



7466 Shadeland Station Way ♦ Indianapolis, Indiana 46256-3925
Phone (317) 570-6730 ♦ Fax (317) 570-6731 ♦ dneeley@troyrisk.com

Engineers ♦ Scientists ♦ Geologists

December 8, 2016

Ms. Peggy Dorsey
Indiana Department of Environmental Management
Voluntary Remediation Program
MC 66-30V
IGCN 1101
Indianapolis, Indiana 46204-2251

Re: Well Abandonment Forms
North Shore Sales
1301 Pine Lake Avenue
Laporte, Indiana
VRP #6011206

Ms. Dorsey,

Please find attached hereto copies of the well abandonment forms for the monitoring and extraction wells at the Site.

Please contact me with any questions regarding this matter.

Sincerely,
Troy Risk, Inc

Don H. Neeley, LPG, CHMM
Technical Director



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090
	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____	Pump depth setting (feet) _____	FORMATIONS: Type of material MW-4	From (feet) _____	To (feet) _____
Total depth of well (feet) 23	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Not Available		
Casing length (feet) 13	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____				
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____				
Screen slot size 0.1	Water quality (clear, odor, etc.)					

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface _____ feet	Gallons per min. _____	Hours tested _____	Drawdown (change in level) _____ feet
--	--	----------------------------------	------------------------------	--

GROUTING

Grout material _____	Grout depth from _____ to _____	Sealing material bentonite chips	Depth filled from _____ to _____ 0 28
Installation method _____	No. of bags used _____	Installation method hydrate	No. of bags used 1.5

WELL ABANDONMENT

Well Abandonment (InDNR 312 IAC 13-10-2)

Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090
	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____	Pump depth setting (feet) _____	FORMATIONS: Type of material MW-5	From (feet) _____	To (feet) _____
Total depth of well (feet) 22	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Not Available		
Casing length (feet) 12	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____				
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____				
Screen slot size 0.1	Water quality (clear, odor, etc.)					

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface _____ feet	Gallons per min. _____	Hours tested _____	Drawdown (change in level) _____ feet
--	--	----------------------------------	------------------------------	--

GROUTING

Grout material _____	Grout depth from _____ to _____	Sealing material bentonite chips	Depth filled from _____ to _____ 0 28
--------------------------------	---	--	--

WELL ABANDONMENT

Installation method _____	No. of bags used _____	Installation method hydrate	No. of bags used 1.5
-------------------------------------	----------------------------------	---------------------------------------	--------------------------------

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090
	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____	Pump depth setting (feet) _____	FORMATIONS: Type of material MW-6	From (feet) _____	To (feet) _____
Total depth of well (feet) 28 Borehole diameter (in.) 4.25 Casing length (feet) 13 Casing diameter (in.) 2 Screen length (feet) 15 Screen diameter (in.) 2 Screen slot size 0.1 Water quality (clear, odor, etc.)	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____ Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____	Not Available				

WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface _____ feet	Gallons per min. _____	Hours tested _____	Drawdown (change in level) _____ feet
--	--	----------------------------------	------------------------------	--

GROUTING

Grout material _____	Grout depth from _____ to _____	Sealing material bentonite chips	Depth filled from _____ to _____ 0 28
Installation method _____	No. of bags used _____	Installation method hydrate	No. of bags used 1.5

WELL ABANDONMENT

Well Abandonment (InDNR 312 IAC 13-10-2)
 Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

