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Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by $\underline{BEN} \underline{PR}$ Address $\underline{5320} \underline{M}$ $\underline{540ckGnidge}$ Phone # $\underline{517} - 851 - 8$ $\underline{\Box}$ Land Owner $\underline{\Box}$ $\underline{\Box}$ Prospective Buyer $\underline{\Box}$ Installer $\underline{\Box}$ N	<u>36</u> <u>99385</u> 555 Realtor □ Builder	Road Location 13,20 Subdivision Lot No. File Search Parcel No. 3 Soil Survey	50. 5 <u>7 K</u> 33- Sheet No. <u>/</u>	BROG - Side of 6-16-02	<u></u>
	PLOT PL		<u> </u>	<u>~c</u>	
	· · Lot 3 · ·	· · · · ·	· · · · ·	 	
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Road Location

Permit No. 33-(after issuance)

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Test #	1	2	3	4	5
Type of Test	BU	BA .	13 N	BIF	ÀH
Depth	6'	41/2'	51	5	5'
Each	13" Q TS	15" O TS	16"0 75	13"075	13"0 75
test	15	15	25)¥ 15	LS
hole		and the		63	IMT
located	4/2	han	2 -		from 26"
on	MT	, * " 40"	L Coorse	5 -	5-0
Plot	90	4/2 -	La S	MT SL	·
Plan	6 -		K -tom	175	
by			NT 41 15.		
number					
	•	SOIL TEXTURE			
S Sand		andy Clay Loam	B Hand Auger	÷	
LS Loamy Sand SL Sandy Loam	CL C1	lty Clay Loam ay Loam	BH Backhoe Cu TS Top Soil		. /
L Loam SiL Silty Loam		ay Ick		igh Water Leve 1 (saturation)	
Limitations of th	e site that aff	ect use of on-si	te subsurface se	wage disposal:	
 I) Severely restrictive soil features. Impervious layer within 48" of ground surface. 					
[] 2) Impervious layer within 48" of ground surface. [] 3) High seasonal water level.					
 2) Impervious layer within 48" of ground surface. 3) High seasonal water level. 4) Wet depressions or poor surface drainage. 5) Slope limitations (exceeds %). 6) Overflow of run-off water from adjacent higher areas. 7) Insufficient space for replacement of drainfield. 					
□ 6) Overfl □ 7) Insuff		vater from adjace or replacement of	ent higher areas. ¹ drainfield.		
8) Insufficient isolation distance from					

Observations, stipulations:

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Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

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Requested by BEN PRICE		Township	Stockbridge	Section
Address 5320 11-36			,	
Stocklandge i	19285	1320	on So. o1 Kimo	ey Rd
Phone # 517 - 851 - 8555			. <u></u>	
Land Owner 🗌 Re	ealtor	Lot No	S i	de of Road <u>()</u>
Prospective Buyer				
Installer Ot	her:	Parcel No.	33	(-07-410-103
N A		Parcel Size	90 m	5-07-400-003
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Road Location _____

Permit No. 33-(after isșuance)

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Test #	6	7	8	9	ío
Type of Test	ΒĦ	13N ,	BH	BH	BH
Depth '	5'	. 5'	6'	2'	30"
Each test hole located	15" O TS	15"0 TF LS	15"0 TS	13" 0 TS SL 9" -	12" 075 Grave LS 30"-
on Plot Plan by number	mīsl t5	mt offs'	41/2 5 6	24" 24"- CLATT at 24"	MT CL at 30"
		SOIL TEXTURE			
S Sand LS Loamy Sand SL Sandy Loam L Loam SIL Silty Loam	SICL SI CL CI C CI	ndy Clay Loam lty Clay Loam ay Loam ay ck			
□ 2) Imperv □ 3) High s □ 4) Wet de □ 5) Slope □ 6) Overfl □ 7) Insuff	ly restrictive ious layer with easonal water l pressions or po limitations (e ow of run-off w icient space fo	soil features. in 48" of ground evel. or surface drain xceeds %). ater from adjace r replacement of	surface. age. nt higher areas.		, , ,
Observations, sti	pulations:				
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Observer: Sanitarian:	MBangh.	L+ 85	Date:	/0-28	-97

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Arr # 4-28-97- 202

Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township Stocktimin dge Section 2
Address 5320 M-36	Road Location _ Brogan Rd 1320 So. of Kunsey
Stockbridge 49285	1320 So. of Kunsey
Phone # 517 - 851-8555	Subdivision
Land Owner Realtor	Lot No Side of Road $_\mathcal{W}__$
Prospective Buyer D Builder	File Search
Installer Other:	Parcel No. 33- 16-16 - 02 - 400 - 003
N A	Soil Survey Sheet No. Parcel Size <u>40 ac</u>
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Lor 3	

Road Location _____ Permit No. 33-_____ (after issuance)

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Test #	5	8	9	10	11
Type of Test	1314	BH ,	BH	3H	34
Depth	5'	6'	2'	30 "	2
Each	13" O TS	15"0 TS	13" 0 75	12"0, TS	13"O TS
test	LS CART	LS	SL	gravery	52
hole	trom				
located	5 36"	4/2-156	19 -	30"-	K ±
on	5 -	mT		i i	C ^L
Plot		5 -	24"-	at 30"	24"+
Plan		a	1 mD		mont
by		, mī	c.mD + 24"		24"
number		× -	a		
	<u>+</u>	SOIL TEXTURE	<u>A </u>	.	
S Sand LS Loamy Sand SL Sandy Loam L Loam SIL Silty Loam	LSLoamy SandSiCLSilty Clay LoamBHBackhoeCutSLSandy LoamCClayTSTop SoilLLoamCClayMTSeasonal High Water Level (mottling)				
Limitations of th	e site that aff	ect use of on-si	te subsurface se	wage disposal:	
 Limitations of the site that affect use of on-site subsurface sewage disposal: 1) Severely restrictive soil features. 2) Impervious layer within 48" of ground surface. 3) High seasonal water level. 4) Wet depressions or poor surface drainage. 5) Slope limitations (exceeds %). 6) Overflow of run-off water from adjacent higher areas. 7) Insufficient space for replacement of drainfield. 8) Insufficient isolation distance from 					
Observations, stipulations:					
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Observer:	AA I		·····		
Sanitarian:	VIII Sargha	<u>~t ~5.</u>	Date:	10-28	-97
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Arr # 4-28-97- 202

