



# NORTH WEST REALTY, LLC

9326 S. M-37 | P.O. BOX 843 | BALDWIN, MI 49304

OFFICE (231) 745-4646 | FAX (231) 745-4647

www.cbnwr.com

## Seller's Disclosure Statement

Property address: 5930 S Merrillville Rd Baldwin Mi 49304 MICHIGAN  
Street City, Village, or Township

**Purpose of Statement:** This statement is a disclosure of the condition of the property in compliance with the Seller Disclosure Act. This statement is a disclosure of the condition and information concerning the property, known by the Seller. Unless otherwise advised, the Seller does not possess any expertise in construction, architecture, engineering or any other specific area related to the construction or condition of the improvements on the property or the land. Also, unless otherwise advised, the Seller has not conducted any inspection of generally inaccessible areas such as the foundation or roof. This statement is not a warranty of any kind by the Seller or by any Agent representing the Seller in this transaction, and is not a substitute for any inspections or warranties the Buyer may wish to obtain.

**Seller's Disclosure:** The Seller discloses the following information with the knowledge that even though this is not a warranty, the Seller specifically makes the following representations based on the Seller's knowledge at the signing of this document. Upon receiving this statement from the Seller, the Seller's Agent is required to provide a copy to the Buyer or the Agent of the Buyer. The Seller authorizes its Agent(s) to provide a copy of this statement to any prospective Buyer in connection with any actual or anticipated sale of property. The following are representations made solely by the Seller and are not the representations of the Seller's Agent(s), if any. **THIS INFORMATION IS A DISCLOSURE ONLY AND IS NOT INTENDED TO BE A PART OF ANY CONTRACT BETWEEN BUYER AND SELLER.**

**Instructions to the Seller:** (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is required. (4) Complete this form yourself. (5) If some items do not apply to your property, check NOT AVAILABLE. If you do not know the facts, check UNKNOWN, FAILURE TO PROVIDE A PURCHASER WITH A SIGNED DISCLOSURE STATEMENT WILL ENABLE A PURCHASER TO TERMINATE AN OTHERWISE BINDING PURCHASE AGREEMENT.

**Appliances/Systems/Services:** The items below are in working order. (The items listed below are included in the sale of the property only if the purchase agreement so provides.)

	Yes	No	Unknown	Not Available		Yes	No	Unknown	Not Available
Range/Oven	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawn sprinkler system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water softener/conditioner	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hood/fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well & pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV antenna, TV rotor & controls	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic tank & drain field	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sump pump	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage door opener & remote control	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City water system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City sewer system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central air conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central vacuum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Central heating system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic fan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall Furnace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool heater, wall liner & equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humidifier	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic air filter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash compactor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solar heating system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling fan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireplace & chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sauna/hot tub	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wood burning system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dryer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explanations (attach additional sheets if necessary): \_\_\_\_\_

UNLESS OTHERWISE AGREED, ALL HOUSEHOLD APPLIANCES ARE SOLD IN WORKING ORDER EXCEPT AS NOTED, WITHOUT WARRANTY BEYOND DATE OF CLOSING.

### Property conditions, improvements & additional information:

- Basement/Crawlspace:** Has there been evidence of water? ..... yes  no   
If yes, please explain: \_\_\_\_\_
- Insulation:** Describe if known: \_\_\_\_\_  
Urea Formaldehyde Foam Insulation (UFFI) is installed? ..... unknown  yes  no
- Roof:** Leaks? ..... yes  no   
Approximate age if known: \_\_\_\_\_
- Well:** Type of well (depth/diameter, age and repair history, if known): 2" SHALLOW WELL 40' DEEP  
Has the water been tested? ..... yes  no   
If yes, date of last report/results: RESULTS ON STATEMENT
- Septic tanks/drain fields:** Condition if known: GOOD
- Heating system:** Type/approximate age: PROPANE 29 YRS

BUYERS INITIALS \_\_\_\_\_  
SELLERS INITIALS \_\_\_\_\_

Property address: 5930 S Merrillville Rd, Baldwin Mi. 49304 MICHIGAN  
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7. Plumbing system: Type: copper  galvanized  other   
 Any known problems? NO
8. Electrical system: Any known problems? NO
9. History of infestation, if any: (termites, carpenter ants, etc.) NO
10. Environmental problems: Are you aware of any substances, materials or products that may be an environmental hazard such as, but not limited to, asbestos, radon gas, formaldehyde, lead-based paint, fuel or chemical storage tanks and contaminated soil on property.

