MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

[redacted] OFFICE
[redacted] E. ELM STREET
ST. JOHNS MI 48879
PHONE: 517-224-2195
FAX: 517-224-4300

GRATIOT BRANCH OFFICE
151 COMMERCE DRIVE
ITHACA MI 48847
PHONE: 517-875-3681
FAX: 517-875-3747

MONTCALM BRANCH OFFICE
615 N. STATE RD. STE. 1
STANTON MI 48988
PHONE: 517-831-5237
FAX: 517-831-5522

CLIENT ID: 54169 WELL PERMIT SEWAGE PERMIT #: S5900114

PERMIT NUMBER: W5901114

PROPERTY LOCATION

Road Street Address: OAK-DRIVE-21757 Township: PIERSON TWP Section#: 15
Subdivision: Lot Number: 56-&-57
Driving Directions to Property:

UTILIZATION

NEW or REPLACEMENT: REPAIR BUILDING USE: RESIDENTIAL

YARD HYDRANTS must be of the approved type only.
WATER SAMPLES are the well owner's responsibility.
ADDITIONAL REQUIREMENTS: Properly abandon old well. maintain all isolation distances stated below. water samples must be taken before final approval can be given.

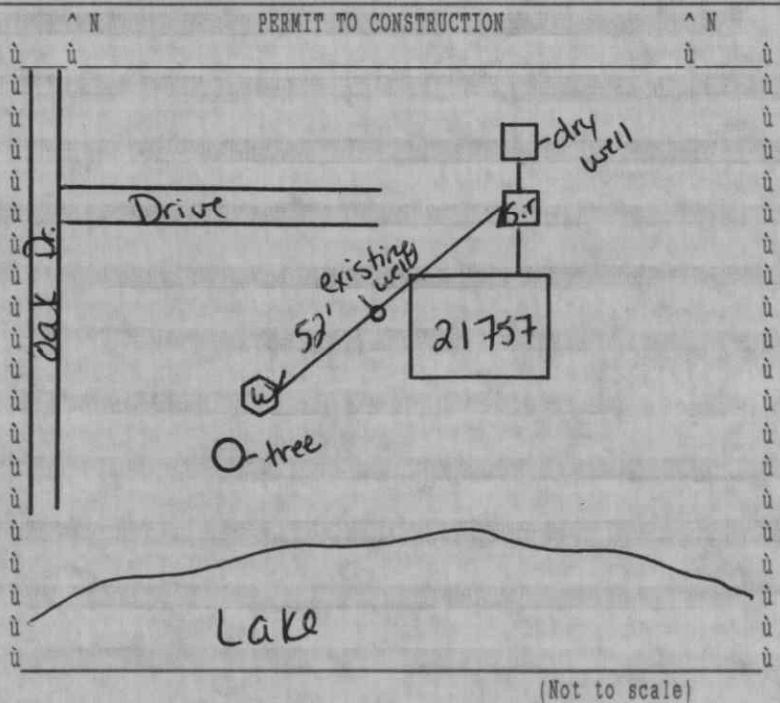
LAND OWNER NAME: ROD-&-JEANNIE McCRARY ADDRESS: 21757-OAK-DRIVE
CITY: PIERSON ZIP: 49339 PHONE: 2319377071

APPLICANT'S NAME: McCRARY-ROD-&-JEANNIE ADDRESS: 21757-OAK-DRIVE
CITY: PIERSON STATE:MI ZIP 49339 PHONE: 2319377071

MINIMUM ISOLATION DISTANCES (FEET):
- Septic Tank(s): 50
- Replacement Area: 50
- Pump Chamber: 50
- Fuel Tank(s): 50
- Drainfields: 50
- Sewer Lines: 10
- Sump Pump: 10
- Other: surface water 10'

Construction shall be in accordance with Act 368, P.A. 1978, Part 127 as amended and/or Act 399, P.A. 1976. Since many factors affect the construction and operation of a water system, permit approval does not guarantee that quanity or quality of water will remain satisfactory.

PERMIT TO CONSTRUCTION



(Not to scale)

PERMIT APPROVED: Heather Geer DATE: 03/30/01
Signature: Heather Geer

FINAL INSPECTION AND APPROVAL BY: DATE:
Signature: _____

SEWAGE SYSTEM OPERATION /MAINTENANCE

OWNER INFORMATION

To be filled out by owner or applicant

Instructions: Please fill in the answer to each question to the best of your knowledge. The information is used to assist this department in conducting a sewage system operation/Maintenance evaluation. This evaluation is conducted on all well replacement, septic replacement, FIA inspections, and mortgage evaluations in order to provide information on the functionality of sewage systems designed and installed in Mid-Michigan District Health Department. If you do not know the answer, please indicate so.

