

# MID-MICHIGAN DISTRICT HEALTH DEPARTMENT

CLINTON CO. - 306 ELM - ST. JOHNS (517) 224-2195  
 GRATIOT CO. - 435 W. FILLMORE - ITHACA (517) 875-3681  
 MONTCALM CO. - 617 N. STATE - STANTON (517) 831-5237

Well	15.00
Permit	75.00
SEMI-PUBLIC	
TOTAL	90.00

## PRIVATE WATER SUPPLY/SEWAGE DISPOSAL PROGRAM

### APPLICATION

APPLICATION NUMBER C 19-91-066 NEW  REPAIR

PROPERTY LOCATION:  
OLIVE (Township, Village, City) 70x10 (Section Number) (Parcel Size) (Subdivision & Lot Number or Legal Description)  
1734 E. PRICE RD (Road) SOUTH SIDE (Driving Direction to Property) US-27 1/2 MILE EAST

UTILIZATION:  SINGLE FAMILY RESIDENTIAL [ ] MULTIPLE FAMILY [ ] COMMERCIAL

WATER SUPPLY SYSTEM  
 TYPE OF WELL: CASING SIZE 5" DRILLED  PUMP LOCATION SUB

SEWAGE DISPOSAL SYSTEM  
 NUMBER OF BEDROOMS 3 NO. OF OCCUPANTS 1  
 GARBAGE DISPOSAL: Yes  No   
 WALK OUT BASEMENT: Yes  No   
 PLUMBING FIXTURES IN BASEMENT: Yes  No

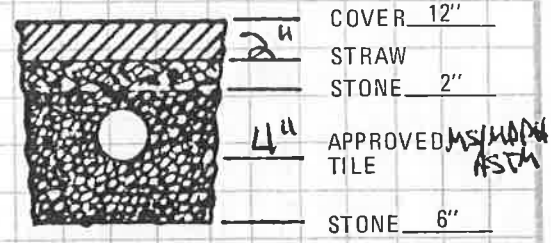
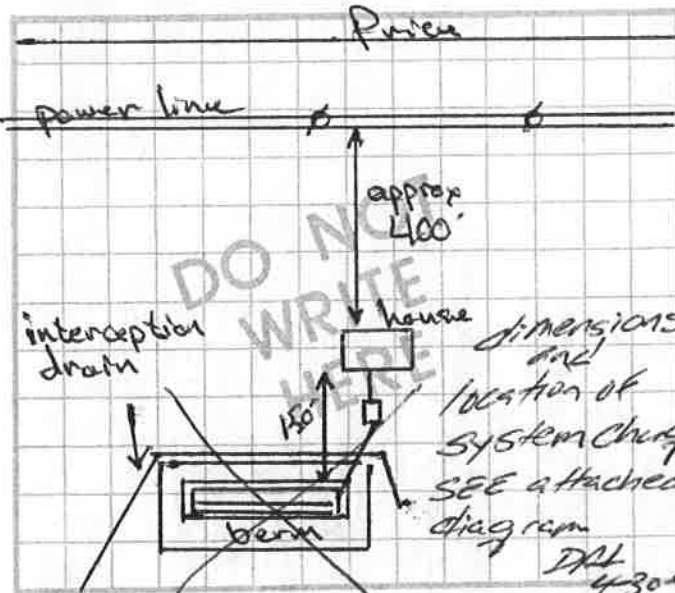
TYPE OF STRUCTURE:  BASEMENT  ONE STORY [ ] TWO STORY [ ] MOBILE HOME [ ] BI-LEVEL

LAND OWNER'S NAME Ronald Nebeler STREET 1734 E. PRICE CITY ST. JOHNS ZIP 48879 PHONE 224-4840  
 APPLICANT'S NAME SAME STREET CITY ZIP PHONE  
 I hereby make application for a permit to construct the described system(s) in accordance with Health Department Regulations and Stipulations.  
 SIGNATURE Ronald Nebeler DATE 4-15-91

### PERMIT TO CONSTRUCT PLAN OF WATER SUPPLY/SEWAGE SYSTEM

(HEALTH DEPT. USE ONLY)

### Mound SYSTEM PARTIAL CROSS SECTION



TANK(S) CAPACITY 2-800 or 1-1500 2 comp. GAL.  
 TILE FIELD \_\_\_\_\_ SQ. FT.  
 TRENCH WIDTH \_\_\_\_\_ TRENCH LENGTH \_\_\_\_\_  
 DRAIN BED 1200 SQUARE FEET 15 x 80  
 TILE LINES ON 5 FEET CENTER 30 x 60  
 FILL REQUIREMENT \_\_\_\_\_  
 STONE SIZE: 1/2 to 2" WASHED