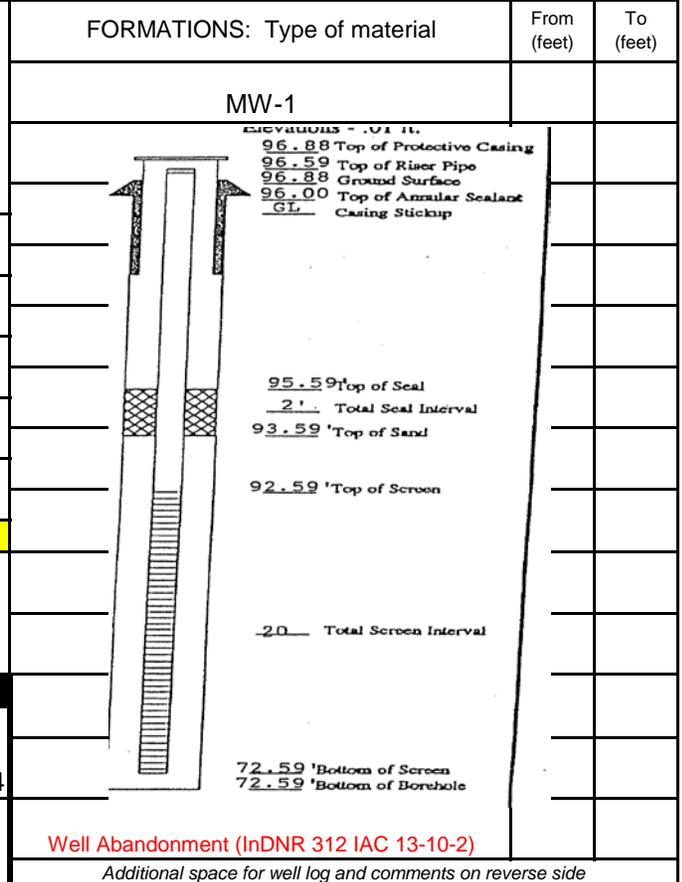
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Equipment operator--name Nick Wisel	License number of operator 2090
	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 24	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 24	Casing diameter (in.) 1	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 20	Screen diameter (in.) 1	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface	Gallons per min.	Hours tested	Drawdown (change in level)
	feet			feet

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
			0 24
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

WELL ABANDONMENT

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

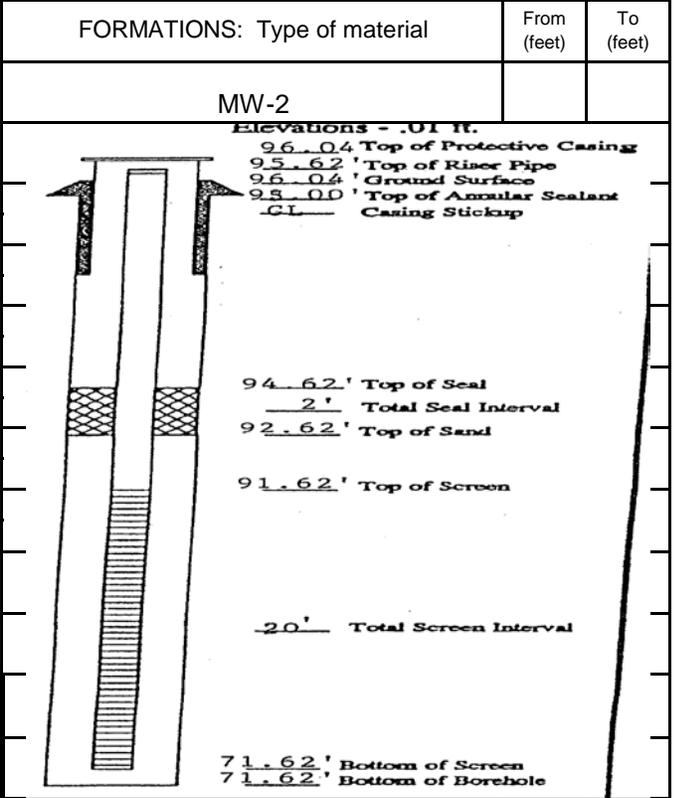
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A	
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 24	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 4	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 20	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	----------------------------	------------------	--------------	---------------------------------

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED** *[Signature]* Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