APPLICANT NAME ROD MCCRARY

APPLICATION NUMBER _____ DATE: 3/27/07

ADDRESS OF PROPERTY 21757 OAK DR PIERSON

TYPE OF APPLICATION: _____ well replacement ✓ septic replacement
_____ FIA facility _____ mortgage evaluation

Is structure currently occupied? (YES) NO If vacant, for how long? _____

Indicate what the buildings primary use is (i.e. (single family), duplex, home with small business attached, day care, adult foster care, other non-residential) _____

Single family Home: Number of bedrooms: 1 2 (3) 4 5 6 7 8

Average number of persons living or consistently using facility? 2 average loads laundry per week Is there

Is there a garbage disposal? YES NO

Has the septic tank been pumped in the last three years? YES (date 2000) NO UNKNOWN

Size (capacity) of septic tank or tanks? 500

Size and type of treatment after septic tank (i.e. drainfield, drywell, trenches) 2 - 500

Does the septic tank currently have an effluent filter on the outlet YES (NO) UNSURE

Check those which currently serve the facility

FIXTURE	√	DISCHARGE TO SEPTIC?			FIXTURE	√	DISCHARGE TO SEPTIC?		
Water softener		YES	NO	UNKNOWN	Sump Pump		YES	NO	UNKNOWN
Tub &/or Shower		YES	NO	UNKNOWN	Laundry (washing mach)		YES	NO	UNKNOWN
Kitchen fixtures		YES	NO	UNKNOWN	Downspouts		YES	NO	UNKNOWN
Toilets		YES	NO	UNKNOWN	Footing Drains		YES	NO	UNKNOWN
Floor Drains		YES	NO	UNKNOWN	Whirlpool		YES	NO	UNKNOWN
Other basement fixtures		YES	NO	UNKNOWN	Describe:				

What year was the current septic system installed? UNKNOWN Month septic system installed _____

Who installed current septic system: OWNER INSTALLER OTHER UNKNOWN

Are these answers estimations based on information provide to you, explain? _____

Any other comments you feel would help the Mid-Michigan District Health Department in our evaluation of your septic system?

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

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224-2195

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875-3681

MONTCALM
Branch Office
615 N. STATE ROAD
SUITE 1
STANTON, MI 48888
831-5237

ADMINISTRATIVE OFFICES
615 N. STATE ROAD
SUITE 2
STANTON, MI 48888
831-5237

WATER SUPPLY EVALUATION REPORT

KIMBERLY SINGH, M.A.
Health Officer

APPLICATION NUMBER: L-59-00-019

PROPERTY LOCATION: 21757 Oak Dr.

TOWNSHIP AND SECTION: Pierson 15

SELLER/OWNER: Mr. & Mrs. McCrary

BUYER:

SUBMIT REPORT TO: Five Star Real Estate
Bob Smith
3411 Fieldstone Ct.
Hudsonville, MI 49426

ON-SITE WATER SUPPLY:

Bacteriological Analysis: XX Satisfactory _____ Unsatisfactory

Nitrate as N 3.7 mg/l XX Satisfactory _____ Unsatisfactory
Note: Nitrate levels are significant when ≥ 10 mg/l.
ND = Not Detected

Construction satisfactory ____ Yes XX No _____ Unable to Determine
If no, see comments

Location satisfactory ____ Yes XX No _____ Unable to Determine

Capacity satisfactory XX Yes ____ No _____ Unable to Determine

Record of Water Supply ____ Yes XX No _____ Unable to Determine

COMMENTS: Well construction does not meet current code due to the well being buried, and is open to potential contamination. Well location does not meet current code due to the well being located 35 feet from the septic tank. The minimum isolation distance from a water well to any portion of the sewage system is ≥ 50 feet. At the time of the evaluation, the water quality was acceptable according to the parameters tested. No record could be found in this department's files regarding the water well system. The age of the well is unknown, and has not been provided on the application.

Environmental Health Specialist I Heather Niedzielski
Heather Niedzielski

April 4, 2000
Date

Acceptance cannot be considered a guarantee by the Mid-Michigan District Health Department that acceptable operation will continue.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

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831-5237

SEWAGE DISPOSAL SYSTEM EVALUATION REPORT

KIMBERLY SINGH, M.A.
Health Officer

APPLICATION NUMBER: L-59-00-019

PROPERTY LOCATION: 21757 Oak Dr.

TOWNSHIP AND SECTION: Pierson 15

SELLER/OWNER: Mr. & Mrs. McCrary

BUYER:

SUBMIT REPORT TO: Five Star Real Estate
Bob Smith
3411 Fieldstone Ct.
Hudsonville, MI 49426

ON-SITE SEWAGE DISPOSAL SYSTEM:

Evidence of Malfunction XX Yes ____ No ____ Unable to Determine
Presence of Sludge in Stone ____ Yes ____ No XX Unable to Determine
If yes, how much ____ High ____ Medium ____ Low
(Sludging of Stone can indicate useful life left in drainfield)
Proper Fixtures drain into system XX Yes ____ No ____ Unable to Determine
If no, see comments

SEPTIC TANK AND DRAINFIELD:

Tank Size 750 Gallon (per pump card) ____ Unable to Determine

Recommend pumping septic tank(s) every 2-3 years

Drainfield Type ____ Trench ____ Mound ____ Bed
____ Lagoon XX Drywell ____ Unable to Determine

Approximate Size 2-500 gallon drywells

Record of System on file XX Yes ____ No

COMMENTS: The pump card comments listed water running back into the tank from the drywells. This condition may lead to the malfunction or sluggish performance of the sewage system at any time. The sewage system was installed under permit #3096. The sewage system is currently 35 feet from the well. The minimum isolation distance from the well to any portion of the sewage system is ≥ 50 feet.

Environmental Health Specialist I Heather Niedzielski — April 4, 2000
Heather Niedzielski — Date

Acceptance cannot be considered a guarantee by the Mid-Michigan District Health Department that acceptable operation will continue.