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P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township <u>Stocklininge</u> Section <u>2</u>
Address 5320 M.36	Road Location Brogan Rd
Steckbridge 49285	1320' So of Kinsey
Phone # 517 - 851- 8555	Subdivision
Land Owner Realtor	Lot No Side of Road _ ${\cal W}$
Prospective Buyer 🔲 Builder	File Search
L Installer Other:	Parcel No. 33- 16-16-02-400-003
N	Soil Survey Sheet No Parcel Size40 ~c
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Lot 5	· · · · · · · · · · · · · · · · · · ·
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Lot 3	

Road Location _____

Permit No. 33-, (after issuance)

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Test #	12	13		-		
Type of Test	BH	GH .				
Depth	30"	31/2'				
Each	12" O TS	14" O TS				
test	gravely					
hole	1 25	LS 4 5				Ę
located		in mi	,			
on	30 -	3/2 - from 2		-		
Plot	mpci	Ant				
Plan	At 30"	MI 21/2	÷			
Ьу		510-				
number						
S Sand	SCL Sa	SOIL TEXTURE	В	Hand August	Poriog	
S Sand LS Loamy Sand SL Sandy Loam L Loam SiL Silty Loam	SICL SI CL CI C CI	ndy Clay Loam lty Clay Loam ay Loam ay ck				l (mottling
Limitations of th	ne site that aff	ect use of on-si	te su	bsurface se	wage disposal:	
□ 2) Imperv □ 3) High s □ 4) Wet de □ 5) Slope □ 6) Overfl □ 7) Insuff	eeasonal water l pressions or po limitations (e low of run-off w icient space fo	in 48" of ground evel. or surface drair	nage. ent hi drai	gher areas. nfield.		
Observations, sti	pulations:	·			<u></u>	
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Observer:						
Sanitarian:	Mangh	-+ iss.		Date:	10-25	. 97

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Arr # 4-28-97- 202

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Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township Stocklindge Section 2
Address 5320 M-36	Road Location Brogan Rd 1320 So. of Kinsey
Stockburdge 49285	1320 So of Kinsey
Phone # 517 - 851- 8555	Subdivision
Land Owner Realtor	Lot No Side of Road _ ${\cal W}$
Prospective Buyer 🔲 Builder	File Search
Installer Other:	Parcel No. 33- 16-16-02-400-003
N	Soil Survey Sheet No.
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Road	Location	 •	No. 33- issuance)	

and the second second

Test #		12	14	15	16
Type of Test	34	BH.	ISH	BH	BN
Depth	2'	30"	3'	4'	3'
Each	13" O TS	12" OTS	15" 075	15"O TS	15" 0 75
test	SL	gravely LS	54	5	LS \$
hole			m	m ,	L
located	19"-	30"	3 -	from of	3
on	CL	INT CL	5	9-	, <u> </u>
Plot	24"				
Plan		~t 30"			
by	MT AT 74"				
number	67				
□ 2) Imperv □ 3) High s □ 4) Wet de □ 5) Slope □ 6) Overfl □ 7) Insuff	SICL Si CL CI C CI M Mu he site that aff vious layer with seasonal water l pressions or po limitations (e low of run-off w icient space fo ficient isolatio	soil features. in 48" of ground evel. oor surface drain exceeds %). water from adjace or replacement of on distance from	WL Water Leve te subsurface se surface. age. nt higher areas. drainfield.	t igh Water Leve 1 (saturation) wage disposal:	l (mottling)
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Observer:					

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Arr # 4-28-97- 202

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Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

THIS RECORD SHALL NOT CONSTITUTE A PERMIT

Requested by BEN PRICE	Township <u>Stocktinge</u> Section 2
Address 5320 11-36	Road Location Brogan Rd 1320 Se of Kinsey
Stockburdae 49285	1320 So of Kinsey
Phone # 517 - 551 - 8555	Subdivision
Land Owner Realtor	Lot No Side of Road _ ${\cal W}_{_}$
Prospective Buyer 🔲 Builder	File Search
Installer Other:	Parcel No. 33- 16-16 - 02 - 400 - 003
N A	Soil Survey Sheet No Parcel Size
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S PLOT PLA	Eqsement
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Lot 5	· · · · · · · · · · · · · ·
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Road Location

Permit No. 33-(after issuance)

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'Test #	17	18	19	· ·
Type of Test	ish	BI	ÈH	
Depth	3'	41/2	3'	
Each	11"D TS	12" 0 75	10" 0 TS	
test		LS	15 1	
hole	Loanse		SL	
located		3 100	3 - MD	
on	3'-	Gas.	Jan Fine S	
Plot	51 MT,	71	Very Fine S to Sas,	i
Plan	_t3	3/2 [M].	rt 3	
by		· 5		
number		112 _		
		SOIL TEXTURE		
S Sand LS Loamy Sand SL Sandy Loam L Loam SiL Silty Loam	SICL SI CL CI C CI	ndy Clay Loam lty Clay Loam ay Loam ay ck		
Limitations of th	e site that aff	ect use of on-si	te subsurface se	wage disposal:
 □ 2) Imperv □ 3) High s □ 4) Wet de □ 5) Slope □ 6) Overfl □ 7) Insuff 	easonal water l pressions or po limitations (e ow of run-off w icient space fo	in 48" of ground evel. oor surface drain exceeds %). water from adjace or replacement of	nage. ent higher areas.	·
Observations, sti	pulations:			
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Observer:	m2-	1 . Or		
Sanitarian:	111A Dang	hant 17.	Date:	10-28-97

