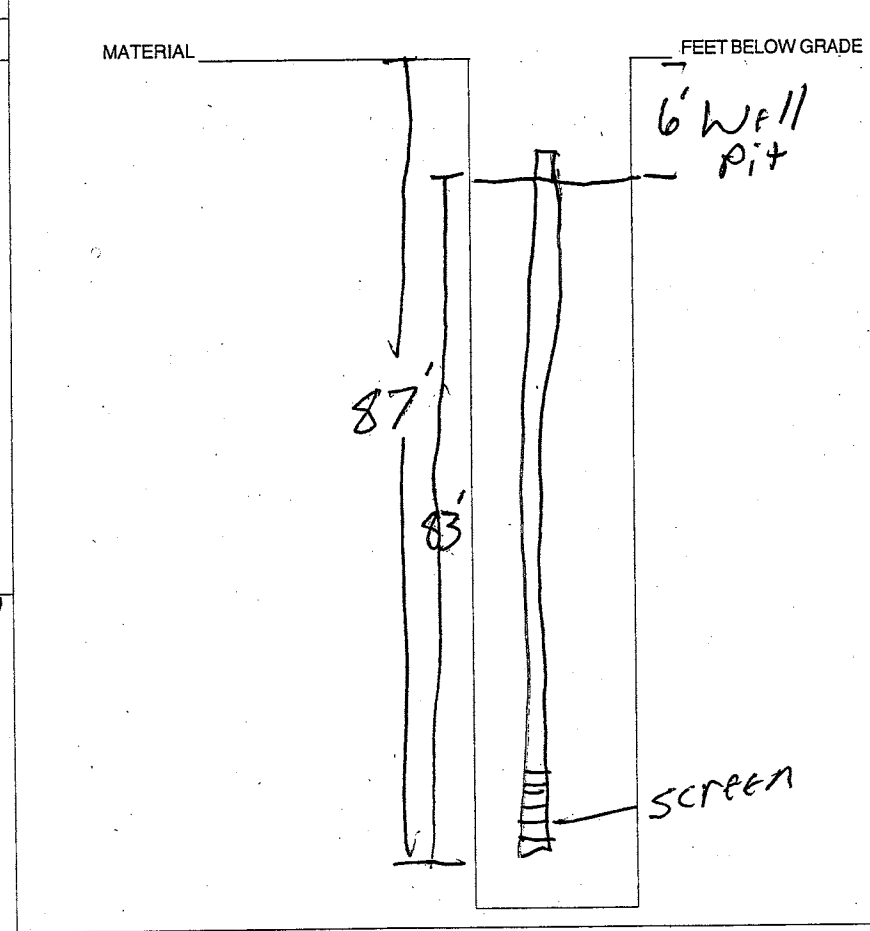
11. COMMENTS cut well off level  
w/ Floor

RECEIVED  
 AUG 5 1998  
 BY A/P

NOTE: Plugging from well bottom up to ground surface is required.

15. LOST CIRCULATION ZONE MATERIALS USED  Yes  No  
 Type \_\_\_\_\_ Quantity \_\_\_\_\_ Placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

16. PLUGGING SKETCH (Complete if combination of materials was used.)  
 Show type of plugging materials and interval plugged.



17. WATER WELL CONTRACTOR'S CERTIFICATION:  
 This well was plugged under my jurisdiction and this report is true to the best of my knowledge and belief.  
Cribley Drilling Co. Inc. 81-1872  
REGISTERED BUSINESS NAME REGISTRATION NO.  
 Address 3300 Dex-Chelsea Rd  
 Signed Bernard D. Galt Date 7-20-98  
AUTHORIZED REPRESENTATIVE