SEPTIC TANK PUMPING RECORD
STATEMENT OF INFORMATION REGARDING ON-SITE SEWAGE DISPOSAL SYSTEM

TO SEPTIC TANK SERVICING CONTRACTOR: Please provide the information requested on this card, sign and date it, and leave it with the person requesting service.

TO THE PROPERTY OWNER: Keep this information with your important papers. It may be important if you should ever decide to sell this property or decide to build additions and etc.

21757 Oak Dr.	Pierson	Pierson	McCrary
ADDRESS OF PROPERTY	TOWNSHIP	CITY	PROPERTY OWNER

1. VOLUME OF SEPTIC TANK(S) — Septic 500 GALS — 2x500 GALS drywells
2. IF TWO SEPTIC TANKS, WERE BOTH PUMPED? — _____ YES — _____ NO only Septic
3. OUTLET BAFFLE IN PLACE & FUNCTIONING? — ✓ YES — _____ NO
4. WAS THERE ANY FLOW BACK INTO TANK OR ANY SIGN OF DRAINAGE SYSTEM FAILURE? ✓ YES __ NO

   IF YES, EXPLAIN Water was running back from drywells in to septic tank. ~~Could not see baffle in tank opening so to speak.~~

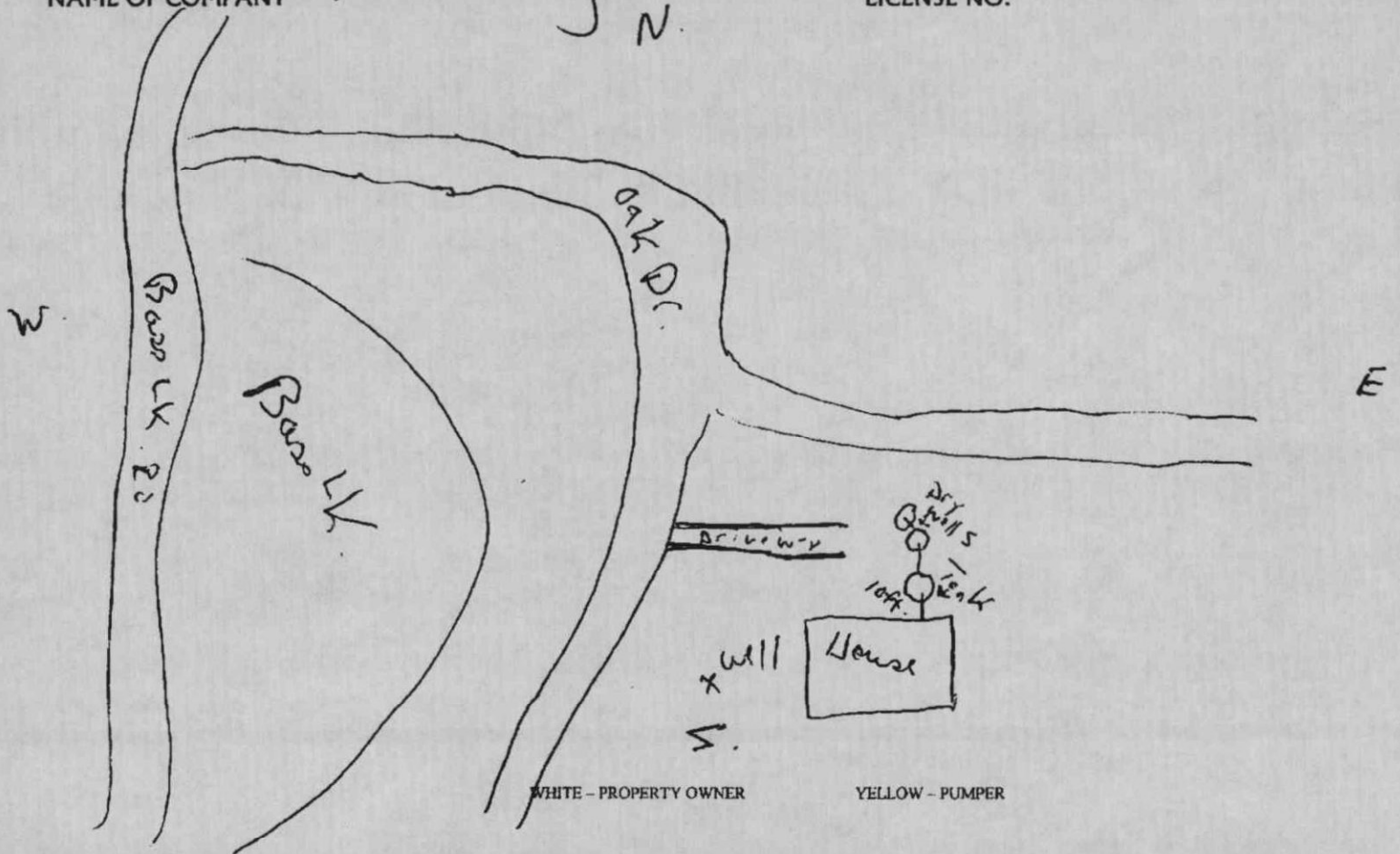
5. Please provide a simple sketch below showing the general location of the septic tank system in relation to the house, garage, road, or other features of the property. Include DISTANCES and DIMENSIONS if possible.

