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mail permits

BENZIE COUNTY HEALTH DEPARTMENT

P.O. BOX 335 - GOVERNMENTAL CENTER
BEULAH, MICHIGAN 49617
PHONE 616/882-4409

No B 2744

NON-TRANSFERABLE PERMIT
SEWAGE PERMIT ☒
WELL PERMIT ☒

OWNER Jerome T. Brace
MAILING ADDRESS 7365 Parkwood Dr
Fenton MI 48430

PROPERTY TAX # 10-10-260-014-00
DIAGRAM

TYPE OF ESTABLISHMENT House NEW ☒ EXISTING ☐

PROPERTY LOCATION 3810 Deer Ridge Trail

TOWNSHIP LAKE SECTION

COUNTY BENZIE DATE 7-8-93

SOIL: Topsoil

SOIL TYPES TO A DEPTH OF 6'

DEPTH TO GROUND WATER TABLE

NO. OF BEDROOMS 3 NUMBER OF BATHS 3

SEPTIC TANK SIZE 1600-D LAUNDRY yes

TILE FIELD DISHWASHER yes

TRENCH WIDTH GARBAGE DISPOSAL yes

LINEAL FEET OTHER

DRAIN BED WATER SUPPLY

LINEAL FEET 15X50 CITY WELL 4" x 5"

SQUARE FEET 250 WELL TYPE Pitless Unit

TILE LINES ON 750 DEPTH min 25'

OTHER OLD WELL TO BE ABANDONED

APPROVED

PERMIT TO INSTALL, CONSTRUCT OR REPLACE
EXPIRES 2 YEARS AFTER DATE OF ISSUE

ISSUED TO Jerome T. Brace

DATE 8-3-93 BY William A. Campbell
HEALTH DEPT. REPRESENTATIVE

RECEIPT # B-2697 DATE: 7-28-93 hjc
ch#6407

RECEIVED 4155- FOR SEWAGE DISPOSAL PERMIT

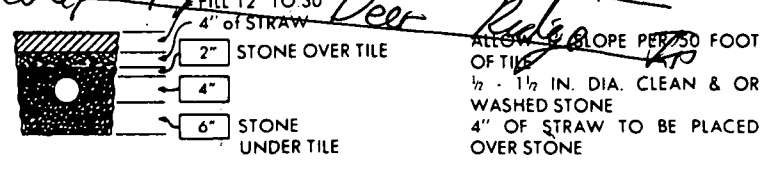
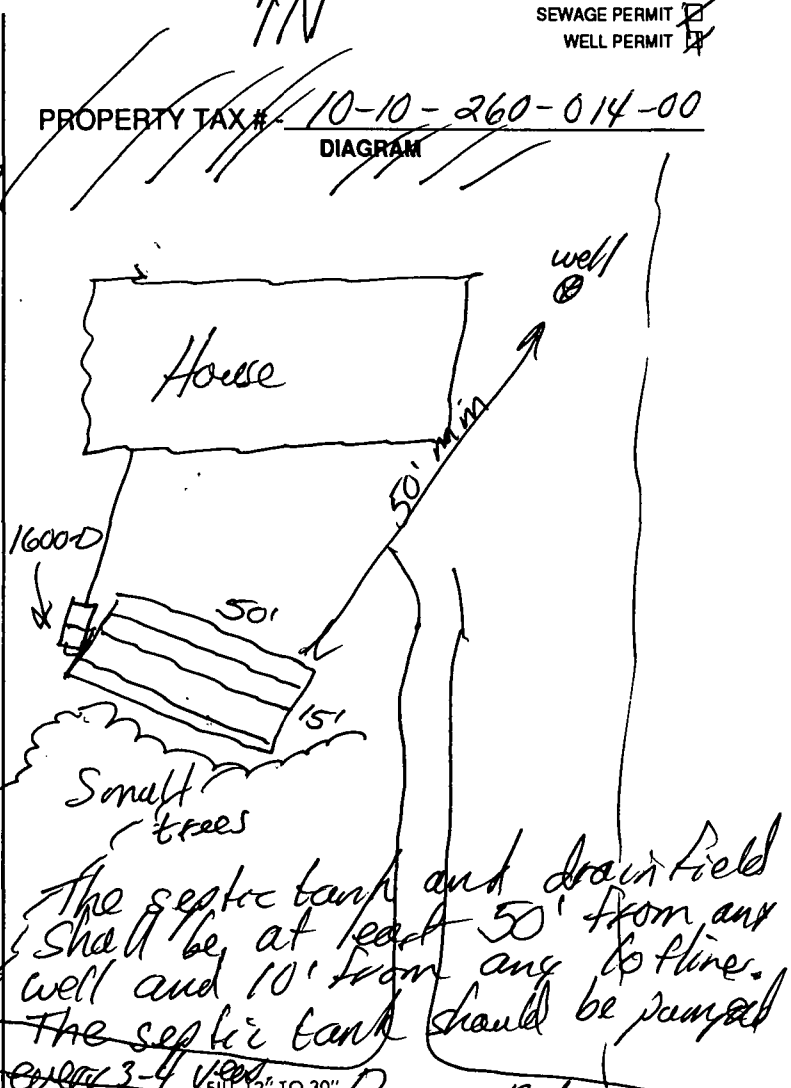
FOR WELL PERMIT

