




SUBDIVISION AND CONDOMINIUM SITE REPORT

*This information is required under authority of 1978 PA 368, 1978 PA 59, and 1967 PA 288.
Review cannot be completed without providing this information.*

1. SUB <input type="checkbox"/> CONDO <input checked="" type="checkbox"/>	2. NAME OF PROPOSED SUB/CONDO Buena Vista	3. COUNTY Kent	4. SECTION & TOWNSHIP Section 26, Vergennes Township
5. PROPRIETOR Bruce Langlois		6. ADDRESS 13315 Beckwith Dr., Lowell, MI 49331	
7. INTENDED USE: Single Family <input checked="" type="checkbox"/> Two Family <input type="checkbox"/> Multiple Family <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other <input type="checkbox"/> _____			
8. ADJACENT PROPERTY: (a) Same Ownership? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (b) Public Ownership? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (c) Developed? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, type of development <u>Single Family Residential</u>			
9. NUMBER OF ACRES 28.7	10. NUMBER OF LOTS/UNITS 14	11. MINIMUM LOT/UNIT AREA (Ft²) 0.6 acre = 26,136 ft ²	
12. WATER SUPPLY Distance to nearest existing public water system <u>7,950 feet</u> Is a public water system, all or in part, intended to be utilized for this development? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, type: <input type="checkbox"/> Municipal: Name _____ or <input type="checkbox"/> Community System Serving Proposal <input checked="" type="checkbox"/> This development will utilize individual wells. Attach information to support suitability of the water supply such as well record data, water sample results, yield or performance testing data, and other hydrogeological information. (See Rules 404 thru 415) COMMENTS: <u>Water well and pump record is attached.</u>			
13. WASTEWATER TREATMENT AND DISPOSAL Distance to nearest existing public sewer system <u>8,670 feet</u> Is a public sewer system, all or in part, intended to be utilized for this development? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, type: <input type="checkbox"/> Municipal: Name _____ or <input type="checkbox"/> Community System Serving Proposal <input checked="" type="checkbox"/> This development will utilize individual on-site systems. Attach or record on the preliminary plat, a report of soil profile evaluations to a minimum of six (6) feet (using the USDA classification system). The report shall include soil horizon depths, soil texture, soil structure, soil mottling, and depth to high groundwater elevation or bedrock. (See Rules 416, 420, and 421) COMMENTS: <u>Soil information is attached.</u>			
14. ENGINEER/SURVEYOR COMPLETING SITE REPORT FORM Name: <u>Kyle Visker, PE</u> LICENSE #: <u>57289</u> Firm: <u>Land & Resource Engineering</u> Address: <u>2121 3 Mile Rd NW</u> <u>Walker, MI 49544</u> Engineer/Surveyor statement of site suitability for on-site water supply and/or on-site sewage treatment and disposal. See Rule 403(g). Include statement below or attach. <u>On-site sewage treatment and disposal is suitable for the proposed Buena Vista Condominium based on acceptable soils found in test pits dug for each lot. On-site water supply is suitable for the proposed Buena Vista Condominium based on test well results meeting the required 4 hour pump test at 10 gallons / minute and acceptable water quality.</u> Signed: <u></u> Date: <u>1/31/2020</u>			

The Department of Environmental Quality, Onsite Wastewater Program, or authorized local health department, receives 3 copies of the site report if a public water or public sewerage system is not available.



MICHIGAN DEPARTMENT OF ENVIRONMENTAL QUALITY
DRINKING WATER AND MUNICIPAL ASSISTANCE DIVISION

WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 of 1978 PA 368, as amended.
Failure to comply is a misdemeanor.