SPECIFIC REQUIREMENTS See attached specifications

PERMIT APPROVED Jeffrey B. Wilson, R.S. (Signature) 5/13/91 (Date)

### FINAL INSPECTION & APPROVAL REQUIRED BEFORE BACKFILL

WELL DRILLER \_\_\_\_\_  
 PUMP INSTALLER \_\_\_\_\_  
 BACTI P.C. Water Sample \_\_\_\_\_

INSTALLER Don Heiber  
 COMMENTS find by accident 01/23/97  
received on 01-02-97. NOTE CHANGES

APPROVED \_\_\_\_\_ SANITARIAN \_\_\_\_\_ DATE \_\_\_\_\_ APPROVED \_\_\_\_\_ SANITARIAN \_\_\_\_\_ DATE \_\_\_\_\_

Private septic systems shall be discontinued when a public sanitary sewer becomes available to the property owner. Since many interrelating factors contribute to the failure to a sewage disposal system, approval can not be considered a guarantee by the Health Department that successful operation is assured. Flooding drainage, downspouts, water conditioners, water shall not be connected to the septic system or sewage disposal area.

2 inches 6A stone over tile

6 in. 6A stone under tile

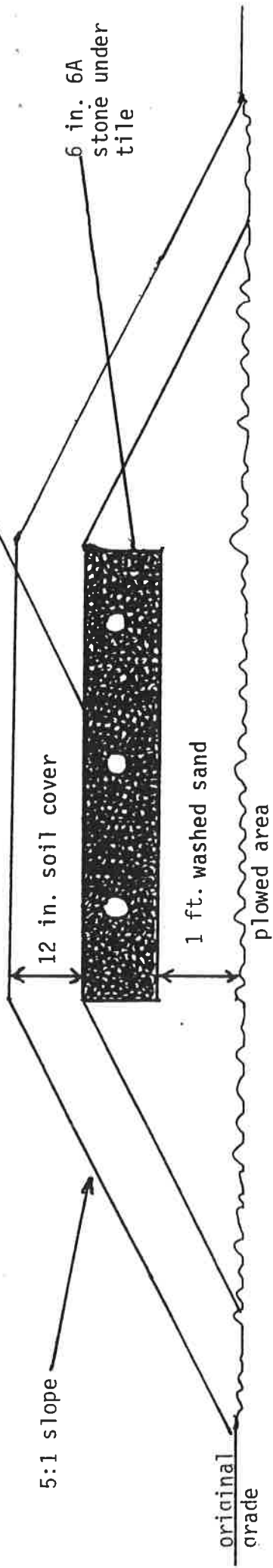
12 in. soil cover

1 ft. washed sand

plowed area

5:1 slope

original grade



## SPECIFICATIONS

### MOUND

1. Install 2-800 or 1-1500 gal. two compartment septic tanks.
2. The drainfield will be a raised bed.  
AREA-----1200 sq. ft.  
WIDTH-----15 ft.  
LENGTH-----80 ft.
3. Prepare the area to be covered by the mound by plowing it with a moldboard or chisel plow (approx. 110 ft. X 65 ft. area).
4. Place washed sand to a point 1 ft. above original grade on upslope side of bed. Run the sand level from that point across the width of the bed (15 ft.). There will be no less than 1 ft. of washed sand under the stone in the bed at any point.
5. To avoid compacting the soil, place the washed sand from the upslope side and do not drive over the mound area without at least 6 in. of washed sand under the tires or treads of the vehicle.
6. Place the stone and tile on the washed sand.
7. The distribution system will have a center header.
8. The sand berm surrounding the bed will have a 5:1 slope.
9. Cover the bed and berm with 1 ft. of topsoil.
10. Avoid driving over the mound area prior to construction, this will compact the soil.
11. Do not install the mound when the soil is saturated.
12. Keep the septic tanks a min. of 10 ft. from the foundation of the house.
13. Keep the well a min. of 50 ft. from the sewage disposal system.