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APT # 4-28-97-202

Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township Stockbudge Section 2
Address 5320 M-36	Road Location IROGAN RA
Stockbridge 49385	1320' 50 of Kinney
Phone # 517 851-8555	Subdivision Maß
Land Owner Realtor	Lot No. Side of Road ω
Prospective Buyer 🗌 Builder	File Search
Installer Other:	Parcel No. 33-
N	Soil Survey Sheet No. $\frac{16 - 16 - 02 - 400 - 003}{40}$
$\int $	Parcel Size <u>Yoke</u>
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40 <u>137</u> 33 <u>115</u>	· · · · · · · · · · · · · · · · · · ·
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	Lot 4

коад Location _____ Permit No. 33-_____ (after issuance)

Test #	20	21	22	23	24
Type of Test	ВH	BA .	BH	BH	B4
Depth	3'	5'	5'	6'	6'
Each	15"0 75	15" O TS	12" O TS	11"O TS	14"0 75
test	15	Fine	L	1	L ned S
hole	mD	'S	Course	(ATT) hom	# meds
located	3 -	2' - Loomy	, * 	2	3 -
on	mi	Medto	(M) fran	3-	SL
Plot	+ 2'	1 Mil	3'	2	4
Plan		5-	5.+ .14	coorse	int
Ьу		Fine Sats		6	, Segnan
number		Wy ~+5'		WL at 6	WL ~+ 6'
		SOIL TEXTURE			
S Sand LS Loamy Sand SL Sandy Loam L Loam S:L Silty Loam	SICL SI CL CI C CI	ndy Clay Loam lty Clay Loam ay Loam ay ck			
Limitations of th	e site that aff	ect use of on-si	te subsurface se	wage disposal:	
 □ 2) Imperv □ 3) High s □ 4) Wet de □ 5) Slope □ 6) Overfl □ 7) Insuff 	easonal water l pressions or po limitations (e ow of run-off w icient space fo	in 48" of ground evel. or surface drain xceeds %). ater from adjace r replacement of	a ge. nt higher areas.		
Observations, sti	pulations:				
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Observer:	MA Bang.			11	3 7
Sanitarian:	MH Jang.	Kmt KS.	- Dato:	10.28.	7 /

Arr # 4-28-57-262

Ingham County¹Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township Stock in date Section 2
Address 5320 M-36	Road Location IROGAN PA
Stockbridge 49285	1320 So of Kinney
Phone # 517 851-8555	Subdivision Maß
Land Owner Realtor	Lot NoSide of Road ω
Prospective Buyer 🗌 Builder	File Search
Installer Other:	Parcel No. 33-
; , N	Soil Survey Sheet No. <u>11 - 16 - 02 - 400 - 003</u>
\uparrow	Parcel Size <u>40 ~c</u>
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PLOT	PLAN 506
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Road Location _____

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Permit No. 33-(after issuance)

Test #	25	26	27		
Type of Test	i3H	i3A .	134		
Depth	4'	3	5		
Each	14"O TS Med to Coarse	14" 0 75	12"0 75		
test	Med to	Lodto	Ned		
hole	Coarse	Course	25		
located	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	71/10	1		
on ,	30 - 54	d/2- Med	4 Course		
Plot	from	5	5		
Plan	4 4	2' MT			
Ьу			5 -		
number		P.	West rained		
		SOIL TEXTURE		- 1	
🔲 2) Imperv	SICL Si CL CI C CI M Mu he site that aff	soil features. I'n 48" of ground	WL) Water Leve	it ligh Water Leve l (saturation)	l (mottling)
☐ 4) Wet de	pressions or po limitations (e ow of run-off v icient space fo	oor surface drain exceeds %). water from adjace or replacement of	ent higher areas.		
Observations, sti	pulations:			· · · · · · · · · · · · · · · · · · ·	,
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	<u>.</u>				
Observer:	MB	mt RS	N - L	10 28-9	7
Sanitarian:		~ ~ ~ >	Date:	1 - 0 - 1	

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Ingham County Health Department P. O. Box 30161 Lansing, Michigan 48909

Requested by BEN PRICE	Township <u>Stock Gridge</u> Section <u>2</u>
Address 5320 M-36	Road Location Brogan Rd
Stockbudge 49285	Road Location Brogen Rd 1320 Su of Kunsey Rd
Phone # <u>517 851-8555</u>	Subdivision
Land Owner Realtor	Lot No Side of Road
Prospective Buyer D Builder	File Search
Installer Other:	Parcel No. 33-
Ν	Soil Survey Sheet No. 16 - 16 - 02 - 400 - 003
\uparrow	Parcel Size <u>40 cc</u>
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PLOT PL	AN
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Lot 9	Lot 8
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Koad Location

Permit No. 33-(after issuance)

Test #	
Type of Test	
Depth	
Each	
test	
hole	
located	
on	
Plot	
Plan	
Ьу	
number	
, , , , , , , , , , , , , , , , , , , 	SOIL TEXTURE
S Sand LS Loamy Sand SL Sandy Loam L Loam SIL Silty Loam	SCL Sandy Clay Loam B Hand Auger Boring SiCL Silty Clay Loam BH Backhoe Cut CL Clay Loam TS Top Soil C Clay (MT) Seasonal High Water Level (mottling) M Muck (WL) Water Level (saturation) e site that affect use of on-site subsurface sewage disposal:

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1 \	Soucealu	restrictive	coil	fosturas
11	Severery	TESTLICTIVE	2011	ieatures.