- If yes, please explain: \_\_\_\_\_
11. Flood Insurance: Do you have flood insurance on the property? unknown  yes  no
12. Mineral Rights: Do you own the mineral rights? unknown  yes  no

- Other Items: Are you aware of any of the following:
- Features of the property shared in common with the adjoining landowners, such as walls, fences, roads and driveways, or other features whose use or responsibility for maintenance may have an effect on the property? unknown  yes  no
  - Any encroachments, easements, zoning violations or nonconforming uses? unknown  yes  no
  - Any "common areas" (facilities like pools, tennis courts, walkways, or other areas co-owned with others), or a homeowner's association that has any authority over the property? unknown  yes  no
  - Structural modifications, alterations, or repairs made without necessary permits or licensed contractors? unknown  yes  no
  - Settling, flooding, drainage, structural, or grading problems? unknown  yes  no
  - Major damage to the property from fire, wind, floods, or landslides? unknown  yes  no
  - Any underground storage tanks? unknown  yes  no
  - Farm or farm operation in the vicinity; or proximity to a landfill, airport, shooting range, etc? unknown  yes  no
  - Any outstanding utility assessments or fees, including any natural gas main extension surcharge? unknown  yes  no
  - Any outstanding municipal assessments or fees? unknown  yes  no
  - Any pending litigation that could affect the property or the Seller's right to convey the property? unknown  yes  no

If the answer to any of these questions is yes, please explain. Attach additional sheets, if necessary: \_\_\_\_\_

The Seller has lived in the residence on the property from RENTED 2005 (date) to 2018 (date).  
 The Seller has owned the property since 2005 (date).

The Seller has indicated above the condition of all the items based on information known to the Seller. If any changes occur in the structural/mechanical/appliance systems of this property from the date of this form to the date of closing, Seller will immediately disclose the changes to Buyer. In no event shall the parties hold the Broker liable for any representations not directly made by the Broker or Broker's Agent.

Seller certifies that the information in this statement is true and correct to the best of Seller's knowledge as of the date of Seller's signature.

**BUYER SHOULD OBTAIN PROFESSIONAL ADVICE AND INSPECTIONS OF THE PROPERTY TO MORE FULLY DETERMINE THE CONDITION OF THE PROPERTY. THESE INSPECTIONS SHOULD TAKE INDOOR AIR AND WATER QUALITY INTO ACCOUNT, AS WELL AS ANY EVIDENCE OF UNUSUALLY HIGH LEVELS OF POTENTIAL ALLERGENS INCLUDING, BUT NOT LIMITED TO, HOUSEHOLD MOLD, MILDEW AND BACTERIA.**

BUYERS ARE ADVISED THAT CERTAIN INFORMATION COMPILED PURSUANT TO THE SEX OFFENDERS REGISTRATION ACT, 1994 PA 295, MCL 28.721 TO 28.732 IS AVAILABLE TO THE PUBLIC. BUYERS SEEKING SUCH INFORMATION SHOULD CONTACT THE APPROPRIATE LOCAL LAW ENFORCEMENT AGENCY OR SHERRIF'S DEPARTMENT DIRECTLY.

BUYER IS ADVISED THAT THE STATE EQUALIZED VALUE OF THE PROPERTY, PRINCIPAL RESIDENCE EXEMPTION INFORMATION, AND OTHER REAL PROPERTY TAX INFORMATION IS AVAILABLE FROM THE APPROPRIATE LOCAL ASSESSOR'S OFFICE. BUYER SHOULD NOT ASSUME THAT BUYER'S FUTURE TAX BILLS ON THE PROPERTY WILL BE THE SAME AS THE SELLER'S PRESENT TAX BILLS. UNDER MICHIGAN LAW, REAL PROPERTY OBLIGATIONS CAN CHANGE SIGNIFICANTLY WHEN PROPERTY IS TRANSFERRED.