TAX NUMBER		PERMIT NUMBER		
LATITUDE 42.97167	LONGITUDE 85.35006	COUNTY Ken +	TOWNSHIP Vergennes	
DISTANCE & DIRECTION FROM ROAD INTERSECTION 1/4 mile N of Bailey 200 yds E off Lincoln Lake off Triple Oak		WELL STREET ADDRESS, CITY/ZIP	WSSN	SOURCE ID/WELL NO.
DRILLING METHOD <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Cable Tool <input type="checkbox"/> Hollow Rod <input type="checkbox"/> Jetted <input type="checkbox"/> Auger/Bored <input type="checkbox"/> Other <input type="checkbox"/> Rotary w/Casing Hammer <input type="checkbox"/> Cable Tool w/Casing Hammer		WELL OWNER NAME Bruce Langlois	SECTION 27	TOWN NO. 7N
WELL DEPTH 222 ft.	WELL USE <input type="checkbox"/> Household <input type="checkbox"/> Type I Public <input type="checkbox"/> Heat Pump-Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Type II Public <input type="checkbox"/> Heat Pump-Return <input type="checkbox"/> Industrial <input type="checkbox"/> Type III Public <input type="checkbox"/> Other <input checked="" type="checkbox"/> Test Well	ADDRESS 12613 Burroughs, NE Lowell	RANGE NO. 9W	OWNER ADDRESS SAME AS WELL ADDRESS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DATE COMPLETED 01/21/20	WELL TYPE <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Dry Hole <input type="checkbox"/> Boring (Uncased) <input type="checkbox"/> Deepening	CITY/ZIP Lowell	PUMP <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only	
CASING Type <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Steel-Black <input type="checkbox"/> Steel-Galvanized <input type="checkbox"/> Other	Joint <input checked="" type="checkbox"/> Glued <input type="checkbox"/> Splice <input type="checkbox"/> Welded <input type="checkbox"/> Threaded	Manufacturer	Manufacturer	
Diameter 5 in. to 180 ft. depth 21 SDR 5 in. to 217 ft. depth 17 SDR	Height Above Grade ft. Fittings <input type="checkbox"/> Drive Shoe <input type="checkbox"/> Shale Packer	Model Number HP _____ Volts _____	Pump Capacity G.P.M. _____ Drawdown Seal Installed <input type="checkbox"/>	
BOREHOLE Diameter 8 3/4 in. to 222 ft. depth in. to _____ ft. depth	STATIC WATER LEVEL 154.11 ft. Below Grade <input type="checkbox"/> Flowing Flow Rate Before Control _____ G.P.M.	Length of Drop Pipe ft. Diameter of Drop Pipe in.	PRESSURE TANK <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Buried Type <input type="checkbox"/> Diaphragm/Bladder <input type="checkbox"/> Galvanized	
WELL YIELD TEST Pumping Level 157.63 after 4 hrs pumping at 13 G.P.M. <input type="checkbox"/> Air <input type="checkbox"/> Bailor <input type="checkbox"/> Plunger <input checked="" type="checkbox"/> Test Pump	SCREEN <input type="checkbox"/> Not Installed <input checked="" type="checkbox"/> Filter-Packed Diameter 5 in. Material <input checked="" type="checkbox"/> Stainless Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other	Formation Description	Thickness of Stratum	Depth to Bottom of Stratum
SCREEN Slot 20 Length 5 ft. From 217 ft. To 222 ft. Slot _____ Length _____ ft. From _____ ft. To _____ ft.	INSTALLATION <input type="checkbox"/> Telescoped <input checked="" type="checkbox"/> Attached	Clay	12	12
FITTINGS <input type="checkbox"/> Neoprene Packer <input type="checkbox"/> Bremer Check	BLANK <input type="checkbox"/> Above <input type="checkbox"/> Other	Clay, Sand, + Stones	168	180
WELL GROUDED <input checked="" type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Bentonite Dry Granular <input type="checkbox"/> Neat Cement <input type="checkbox"/> Neat Cement with Bentonite <input type="checkbox"/> Concrete No. of Bags 22	ADDITIVES <input type="checkbox"/> Lost Circulation Material <input type="checkbox"/> Accelerator <input type="checkbox"/> Retarder	clay	20	210
METHOD <input checked="" type="checkbox"/> Grout pipe outside casing <input type="checkbox"/> Driven dry grout <input type="checkbox"/> Grout pipe inside casing <input type="checkbox"/> Displacement plug	WELLHEAD COMPLETION <input type="checkbox"/> Pitless Adapter <input checked="" type="checkbox"/> 12 in. Above Grade <input type="checkbox"/> Basement Offset <input type="checkbox"/> Well House	Sand + Stones	22	222
NEAREST SOURCE OF POSSIBLE CONTAMINATION Type NONE Distance _____ ft. Direction _____ Type _____ Distance _____ ft. Direction _____	ABANDONED WELL PLUGGED <input type="checkbox"/> Yes <input type="checkbox"/> No Latitude _____ Longitude _____	USE SECOND SHEET IF NECESSARY		
Casing Diameter _____ in. Depth _____ ft.	PLUGGING MATERIAL <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite Slurry <input type="checkbox"/> Cement/ Bentonite Slurry <input type="checkbox"/> Concrete Grout <input type="checkbox"/> Bentonite Chips	DRILLING MACHINE OPERATOR <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Subcontractor Name DAVE		
No. of Bags _____ Casing Removed? <input type="checkbox"/> Yes <input type="checkbox"/> No	REMARKS	PUMP INSTALLER (if different from drilling machine operator.) Name _____		
ATTENTION WELL OWNER. FILE WITH DEED		WATER WELL CONTRACTOR'S CERTIFICATION: This well and/or pump installation was performed under my registration. Dyer 2227 Registered Business Name _____ Registration No. _____ Address 7300 Millet City/State/Zip Lowell, MI Signature of Registered Contractor W Dyer Date 01/21/20		

CLIENT: Dyer Well Drilling	Collection Date: 1/16/2020 1:25:00 PM
Project: Buena Vista	Received Date: 1/16/2020 2:20:00 PM
Lab ID: 2001652-01	Matrix: DRINKING WATER
Client Sample ID: Buena Vista, Lowell	Sampled By: Mike
Location:	