Heath W. Robinson — SIGNATURE OF REPRESENTATIVE

Mar. 27, 2000 — DATE

Robinson Septic Cleaning — NAME OF COMPANY

59.012.1 — LICENSE NO.



WHITE – PROPERTY OWNER YELLOW – PUMPER

NOTE:

PLEASE PROVIDE THE FOLLOWING INFORMATION. COMPLETION OF THIS INFORMATION AIDS IN RECORD SEARCH AND AVOIDS DELAYS IN SCHEDULING. LACK OF THE FOLLOWING INFORMATION CAN PREVENT THE SCHEDULING OF THE EVALUATION.

SUBDIVISION NAME: Breezy Bluffs LOT NUMBER: 55-56-57

AGE OF HOUSE: UNKNOWN PREVIOUS OWNER(S) AND/OR BUILDER:

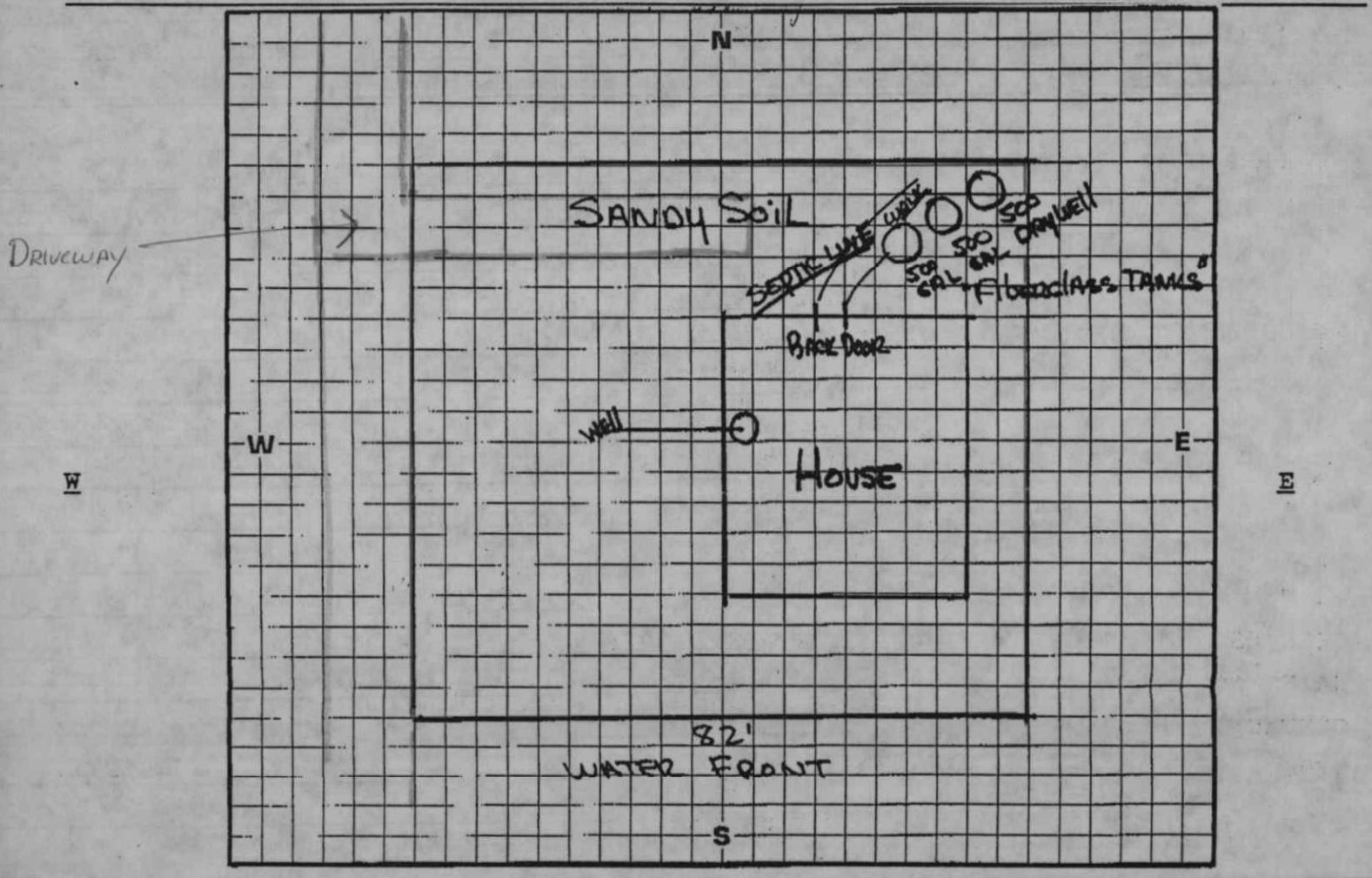
AGE OF WELL: UNKNOWN James Rosendahl

AGE OF SEWAGE DISPOSAL SYSTEM: UNKNOWN

OR ON PUBLIC SEWER _____ WATER _____

APPLICANT'S SIGNATURE: X [signature] Selling Realtor

PLOT PLAN - SHOW LOCATION OF SEPTIC TANK(S), DRAINFIELD(S), WATER WELL(S), UNDERGROUND STORAGE TANK(S), ROADS, HOUSE, AND DISTANCES FROM PROPERTY LINES.



