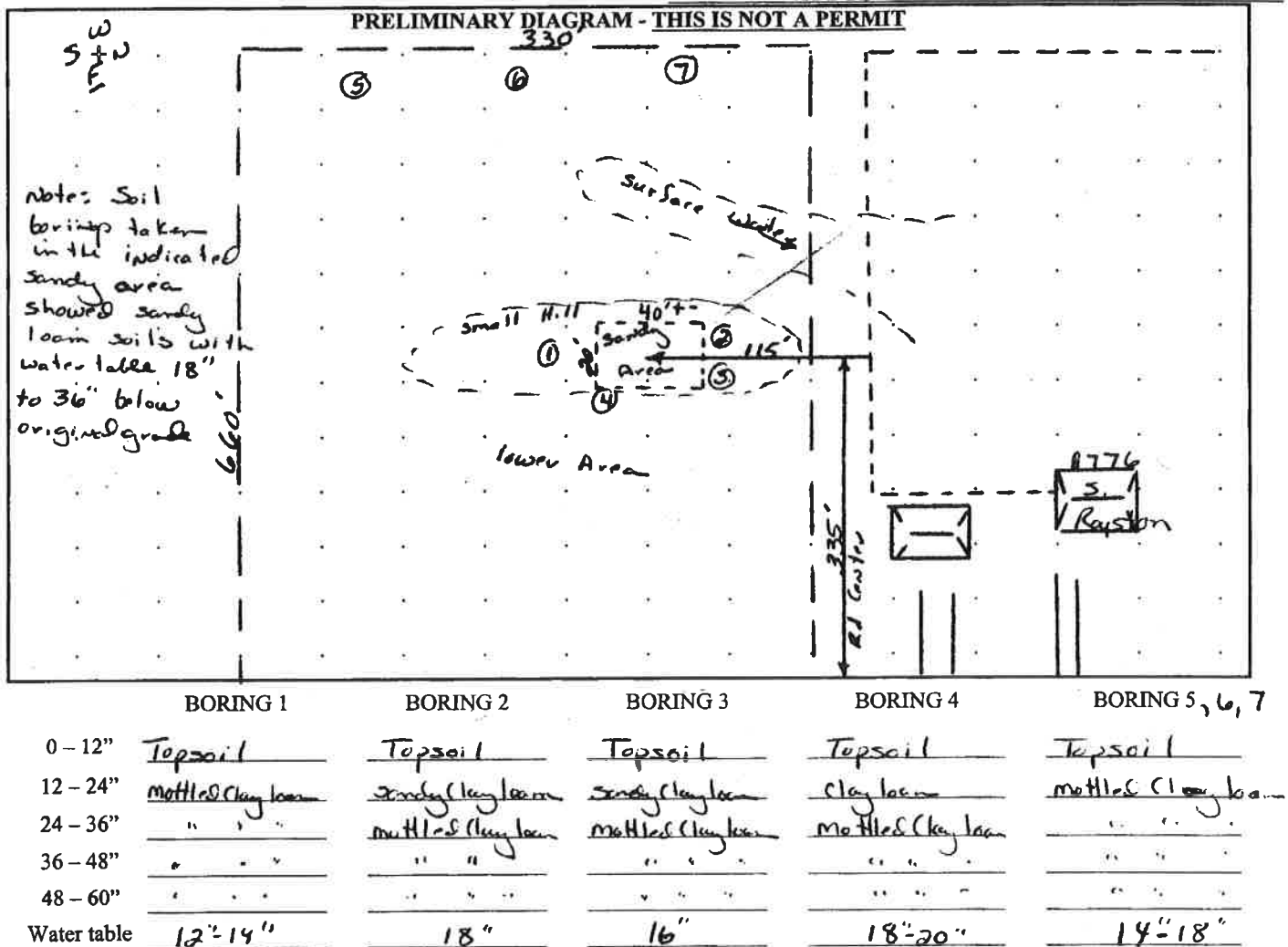


SITE EVALUATION

Barry-Eaton District Health Department

Hastings Office	Charlotte Office
110 W. Center, 49058	528 Beech, 4881
(616)945-9516, ext. 5	(517)541-2615