- **□** 2) Impervious layer within 48" of ground surface.
- 3) High seasonal water level.
- 4) Wet depressions or poor surface drainage.
- Slope limitations (exceeds 5) %).
- Overflow of run-off water from adjacent higher areas. 6)

25

- Insufficient space for replacement of drainfield. 7)
- Insufficient isolation distance from _____ 8)

Observations, stipulations:

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ant Ma Sans Sanitarian:

Date: 10.28-97

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Ingham County Health Department

Human Services Building 5303 South Cedar Street P.O. Box 30161 Lansing, Michigan 48909-7661 FAX (517) 887-4560 Bruce B. Bragg, M.P.H., Director Dean G. Sienko, M.D., M.S., Medical Director

Bureau of Environmental Health (517) 887-4312

October 8, 1998

Ben & Mary Price 5320 M-36 Stockbridge, MI 49285

Subject: Soil evaluation of a 40 acre parcel on the west side of Brogan Road, Section 2, Stockbridge Township - Application #4-28-97-202

Dear Mr. & Ms. Price:

On October 28, 1997, we met on the above referenced parcel to determine the suitability of the soils for on-site sewage treatment. We evaluated the parcel in anticipation of splitting 9 lots off of the 40 acres for single family dwellings.

A total of 27 backhoe cuts were made on the 9 splits. The locations of the backhoe cuts, and a descriptions of the soils encountered in each of them, can be found on the attached Soil Evaluation Data Sheets.

Lots 1 & 2:

Six backhoe cuts were made in total on lots 1 and 2. In general, these backhoe cuts revealed moderately well drained to poorly drained sands and loamy sands up to 6 feet below grade. Evidence of seasonal saturation was found from between 2 feet to 5 feet below grade.

We can approve lots 1 and 2 for conventional on-site sewage treatment. The drainfields on these two lots will have to be kept close to Brogan Road and close to the common lot line between the two parcels. This would put the drainfields in the vicinity of backhoe cuts 2, 6 and 7.



Ben & Mary Price October 8, 1998 Page 2

Lots 3 through 9:

The remaining 21 backhoe cuts, made on lots 3 through 9, revealed relatively permeable soils jeopardized by a high seasonal water table. Nowhere on the 7 proposed splits did we find a large enough area of well drained soils to support a primary and reserve drainfield installed conventionally. We did find soils suitable on all of the parcels for the installation of alternative on-site sewage treatment systems.

To reiterate, we can approve parcels 1 and 2 for conventional on-site sewage treatment, provided drainfields are kept shallow. Parcels 3 through 9 are considered unsuitable for conventional on-site sewage treatment, but we can consider the installation of engineered drainfield systems on each of these 7 lots.

Please feel free to contact me at 887-4509, if you have any questions about this letter or the attached Soil Evaluation Data Sheets.

Sincerely,

Mark & Banghant

Mark A. Banghart, R.S. Bureau of Environmental Health

MAB:blam

Enclosure

cc: Stockbridge Township

	Still Ques \$6.00	
APPLICATION FO	SITE EVALUATION FOR SEWAGE DISPOSAL SYSTEM AND/OR WELL	
FOR RESIDENTIA	<u>DWELLINGS</u> <i>June</i> 17 TH <i>************************************</i>	
SUBMIT TO:	Ingham County Health Department App. # 4-28-97-202	
Fulchoe	5303 S. Cedar. P.O. Box 30161 * Soil Map # SCS # Lansing, MT 48909 517/887-4312 /0:30 * Amount Received: F_2^{O} Wed June HT4 * W.A.G. Review:Yes \ge No Zone ********************************	` !
NOTICE TO APPL	CANT FOR SITE EVALUATION AND PERMIT: Scancel por phone call	

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.

PLEASE CHECK APPROPRIATE BOX AND SUBMIT CORRECT FEE

└── Soil Evaluation Only, No Permit \$ 85.00 €	New Well Permit Only	\$109.00
NOTE: \$72.00 per hour additional charge after first 1 1/2 hours.	Septic Permit (Public Water Available)	\$ 85 . 00
Vacant Land Evaluation With Immediate Well &	Well Repair/Replace	\$ 55.00
Septic Permit. \$167,00	Septic Repair/Replace	N/C
Brogan Pd. (T1N, R2E, Sec 2, S Address and/or Name of Road Property Fa TOWNSHIP: Stockbridge SECTION: 4 SUBDIVISION: LOT # PARCEL SIZE: 1332 X 1356NO. OF ACRES: PRESENT OWNER: Ben Price PERSON TO CONTACT: Ben Price	1000 M-3 2 M-3 40 Side of Road: N s Circl	E W e One
PERSON TO CONTACT: Och 111/2 Name (Please Print) 5320 M-36 Address	Stockbridge City	<u> </u>
IF KNOWN, PLEASE PROVIDE: # of Bedroom Basement: _Yes _No Well Size evaluated? <u>X</u> Yes _No If yes, when have an underground storage tank?	e:inch Has land been p : Do you	reviously or will you

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 soll conditions for an on-site sewage disposal system.

