

# Ingham County Health Department

Bruce B. Bragg, M.P.H., Director  
Dean G. Sienko, M.D., M.S., Medical Director

Human Services Building  
5303 South Cedar Street  
P.O. Box 30161  
Lansing, Michigan 48909-7661  
FAX (517) 887-4560

*Bureau of Environmental Health*  
(517) 887-4312

April 18, 2002

Mr. Allen Dale  
5510 N. Meridian Rd.  
Haslett, MI 48840

33030317126008

Re: Vacant land evaluation application #4-9-02-119, a 5 acre parcel off Haslett Rd., section 17, Williamstown Twp.

64 Haslett

Dear Mr. Dale:

On April 16, 2002, a representative of this office met with you and your wife on the above mentioned parcel. The purpose of this meeting was to ascertain soil suitability for the long term functioning of an on-site sewage treatment system, should your daughter build a 4 bedroom home on the parcel.

Well drained fine sand soils were found on the high ground. These soils are favorable. The best layout for a drainfield would be (5) 60' long 3' wide trenches spaced 8' apart. These must be directed southwest to northeast across of much of the high ground. Adequate area with acceptable soils would need also to be set aside for future replacement. To allow room for this drainfield, the northeast corner of the garage would need to be approximately 120' due south of the southwest corner of Meridian Mills Subdivision. The stone in the drainfield has to be at least 20' away from any basement, and/or footing drains. The septic tank is 10'. The drainfield can crowd the garage due to the lack of a basement or footing drain.

When it is closer to the time that a building permit is needed, the balance of the fee, \$385.00 must be submitted for the upgrade of this application to permit status. At that time we must again meet at the site to firm up the particulars and issue the permit. We recommend the builder and possibly the excavator meet at the same time in case any questions come up.

In the meantime if you have any further questions feel free to contact this office.

Sincerely,



Bruce Gruner, R.S.  
Ingham County Health Department

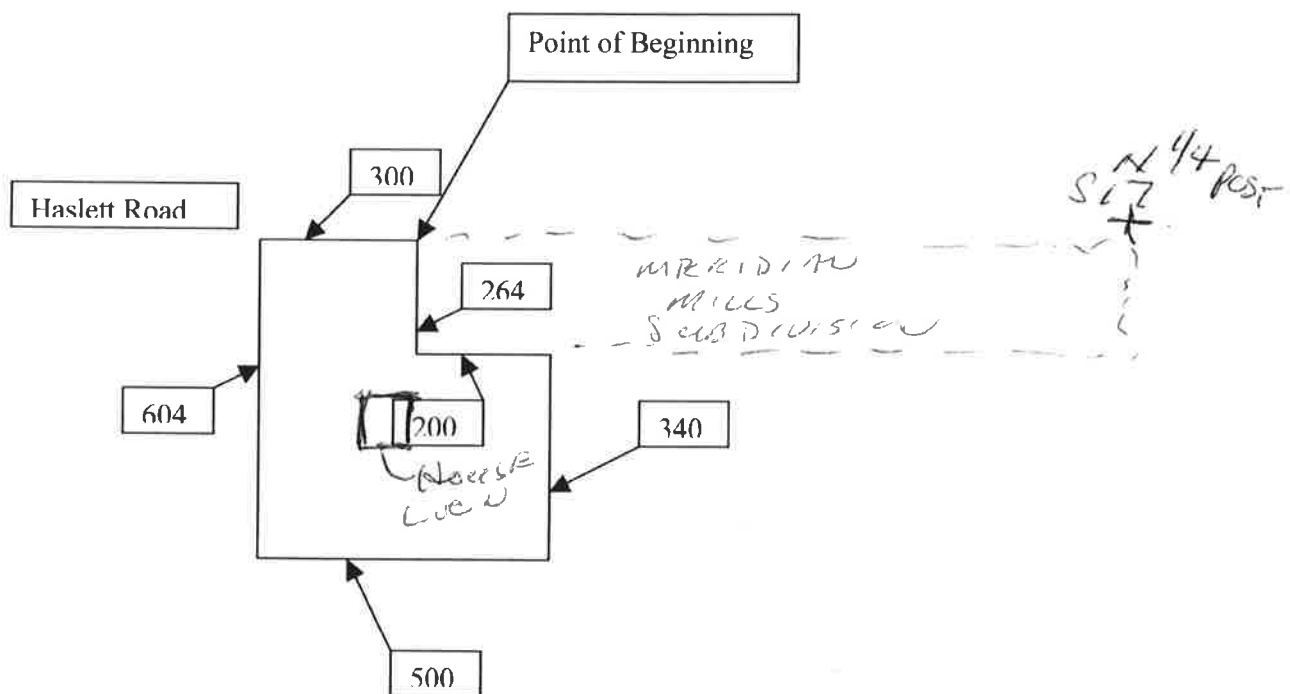
cc: Williamstown Twp.