AGREEMENT

I HEREBY AGREE TO COMPLY WITH REQUIREMENTS OF THE SANITARY CODE FOR THE COUNTY OF BENZIE, AND THE APPLICABLE LAWS OF THE STATE OF MICHIGAN IN THE INSTALLATION OF A SEPTIC TANK SEWAGE DISPOSAL SYSTEM & / OR WELL INSTALLATION ON THE ABOVE DESCRIBED PROPERTY, AND TO CONSTRUCT THE SAME ACCORDING TO THE PLANS AND SPECIFICATIONS AS DESCRIBED AND APPROVED ABOVE; OTHERWISE I UNDERSTAND, THE PERMIT WILL BE VOID.

FINAL INSPECTION REQUIRED BEFORE COVERING. ONE DAY NOTICE SHALL BE GIVEN FOR INSPECTION.

SIGNED Jerome T. Brace
OWNER OR AGENT



ISOLATION DISTANCES FOR PRIVATE HOMES:

SEWAGE DISPOSAL SYSTEM SHALL BE LOCATED AT LEAST 50 FEET FROM ANY POTABLE WATER SUPPLY, WELL, SPRING, OR UNPROTECTED WATER SUCTION LINE. BURIED OR UNEXPOSED SEWERS OR PIPES THROUGH WHICH SEWAGE MAY BACK UP MAY NOT BE LOCATED CLOSER THAN TEN (10) FEET FROM ANY POTABLE WATER WELL OR SUCTION PIPE. SUCH SEWERS OR PIPES SHALL BE CONSTRUCTED OF SCHEDULE 40 OR OTHER APPROVED (HEALTH DEPT.) MATERIAL.

CERTIFICATE OF INSPECTION (PERMIT TO COVER)