Seller: Russell E Swanson Date: 10-2-18  
 Seller: Bearda L Swanson Date: 10-2-18

Buyer has read and acknowledges receipt of this statement.

Buyer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Buyer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

## Brooks Heating & AC

P.O. BOX 901 BALDWIN MI. 49304  
(231) 745-7549  
(231) 745-2754 FAX

# Inspection Report

<b>To:</b> Baldwin Housing Commission	<b>From:</b> Charles Brooks C/O: Jennifer Brooks
<b>Fax:</b> (231)745-8583	<b>Client:</b> Russell Swanson
<b>Phone:</b> (231)745-7441	<b>Address:</b> 5930 S. Merrillville Baldwin, MI 49304
<b>Attn:</b> Silvia	<b>Date:</b> 9/25/13 (Inspection Date)

### Report

- **Inspection Pass/ Fail:** The furnace at the above address has passed inspection, it meets all standards, and is in good operable condition.
- **Additional Comments:** None

Charles Brooks

HVAC Contractor Signature

9/27/13

Date

**CERTIFICATE OF OCCUPANCY/COMPLETION**

LAKE COUNTY BUILDING DEPARTMENT  
800 TENTH STREET, SUITE 110  
BALDWIN, MI 49304  
PHONE: 231-745-2722 FAX: 231-745-7214

\*\*\*\*\*

**APPLICANT:** Russell Swanson  
**OWNER:** Russell Swanson  
**CURRENT ADDRESS:** 13530 Hickory Street, Fruitport, MI 49415  
**SITE ADDRESS:** 5930 S. Merrillville Road  
**TOWNSHIP:** Webber Township  
**PARCEL NO.:** 43-11-339-013-00  
**CLASS:** Mobile Home Set-Up  
**USE:** One Family  
**DATE ISSUED:** August 17, 2004  
August 16, 2011

**INSPECTION RECORD**

\*\*\*\*\*

	<u>DATE</u>	<u>INSPECTOR</u>
<b>FINAL BUILDING:</b> 20041388 - closed 20110234 - approved	Aug. 10, 2012	Tony G.
<b>FINAL ELECTRIC:</b> 20041086 - approved 20051128 - approved	Sept. 1, 2005 Sept. 1, 2005	Bill R. Bill R.
<b>FINAL PLUMBING:</b> 20110070 - approved	Dec. 6, 2011	Steve L.
<b>FINAL MECHANICAL:</b> 20110235 - approved	Dec. 8, 2011	Steve L.
<b>FINAL HEALTH DEPARTMENT:</b> 43-03949 - approved (Well & Septic Permit)	July 15, 2004	Norm G.
<b>WATER WELL AND PUMP RECORD:</b> 43-03949 - approved	Aug. 15, 2005	Norm G.
<b>APPROVAL ON FINAL SEWAGE:</b> 43-03949 - approved	Aug. 22, 2005	Norm G.
<b>APPROVAL REPORT FOR PRIVATE WATER WELL:</b> 43-03949 - approved	Oct. 3, 2011	Norm G.
<b>FINAL SOIL EROSION:</b> 20041391 - approved	Mar. 6, 2006	Tony G.
<b>APPROVED FOR OCCUPANCY/COMPLETION:</b> 14x66 mobile home (924 sq ft)	Aug. 13, 2012	Elizabeth A.

THE STRUCTURE, OR PORTION THEREOF, AS DESCRIBED ABOVE HAS BEEN INSPECTED FOR COMPLIANCE WITH THE MBC/MRC 2009 BUILDING CODE.