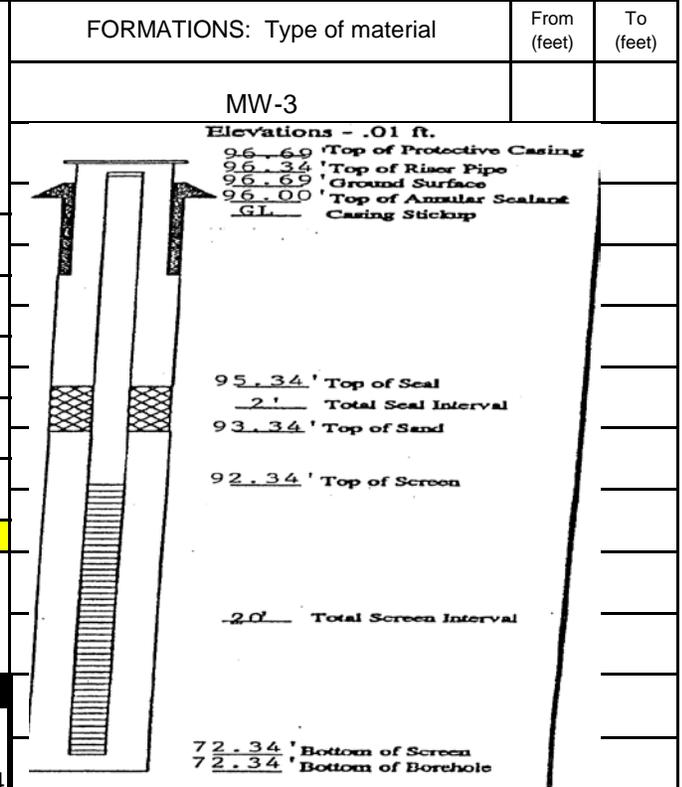
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Equipment operator--name Nick Wisel	License number of operator 2090
Date of well completion 9/16/2016	

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 24	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 4	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 20	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	------------------------------------	------------------	--------------	------------------------------------

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED** *[Signature]* Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

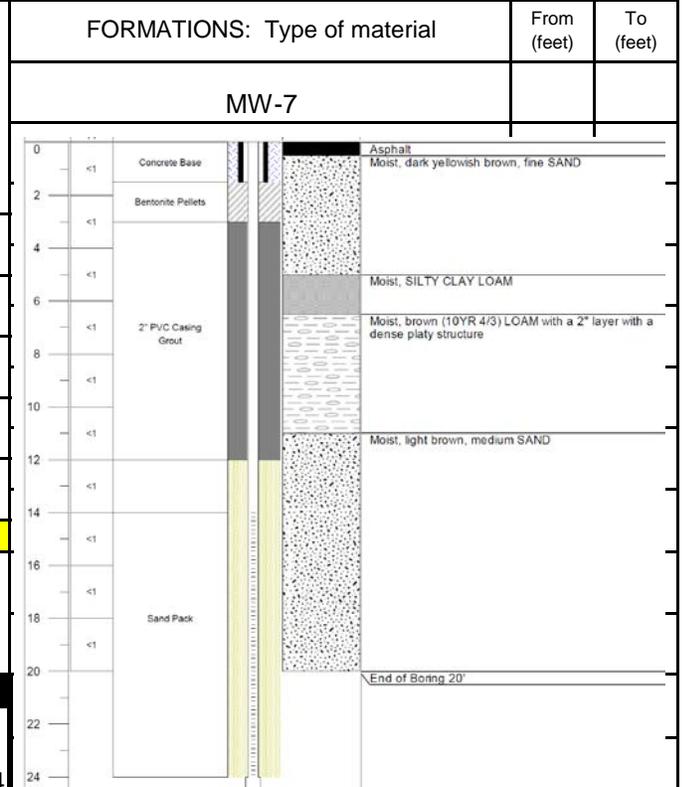
OWNER - CONTRACTOR

Well owner--name North Shore Sales		Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____ Pump depth setting (feet)
Total depth of well (feet) 24 Casing length (feet) 14 Screen length (feet) 10 Screen slot size 0.1	Borehole diameter (in.) 4.25 Casing diameter (in.) 2 Screen diameter (in.) 2 Water quality (clear, odor, etc.)	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	---------------------------------------	------------------	--------------	------------------------------------

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
			0 24

WELL ABANDONMENT

Installation method	No. of bags used	Installation method hydrate	No. of bags used 1
---------------------	------------------	--------------------------------	-----------------------

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **7/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing UTM Easting Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 GPS used Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