THAT PART OF THE WEST ½ OF SECTION 17, TOWN 4 NORTH, RANGE 1 EAST, WILLIAMSTOWN TOWNSHIP, INGHAM COUNTY, MICHIGAN DESCRIBED AS:

COMMENCING AT THE NORTH ¼ POST OF SECTION 17, TOWN 4 NORTH, RANGE 1 EAST, WILLIAMSTOWN TOWNSHIP, INGHAM COUNTY, MICHIGAN, THENCE WEST 1066 FEET ALONG THE NORTH LINE OF MERIDIAN MILLS SUBDIVISION TO THE POINT OF BEGINNING OF THE FOLLOWING DESCRIBED PARCEL:

THENCE SOUTH 03 DEG 05 MIN EAST 264 FEET ALONG THE WEST LINE OF MERIDIAN MILLS, THENCE EAST 200 FEET ALONG THE SOUTH LINE OF MERIDIAN MILLS, THENCE SOUTH 03 DEG 05 MIN EAST 340 FEET, THENCE WEST 500 FEET, THENCE NORTH 03 DEG 05 MIN WEST 604 FEET, THENCE EAST 300 FEET TO THE POINT OF BEGINNING. 5.72 ACRES, MORE OR LESS.



# INGHAM COUNTY HEALTH DEPARTMENT

5303 S. CEDAR, P.O. BOX 30161, LANSING, MI 48909  
(517) 887-6988

Bureau of Environmental Health

## FOR OFFICE USE ONLY

### TYPE OF PERMIT

Residential ☒  
Commercial ☐  
Well Only ☐  
Sewage Only ☐  
Well & Septic ☒

Parcel #33

Application #

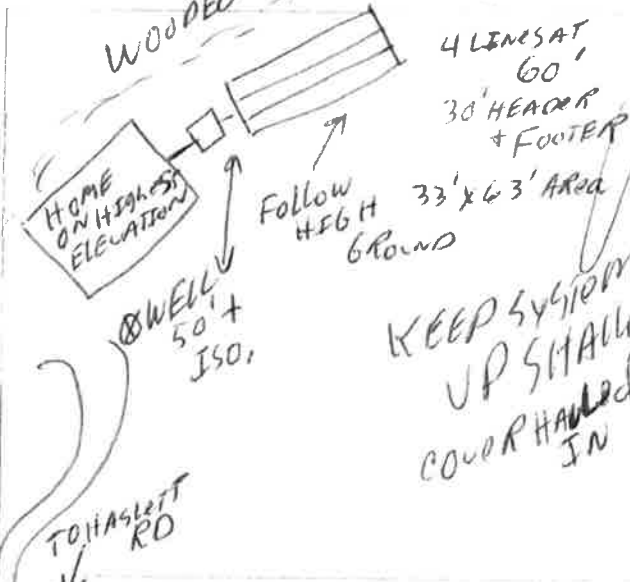
New ☒ Repair ☐

## INSTRUCTIONS

**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 2 Sanitary Code)

### PERMIT

Septic tank (s) 1500 TWO COMPARTMENT  
Distribution Tile Total 300 feet  
Trench Bottom Area 882 sq. feet  
Quantity of Approved Washed 6-A 34 cu. yds.  
Approximate Quantity of Medium/Coarse Sand        cu. yds.  
Special W.A.G. requirements? Yes ☐ No ☐



CALL INGHAM COUNTY HEALTH DEPARTMENT  
FOR REQUIRED FINAL INSPECTION  
BEFORE BACKFILLING

Loc. E        Loc. N        Elev.         
Road No. HASLETT ROAD  
Twp. WASTOWN Sec. 17 Side of Road NE W  
Subdivision ALAN DALE Lot #         
Owner: ALAN DALE Builder         
Installer:        Well Driller:         
N. of Bedrooms: 2 Commercial: Design Flow        gpd  
Alternative System:       

## RECORD OF FINAL INSPECTION

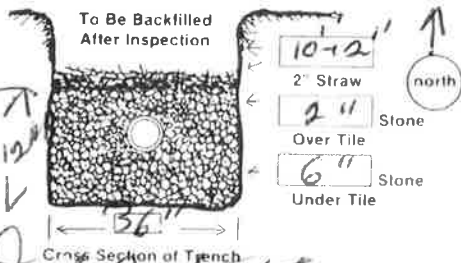
Septic Installer         
Deviations from Permit:         
Well installed        Installer       

The septic tank is        feet        and        feet        of the        corner of home.