# Kent County Health Department

700 FULLER N.E.  
GRAND RAPIDS, MI 49503

PHONE: (616)632-7210  
FAX: (616)632-6899

## OFFICIAL WATER ANALYSIS REPORT NDEQ# 0016

Date Reported: 09/15/2011 at 11:36 am

REPORT TO: SWANSON,RUSSELL  
13530 HICKORY ST  
FRUITPORT, MI 49415

Sample ID: EN11-009385

County of Watsource: Lake  
Township of Watsource: WEBBER

COLLECTION SITE ADDRESS: SWANSON,RUSSELL  
5930 S Merrillville Rd  
Baldwin, MI 49304

SUBMITTING AGENCY: SWANSON,RUSSELL  
AGENCY ID#: 111728  
13530 Hickory St  
Fruitport, MI 49415

TEST & ANALYTE NAME	Date/Time Tested	Result	Units	RL	MCL/ AL	Method
Sulfate		5.46	mg/L	3		EPA 300.0
<b>Partial Chemistry (3)</b>						
Hardness	09/14/2011	200.00	mg/L	30		***
Iron	09/14/2011	0.34	mg/L	0.1		***
Iron levels greater than 0.3 mg/L may cause staining of clothing and fixtures as well as contributing to cloudiness, bad taste and odor.						
Sodium	09/14/2011	17.20	mg/L	10		***

\*\*\*Test Method by Analyte:

Sodium - EPA 273.1

Hardness - EPA 130.1

Iron - EPA 315B

The agency for the county of this water source to contact in regards to questions about interpretation of results is:

DHD #10-ENV

5681 S M 37

Phone: (231)745-4663

MCL : Maximum Contaminant Level

AL : Action Level

cfu : Colony Forming Units

RL : Reporting Limit

mg/L : milligrams/Liter (ppm)

ppm : parts per million

MPN : Most Probable Number

# Kent County Health Department

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GRAND RAPIDS, MI 49503

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Sample ID: EN11-009385

County of Watsource: Lake  
Township of Watsource: WEBBER

COLLECTION SITE ADDRESS: SWANSON,RUSSELL  
5930 S Merrillville Rd  
Baldwin, MI 49304

SUBMITTING AGENCY: SWANSON,RUSSELL  
AGENCY ID#: 111728  
13530 Hickory St  
Fruitport, MI 49415

Collection date: 09/13/2011  
Collection time: 03:00 pm  
Collected by: RUSS  
Received date: 09/14/2011  
Received time: 08:50 am  
Received by: JE

Sample Purpose: REPAIR/CONSTRUCTION/NEW WELL (3)  
Sample Point of Origin: KITCHEN TAP  
Sample Point Code: UNTREATED PRIVATE WELL (5)  
Sample Source Code: SINGLE FAMILY DWELLING (0)  
Collector Code: PRIVATE CITIZEN (3)

TEST & ANALYTE NAME	Date/Time Tested	Result	Units	RL	MCL/ AL	Method
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### Potable Drinking Water - Colilert

Potable Drinking Water - Colilert	09/15/2011	Coliform Not Detected - E. coli Not Detected				SM 9223 B
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Sampling unit conforms to State of Michigan standards for a single sample.

The analyses performed by this laboratory were conducted using methods approved by the U.S. Environmental Protection Agency in accordance with the Safe Drinking Water Act, 40 CRF parts 141-143, and other regulatory agencies as appropriate. Your local health department has detailed information about the quality of drinking water in your area.

If you have concerns about the health risks related to the test results of your sample, please contact the local environmental health agency of the county wherein the specimen originated.

If you require assistance in interpreting this report please contact the environmental health division of the county health department where the property from which the sample was taken is located.

### Partial Chemistry (5)

Chloride		54.00	mg/L	7		EPA 300.0
Fluoride		<0.1	mg/L	0.1	4.0	EPA 300.0
Nitrate as N	09/14/11	1706	mg/L	0.5	10	EPA 300.0
Nitrite as N	09/14/11	1706	mg/L	0.05	1	EPA 300.0

MCL : Maximum Contaminant Level  
AL : Action Level  
cfu : Colony Forming Units

RL : Reporting Limit  
mg/L : milligrams/Liter (ppm)  
ppm : parts per million

MPN : Most Probable Number



### WATER WELL AND PUMP RECORD

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

Well ID: 43000004020

Failure to comply is a misdemeanor.