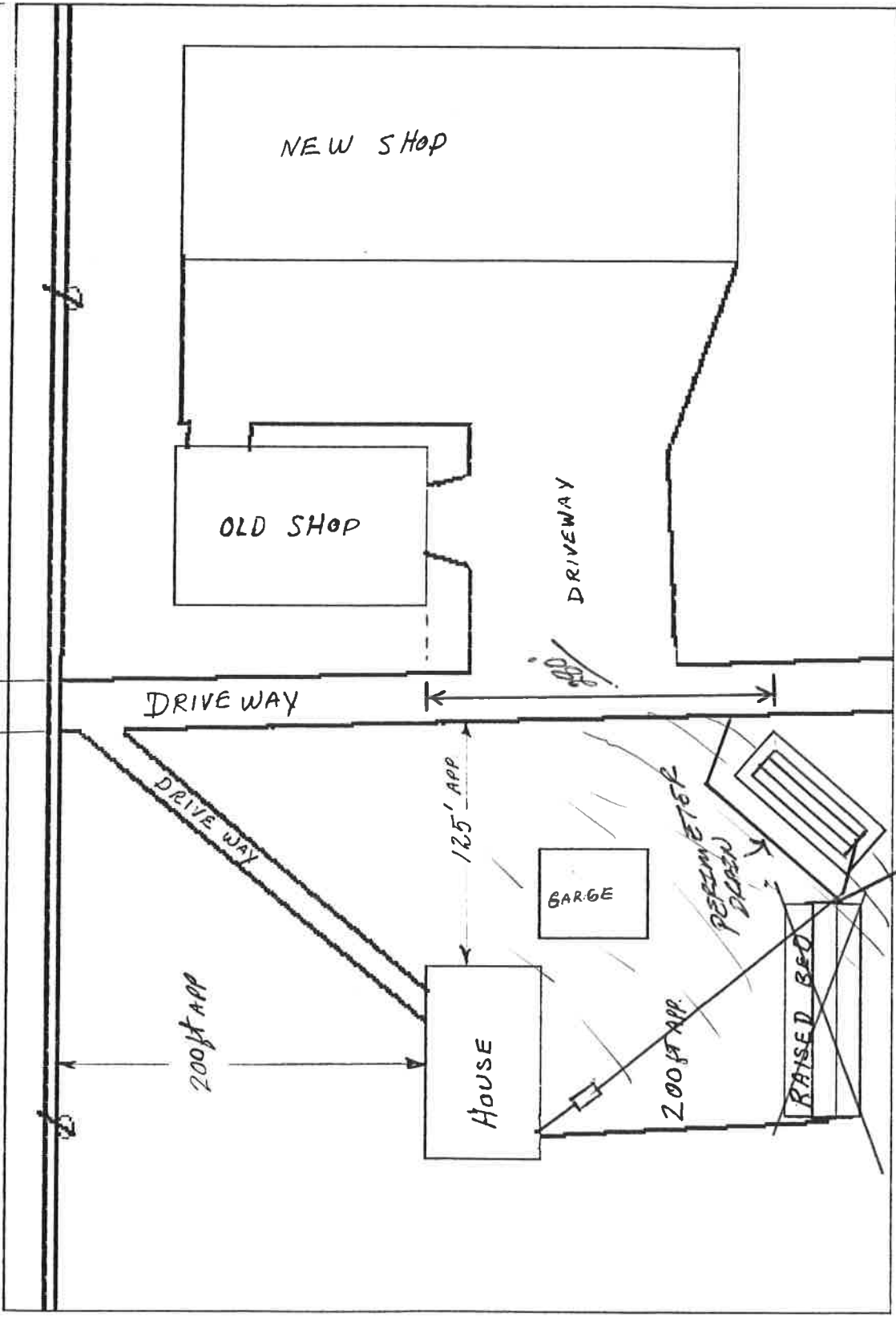
### INTERCEPTION DRAIN

1. The interception drain will be placed 10 ft. north of the bed.
2. Excavate a 2-3 ft. wide trench to a depth of 2 ft. below original grade sloping the trench so that it drains toward the low area southwest of the bed.
3. Place 4 in. slitted drain tile in the bottom of the trench.
4. Backfill the trench with 6A, peastone, or floatstone to original grade.
5. Screen the outlet of the tile to prevent animals from entering.

If you have any questions concerning these specifications please contact this office at (517)224-2195.

N

PRICE RD.



APPLICATION # C19-91-066  
 DONALD HEBELER  
 1734 E. PRICE RD.

NOTE: Min. of 1ft of washed sand under bed  
 on upslope side. Level from that point  
 clean/bankrun sand can be used for berm. <sup>down</sup>

MID-MICHIGAN DISTRICT HEALTH DEPARTMENT



CLINTON Branch Office 306 ELM STREET ST. JOHNS, MI 48879 224-2195

GRATIOT Branch Office 435 W. FILLMORE ITHACA, MI 48847 875-3681

MONTCALM Branch Office 617 N. STATE ROAD SUITE B STANTON, MI 48888 831-5237

MAIN OFFICE 617 N. STATE ROAD SUITE A STANTON, MI 48888 831-5203

SEWAGE DISPOSAL SYSTEM INSTALLATION AFFIDAVIT

JOSEPH S. LATOFF, M.A., M.S. Health Officer

Re: Donald Hebelier Owner 1734 E. Price Rd. Road Olive Township--Section 10 Township C19-91-066 Permit Number

I, Donald Hebelier, as contractor/installer do hereby certify that all authorized work for the above sewage disposal system has been constructed in accordance with the Environmental Health Code of Mid-Michigan District Health Department and materials used are from an approved source and proper construction practices were followed.