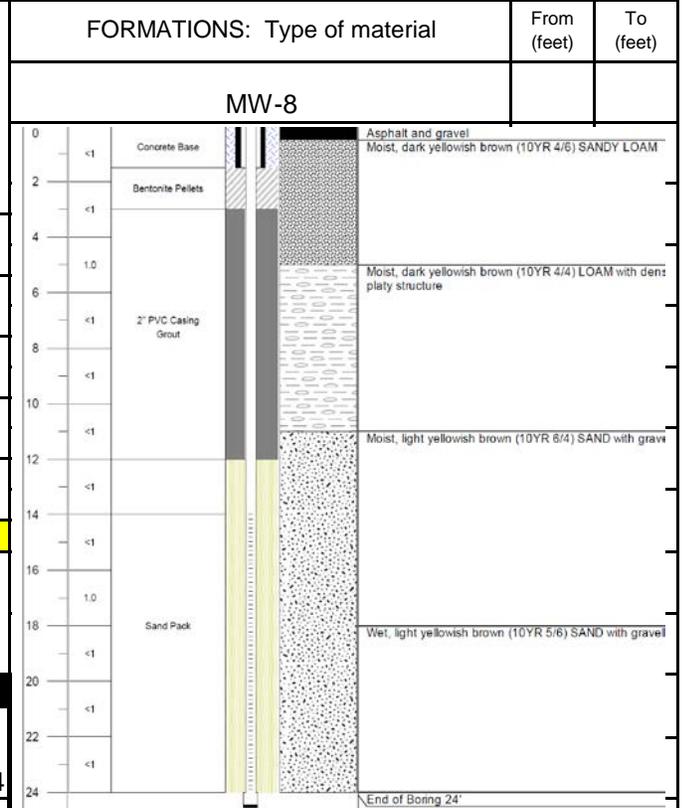
OWNER - CONTRACTOR

Well owner--name North Shore Sales		Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____ Pump depth setting (feet)
Total depth of well (feet) 24	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 14	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
--	--	-------------------------	---------------------	--

GROUTING **WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to 0 24
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative 	MUST BE SIGNED OR STAMPED	Date 9/18/2016
--	---	---------------------------	--------------------------



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

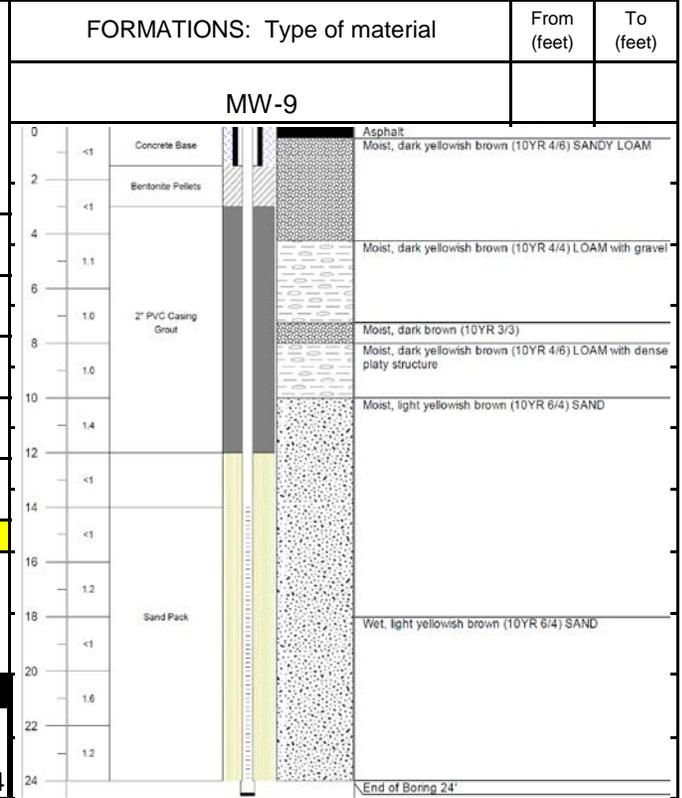
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Equipment operator--name Nick Wisel	License number of operator 2090
Date of well completion 9/16/2016	

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 24	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 14	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface _____ feet	Gallons per min.	Hours tested	Drawdown (change in level) _____ feet
---	---------------------------------------	------------------	--------------	---------------------------------------

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
			0 24

WELL ABANDONMENT

Installation method	No. of bags used	Installation method hydrate	No. of bags used 1
---------------------	------------------	-----------------------------	--------------------

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative *[Signature]* MUST BE SIGNED OR STAMPED

Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

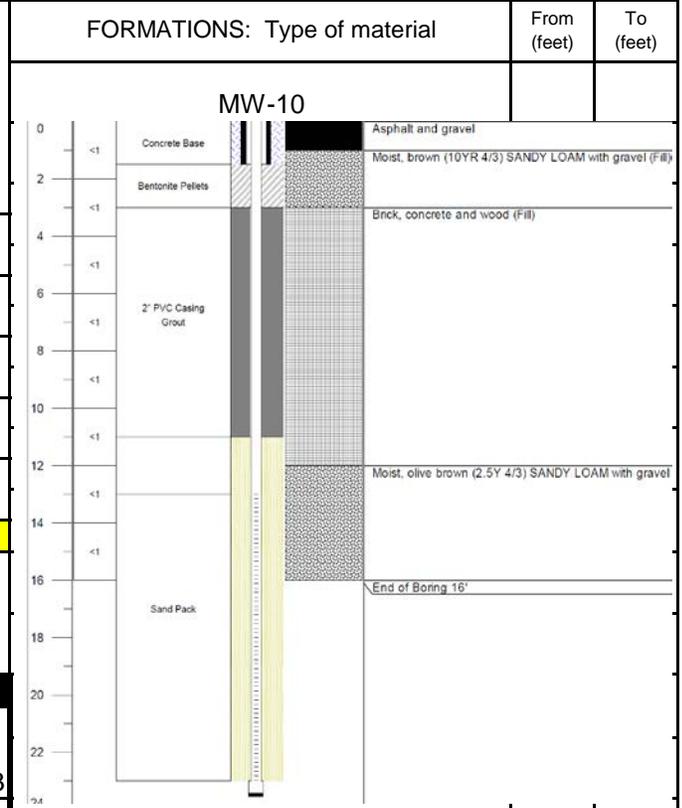
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A	
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 23	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 13	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen slot size	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	------------------------------------	------------------	--------------	------------------------------------

GROUTING

WELL ABANDONMENT

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to 0 23
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED** 

Date **7/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

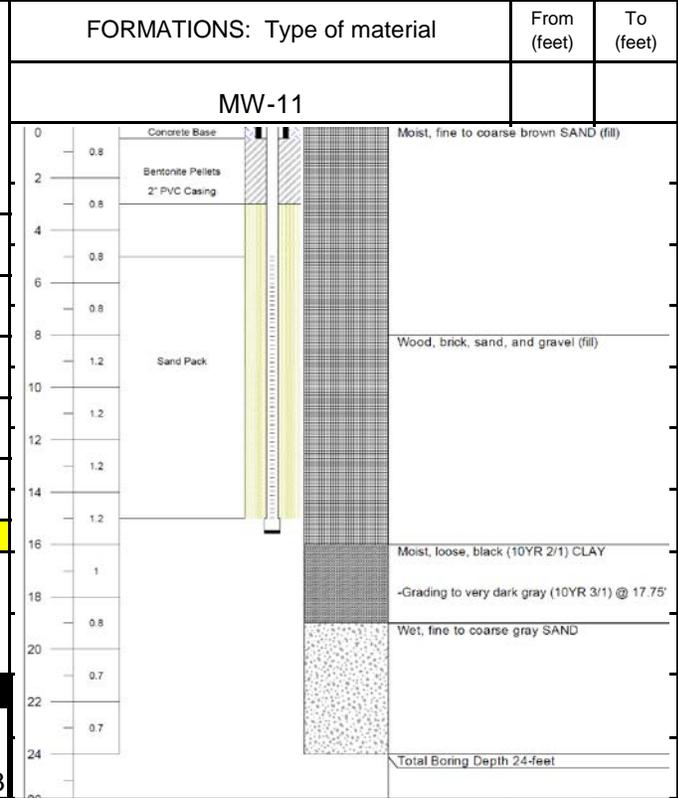
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Equipment operator--name Nick Wisel	License number of operator 2090
Date of well completion 9/16/2016	

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 13	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 3	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
--	--	-------------------------	---------------------	--

GROUTING

Grout material	Grout depth from to
Installation method	No. of bags used

WELL ABANDONMENT

Sealing material bentonite chips	Depth filled from to 0 13
Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative 	MUST BE SIGNED OR STAMPED	Date 9/18/2016
--	---	---------------------------	--------------------------



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing UTM Easting Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83 GPS used Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