**IMPORTANT: File with deed.**

WELL OWNER COPY

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

GEOLOGICAL SURVEY NO.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

1 LOCATION OF WELL		3 OWNER OF WELL:	
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
Distance And Direction From Road Intersection <b>Well in pit in <del>front</del> of house Back</b>		Address <b>410 <del>N</del> Rose Dr., Ann Arbor, 48103</b>	Town Number <b>2</b> RYS
Street Address & City of Well Location <b>410 <del>N</del> Rose Dr., Ann Arbor, MI</b>		Address Same As Well Location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Range Number <b>5</b> E/WX
Locate with "X" in Section Below		4 WELL DEPTH: <b>105 FT.</b> Date Completed <b>09 12 92</b>	
Sketch Map: 		<input type="checkbox"/> New Well <input type="checkbox"/> Replacement Well	
2 FORMATION DESCRIPTION		5 <input type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jettied	
Well abandonment.		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	
Pulled pump and grouted the well		7 CASING: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Plastic <input type="checkbox"/> Diameter _____	
shut with 3 bags of Benseal and		Height: Above/Below Surface _____ ft. Weight _____ lbs/ft.	
4 bags of hole plug.		4 in. to _____ ft. depth _____ in. to _____ ft. depth Grouted Drill Hole Diameter _____ in. to _____ ft. depth _____ in. to _____ ft. depth	
THICKNESS OF STRATUM		8 SCREEN: <input type="checkbox"/> Not Installed	
DEPTH TO BOTTOM OF STRATUM		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 _____ 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 <b>0</b> to <b>105</b> ft. <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Other <b>hole plug</b> No. of bags of cement <b>3</b> bags additives <b>4</b> bags	
		13 Nearest source of possible contamination Type _____ Distance _____ ft. Direction _____ Well disinfected upon completion? <input type="checkbox"/> Yes <input type="checkbox"/> No Was old well plugged? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only Manufacturer's name _____ 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.		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		Cribley Drilling Co., Inc. <b>1872</b>	
SEP 22 1993		REGISTERED BUSINESS NAME REGISTRATION NO.	
BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH-GWOS		Address <b>8300 Dexter Chelsea Rd., Dexter, 48130</b>	
17. Rig Operator's Name:		Signed <i>[Signature]</i> Date <b>9/12/92</b>	
		AUTHORIZED REPRESENTATIVE	

D67d 2/89

GEOLOGICAL SURVEY COPY

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

GEOLOGICAL SURVEY NO.

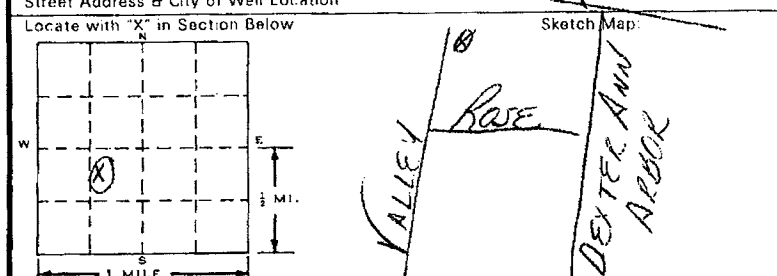
MICHIGAN DEPARTMENT OF PUBLIC HEALTH

WATER WELL AND PUMP RECORD

PERMIT NUMBER

4 LOCATION OF WELL			
County <b>Washtenaw</b>	Township Name <b>Scio</b>	Fraction <b>NW 1/4 NE 1/4 SW 1/4</b>	Section Number <b>24</b>
		Town Number <b>2</b>	Range Number <b>5</b>

Distance And Direction From Road Intersection  
**Well in pit in front of house.**



3 OWNER OF WELL:

Address  
**3270 Valley Dr., Ann Arbor, MI 48103**

Address Same As Well Location?  Yes  No

4 WELL DEPTH: Date Completed

**175 FT.** **09 12 92**

New Well  
 Replacement Well

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

**4** in. to **125** ft. depth

Grouted Drill Hole Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft. depth

Height: Above/Below Surface \_\_\_\_\_ ft. Weight \_\_\_\_\_ lbs./ft.

Drive Shoe  Yes  No

2 FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

**Well Abandonment.**

**Pump pulled and grouted shut to 125' with 4 bags of Benseal and 1/4 bag of cement.**

8 SCREEN  Not Installed

Type \_\_\_\_\_ Diameter \_\_\_\_\_

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

Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft.

FITTINGS:  K-Packer  Load Packer  Bremor Check  
 Blank above screen \_\_\_\_\_ ft. Other \_\_\_\_\_

9 STATIC WATER LEVEL: \_\_\_\_\_ ft. below land surface  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:  Pitless adapter  12" above grade  
 Basement offset  Approved pit

12 WELL GROUDED?  No  Yes From **0** to **125** ft.

Neat cement  Bentonite  Other \_\_\_\_\_

No. of bags of cement \_\_\_\_\_ Additives \_\_\_\_\_

13 Nearest source of possible contamination

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

Well disinfected upon completion?  Yes  No  
Was old well plugged?  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.

USE A 2ND SHEET IF NEEDED

**SEP 22 1993**

**BUREAU OF ENVIRONMENTAL AND OCCUPATIONAL HEALTH**

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.

**Cribley Drilling Co., Inc.** **1872**

REGISTERED BUSINESS NAME REGISTRATION NO.

Address **8300 Dexter Chelsea Rd., Dexter 48130**

Signed **Spencer Clark** Date **9/10/92**

AUTHORIZED REPRESENTATIVE

D67d 2/89

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