Analyses	Result	RL	Qual	Units	MCL	Date Analyzed
METALS, DRINKING WATER						
				EPA 200.7		Analyst: DV
Iron	1.69	0.0400		mg/L		1/20/2020 12:30:00 PM
Sodium	13.6	0.100		mg/L		1/20/2020 12:30:00 PM
ARSENIC, DRINKING WATER						
				EPA 200.8		Analyst: KS
Arsenic	< 0.00100	0.00100		mg/L	0.0100	1/20/2020 6:27:48 PM
COLIFORM BY PRESENCE-ABSENCE						
				READYCULT		Analyst: PS
Coliform, Total	Absent			P/A		1/16/2020 3:00:00 PM
E. coli	Absent			P/A		1/16/2020 3:00:00 PM
ANIONS BY ION CHROMATOGRAPHY						
				EPA 300.0		Analyst: KS
Fluoride	0.290	0.100		mg/L	4.00	1/16/2020 7:15:00 PM
Chloride	3.04	0.200		mg/L		1/16/2020 7:15:00 PM
Nitrite	< 0.100	0.100		mg/L	1.00	1/16/2020 7:15:00 PM
Nitrate	< 0.100	0.100		mg/L	10.0	1/16/2020 7:15:00 PM
Sulfate	27.5	0.500		mg/L		1/16/2020 7:15:00 PM
Total Nitrate & Nitrite	< 0.100	0.100		mg/L	10.0	1/16/2020 7:15:00 PM
HARDNESS, TOTAL						
				EPA 130.1		Analyst: AB
Hardness (As CaCO3)	273	10.0		mg/L CaCO3		1/17/2020 11:31:57 AM

Qualifiers:

- * Value exceeds Maximum Contaminant Level
- D Dilution was required
- J Analyte detected below quantitation limits
- PL Permit Limit

- < Not Detected at the Reporting Limit
- H Holding times for preparation or analysis exceeded
- MCL Maximum Contaminant Level
- RL Reporting Limit

Original
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KENT COUNTY HEALTH DEPARTMENT



ENVIRONMENTAL HEALTH DIVISION
700 Fuller Avenue N.E.
Grand Rapids, Michigan 49503
Phone: (616) 632-6900
FAX: (616) 632-6892
Email: KCHDmail@kentcountymi.gov
www.accesskent.com/Health

Adam London, RS, MPA
ADMINISTRATIVE HEALTH OFFICER

1:20 pm

4 HOUR PUMP TEST DATA SHEETDATA FOR PUMPED WELL

Date of pump test: 1/16/20 Pumping rate: 70 GPM. Rest period: _____ hours
Static water level: 154.11 feet. Distance from pumped well to discharge: 15 feet.
Water level measured by: air gauge, electrical meter, other _____
Pump test conducted by: DAVE

ADJACENT WELL/WELLS

Distance to nearest well operating during test: 350 feet.
Was nearest well pumped at a constant rate or shut down during pump test? Yes _____ No _____

PUMPED WELL

TIME	ELAPSED TIME IN MINUTES	DEPTH TO WATER IN FEET	STATIC WATER IN FEET	REMARKS
HOURL (0 TO 15 MIN)	AT 0 MINUTE	154.11		
	1 MINUTE	156.92		
	2 MINUTES	157.15		
	3 MINUTES	157.21		
	4 MINUTES	157.29		
	5 MINUTES	157.30		
	6 MINUTES	157.30		
	7 MINUTES	157.34		
	8 MINUTES	157.35		
	9 MINUTES	157.37		
	10 MINUTES	157.37		
	11 MINUTES	157.38		
	12 MINUTES	157.40		
	13 MINUTES	157.40		
	14 MINUTES	157.42		
	15 MINUTES	157.42		

Development Name: _____

Address: _____ Township: _____

Pump Model #

10FV1P4-2W230

CASING 12" ABOVE
GRADE. ALL MEASUREMENTS
TAKEN AT TOP OF CASING.

WELL RECOVERY DATA SHEET

TIME	ELAPSED TIME IN MINUTES	DEPTH TO WATER IN FEET	STATIC WATER IN FEET	REMARKS
HOUR 1 (0 TO 15 MIN)	AT 0 MINUTE			
	1 MINUTE	153.58		
	2 MINUTES	154.11		
	3 MINUTES			
	4 MINUTES			
	5 MINUTES			
	6 MINUTES			
	7 MINUTES			
	8 MINUTES			
	9 MINUTES			
	10 MINUTES			
	11 MINUTES			
	12 MINUTES			
	13 MINUTES			
	14 MINUTES			
	15 MINUTES	✓		
HOUR 1 (15 TO 60 MIN)	AT 15 MINUTES			
	20 MINUTES			
	25 MINUTES			
	30 MINUTES			
	35 MINUTES			
	40 MINUTES			
	45 MINUTES			
	50 MINUTES			
	55 MINUTES			
	60 MINUTES			
HOUR 2 (60 TO 120 MIN)	AT 60 MINUTES			
	90 MINUTES			
	120 MINUTES			
HOUR 3 (120 TO 180 MIN)	AT 120 MINUTES			
	150 MINUTES			
	180 MINUTES			
HOUR 4 (180 TO 240 MIN)	AT 180 MINUTES			
	210 MINUTES			
	240 MINUTES			