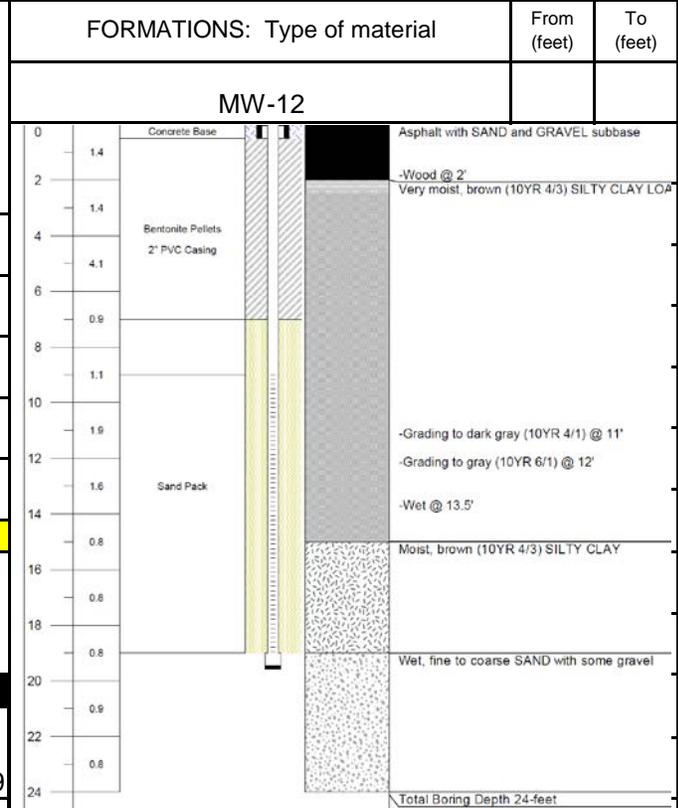
OWNER - CONTRACTOR

Well owner--name North Shore Sales		Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____ Pump depth setting (feet)
Total depth of well (feet) 19	Borehole diameter (in.) 4.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 9	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
--	--	-------------------------	---------------------	--

GROUTING **WELL ABANDONMENT**

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to 0 19
Installation method	No. of bags used	Installation method hydrate	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**  Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

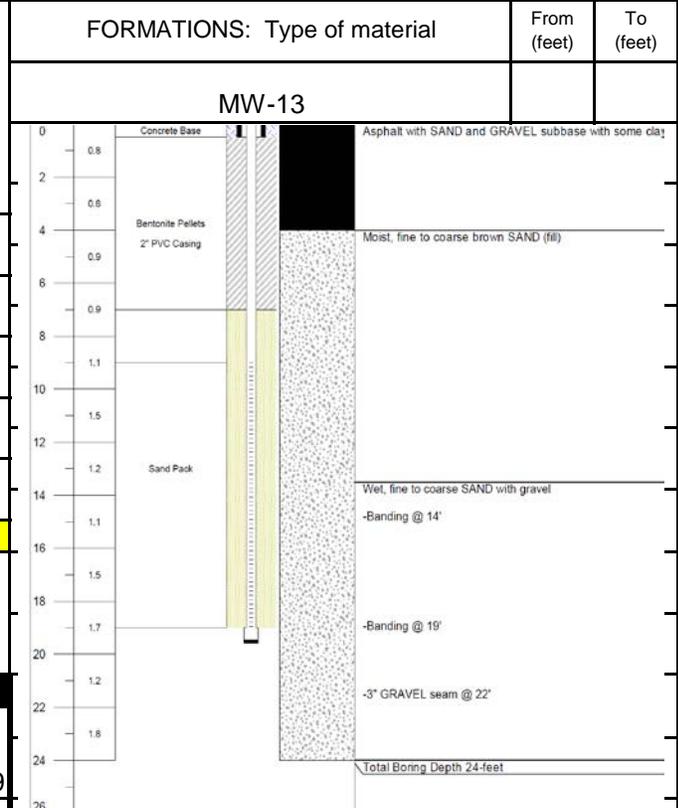
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Equipment operator--name Nick Wisel	License number of operator 2090
Date of well completion 9/16/2016	

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 19 Casing length (feet) 9 Screen length (feet) 10 Screen slot size 0.1	Borehole diameter (in.) 4.25 Casing diameter (in.) 2 Screen diameter (in.) 2 Water quality (clear, odor, etc.)	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Pump depth setting (feet)