	Bun K. Trice							
RECYCLED	Message M	5:28	11: 11	- 18	/lo ,*	-	•	111

Boring	· [Backhoe		Eva	luation	Date	Obse	erver
Test #1	#2	#3	#4	#5	SL L Sil SCL CL PE Re	Sand Loamy Sand Sandy Loam Loam Silty Loam Sandy CLay Loam Clay Loam RMIT RECOMMENDED: marks & Observation	M MT SAT CCL SiCL Yes Condi ons:	

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ZONE MAP	INGHAM COUNTY HEALTH DEPARTMENT	Application # 7-25-86- 439
REVIEWED	P.O. Box 30161 Lansing, MI 48909 (517) 887-698	Permit #
··	APPLICATION FOR SITE EVALUATION & PERMUTL FOR SERVAGE DISPOSAL SYSTEM AND/OR WELL.	Liber Page Soils Map # SCS #
NOTICE TO APPLICANT FOR	SITE EVALUATION AND PREMIT: NTAL HEALT	EPT.
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	oid if surface soil conditions are a eau of Environmental Health may be a Code, latest edition.	
ROAD FRONTAGE: Brace	PRESENT OWNER:	Ben R. Price
TOWNSHIP: Stockhoide	section: Z SUBDIVISION	SEHOT SEHOT SELLOT # 4
PERSON TO CONTACT:	Ben R. Joice Name (Blease Print) 3104 Broggn Rd. Stockbord	
	Address City	Zip Phone No.
SEPTIC SYSTEM: Res	idential Other	Insert Names of Roads and
No. of Bedrooms	No. of Baths	Indicate House & Parcel Location With an "X".
Basement: Yes N	o Size of Parcel:'x'	
	iously evaluated by the Health No If Yes When:	N Parce #2/
WELL: 2" 4"	5" Heat Pump	W E $\frac{p_{icc}}{43}$
Well Driller: Fuel Oil Tank: Dis	Septic System: tance Distance	s Parce # 2 Road S Parce # 2 Road Road
AUTHORIZATION (Check An	propriate Statement Below):	
I certify that I am:	the owner of the record;exe owner;authorized officer of co rwise legally authorized to sign thi	rporation or partnership owning
entry on the property d trespass. Their right to evaluate geological	orize representatives of the Ingham escribed above, and to hold them har of entry shall include the right to and soil conditions for an on-site s	mless against any and all claims take borings or backhoe excavatio ewage disposal system, proposed b
	by me on this <u>23</u> day of <u>50</u> /4 Address: <u>3/04</u>	
Signature of Applicant	If Other Than Owner: X	
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PERSON TO CONTACT: Bear Please Print Statistic Place JOH Diogen Statistic Place Phone No. Address City Zip Phone No. SEPTIC SYSTEM: Residential Other Insert Names of Roads an Indicate House 6 Parcel Location With an "X". Basement: Yes No Size of Parcel: 'x' Insert Names of Roads an Indicate House 6 Parcel Location With an "X". Basement: Yes No If Yes When: No If Yes When: No If Yes When: No Varce / J Image: Place / J WELL: 2" 4" 5" Heat Pump W E Varce / J Varce / J Well Driller: Septic System: Bestance Septic Comportate Statement Below): Icertify that I am: / the owner of the 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:	Proj. Box 30161 Permit #	P.O. Box 30161 Lansing, MI 48909 (517) 887-6988 APPLICATION FOR SITE EVALUATION & PERMIT FOR SITE EVALUATION & PERMIT FOR SITE EVALUATION & PERMIT FOR SITE EVALUATION APPENDIT FOR SITE EVALUATION APPENDIT FOR SITE Bisposal System AND/OR WELL 201986 MUL 201986 MUL 201986			-		
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Any decision by the Bureau of Environmental Health may be appealed. See provisions of the Ingham County Sanitary Code, latest edition. ROAD FRONTAGE: Brown PRESENT OWNER: Ben Price TOWNSHIP: Statement SECTION: 2 SUBDIVISIONSEM of State of Sec 2LOT # 2 PERSON TO CONTACT: Ben Print: SubDIVISIONSEM of State of Sec 2LOT # 2 PERSON TO CONTACT: Ben Print: Statement Sec Print: State of Roads an Indicate House & Parcel Location With an "X". Basement: Yes No Size of Parcel: 'x Location With an "X". Has land been previously evaluated by the Health Department? Yes No If Yes When: No If Yes When: Section With an "X". WELL: 2" 4" 5" Heat Pump Well Driller: Septic System: Distance Distance Distance Distance I contain or partnership owning the property described above, and to hold them harmless against any and all claims treepass. Their right of entry shall include the right to take borings or backboe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Succe Statement Below: Mathematican Sections of the report of the property and all claims treepass. Their right of entry shall include the right to take borings or backboe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of Suff Brown Bi. Succe Figure 2. Succe Figur	Any decision by the Bureau of Environmental Health may be appealed. See provisions of the Ingham County Sanitary Code, latest edition. ROAD FRONTAGE: Brown PRESENT OWNER: Ben Price TOWNSHIP: Statemate Sterrow: SubDivisionSEM of State of Sec 2LOT # 2 PERSON TO CONTACT: Ben Print: SubDivisionSEM of State of Sec 2LOT # 2 PERSON TO CONTACT: Ben Print: SubDivisionSEM of State of Sec 2LOT # 2 PERSON TO CONTACT: Ben Print: SubDivisionSEM of StateState Address City Zip Phone No. SEPTIC SYSTEM: Residential Other Insert Names of Roads an No. of Bedrooms No. of Baths Location With an "X". Basement: Yes No Size of Parcel: 'x ' Has land been previously evaluated by the Health Department? Yes No If Yes When: N Well: 2" 4" 5" Heat Pump V Well Driller: Septic System: Distance Septic System: Distance Septic System: City of the owner of the record: executor or administrator of the estate of the recorded owner; authorized to sign this statement as follows:	Any decision by the Bureau of Environmental Health may be appealed. See provisions of the Ingham County Sanitary Code, latest edition. ROAD FRONTAGE: Brogg, PRESENT OWNER: Ben R. Price TOWNSHIP: Statistic Section: 2 SUBDIVISIONSE H of SE H SE H of SE H	evaluation with assista ments at your own exper	on will be made, stake of ther buildings. If it is ance of a backhoe, you w ase. A permit must be of	out the property deemed necessar ill be contacted btained before an	Ilines and the approximate y to make a subsurface so to make the necessary arr y construction is started	ange 1.
TOWNSHIP: Starkbridge SECTION: SUBDIVISIONSE// of Stalk of Section # 2 PERSON TO CONTACT: Name_Please Print Starkbridge HDRS ST2R5/853 Address City Zip Phone No. SEPTIC SYSTEM: Residential Other Insert Names of Roads an Indicate House & Parcel Location With an "X". Basement: YesNo Size of Parcel:' Has land been previously evaluated by the Health Department? YesNo No. If Yes When:N Netce/#2 WELL: 2"4"5"Heat PumpN W Ince/#2 Distance Netce/#2 Distance Author IZATION (Check Appropriate Statement Below): I certify that I am: / the owner of the record; executor or administrator of the estate of the recorded owner; authorized officer of corporation or partnership owning the property;	TOWNSHIP: Starkbridge SECTION: SUBDIVISIONSE// of Stark of Section # 2 PERSON TO CONTACT: Name_Please Print Starkbridge Hans Address City 2ip Phone No.	TOWNSHIP: Startbridge SECTION: SUBDIVISIONSE // of Stark of Sec2 LOT # 2 PERSON TO CONTACT: Deam Price Name Please Print Startbridge HBCS STARSHOW Address City Zip Phone No. SEPTIC SYSTEM: Residential Other Insert Names of Roads and Indicate House & Parcel Location With an "X". Basement: Yes No. of Baths Indicate House & Parcel Location With an "X". Basement: Yes No Size of Parcel: 'X. Has land been previously evaluated by the Health Department? Yes No If Yes When: WELL: 2" 4" 5" Heat Pump Note Well Driller: Fuel Oil Tank: Septic System: No Settic System: No Icertify that I am: X the owner of the record; executor or administrator of the state of the recorded owner; authorized to sign this statement as follows: Image: Settic System of the record in the statement as follows: Icertify that I am: X the owner of the record; executor or administrator of the state of the recorded owner; authorized to sign this statement as follows: Interety grant and authorize representatives of the I	Any decision by the Bur	eau of Environmental Hea			
