33-25-05-35-200 DEPARTMENT INGHAM COUNTY HEALTH 403 W. Greenlawn Tel. 371-5360 Mason Office 121 E. Maple Tel. 677-3711 New Repair Sewage Disposal System and Well Permit Township _ cordance with Ingham County Sanitary Code and Act 294, 1965 and Rules. Address or Location_ Soil /Type _____ Subdivision ___ Lot No. BALKhes CUTS Table ____ft. P. O. _____Phone _____ Builder____ Septic tank (s)_____ Well Driller _____ Distribution Tile Total _____ Residence Other_____ Trench Bottom Area _____sa. feet Basement 435 Lot Number of Stories_ Number of 3 Quantity of Number of 1 1/2 Garbage &* Quantity of So Cu. Yd. Half inch to One inch size with none passing 1/4" Bedrooms Slope of Trench Bottom and Distribution Tile 1 Inch In 25 Ft. Space reserved for replacement Distribution Field: 455 Spacing between ends of tile 3/8ths inch, joints stripped, or ap-SITE PLAN AND SPECIAL STIPULATIONS: proved perforated plastic in ten foot lengths with fittings. The elevation of the building sewer shall be such that the maximum depth of the distribution tile shall be between 12 inches and 24 inches from finished grade to top of tile, as specified in Section 260.8, or as approved by the Health Officer. If the elevation of the building sewer is too low to meet these elevations, a sewage ejector may be required. ISOLATION STANDARDS FOR PRIVATE WATER SUPPLIES: Between well and tank or any part of the tile field — 50 FEET for single residence, 75 FEET for Grade-A Milk Producers, Public Establishments, Multiple Dwellings. No sewer line within 10 feet of any well or suction line; Cast iron soil pipe, or schedule 40 plastic, N.S.F. approved, required within 50 feet of any well. NOTE: "Footing drainage, downspouts, water softener and any other waste water not defined as sewage shall not be connected to or discharged into the septic tank system or the sewage disposal area" (Sec. 230, 1 & 230, 2). All sewage, including sink and laundry waste, must be connected to the septic tank. FINAL INSPECTION REQUIRED BEFORE BACKFILLING TO BE BACKFILLED AFTER INSPECTION 2" TO 24" STONE 1361 CROSS SECTION OF TRENCH

Subject to field inspection. Void if not completed within one year. Not transferable. This permit is not a guarantee of performance.

Issued by_

(Signed)

1:d

SOIL EVALUATION DATA SHEET

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Ingham County Health Department P.O. Box 40061 Lansing, Michigan 48901

THIS RECORD SHALL NOT CONSTITUTE A PERMIT

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	Observ	er: K		,							_ Sanita	arian: R. Sevel R.S.		

HEALTH DEPARTMENT

Human Services Building 5303 South Cedar Street P.O. Box 30161 Lansing, Michigan 48909

Bureau of Environmental Health (517) 887-6988 FAX (517) 887-6380

> Bruce B. Bragg, M.P.H., Health Officer Dean G. Sienko, M.D., Medical Director

April 26, 1989

Mr. Robert Royce 951 N. Edgar Road Mason, MI 48854

Soil evaluation with proposed three parcel split on the west Re: side of Edgar Road, Section 35, Delhi Township, appl. #3-23-89-87

Dear Mr. Royce:

On April 20, 1989 I arrived at the above referenced parcel to ascertain soil conditions and to determine the suitability of the soils for the construction of an on-site sewage disposal system for a proposed three parcel split of land located just to the north of 951 Edgar Road. Four (4) soil borings were made on the parcel. See the attached soil evaluation data sheet for the location of the soil borings.

Boring #1 was made approximately 90 feet west of the road and 90 feet north of the south property line and revealed eight inches of topsoil and three feet of heavily mottled sandy clay loam. The bore hole was filled with water at seven inches below grade.

Boring #2 was made approximately 125 feet west of the road and revealed 12 inches of topsoil, 2-1/2 feet of heavily mottled clay and three feet of heavily mottled clay loam. Water was standing in the hole at a depth of three feet.

Borings #3 and #4 were made on the northernmost parcel and revealed loam to loamy sands which were wet, and sandy clay loams which were also very wet. The water level was encountered at depths ranging from 14 to 24 inches below existing grade.

Based on our observations, this parcel cannot be approved for the installation of a subsurface sewage disposal system because of evidence of a high seasonal water table and observance of actual water saturation. It may be possible to construct a mound-type septic system on one or more of these parcels. If this option is chosen, an engineering consulting firm should be consulted to further evaluate the soils and prepare a site plan for an above ground or mound septic system to overcome the high water table and any other soil limitation present.

Once again, this parcel cannot be approved for the installation of a subsurface sewage disposal system. Should you have any further questions regarding this matter, please feel free to contact me.