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	------------------------------------	------------------	--------------	------------------------------------

GROUTING

Grout material	Grout depth from to
Installation method	No. of bags used

WELL ABANDONMENT

Sealing material bentonite chips hydrate	Depth filled from to 0 19
Installation method	No. of bags used 1

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.	Signature of drilling contractor or authorized representative 	MUST BE SIGNED OR STAMPED	Date 9/18/2016
--	---	---------------------------	--------------------------



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

If drilled for water supply, this well is: First well on property Replacement well Additional well on property Dry hole

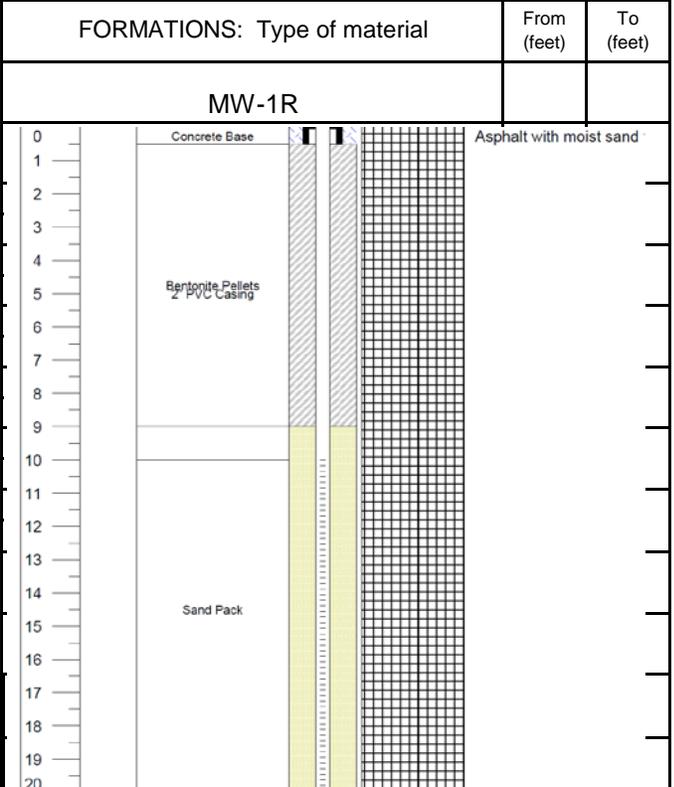
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350	
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256
Telephone number 317-570-6730	
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898
Telephone number 260-497-9006	
Equipment operator--name Nick Wisel	License number of operator 2090
	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 20	Borehole diameter (in.) 2.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 10	Casing diameter (in.) 2	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen length (feet) 10	Screen diameter (in.) 2	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
--	--	-------------------------	---------------------	--

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
			0 20

WELL ABANDONMENT

Installation method	No. of bags used	Installation method hydrate	No. of bags used 1
----------------------------	-------------------------	---------------------------------------	------------------------------

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**



RECORD OF WATER WELL
State Form 35680 (R5 / 9-04)

Driller--Mail complete record in 30 days to:
INDIANA DEPT. OF NATURAL RESOURCES
Division of Water
402 W. Washington St., Rm. W264
Indianapolis, IN 46204-2641
(877) 928-3755 toll-free or (317) 232-4160

County Permit Number
DNR Variance Number
Include if applicable

Fill in completely

WELL LOCATION

County where drilled Laporte	Civil township name Center	Township number (N-S)	Range number (E-W)	Section
Driving directions to the well location (include trip origin, street & road names, intersecting roads, and compass directions). Show well address below and subdivision in box at lower right. There is space for a map on the reverse side. From Lincoln Way, North on Indiana Avenue, turning into Pine Lake Drive, property is 650 ft past SR 39 split.			UTM Northing	
			UTM Easting	
			Datum <input type="checkbox"/> NAD 27 <input type="checkbox"/> NAD 83	
			GPS used	
			Subdivision name & lot number (if applicable)	
Well address: 905 Louise Ave. Crawfordsville, IN 47933				