SEWER Sch 40 SEPTIC TANK 1600-D

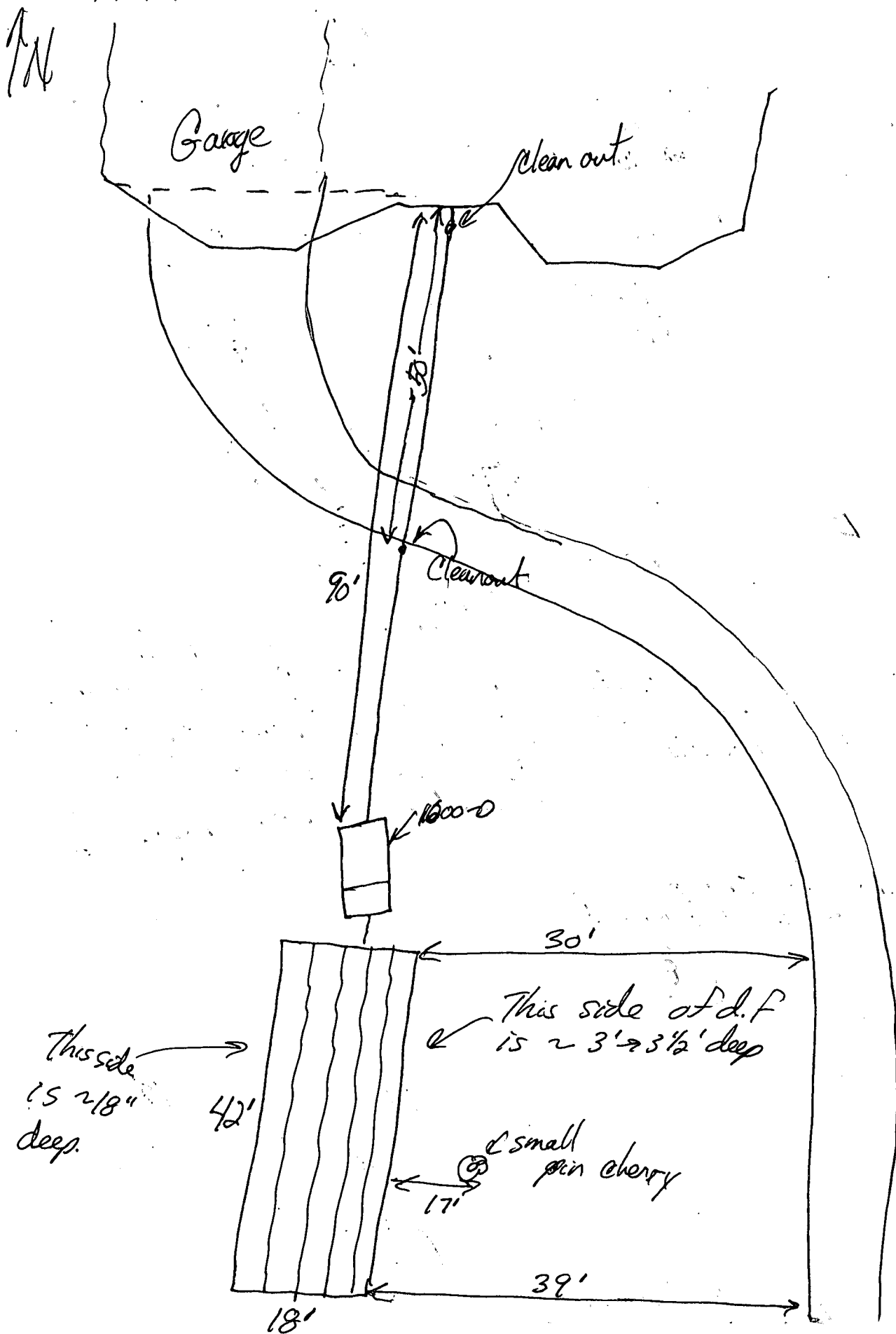
MANUFACTURER OF SEPTIC TANK Con. Sec.

FINAL DISPOSAL OK ISOLATION DIST. 7.50'

NOTES See back

INSPECTION BY William A. Campbell DATE 6-23-94
CONTRACTOR Hines
SEPTIC

WELL
APPROVAL OF A PLAN AND THE INSTALLATION CANNOT BE CONSIDERED BY THE OWNER AS A GUARANTEE THAT SUCCESSFUL OPERATION IS ASSURED. THERE ARE MANY WAYS A SYSTEM CAN BE ABUSED CAUSING FAILURE.



SCALE: 1" = 100'

DETAIL
RIP-RAP DITCH
SCALE: 1/2" = 1'

● = SOIL BORING LOCATION

→ = DIRECTION OF FLOW

FLOOD PLAIN CONTOUR AS ESTABLISHED BY THE DEPT. OF NATURAL RESOURCES.
(ELEV. 598.0 N.G.V. DATUM)

BENCH MARK SPIKE IN 10' CEDAR ELEVATION 603.71 (NGV DATUM)

LONG LAKE

Apple Orchard
used for
backfill

SEWAGE TREATMENT PLANT

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top of hill & excavation for house
will be pushed to area ^{for} ~~by~~ septic system.