Rev. 6/93

EVALUATION REPORT
SEWAGE DISPOSAL SYSTEM

PROPERTY LOCATION: ADDRESS 21757 Oak Dr.

TOWNSHIP OR CITY Pierson SECTION #

BUYER: NAME Jeffrey S. Klein

SELLER: NAME Peter Sonke

MORTGAGOR: NAME

REAL ESTATE AGENCY: NAME Kellogg Assoc.

SALES AGENT: NAME Jean Marcom

SEWAGE SYSTEM GENERAL

Date of Installation 1970, Unknown ☐
Record of permit available: YES ☑ NO ☐
Date of final inspection: June 1971 Unknown ☐
System is isolated a minimum of 50' from wells: YES NO ☐ Unknown ☑
System is isolated from surface water: YES ☑ NO ☐ Unknown ☐
Proper fixtures drain into system YES ☑ NO ☐ Unknown ☐

SEPTIC TANK:

Size 2(500) gallons, Unknown ☐
Tank is constructed of Fiberglass, Unknown ☐
Date of last pumping , Unknown ☑

SOIL ABSORBTION SYSTEM:

Type - Drain bed ☐ drywell Trench system ☐ Unknown ☐
Size - Square footage , Other , Unknown ☐
Tile-Stone heavily sludged YES ☐ NO ☐ Unknown ☑

SOIL CONDITIONS:

Soil textures: Sands, loamy sands ☑
Sandy loams, light loams ☐
Heavy loams, clay ☐
Not determined ☐

Depth of high seasonal water level to bottom of soil absorbtion system >8' ~~inches.~~

Municipal sewer available YES ☐ NO ☑

COMMENTS: I located some apparent stone at ± 4 feet. I estimate that this stone was probably the bottom of the drywell however it was too deep to probe and therefore I could not properly evaluate system. Owner indicated that all of the tanks are fiberglass, two original septic tanks and one drywell (500 gal)

SANITARIAN Barry H. Selden DATE 19 Nov. 1986

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

WATER SUPPLY EVALUATION REPORT

APPLICATION NUMBER L-59-93-262

PROPERTY LOCATION: Address 21757 OAK DR. - PIERSON

Township or City PIERSON

SELLER/OWNER: Name PIERCE

BUYER: Name SIEDLECKI

SUBMIT REPORT TO: Name TOM RAU

Address _____

ON-SITE WATER SUPPLY

Bacteriological Analysis: ✓ Satisfactory ____ Unsatisfactory

Nitrate as N 4.0 mg/l ✓ Satisfactory ____ Unsatisfactory

Note: Nitrate significant when 10 mg/l or more.

Construction satisfactory ____ Yes ✓ No ____ Unable to Determine
If no, see comments

Location satisfactory ____ Yes ✓ No ____ Unable to Determine

Capacity satisfactory ✓ Yes ____ No ____ Unable to Determine

Record of Water Supply ____ Yes ✓ No

Acceptable on this date ____ Unacceptable on this date ✓

Unknown ____ See Comments

COMMENTS

Buried suction line

No Drop Pipe and sanitary well seal.

Well isolation app. 30ft from septic tank

water quality meets State Drinking water standards

SANITARIAN Mary LaPete DATE 10/29/93

Acceptance cannot be considered a guarantee by the Mid-Michigan District Health Department that acceptable operation will continue.

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

SEWAGE DISPOSAL SYSTEM EVALUATION REPORT

APPLICATION NUMBER L-59-93-262

PROPERTY LOCATION: Address 21757 OAK DR. - PIERSON

Township or City PIERSON

SELLER/OWNER: Name PIERCE

BUYER: Name SIEDLECKI

SUBMIT REPORT TO: Name TOM RAU

Address _____

SEWAGE SYSTEM

Record of Permit Available ✓ Yes ____ No ____ Unable to Determine
Evidence of Malfunction ____ Yes ____ No ____ Unable to Determine
Presence of Sludge in Stone ____ Yes ____ No ____ Unable to Determine
If yes, how much ____ High ____ Medium ____ Low
(Sludging of stone can indicate useful life left in drainfield)
Proper Fixtures Drain Into System ✓ Yes ____ No ____ Unable to Determine
If no, see comments

SEPTIC TANK AND DRAINFIELD

Tank Size 2-500 Gallons ____ Unable to Determine

Recommend pumping septic tank(s) every 2-3 years

Drainfield Type ____ Trench ____ Mound ____ Bed
____ Lagoon ✓ Drywell ____ Unable to Determine

Approximate Size: _____ ✓ Unable to Determine

Record of System ✓ Yes ____ No

Acceptable on this Date ____ Unacceptable on this Date ✓

Unknown ____ See Comments

COMMENTS

Well isolation approx 30 ft from septic tank
Unable to determine condition of drywell - Appears to be located
under Dog Pen

SANITARIAN Gary LaPato DATE 10/29/93

Acceptance cannot be considered a guarantee by the Mid-Michigan District Health Department that acceptable operation will continue.