**NOTE:** Reserve area designated must remain in reserve for future septic system expansion.

Inspected by        Date         
Approved        Not Approved         
Comments       

AVERAGE  
EXISTING  
GRADE



Received by  
(Signature)

Owner ☒ Builder ☐ Installer ☐

Issued by Bruce James Date 10/11/89  
Void if not completed within one year Not transferable This permit is not a guarantee of performance

10'x10' COVER TO BE ADDED OVER STONE.

MTM 65

ADDT  
10/3/89 330

STAFF INITIALS: BG

APPLICATION #: 9-26-472-51

**WELL PERMIT ACTIVITY/TIME SURVEY - 1989**

The purpose of this survey is to determine the amount of time and costs for performing the activities contained in H.B.4656. This survey will be used to help us establish a well permit fee. Please record as accurately as possibly the time it takes you to perform the listed activities plus other activities you may perform that are not specifically listed.

FILLING OUT THE APPLICATION FORM: \_\_\_\_\_  
APPLICATION REVIEW, INCLUDING WAG DETERMINATION: 12  
APPOINTMENT SET UP TIME: 10  
SITE VISIT TOTAL: 10, TRAVEL TIME: 30  
SITE VISIT ACTIVITIES  
SURVEY FOR SOURCES OF CONTAMINATION: 2  
DRAWING UP THE PERMIT: 5  
FILLING IN THE TOP OF THE WELL LOG: 3  
OTHER ACTIVITIES (PLEASE ITEMIZE): \_\_\_\_\_

RECEIVING NOTICE FROM WELL DRILLER OF WHEN WELL TO BE INSTALLED: \_\_\_\_\_

ARE YOU ALSO DOING A FINAL SEPTIC INSPECTION? YES, NO.  
FINAL INSPECTION OF WELL AND PUMP: \_\_\_\_\_ TT: \_\_\_\_\_  
FINAL INSPECTION ACTIVITIES  
WELL, PUMP, PLUMBING: \_\_\_\_\_  
WATER SAMPLE: \_\_\_\_\_ TT: \_\_\_\_\_  
WELL ABANDONMENT: \_\_\_\_\_  
FILLING OUT REPORT: \_\_\_\_\_  
IDENTIFY LOCATION ON QUAD AND ASSIGN WELL NUMBER: \_\_\_\_\_  
OTHER ACTIVITIES (PLEASE ITEMIZE): \_\_\_\_\_

RECEIVE AND EVALUATE SAMPLE RESULTS: \_\_\_\_\_  
RECEIVE AND EVALUATE WELL LOG: \_\_\_\_\_  
NOTIFY WELL OWNER OF WELL APPROVAL OR NON-APPROVAL: \_\_\_\_\_  
ENTERING LOG INTO WELLKEY: \_\_\_\_\_

**OTHER ACTIVITIES THAT MAY OR MAY NOT APPLY**

**WAG REVIEW PROCESS**

SITE FILE REVIEW: \_\_\_\_\_ X-SECTION REVIEW: \_\_\_\_\_  
ADDITIONAL DATA GATHERING ACTIVITIES (PLEASE ITEMIZE): \_\_\_\_\_  
INCLUDE TRAVEL TIME IF APPLICABLE  
INSTALLATION INSPECTION (On a 10% sampling of permits)  
SITE VISIT: \_\_\_\_\_ TT: \_\_\_\_\_  
RESAMPLING TIME: \_\_\_\_\_ TT: \_\_\_\_\_  
RESAMPLING TIME: \_\_\_\_\_ TT: \_\_\_\_\_  
RESAMPLING TIME: \_\_\_\_\_ TT: \_\_\_\_\_  
OTHER ACTIVITIES: \_\_\_\_\_

# INGHAM COUNTY HEALTH DEPARTMENT

33 -

No 002451

☒ Lansing Office  
403 W. Greenlawn  
Tel. 371-5360

## Sewage Disposal System and Well Permit

In accordance with Ingham County Sanitary Code and Act 294, 1965 and Rules.

Soil Type Sand

Depth to Water Table \_\_\_\_\_ ft.