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No. of BedroomsNo. of BathsIndicate House & Parcel Location With an "X". Basement: YesNoSize of Parcel:'x' Has land been previously evaluated by the Health Department? YesNoIf Yes When:N WELL: 2"4"5"Heat PumpV = E Well Driller:Septic System:S Well Driller:DistanceS MUTHORIZATION (Check Appropriate Statement Below): I certify that I am: /the owner of the 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 the property described above, and to hold them harnless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of 19th. Phone No. 5/2 RS/& Address: 3104 Brown Rd. Statewide Statewide	No. of BedroomsNo. of BathsIndicate House & Parcel Location With an "X". Basement: YesNoSize of Parcel:'X Has land been previously evaluated by the Health Department? YesNoIf Yes When:N WELL: 2"4"5"Heat PumpW = E Well Driller:Septic System:S Well Driller:DistanceS MUTHORIZATION (Check Appropriate Statement Below): I certify that I am: / the owner of the 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 prespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of Address: 3004 Brown IA. Stackarde // Address: 3004 Brown IA. Stackarde //	No. of Bedrooms No. of Baths Indicate House & Parcel Location With an "X". Basement: Yes No Size of Parcel: 'x' Has land been previously evaluated by the Health Department? Yes No If Yes When: N WELL: 2" 4" 5" Heat Pump V E Control of the record; Septic System: Septic of the 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 certify that I am: A the owner of the record; the statement as follows: I hereby grant and authorize representatives of the Ingham County Health Department a right entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation the applicant. Signed by me on this 23 day of Survey 19th. Phone No. 517 RS-48 Address: 3104 Brogan BJ. Statkingbe M		idential Other		Insert Names of Roads	and
Has land been previously evaluated by the Health Department? Yes No If Yes When: WELL: 2"H"5"Heat PumpWE Well Driller: Fuel Oil Tank: Septic System: Distance Distance Secure of the record;Read AUTHORIZATION (Check Appropriate Statement Below): I certify that I am: A the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicat. Signed by me on this 23 day of July196. Phone No.5/728548	Has land been previously evaluated by the Health Department? Yes No If Yes When:N WELL: 2''4''5''Heat PumpN Well Driller: Fuel Oil Tank: Septic System:Distance Septic System: Distance Distance Septic Corporation or partnership owning the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of July1926. Phone No.5/278548 Address: 3104 Bsogan RJ. Stackardove Address: 3104 Bsogan RJ. Stackardove Address: 3104 Bsogan RJ. Stackardove Address Researds	Has land been previously evaluated by the Health Department? Yes No If Yes When: N WELL: 2" 4" 5" Heat Pump W E Well Driller: Fuel Oil Tank: Septic System: Distance S AUTHORIZATION (Check Appropriate Statement Below): I certify that I am: A the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation to evaluate geological and soil conditions for an on-site sewage disposal system, proposed I the applicat. Signed by me on this 23 day of July 19%. Phone No.5/2.85/-85 Address: 3/04 Brogan PJ. Stackwidge M	No. of Bedrooms	No. of Baths		Indicate House & Parc	el
WELL: 2" 4" 5" Heat Pump Well Driller: Fuel Oil Tank: Septic System: Distance Distance Secure of the record; Secure of the main strator of the main strator 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of July 1916. Phone No. 517-854-85 and and authorize disposal system. Address: 3104 Brogan Rob. Stackbridge Maintenant and Stackbridge Maintenant and Stackbridge Maintenant and the statement and the statement and the statement and statemen	WELL: 2" 4" 5" Heat Pump Well Driller: Fuel Oil Tank: Septic System: Distance Distance Secure authorized of the record; I certify that I am: the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of July 1916. Phone No. 517-854-8 Mean Market Mark	WELL: 2 ¹ <u>4¹</u> <u>5¹</u> <u>Heat Pump</u> Well Driller: Fuel Oil Tank: <u>Septic System:</u> Distance Distance Distance <u>Septic Appropriate Statement Below</u> : AUTHORIZATION (Check Appropriate Statement Below): I certify that I am: <u>the owner of the record</u> ; <u>executor or administrator of the</u> estate of the recorded owner; <u>authorized officer of corporation or partnership owning</u> the property; <u>otherwise legally authorized to sign this statement as follows</u> : I hereby grant and authorize representatives of the Ingham County Health Department a right entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation to evaluate geological and soil conditions for an on-site sewage disposal system, proposed I the applicant. Signed by me on this <u>23</u> day of <u>July</u> <u>1966</u> . Phone No. <u>572-854-8</u> Address: <u>3104 Brogan Rd.</u> <u>Stackbridge M</u>	Has land been prev	viously evaluated by the		N <u>Farce</u> #4	
I certify that I am: X the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of 50.4 Modress: 3104 Brogan Ed. Stockbridge M	I certify that I am: X the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of 50.4 Mdress: 3104 Brogan Rd. Stackbridge M	I certify that I am: X the owner of the 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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation to evaluate geological and soil conditions for an on-site sewage disposal system, proposed I the applicant. Signed by me on this 23 day of July 19%. Phone No.512-854-8 Address: 3104 Brogan Ed. Stackbridge M	Well Driller: Fuel Oil Tank:	Septic System:	W tance	E Pace 1#2	
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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of July 1986. Phone No.517-857-8 M Address: 3104 Brogan Ed. Stackbridge M	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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Fighed by me on this 23 day of July 1966. Phone No.5/2854-8 K Address: 3104 Brogan Rd. Stackbridge A	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 entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation to evaluate geological and soil conditions for an on-site sewage disposal system, proposed light the applicant. Signed by me on this 23 day of July1966. Phone No.517-854-8 Char H. Address: 3104 Brogan R. Stackbridge M	AUTHORIZATION (Check Ap	propriate Statement Bel	 ow):		
entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this $\frac{23}{23}$ day of $\frac{5u/y}{4}$ 19%. Phone No.572854-8 X Address: $\frac{3104}{200}$ Brogan Pd. Stockbridge M	entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavati to evaluate geological and soil conditions for an on-site sewage disposal system, proposed the applicant. Signed by me on this 23 day of $52/9$. Phone No. $5/2-85/-8$	entry on the property described above, and to hold them harmless against any and all claims trespass. Their right of entry shall include the right to take borings or backhoe excavation evaluate geological and soil conditions for an on-site sewage disposal system, proposed letter applicant. Signed by me on this 23 day of $54/9$ 1986. Phone No. $5/7.85/-8$ Address: $3/04$ Brogan Rd. Stockbridge H	estate of the recorded	owner; authorized o	officer of corpor	ation or partnership owni	
			entry on the property d trespass. Their right to evaluate geological	lescribed above, and to l of entry shall include a and soil conditions for	hold them harmles the right to take an on-site sewag	s against any and all cla borings or backhoe excav e disposal system, propos	aims vatic sed b
			the applicant. Signed	by me on this 🔏 day of the second day of the se	of <u>July</u> ss: <u>3104 Broga</u>	1986. Phone No.51283 ~Stockaridge	<u>51-8-</u> M
Signature of Applicant if Other Inan Owner: X						<i>,</i>	