Re#0865 03 29 01
#1129

APR 05 2000
W-59-01-128

17

FEE 57.00
RECEIPT 162358
CHECK 819

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
SEWAGE DISPOSAL PERMIT APPLICATION

WELL PERMIT #~~Existing~~ #54169

APPLICATION NUMBER: S-59-00-114

PROPERTY LOCATION:

Pierson (Township) | 15 (Section #) | (Property Dimensions) | Bass LK (Subdivision/Lot#)

21757 Oak Dr. (Road/Street Address) | (Driving Directions to Property)

UTILIZATION: New Construction ____ Replacement Sewage System ✓

Residential: single family ✓ multi-family ____ mobile home ____

Commercial: building use ____

NUMBER OF BEDROOMS: 3 **NUMBER OF OCCUPANTS OR EMPLOYEES:** 2

GARBAGE DISPOSAL: Y / (N) **BASEMENT:** SINK OR TOILET: (Y) / N SEWAGE EJECTOR: Y / N

Land Owner's Name	Street	City	Zip	Telephone
Rodney McCrary	21757 Oak Dr	Pierson,	49339	231-9377071
Applicant's Name	**Street (Mailing Address)**	**City**	**Zip**	**Telephone**
Rodney McCrary	P.O. Box 134	Pierson,	49339	(231)9377071

SIGNATURE: X Rodney McCrary DATE: 3/30/00

PERMIT TO CONSTRUCT - HEALTH DEPT. USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of System: Drywell

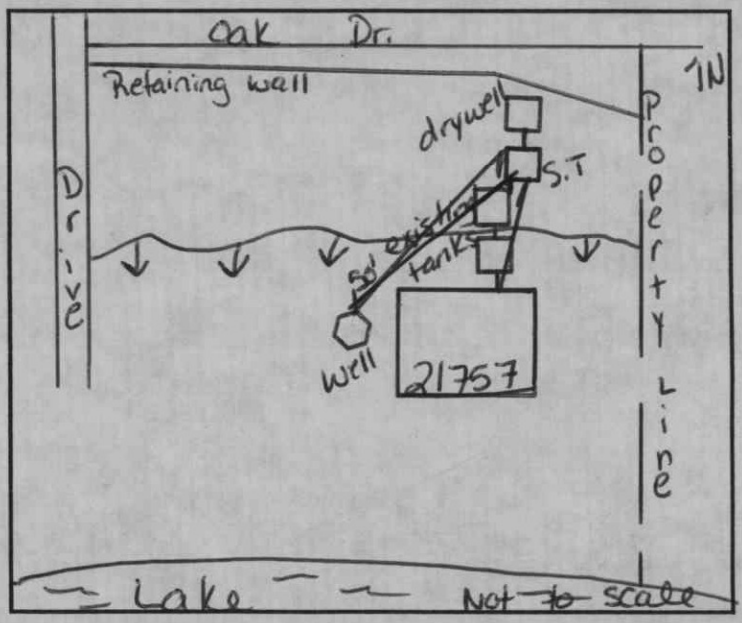
Tank(s) capacity (minimum): 2- 1000 Gallons
Pump Chamber (minimum): — Gallons
Audio / Visual Alarm Required: Y / (N)

Tile Field: — SQ. FT.
Trench Width: — FT. Trench Length: — FT.
— Tile Lines on — FT. Center

Drain Bed: — SQ. FT.
— FT. X — FT. — Tile Lines on — FT. Center

Fill Requirement: —
Bottom of Stone — " Above / Below Original Grade (on upslope)
24" above high water table

Stone Size: ½" to 2" Clean Washed / Approved Tile Only
Cover Stone with >2" of Straw or Approved Material



MINIMUM ISOLATION DISTANCES:

FROM ALL WELLS TO:		FROM SEWAGE SYSTEM TO:	
Septic Tank(s):	50 FT.	Property Lines:	10 FT.
Drainfield:	50 FT.	Buildings:	10 FT.
Replacement Area	50 FT.	Drainage Tiles:	25 FT.
—	— FT.	Surface Water:	50 FT.
		—	— FT.

ADDITIONAL REQUIREMENTS:
Require a 1000 gallon septic tank w/ effluent filter, & a 1000 gallon drywell. Place a riser on both septic tank and dry well if deeper than 24" below original grade. Pump, crush, & fill old tanks. Maintain all minimum isolation distances stated.

Private sewage systems shall be discontinued when a public sanitary sewer becomes available to the property owner.

Since many interrelating factors contribute to the failure of a sewage disposal system, approval cannot be considered a guarantee by the Mid-Michigan District Health Department that successful operation is assured.

Footing drainage, downspouts, water conditioners, shall not be connected to the sewage system or sewage disposal area.

Gary Lambert Ready 041801

PERMIT APPROVED: Renewed No 3-30-01
Heather Neuschwender 4-18-00
Environmental Health Specialist Date

FINAL INSPECTION AND APPROVAL:
Heather Beer 4- -01
Environmental Health Specialist Date