Perc. Tests: Bearings Inches Per Hour \_\_\_\_\_

By: E. Law Date \_\_\_\_\_

Septic tank (s) 1500 two compartment gal.

Distribution Tile Total 390 feet

Trench Bottom Area 1200 sq. feet

Quantity of  
Approved Stone 48 Cu. Yd. Half inch to One inch size  
with none passing  $\frac{1}{4}$ "

Slope of Trench Bottom and Distribution Tile 1 Inch In 25 Ft.

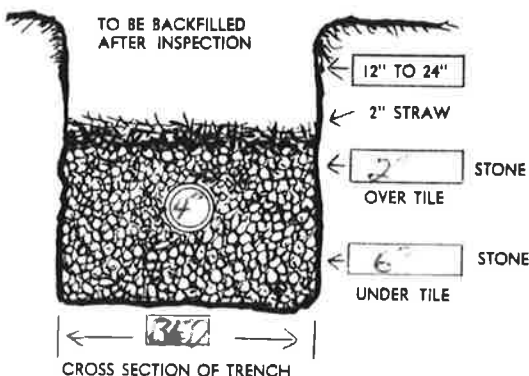
Spacing between ends of tile  $\frac{3}{8}$ ths inch, joints stripped, or approved perforated plastic in ten foot lengths with fittings.

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



☒ New ☐ Repair

Township ~~Williamston~~ Williamston Sec. 17

Address or Location In back of 72 ~~5774 Freedom Haslett Rd~~

Subdivision metes & bounds Lot No. \_\_\_\_\_

Owner EVERETT B. Loughlin

P. O. \_\_\_\_\_ Phone \_\_\_\_\_

Builder 22222

Well Driller ?

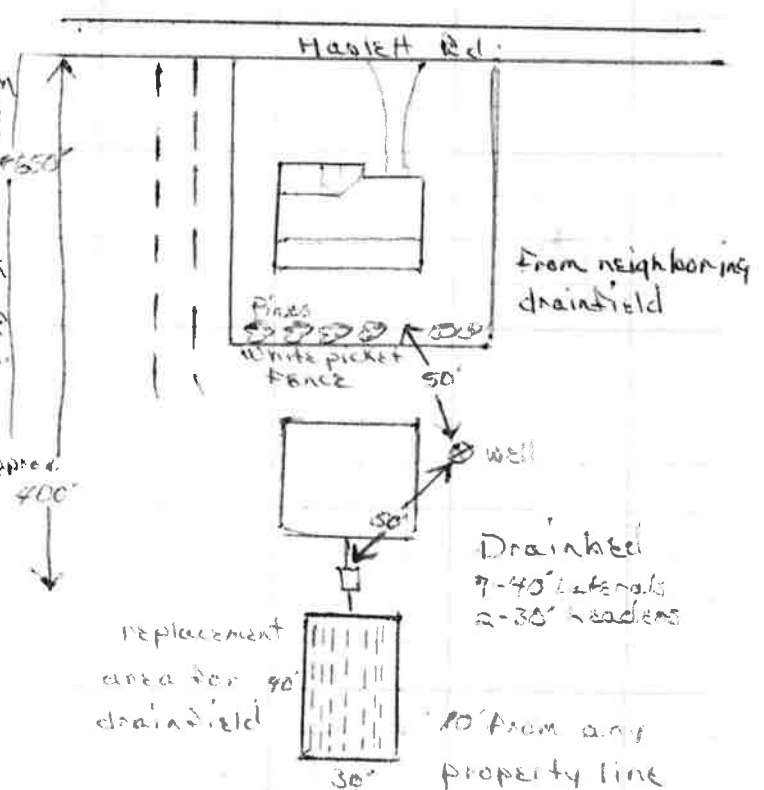
☒ Residence ☐ Other \_\_\_\_\_

Number of Stories A Frame Basement no Lot Size \_\_\_\_\_' X \_\_\_\_\_'