Septic Tank(s): Size 1500 (2 Comp) gal. Baffle(s) Present yes no (circle one) Drained: Size 1200 sq.ft. Dimensions 20 x 60

Drainfield: Size sq.ft. Number of Trenches Trench Width Trench Length

Other: Bottom of drainfield is 12 inches above/below grade. (circle one) 12" Fill of SAND TO GRADE

I further certify that I have contacted the Local Health Department office and have given proper notice for inspection.

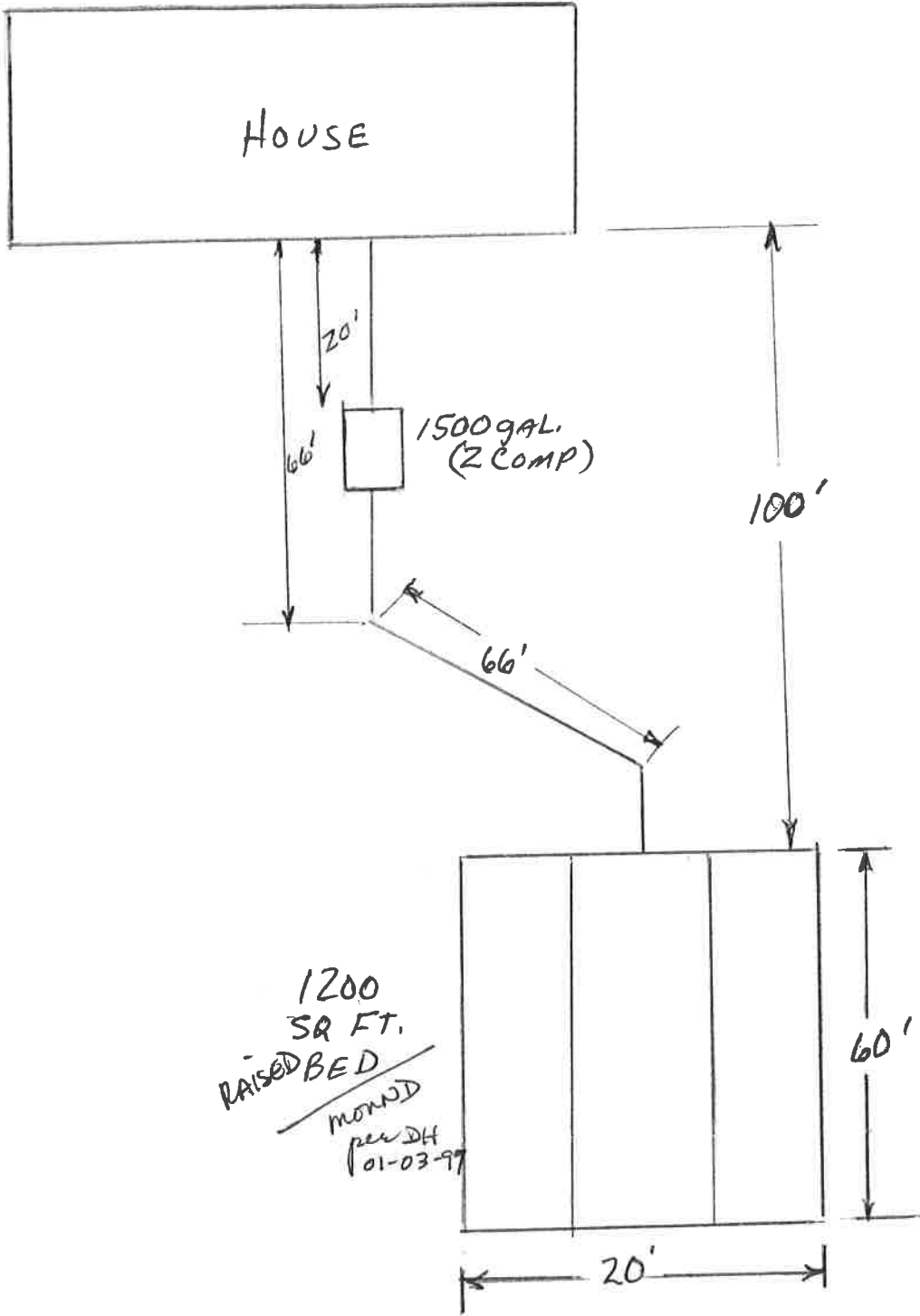
Signature: Donald Hebelier Date Covered: 7-9-92 per DH on 01-03-96 BT

\*\*\* On reverse side, Sketch a Drawing of installed system with measurements.