Revised 10-1998

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUE

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

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McCrary

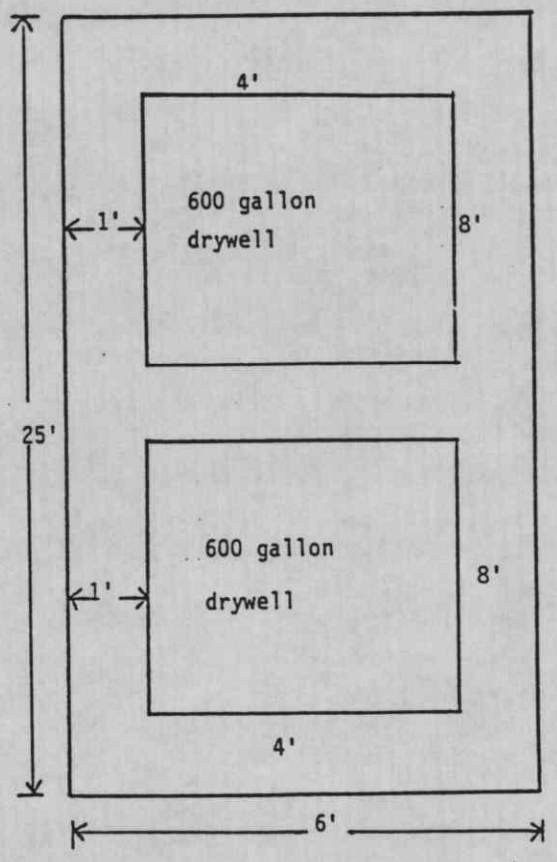
S-59-00-114

Board of Health
Trenton Wilhelm
Mary Rademacher
Larry McGillis
Sara Clark Pierson
Peggy Nelson
Carl Paepke

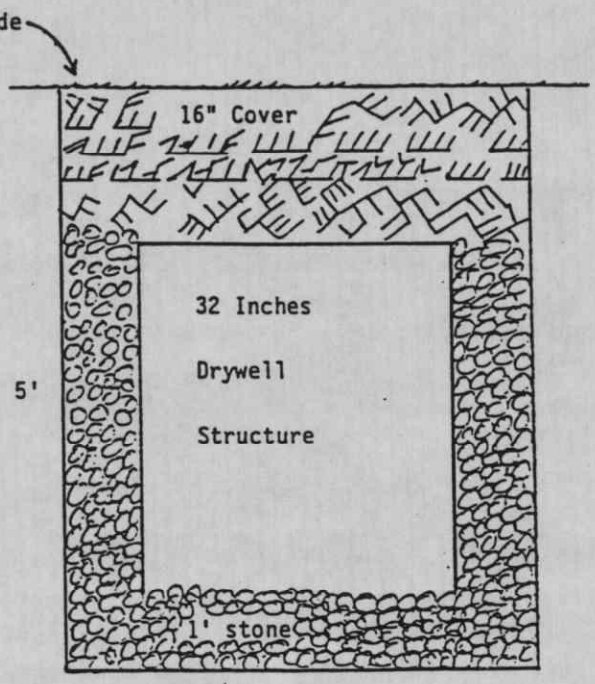
KIMBERLY SINGH, M.A.
Health Officer

DRYWELL CONSTRUCTION AND INSTALLATION

2 -- 600 gallon drywells
(top view)



CROSS SECTION



*NOTE: Use 6A washed stone

Outside dimensions: 6'wide x 4'deep x 25'long = 600 sq.ft.

Structure dimensions: 4'wide x 3'deep x 17'long = 204 sq.ft.

Total: 396 sq.ft.

396 sq.ft. ÷ 27 cu.ft. = 15 cu.yds. of stone can go into this excavation

1-EH-12

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

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STANTON MI 48988
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FAX: 517-831-5522

SEPTIC FINAL INSPECTION

PERMIT NUMBER: S5900114
TOWNSHIP: PIERSON TWP
ADDRESS: OAK-DRIVE-21757
OWNER/CONTRACTOR: ROD-&-JEANNIE McCRARY
INSTALLER:LAMBRIX SERVE ALL

MOUND PREP. INSPECTION DATES
1st Inspection Date:
2nd Inspection Date:
3rd Inspection Date:
Final Inspection Date:

In approved location? Y Correct Number of tanks? Number of tanks: 2 Capacity: 1000 gals.
Number of compartments: 1

Baffle Type: 1 Effluent Filter Inches: 4 Riser(If required): Y

Distance to Well	55	ft.
Distance tank to bldg.	19	ft.
Distance field to bldg.		ft.
Distance to property lines	17	ft.
Distance to surface water		ft.

Bottom of stone in. (on upslope end) above/below original grade.
Y Stone Correct Size (1/2"- 1-1/2")
Y Stone Clean
Berm Width ft.
Washed Sand
Stone Cover: STRAW