Number of Bedrooms 2 Number of Baths 1 Garbage Grinder no

Space reserved for replacement Distribution Field: yes

### SITE PLAN AND SPECIAL STIPULATIONS:



Issued by Dan E. Law Date 11-20-79

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

Received by Everett B. Loughlin  
(Signed) ☒ Owner ☐ Builder ☐ Installer

# SOIL EVALUATION DATA SHEET

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

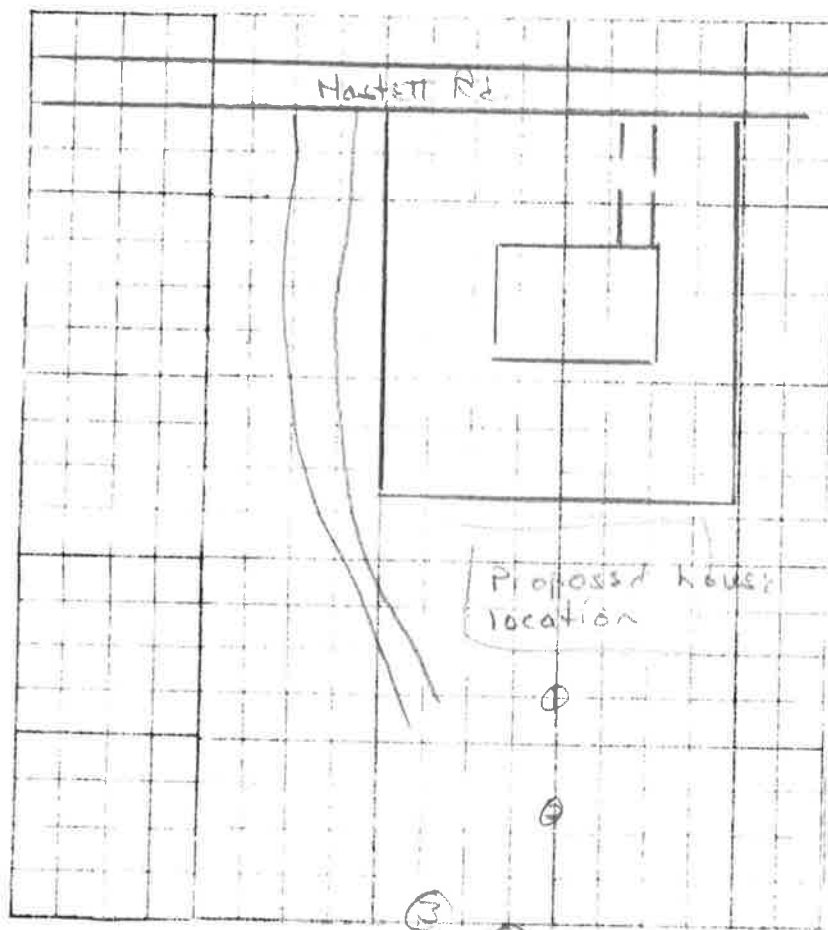
THIS RECORD SHALL NOT CONSTITUTE A PERMIT

Requested by Everett Loughlin  
Address 5474 Melodie

Phone # \_\_\_\_\_  
☐ Realtor ☐ Buyer ☐ Builder  
☐ Installer ☐ Other \_\_\_\_\_

Owner \_\_\_\_\_

Township Williamston Section 17  
Location Maxwell (Road)  
Subdivision \_\_\_\_\_  
Lot No. (s) \_\_\_\_\_ Side of Road \_\_\_\_\_  
Specific Site \_\_\_\_\_  
Parcel No. \_\_\_\_\_  
Co. Drain District \_\_\_\_\_



## RESULTS

Soil Type: \_\_\_\_\_

Test #1: ☒ Boring ☐ Backhoe  
Sand to 5.5'

Water Table: \_\_\_\_\_ ft.

Test #2: ☒ Boring ☐ Backhoe  
Sand to 5.5'

Water Table: \_\_\_\_\_ ft.

Test #3: ☒ Boring ☐ Backhoe  
Sand to 3' Water table 5'  
Coarse Sandy loam 3-5'  
#4 Sand to 5'  
W.T. 5'

Water Table: \_\_\_\_\_ ft.

Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit recommended Yes No  
Date: 11-20-99

Observer: Loughlin

Sanitarian: Egan

# Ingham County Health Department

403 W. Greenlawn - P.O. Box 40061  
Lansing, Mi. 48901 (517) 371-5360

See Instruction Sheet  
Before Filling Out  
This Application.  
THIS IS NOT A PERMIT

APPLICATION FOR SITE EVALUATION & PERMIT  
FOR SEWAGE DISPOSAL SYSTEM AND/OR WELL

-For Health Department Use-	
Rec'd Date:	11-5-79
Permit No. 33-	
Aerial Map No.	
Parcel No. 33-	
Liber	Page
Soils Map No.	
Soil Evaluation	
348-29	

ADDRESS: 5474 Meridian Rd. Frontage on Haslett Road Road  
Township: Williamston Sec. 17 Subdivision: \_\_\_\_\_ Lot No. \_\_\_\_\_  
Direction/Miles from: 650 feet east of Meridian-Haslett intersection  
(cross road)

PROPERTY OWNER: Everett B. Loughlin

Address: 5474 Meridian Road Phone No. \_\_\_\_\_

This Request is made by: Property owner ☒, Builder ☐, Contractor ☐, Realtor ☐,  
Well Driller ☐, Other \_\_\_\_\_

Contact to arrange appointment at site: \_\_\_\_\_  
(Name)

Property owner's signed "Land Owner's Agreement" form attached? Yes ☒ No ☐ (Phone No.)