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ZONE MAP · ion REVIEWED	₄INGĤAM COUNTY HEALTH DEPARTMENT P.O. Box 30161 Lansing, MI 48909 (517) 887-6988	Application # 7.25-86-436 Permit #
		Aerial Map # Parcel #33
•	APPLICATION FOR SITE EVALUATION & PERMIT FOR SEWAGE	LiberPage Soils Map #
	DISPOSAL SYSTEM AND/OR, WEDG.	SCS #
	SITE EVALUATION AND PERMIT:	453-86
location of house or oth evaluation with assistar	on will be made, Estake out the property ner buildings. If it is deemed necessance of a backhoe, you will be contacted se. A permit must be obtained before a	ry to make a subsurface soil to make the necessary arrang
	oid if surface soil conditions are alte eau of Environmental Health may be appe Code, latest edition.	
ROAD FRONTAGE: Brocca	(264.4) PRESENT OWNER: Be	P. P. ice
	section: 2 SUBDIVISIONS	
PERSON TO CONTACT:	Ben R. Price Name (Please Print) B104 Brogan Rd. Starbridge Address City	-
SEPTIC SYSTEM: Resi	dential Other	Insert Names of Roads a
No. of Bedrooms		Indicate House & Parcel
Basement: Yes No	Size of Parcel:'x'	Location With an "X".
	ously evaluated by the Health No If Yes When:	N Parce / 4 00
	Cli llast Duna	E Parel 3
WELL: 2" 4" Well Driller:		Parce 2
Fuel Oil Tank:	Septic System: ance Distance	s Parce (1 X
AUTHORIZATION (Check App	propriate Statement Below):	
I certify that I am:	the owner of the record; execut owner;authorized officer of corpo wise legally authorized to sign this s	oration or partnership owning
	prize representatives of the Ingham Cou	
trespass. Their right o to evaluate geological a	escribed above, and to hold them harmle of entry shall include the right to tak and soil conditions for an on-site sewa	e borings or backhoe excavat ge disposal system, proposed
the applicant. Signed t	by me on this <u>23</u> day of <u>July</u>	1986. Phone No. <u>517-851-0</u>
× Den K. Vice	Address: 3184	rogan Ld. Stockbridge
Signature of Applicant	f Other Than Owners Y	
Signature of Applicant I		