This affidavit is to be submitted to the Mid-Michigan District Health Department within 5 working days upon receipt.

Sworn to and subscribed before me, A Notary Public in and for the County of Clinton, State of Michigan, this 30th day of December, 1996.

Notary Public: Janet Sitter Hopper Commission Expires 6/23/2001 "Your Local Health Department, We're Here For You!" Rev. 1/95



1200  
SQ FT.  
RAISED BED  
MONND  
per DH  
01-03-97

MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

C
1
9
9
1
0
6
6

**PERMIT NUMBER**

<b>1 LOCATION OF WELL</b>		
County <b>Clinton</b>	Township Name <b>Olive</b>	Fraction <b>NW 1/4 NE 1/4 NE 1/4</b>
Section Number <b>10</b>		Town Number <b>6N</b> N/S
Range Number <b>2W</b> E/W		
Distance And Direction From Road Intersection <b>Between US-27 and Williams Road on the South side of Price Road</b>		
Street Address & City of Well Location <b>1734 E. Price Rd. St. Johns, 48879</b>		
Address Same As Well Location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
3 OWNER OF WELL: <b>Don Hebler</b>		
Date Completed MO: <b>9</b> DAY: <b>22</b> YEAR: <b>92</b>		
WELL DEPTH: <b>225 FT.</b> <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Replacement Well		
5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug		
<input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>		
6 USE: <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type III Public		
<input type="checkbox"/> Irrigation <input type="checkbox"/> Type IIa Public <input type="checkbox"/> Heat pump		
<input type="checkbox"/> Test Well <input type="checkbox"/> Type IIb Public <input type="checkbox"/>		
7 CASING: Diameter <input type="checkbox"/> Steel <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Welded		
Height: Above/Below Surface <b>1</b> ft.		
Weight <b>SDR21</b> lbs./ft.		
Grouted Drill Hole Diameter <b>8</b> in. to <b>137</b> ft. depth		
Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8 SCREEN: <input checked="" type="checkbox"/> Not Installed		
Type _____ Diameter _____		
Slot/Gauze _____ Length _____		
Set between _____ ft. and _____ ft.		
FITTINGS: <input type="checkbox"/> K-Packer <input type="checkbox"/> Lead Packer <input type="checkbox"/> Bremer Check		
<input type="checkbox"/> Blank above screen _____ ft. Other _____		
9 STATIC WATER LEVEL: <b>20</b> ft. below land surface <input type="checkbox"/> Flow		
10 PUMPING LEVEL: below land surface		
_____ ft. after <b>AIR</b> hrs. pumping at <b>90</b> G.P.M.		
_____ ft. after _____ hrs. pumping at _____ G.P.M.		
11 WELL HEAD COMPLETION: <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> 12" above grade		
<input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit		
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes From <b>0</b> to <b>137</b> ft.		
<input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Other _____		
No. of bags of cement _____ Additives _____		
13 Nearest source of possible contamination		
Type _____ Distance _____ ft. Direction _____		
Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was old well plugged? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14 PUMP: <input type="checkbox"/> Not Installed <input type="checkbox"/> Pump Installation Only		
Manufacturer's name <b>Aermotor</b>		
Model number <b>A12B502302</b> HP <b>1/2</b> Volts <b>230</b>		
Length of Drop Pipe <b>60</b> ft. capacity <b>12</b> G.P.M.		
TYPE: <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet		
PRESSURE TANK: Manufacturer's name <b>Well Xtrol</b>		
Model number <b>203</b> Capacity <b>10.0</b> Gallons		
15. Remarks, elevation, source of data, etc.		
16. WATER WELL CONTRACTOR'S CERTIFICATION: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.		
<b>Dyer Well Drilling &amp; Service Inc. 0418</b> REGISTERED BUSINESS NAME REGISTRATION NO.		
Address <b>Laingsburg 48848-0370</b>		
Signed <i>[Signature]</i> Date <b>9-28-92</b>		
AUTHORIZED REPRESENTATIVE		

**RECEIVED OCT 8 1992**  
 LOCAL HEALTH DEPT. COPY

**Authority:** Act 368 PA 1978  
**Completion:** Required  
**Penalty:** Conviction of a violation of any provision is a misdemeanor.