Has Health Department previously evaluated this parcel of land? Yes ☐ No ☒ Uncertain ☐

If yes, when? \_\_\_\_\_ Results: \_\_\_\_\_

Is a water supply well to be installed? Yes ☐ No ☐ Existing ☐ Driller: \_\_\_\_\_

TYPE OF FACILITY: \_\_\_\_\_ House (No. of bedrooms \_\_\_\_\_, No. of bathrooms \_\_\_\_\_) (If other than dwelling:

Kind of business or other occupancy: Vacant Estimated water usage \_\_\_\_\_ gal/day)

Basement? \_\_\_\_\_ Garbage Grinder? \_\_\_\_\_ Dishwasher? \_\_\_\_\_ Water Softener? \_\_\_\_\_

If more than one facility on parcel, number and type proposed: \_\_\_\_\_

In submitting this application, I hereby agree to comply with all applicable requirements of the Ingham County Sanitary Code. I certify that the entries above are accurate to the best of my knowledge. Additional information: \_\_\_\_\_

X Everett B. Loughlin Date: Nov 5, 1979

On the reverse side of this Application, draw a Plot Plan showing how this house and/or other buildings will be positioned on this parcel. Show dimensions such as set-back from the road, driveway, well location, etc. If surveyor's drawing is available, attach a copy.

SEE OTHER SIDE

TO: **INGHAM COUNTY HEALTH DEPARTMENT**

SUBJECT: Land Owner's Agreement for Entry on and Evaluation of Property

DESCRIPTION OF PROPERTY: ☐ See attached legal description

Township Williamston Section 17

Subdivision if any \_\_\_\_\_ Lot No. \_\_\_\_\_

Frontage on Haslett Road Road

Address or other directions 650' east of Meridian Rd -  
South approx. 350'

Register of Deeds Liber \_\_\_\_\_ Page \_\_\_\_\_

Recorded Name(s) of Owner(s): Everett B. Loughlin -  
Esler W. Loughlin (deceased 1972)

**AUTHORIZATION**

Check appropriate statement below:

I certify that I am; ☒ the owner of record; ☐ executor or administrator  
of the estate of the recorded owner; ☐ authorized officer of corporation or  
partnership owning the property; ☐ otherwise legally authorized to sign this  
statement, as follows: \_\_\_\_\_

I hereby grant and authorize representatives of the Ingham County Health Department  
a right of entry on the property described above, and to hold them harmless against  
any and all claims of trespass. Their right of entry shall include the right to  
take borings or backhoe excavations to evaluate geological and soil conditions for  
an on-site sewage disposal system, proposed by the applicant.

Signed by me on this 5<sup>th</sup> day of November 1979 in the presence

of a witness. My telephone number is 349-4087

X Everett B. Loughlin Address Haslett (rural) 48840

Signature of Witness Veresa Aun



# APPLICATION FOR SITE EVALUATION & PERMIT FOR SEWAGE DISPOSAL SYSTEM AND/OR WELL

## FOR RESIDENTIAL DWELLINGS

## NOTICE TO APPLICANT FOR SITE EVALUATION & PERMIT

A permit must be obtained before any construction is started. A permit Would become void if surface soil conditions are altered by scraping or filling. Any decision by the Bureau of Environmental Health may be appealed. See provisions of the Ingham County Sanitary Code, latest edition.