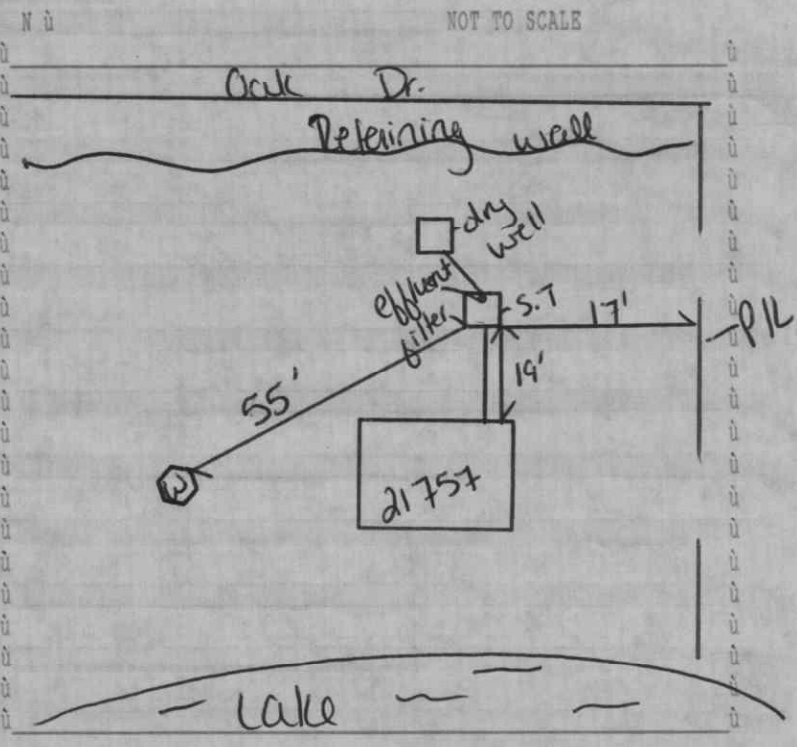
DRAINBED

Dimensions: ft. X ft.
Number of Laterals: on ft. centers
Square Feet:

TRENCHES

Number of Trenches on ft. centers
Length: ft.
Width: ft.
Header Length: ft
Square Feet:

COMMENTS: OLD TANKS PUMPED CRUSHED AND FILLED. DRYWELL INSTALLED PROPERLY.



APPROVED: Y NOT APPROVED:

SIGNATURE EH SPECIALIST: Heather Geer DATE:04/18/01

Mid-Michigan District Health Department

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St. Johns, MI 48879
Phone: 989-224-2195
Facsimile: 989-224-4300
www.mmdhd.org

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www.mmdhd.org

Montcalm Branch Office
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Stanton, MI 48888
Phone: 989-831-5237
Facsimile: 989-831-9227
www.mmdhd.org

SEWAGE DISPOSAL and WATER SUPPLY EVALUATION REPORT

Client ID: **54169** Seller/Owner Name: **Kayne Ferrier** Buyer Name: **James L. Dekorne III**

Property Address: **21757 Oak Drive, Pierson** Township: **Pierson** Section: **15**

Report To: **Bud Brasic**

ON-SITE SEWAGE DISPOSAL SYSTEM

Evidence of malfunction:	No
Proper fixtures into system:	Yes
Record on file:	Yes
Tank size:	1000
Effluent Filter:	4" Filter
Drainfield type:	2-600gal Drywells
Absorption area:	Square Feet

ON-SITE WATER SUPPLY

Water analysis:	Yes
Bacteriological:	Non Detect
Nitrate as N:	Not Detected
Lead:	N/A
Record on File:	Yes
Well Construction:	Approved
Well Location:	Approved
Well Capacity:	Approved

Additional Comments: Septic system was installed in 2001. The system is composed of a 1000 gallon septic tank and 2 – 600 gallon drywells for drainage. The septic system was approved and properly permitted. The well does not have a well log on file but a permit was written for the installation of the new well. The water samples are satisfactory with no bacteria in the water and also no nitrates detected. The well construction meets all codes and regulations. All aspects of the septic disposal system and the well water system appeared to be in proper working condition during the inspection.

Water Samples collected under generally accepted protocol and analyzed by the Michigan Department of Environmental Quality State Laboratory in Lansing. Nitrate levels are significant when ≥ 10 mg/L. Lead levels are significant when ≥ 0.015 mg/L.

Mid-Michigan District Health Department recommends pumping of the septic tank every 2-3 years.

Sewage disposal and water well systems are evaluated and compared to regulations in effect at the time of the evaluation. Upgrades to meet current code are not required unless specified above. Any necessary changes may require a septic and/or well permit.

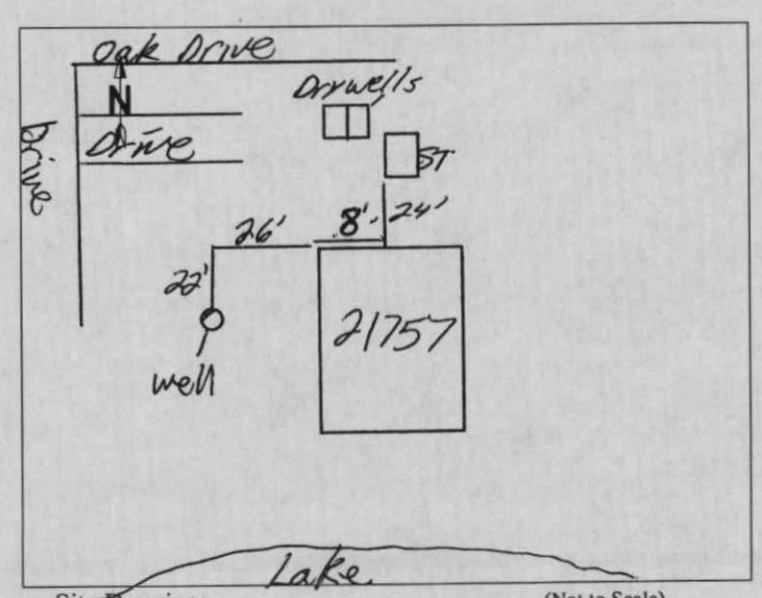
Acceptance cannot be considered a guarantee by this department that successful operation will continue.

Evaluation Date: 11/12/14

Water Samples Received: 11/17/14

Report Certified: Eric Deford
Eric Deford EHS I

Date: 11/18/14



Site Drawing: (Not to Scale)