. . . 111 1.1 11 . Evaluation Date____ Boring _____ Backhoe ____ Observer 10 #4 Lonn Lonn SL SANG mot - not lon m SL SANG mottles CIAY Evel Le water b SANGA WATER JRAVEL SRAY 3 PARCIA # Test LOAM C Clay Sand S M Muck LS Loamy Sand (MT) Seasonal High SL Sandy Loam Water Level (mottling) Loam WL Water Level SiL Silty Loam (saturation) SCL Sandy Clay Loam SICL Silty Clay Loam Cl Clay Loam JANG YES____NO_____ CONDITIONAL_____ ton Ton Ton Ton Ton Ton Ton Ton PERMIT RECOMMENDED: GRAVe (Remarks & Observations Stop Date: Sanitarian's Name: 25 - la mile

X	ť .	
ZONE MAP REVIEWED	INGHAM COUNTY HEALTH DEPARTMENT P.O. Box 30161 Lansing, MI 48909 (517) 887-6988 APPLICATION FOR SITE EVALUATION & PERMIT FOR SEWAGE DISPOSAL SYSTEM AND/OB WELLO	Application #7-25-86 - 438 Permit # Aerial Map # Parcel #33 Liber Page Soils Map # SCS #
NOTICE TO APPLICANT FOR	SITE EVALUATION AND PERMIT: Y HEALTH DEP	455-85 [.
location of house or oth evaluation with assistan ments at your own expens	on will be made, Stake Out the property ner buildings. If it is deemed necessance of a backhoe, you will be contacted se. A permit must be obtained before a	ry to make a subsurface soil to make the necessary arrange- ny construction is started.
	oid if surface soil conditions are alte eau of Environmental Health may be appe Code, latest edition.	
ROAD FRONTAGE: Brogen	PRESENT OWNER: Re.	n R Jaire
TOWNSHIP: Stor Bridg PERSON TO CONTACT:	e section: 2 subdivisionSE Ben R. Price	
3	Name (Please Print) 104 Brogen P. Stackbridge Address City	- - <u></u>
SEPTIC SYSTEM: Resi	dential Other	Insert Names of Roads and
No. of Bedrooms	No. of Baths Size of Parcel: 'x '	Indicate House & Parcel Location With an "X".
Has land been previ	o size of Parcer:x iously evaluated by the Health No If Yes When:	N Read Parce/4
WELL: 2" 4" Well Driller: Fuel Oil Tank:	5"Heat PumpW Septic System:	E tarce/3
Dist	ance Distance	sRoard
AUTHORIZATION (Check App	propriate Statement Below):	
estate of the recorded of	the owner of the record;execute owner;authorized officer of corpor wise legally authorized to sign this s	ration or partnership owning
entry on the property de trespass. Their right o to evaluate geological a	prize representatives of the Ingham Cou escribed above, and to hold them harmles of entry shall include the right to take and soil conditions for an on-site sewag	ss against any and all claims of e borings or backhoe excavations ge disposal system, proposed by
the applicant. signed b	ev me on this <u>23</u> day of <u>54/4</u> Address: <u>3104</u> Bad	19 <u>86</u> . Phone No. <u>517-851-855</u> 5 Ison Rd. Stockbridge, M.:
Signature of Applicant I	f Other Than Owner: X	<i>·</i> /



DIVISION OF ENVIRONMENTAL HEALTH E. MAPLE STREET P. O. Box 109 . BOX 1406 MASON, MICHIGAN 48854 LANSING, MICHIGAN 48904 NOTICE Ø PHONE 677-3711 PHONE 371-5360 A.M. DATE P.M. 1 Stock bridge ADDRESS CIVIL DIVISION on The W. side REGARDING: of Brogan boring sol ACTION REQUESTED___ is in regard 40 taken about MENtionsol would be tested SUI ar SEWAYE disposol On-site an 54 m

Boring takin COMEN the NANES 501 ΛΟ ta Ms COPY OF THIS REPORT IS ACKNOWLEDGED BY RECEIPT OF OF OWNER OPPRATOR See DEADLINE: OR REPRESENTATIVE ID. SIGNATURE TITLE Inaham Co. SIGNATURE OF SANITARIA Sanitary х Code

HEALTH DEPARTMENT

Human Services Building 5303 South Cedar Street P.O. Box 30161 Lansing, Michigan 48909 Bureau of Environmental Health (517) 887-6988

Bruce B. Bragg, M.P.H., Health Officer J. M. Cook, M.D., M.P.H., Medical Director

September 12, 1986

Mr. Ben Price 3104 Brogan Road Stockbridge, MI 49285

Re: Soil evaluation Section 2, Brogan Road

Dear Mr. Price:

I have had an opportunity to go back and reevaluate some of the sites which were originally evaluated August 8, 1986. You will remember that we discussed the fact there is a high groundwater table in this area. This fact concerns me because of problems which may arise with wet basements as well as improper functioning drainfields. Soil boring site #5 on Lot 3 does conform to the Ingham County Sanitary Code providing the top of drainfield tile are placed so that the top of the tile are at ground level. All of the other sites are not approved for a sewage system drainfield. Please note that additional borings were taken on Lot #2, 240 feet from Brogan Road. These borings also revealed a high seasonal water table. I would have liked to observed the water table on these lots in the spring in order to observe how far up the groundwater would rise under these wet conditions.

Please feel free to call this office if you have any questions.

Sincerely,

Robert Rolles

Robert Roller Sanitarian Bureau of Environmental Health

RR: cf