### OFFICE USE ONLY

Parcel # \_\_\_\_\_  
App. # 4-9-02-119  
Soil Map # \_\_\_\_\_ SCS # \_\_\_\_\_  
Amount Received: 385.00  
Receipt # 100207  
W.A.G. Review Yes No  
Zone \_\_\_\_\_

### PLEASE CHECK APPROPRIATE AND SUBMIT CORRECT FEE

☒ Vacant Land Evaluation\* \$385.00 \_\_\_\_\_ Well Repair/Replace \$100.00  
\_\_\_\_\_ New Septic Permit (Public Water) \$385.00 \_\_\_\_\_ Septic Repair/Replace \$100.00  
\_\_\_\_\_ New Well Permit Only \$385.00 \_\_\_\_\_  
\*Vacant Land Evaluation can be upgraded to a Well and Septic Permit for an additional \$385.00

TOWNSHIP: WILLIAMSTOWN SECTION: 17

SUBDIVISION: See Attached LOT #: \_\_\_\_\_

PARCEL SIZE: X # OF ACRES: \_\_\_\_\_

SITE ADDRESS: 5510 N. MERIDIAN, HASLETT RD

Place Location On Map Below

680' ↑ N  
Side of Road: N/SE W  
Circle One .

PRESENT OWNER: ALAN & KAREN DACE

PERSON TO CONTACT: ALAN DACE

PHONE: 349-5300

(Please PRINT Name)

5510 N. MERIDIAN HASLETT 48820  
Address City Zip

IF KNOWN, PLEASE PROVIDE: # Of Bedrooms: 84 # of Bathrooms: 2 1/2 Basement: X Yes No  
Well Size: \_\_\_\_\_ inch Has land been previously evaluated? X Yes No If yes, when: 1989

### AUTHORIZATION:

I hereby grant and authorize representatives of the Ingham County Health Department a right of entry onto the property described above, and to hold them harmless against any and all claims of trespass. Their right of entry shall include the right to make borings or backhoe excavations for evaluating geological and soil conditions for an on-site sewage disposal system and/or well.

SIGNED: [Signature]

DATE: 4/8/02

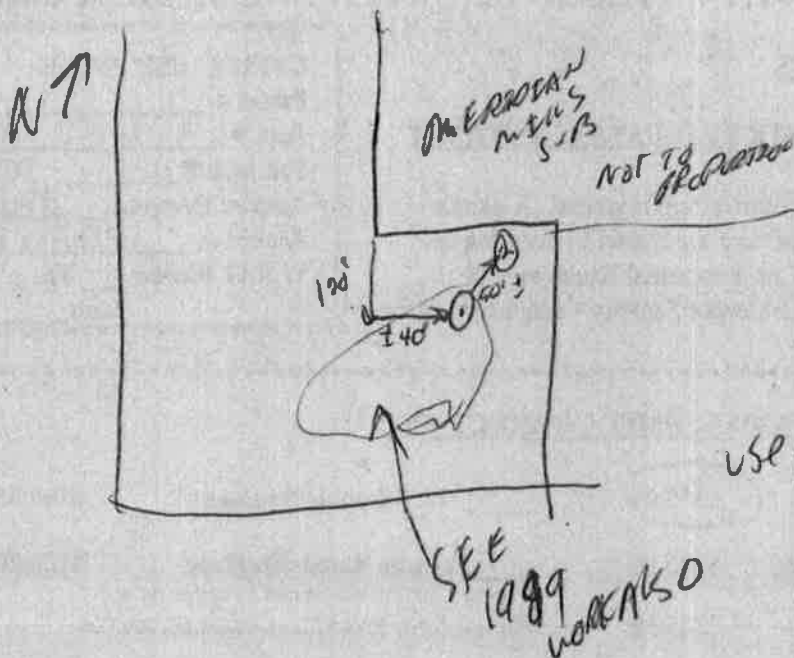
SUBMIT TO: Ingham County Health Department  
Bureau of Environmental Health  
5303 S. Cedar, P.O. Box 30161  
Lansing, MI 48909

FORM OF PAYMENT: Check One: X Check  
\_\_\_\_\_ Money Order \_\_\_\_\_ Visa \_\_\_\_\_ Master Charge  
Credit Card Expiration Date: Mo: \_\_\_\_\_ Yr: \_\_\_\_\_  
Credit Card Account Number \_\_\_\_\_

PAYABLE TO: INGHAM COUNTY HEALTH DEPT.

Bank: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_



USE AS MUCH  
HIGH GROUND  
AS POSS.  
FILL NORTH  
END TO  
COMPENSATE.  
DRAINAGE.