WATER WELL AND PUMP RECORD

B 2744

PERMIT NUMBER

10-10-260-014-00

1 LOCATION OF WELL			3 OWNER OF WELL:		
County <u>Benzie</u>	Township Name <u>Lake</u>	Fraction <u>NW 1/4 NE 1/4 NE 1/4</u>	Section Number <u>6</u>	Town Number <u>260</u>	Range Number <u>15 E/W</u>
Distance And Direction From Road Intersection <u>Deer Ridge Tr. North side of</u>			Address <u>Jerome T. Brage</u> <u>7365 Parkwood A</u> <u>Fenton MI 48430</u>		
Street Address & City of Well Location <u>3810 Deer Ridge Tr.</u>			Address Same As Well Location? ☐ Yes ☒ No		
Locate with "X" in Section Below			4 WELL DEPTH: Date Completed MO. DAY YEAR ☒ New Well ☐ Replacement Well		
			<u>190</u> FT. <u>6</u> <u>21</u> <u>94</u>		
			5 ☐ Cable tool ☒ Rotary ☐ Driven ☐ Dug ☐ Hollow rod ☐ Auger ☐ Jetted ☐		
			6 USE: ☒ Domestic ☐ Type I Public ☐ Type III Public ☐ Irrigation ☐ Type IIa Public ☐ Heat pump ☐ Test Well ☐ Type IIb Public ☐		
			7 CASING: ☐ Steel ☐ Threaded ☒ Plastic ☐ Welded Diameter <u>5</u> in. to <u>182</u> ft. depth Height: Above/Below Surface <u>1</u> ft. Weight <u>SDR21</u> lbs./ft.		
2 FORMATION DESCRIPTION			8 SCREEN: ☐ Not Installed		
	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Type <u>PEV</u> Diameter <u>4"</u>		
<u>Sand</u>	<u>18</u>	<u>18</u>	Slot/Gauze <u>#12</u> Length <u>8'</u>		
<u>Red Clay</u>	<u>50</u>	<u>68</u>	Set between <u>182</u> ft. and <u>190</u> ft.		
<u>Sand</u>	<u>44</u>	<u>112</u>	FITTINGS: ☒ K-Packer ☐ Lead Packer ☐ Bremer Check ☐ Blank above screen <u>ft.</u> Other <u></u>		
<u>Sand & Gravel</u>	<u>54</u>	<u>166</u>	9 STATIC WATER LEVEL: <u>112</u> ft. below land surface ☐ Flow		
<u>Red Clay & Sand</u>	<u>16</u>	<u>182</u>	10 PUMPING LEVEL: below land surface		
<u>Sand</u>	<u>8</u>	<u>190</u>	_____ ft. after _____ hrs. pumping at _____ G.P.M.		
<u>Red Clay</u>		<u>190</u>	_____ ft. after _____ hrs. pumping at _____ G.P.M.		
			11 WELL HEAD COMPLETION: ☒ Pitless adapter ☐ 12" above grade ☐ Basement offset ☐ Approved pit		
			12 WELL GROUTED? ☐ No ☒ Yes From <u>0</u> to <u>25</u> ft.		
			☐ Neat cement ☐ Bentonite ☒ Other <u>Volclay</u>		
			No. of bags of cement _____ Additives _____		
			13 Nearest source of possible contamination		
			Type <u>Septic</u> Distance <u>50</u> ft. Direction <u>S</u>		
			Well disinfected upon completion? ☒ Yes ☐ No		
			Was old well plugged? ☐ Yes ☐ No		
			14 PUMP: ☐ Not Installed ☐ Pump Installation Only		
			Manufacturer's name <u>Aermotor</u>		
			Model number <u>A12B-100</u> HP <u>1</u> Volts <u>220</u>		
			Length of Drop Pipe <u>175</u> ft. capacity <u>12</u> G.P.M.		
			TYPE: ☒ Submersible ☐ Jet		
			PRESSURE TANK: <u>Well-Rite</u>		
			Manufacturer's name _____		
			Model number <u>260-03</u> Capacity <u>85</u> Gallons		
15. Remarks, elevation, source of data, etc. <u>The elevation is the of the well is about 5' lower than Deer Ridge Tr.</u>			16. WATER WELL CONTRACTOR'S CERTIFICATION:		
17. Rig Operator's Name: <u>Perry W. Garvin</u>			This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
			<u>B & Z Well Drilling Co. 45-2030</u>		
			REGISTERED BUSINESS NAME REGISTRATION NO.		
			Address <u>233 E. Kasson Rd., Maple City, MI</u>		
			Signed <u>Mark W. Zintz</u> Date <u>6-24-94</u>		
			AUTHORIZED REPRESENTATIVE		

USE A 2ND SHEET IF NEEDED