Sincerely,

Randall Kamm, R.S.

andall Frams

Bureau of Environmental Health

cc: Delhi Township Enclosure

Ingham County is an Equal Opportunity, Affirmative Action Employer, M/F

W 600 7300E 1 Jan 17 1 House 740 AT House 19007 951 N. EDGAR Yeuch House 345 FT (MARKIED BY SERVYBES) HOUSE A, 5, C. ARE PROPOSED SITES

SOIL EVALUATION DATA SHEET

ingham County Health Department
P. O. Box 40061 Lansing, Michigan 48901

THIS RECORD SHALL NOT CONSTITUTE A PERMIT

Requested by ROBERT + MARILYN ROYCE Address 951 N. EDGAR								To	wnsh	ip _	\mathcal{L}	eLH	/		Sec	tion.	35
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APPLICATION FOR SITE EVALUATION & PERMIT FOR SEWAGE DISPOSAL SYSTEM AND/OR WELL

FOR RESIDENTIAL DWELLINGS	* OFFICE USE ONLY *
	* Parcel# * App. # 3-23-89-87 *
SUBMIT TO:	Parcel# App. # 3-23-89-82 Soil Map # SCS # ** Receipt # 0402679 W.A.G. Review: Yes No **
TAIGUAM GOUARDY HEAT DU DE DADONADAD	Receipt # <u>0402679</u>
INGHAM COUNTY HEALTH DEPARTMENT 5303 S. CEDAR ST., P.O. 30161	W.A.G. Review: Yes No
LANSING, MI. 48909 (517)887-6988	* Zone *
	* ********************************
NOTICE TO APPLICANT FOR SITE EVALUATION AND PERS Before on-site evaluation will be made, stake or	MIT:
approximate location of house or other building	s. If it is deemed necessary to
make a subsurface soil evaluation with assistant	ce of a backhoe, you will be
contacted to make the necessary arrangements at obtained before any construction is started.	your own expense. A permit must be
A permit would become void if surface soil cond filling. Any decision by the Bureau of Environ provisions of the Ingham County Sanitary Code.	mental Health may be appealed. See
CHECK ONLY OF	NB.
VACANT LAND WELL ONLY SEPTIC & WELL SEPTIC ONLY	WELL REPAIR/REPLACE SEPTIC REPAIR/REPLACE
	Ladina On Man Polou
951 N. EDGAR	Indicate Location On Map Below
Address and/or Road Side of Road: N S E (Circle I	N SEE ATTACHED
TOWNSHIP: DELHI SECTION: 35	
SUBDIVISION: LOT #_ PARGEL SIZE x NO. OF ACRES	
PRESENT OWNER: ROBERT / MARILYN ROYC	E 676-3832 (H)
PERSON TO CONTACT: ROBERT ROYCE	PHONE: 349-6500 (W)
Name (Please Print)	(/ 40852/
951 N. EDGAR MA	Zip
IF KNOWN, PLEASE PROVIDE FOLLOWING INFORMATION:	
SEPTIC SYSTEM: No. of Bedrooms: No. of Basement: Yes No, Bathr	
Has land been previously evaluated by	the Health Department? Yes No
If yes, when:	
WELL: 2" 4" 5" Well Drille	er: Do you have a: Septic system
Do you have underground Do fuel storage? Yes No	
	- 100 AND
AUTHORIZATION:	S
I hereby grant and authorize representatives of a right of entry onto the property described about	r the ingham county health Department bove, and to hold them harmless against
any and all claims of trespass. Their right of	f entry shall include the right to make
borings or backhoe excavations for evaluating	geological and soil conditions for an
on-site sewage disposal system.	
Signed: Royce	Date: 3/23/89
orginal, // - or	

	HARPER Rd	
C	#	0 - 100 ->
\mathcal{B}		100 ga R
A	N	T 700' Z,
Boring X Backhoe Eval	luation Date <u>7-27-9</u>	4 Observer
Test #1 #2 #3 #4 ,,#5 0-18" 0-10" 0-13" 0-12" T.S. T.S. T.S. T.S. 18"-16" 10" 14" 13"-20" 12"-16" C 30" (MT) C	S Sand LS Loamy Sand SL Sandy Loam L Loam Sil Silty Loam SCL Sandy CLay Loam CL Clay Loam	C Clay M Muck MT Seasonal High Water Level (mottling SAT Water Level (Saturation) CCL Calcarious Clay SiCL Silty Clay Loam
Borings #1-#4	PERMIT RECOMMENDED: Remarks & Observation	Yes No Conditional
Sanitarian's Name: Amelys Ka	your RS	Date: 4-28-89

Permit No. 33-(after issuance)

Test #	/	2	3	4	
Type of Test	B	B .	B	73	
Depth	3'	3 '	24"	18"	
Each	0-8" T.S	0-15" T.5	0-12" T. 5	1-12"- 7.5	
test	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. 1: .4 11 1.00 20	wer	
hole	8-3 SCL	0-12" T.5	15-24 WET		
located				12-18 -	
on	(WL) 7"	22-3'CL HEAVY (MT)	24" Lier 501 m	(w2) 14"	
Plot		HEAVY (MT)	,,,		
Plan		(w) 3'	(w) 21		
by					
number					

				SOIL TEXTUR	<u>E</u>			
S LS SL L S¦L	Sand Loamy Sandy Loam Silty	Loam	SCL SICL CL C	Sandy Clay Loam Silty Clay Loam Clay Loam Clay Muck			Boring h Water Level (saturation)	(mottling)
MUNTOOOO	2) 2) 3) (4) (5) 5) (6) (7) 8)	Severely res Impervious la High seasona Wet depression Slope limita Overflow of Insufficient	tricti ayer w l wate ons or tions run-of space isola	poor surface dr	und surf ainage. acent hi of drai	ace. gher areas.	ge disposal:	
Observ	ver:					-		
Sanita		(Dan)	111	Denomi R.S		Date:	4.25-89	