Boring ☒ Backhoe ☐ Evaluation Date 4/16/02 Observer MR. [Signature] / DATE

Test #

#1  
0-10" LST  
10-4" LST  
45-5" LST  
#2  
18" LST  
SAME  
BUT  
1989

S	Sand	C	Clay
LS	Loamy Sand	M	Muck
SL	Sandy Loam	MT	Seasonal High Water Level (Mottling)
L	Loam	WL	Water Level (Saturated)
SiL	Silty Loam	CCL	Calcareous Clay Loam
SCL	Sandy Clay Loam	SiCL	Silty Clay Loam
CL	Clay Loam		
TS	Topsoil	FS	Fine Sand

PERMIT RECOMMENDED:

YES

Conv  
Alt

NO

Remarks & Observations:

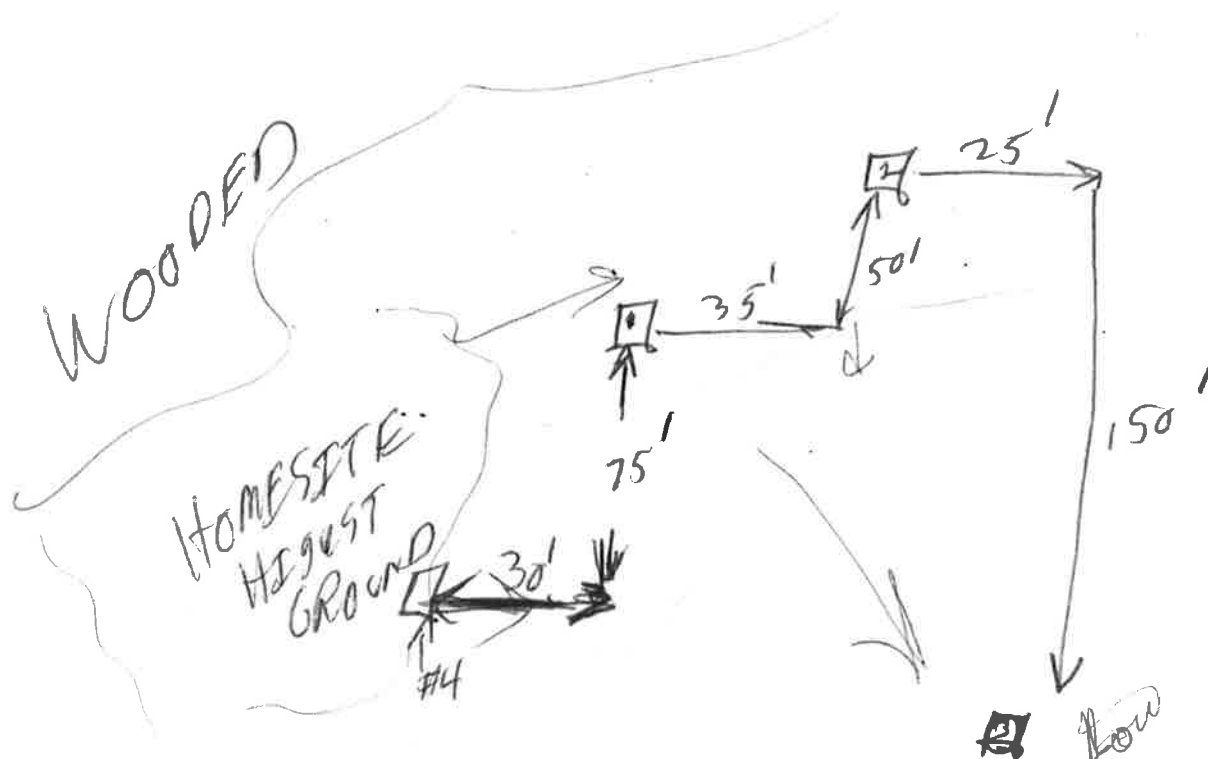
See letter

Sanitarian's Name:

[Signature]

Date:

4/16/02



Boring \_\_\_\_\_ Backhoe ☒ Evaluation Date 10/3/89 Observer \_\_\_\_\_

Test #1 #2 #3 #4 #5

#1 0-6' S 6'-3' S 3'-5' MT S	#2 SAME MT 3' DRY TO 5'
#3 6-6' S 6'-2' S 2'-5' MT S WL 4'	#4 SAME AS #1 BUT MT 4'

S Sand	C Clay
LS Loamy Sand	M Muck
SL Sandy Loam	MT Seasonal High
L Loam	Water Level (mottling)
SiL Silty Loam	SAT Water Level
SCL Sandy Clay Loam	(Saturation)
CL Clay Loam	CCL Calcareous Clay
	SiCL Silty Clay Loam

PERMIT RECOMMENDED: Yes ☒ No ☐  
Conditional ☐

Remarks & Observations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sanitarian's Name: Bj Date: 10/3/89