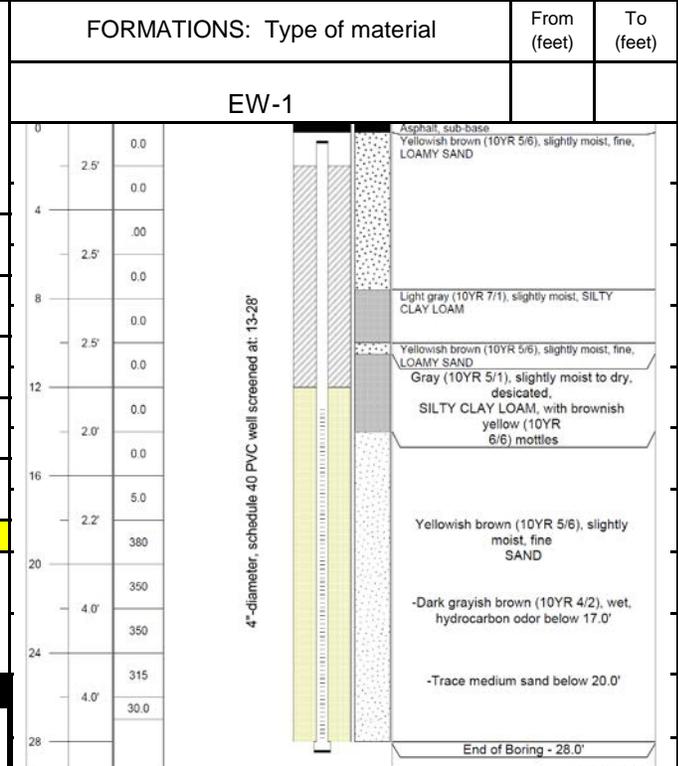
OWNER - CONTRACTOR

Well owner--name North Shore Sales	Telephone number N/A	
Address (number and street, city, state, ZIP code) 1301 Pine Lake Drive, Laporte, IN 46350		
Building contractor--name Troy Risk	Address (number and street, city, state, ZIP code) 7466 Shadeland Station Way, Indianapolis, IN 46256	Telephone number 317-570-6730
Drilling contractor--name SCS Environmental Contracting	Address (number and street, city, state, ZIP code) PO Box 8980, Fort Wayne, Indiana 46898	Telephone number 260-497-9006
Equipment operator--name Nick Wisel	License number of operator 2090	Date of well completion 9/16/2016

CONSTRUCTION DETAILS

Use of well <input type="checkbox"/> Home <input type="checkbox"/> Public supply <input type="checkbox"/> Industrial / commercial <input type="checkbox"/> Livestock <input type="checkbox"/> Irrigation <input checked="" type="checkbox"/> Monitoring / environ. <input type="checkbox"/> Test hole Other: _____	Drilling method <input type="checkbox"/> Rotary <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable tool <input type="checkbox"/> Jet <input type="checkbox"/> Bucket / bore <input checked="" type="checkbox"/> Auger (including HSA) <input type="checkbox"/> Direct push Other: _____	Type of pump <input type="checkbox"/> Submersible <input type="checkbox"/> Shallow-well jet <input type="checkbox"/> Deep-well jet <input checked="" type="checkbox"/> No pump installed Other: _____
Total depth of well (feet) 28	Borehole diameter (in.) 12.25	Gravel pack inserted <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Casing length (feet) 13	Casing diameter (in.) 4	Casing material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen length (feet) 15	Screen diameter (in.) 4	Screen material <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Steel Other: _____
Screen slot size 0.1	Water quality (clear, odor, etc.)	

WELL LOG



WELL CAPACITY TEST

Test method <input type="checkbox"/> Air <input type="checkbox"/> Bailing <input type="checkbox"/> Pumping	Static level below surface feet	Gallons per min.	Hours tested	Drawdown (change in level) feet
---	------------------------------------	------------------	--------------	------------------------------------

GROUTING

Grout material	Grout depth from to	Sealing material bentonite chips	Depth filled from to
			0 28

WELL ABANDONMENT

Installation method	No. of bags used	Installation method hydrate	No. of bags used 3.5
---------------------	------------------	-----------------------------	----------------------

Well Abandonment (InDNR 312 IAC 13-10-2)
Additional space for well log and comments on reverse side

I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is, to the best of my knowledge and belief, true, accurate, and complete.

Signature of drilling contractor or authorized representative **MUST BE SIGNED OR STAMPED**

Date **9/18/2016**