<b>Tax No:</b> 43-11-339-013-00		<b>Permit No:</b> 43-0349		<b>County:</b> Lake		<b>Township:</b> Webber			
<b>Well ID: 43000004020</b>		<b>Fraction:</b> SE¼ SW¼ SW¼		<b>Section:</b> 35		<b>Town/Range:</b> 18N 13W			
		<b>French Claim:</b>		<b>WSSN:</b>					
		<b>Distance and Direction from Road Intersection:</b> EAST ON US-10 TO MERRILLVILLE ROAD THEN NORTH.							
		<b>Elevation:</b>		<b>Well Name:</b>					
<b>Latitude:</b>		<b>Well Owner:</b> Russell & Brenda Swanson							
<b>Longitude:</b>		<b>Well Address:</b> 5930 MERRILLVILLE RD. BALDWIN MI 49304				<b>Owner Address:</b> 13530 HICKORY STREET FRUITPORT MI 49415			

<b>Drilling Method:</b> Hollow rod		<b>Pump Installed:</b> Yes		<b>Pump Installation only:</b> Yes	
<b>Well Depth:</b> 40.00 ft.		<b>Well Use:</b> Household		<b>HP:</b> 0.50	
<b>Well Type:</b> New		<b>Date Completed:</b> 11/22/2004		<b>Pump Type:</b> Jet	
<b>Casing Type:</b>		<b>Manufacturer:</b> Flint & Walling		<b>Pump Capacity:</b> 6.00 GPM	
<b>Casing Joint:</b>		<b>Model Number:</b> CPJO5		<b>Id of Well:</b>	
<b>Diameter:</b>		<b>Length of Drop Pipe:</b> 25.00 ft.			
		<b>Diameter of Drop Pipe:</b> 1.00 in.			
		<b>Draw Down Seal Used:</b> No			
<b>Bore Diameter 1:</b>		<b>Pressure Tank Installed:</b> Yes			
<b>Bore Diameter 2:</b>		<b>Pressure Tank Type:</b> Diaphragm/bladder			
<b>Bore Diameter 3:</b>		<b>Manufacturer:</b> Hydro-Pro			
<b>Height:</b>		<b>Model Number:</b> N/A		<b>Tank Capacity:</b> 20 Gallons	
<b>Casing Fitting:</b>		<b>Pressure Relief Valve Installed:</b> No			
<b>Static Water Level:</b>		<b>Formation Description</b>		<b>Thickness</b>	<b>Depth to Bottom</b>
<b>Yield Test Method:</b>					
<b>Measurement Taken During Pump Test:</b>					
<b>Abandoned Well Plugged:</b> No					
<b>Reason for not plugging Well:</b>					
<b>Abandoned well ID:</b>					
<b>Screen Installed:</b> No		<b>Well Intake:</b>			
<b>Filter Packed:</b>		<b>Length:</b>			
<b>Screen Diameter:</b>					
<b>Screen Material Type:</b>					
<b>Slot:</b>					
<b>Blank:</b>					
<b>Fittings:</b>					
<b>Well Grouted:</b>		<b>Geology Remarks:</b>			
<b>Grouting Method:</b>					
<b>No. of Bags:</b>					
<b>Additives:</b>					
<b>Grouting Materials:</b>					
<b>Well Head Completion:</b> 12 inches above grade					
<b>Nearest source of possible contamination:</b>		<b>Contractor Type:</b> Water well drilling contractor			
<b>Type:</b>		<b>Registration Number:</b> 1815			
<b>Distance:</b>		<b>Business Name:</b> D A Cornell Well Drilling			
<b>Direction:</b>		<b>Business Address:</b> 4238 W. 8th Street, Baldwin, MI 49304			
<b>Septic tank</b> 57.00 ft. Southwest		<b>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>Drilling Machine Operator Name:</b> DON CORNELL		<b>Signature of Registered Representative</b>		<b>Date</b>	
<b>Employment:</b> Employee					
<b>General Remarks:</b> THIS PUMP INSTALLATION GOES WITH WELL RECORD 43000003815, DONE ON 11/22/2004.					
<b>OTHER REMARKS</b>					

EQP 2017C (2/2000)

**ATTENTION WELL OWNER: FILE WITH DEED**

8/12/2005 13:45