FACILITY # ~~16904~~ Spill From NAME: Thomas Hankina
TOWNSHIP: Eaton SECTION: 24
SITE ADDRESS: S Royston Rd
PARCEL/SIZE: 5 Acres



WELL SITE REVIEW

Non-Residential Use ☐ Residential Use ☒

APPROVED ☒ DENIED ☐ APPROVED W/STIPULATIONS ☐

KNOWN AREA WELL DEPTHS 125'

DATE: 5/24/02 EVALUATED BY: B. Telfer

SOIL SITE REVIEW

Non-Residential Use _____ Residential Use ☒

APPROVED _____ DENIED ☒ APPROVED W/STIPULATIONS _____

SOIL CODE 3 DENIAL CODE 01E

DATE: 5/24/02 EVALUATED BY: B. T. [Signature]

COMMENTS/STIPULATIONS: Soils on this site do not meet the minimum soil criteria set forth in the Barry-Eaton Dist. Sanitary Code, and can not be approved for conventional or elevated drainbed systems. The indicated area can be evaluated by a consulting engineer to determine if the area is acceptable for a sand filter system. The engineer will prepare plans for this department to review.

When a permit to construct the water supply and/or sewage bedded, a scaled site drawing showing proposed location of buildings, driveway, well, septic tank & drainfield is required when application is made. **THIS IS NOT A PERMIT - PLEASE ALLOW AT LEAST 3 WORKING DAYS FOR PERMIT PROCESSING**

Barry-Eaton District Health Department
Environmental Health Division

110 W. Center St.
Hastings, Mi. 49038
Phone: 616-945-9516 Ext. 5
616-948-4890
Fax: 616-945-4304



Caring for the Community
Since the 1930s

5-8-02 11:30
5:14 10:02
528 Beech St.
Charlotte, Mi. 48813
Phone: 517-541-2615
517-485-7110
Fax: 517-543-7737

PROPERTY DEVELOPMENT APPLICATION

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SEWAGE DISPOSAL PROGRAM (single/1-2 family premises):

- ☒ Site Evaluation (Land Review for New Construction, does not include permits).....Lots 1-6/per site ..\$104.00
⇒ A proposed site development and/or parcel split plan must be submitted⇒.....7TH Lot & above/per site \$81.00
- ☐ Initial Sewage Permit (must first have approved site evaluation) **SUBMIT DETAILED SITE PLAN**.....\$61.00
☐ Low Pressure Dose Mound Permit (new construction only- request application packet).....\$254.00
☐ Alternative System Permit & Plan Review (must have completed site evaluation).....\$266.00
- ☐ Replacement Sewage System Permit.....\$99.00
☐ Tank Only Replacement Permit.....\$38.00

OTHER THAN SINGLE/2 FAMILY PREMISES, INTENDED USE:

- ☐ Site Evaluation (Land Review for New Construction, does not include permits).....Lots 1-6/per site - \$104.00
⇒ Provide proposed site development plan & Complete Worksheet for Minimum Quantities of Sewage Flow ⇒
- ☐ Sewage Permit/Plan Review (must first have approved site evaluation) 0 – 1,000 gallons per day.....\$266.00
greater than 1,000 gallons per day\$424.00
- ☐ Replacement Sewage System Permit.....\$99.00

WATER SUPPLY PROGRAM ☐ Initial ☐ Replacement Is municipal water available? ☐ Yes ☐ No

- ☐ Residential/Type III Well Permit.....\$81.00
☐ Type II Well Permit: complete "State" permit form & Peak demand worksheet.....\$175.00

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Site Location (Road name/Address): SOUTH ROYSTON Property Tax ID #: 110-024-400-151
Township: EATON Section #: 24 Lot Size: existing: _____' X _____' (proposed: _____' X _____')
Acres: 5 Subdivision/Site Condominium: _____ Lot #/Parcel #: _____ Lake: _____

Proposed Specifications (completion required for permit application)

Bedrooms: _____ # Occupants: _____ Garbage Grinder/Disposal (in kitchen sink)? ☐ Yes ☐ No Well Casing Size: _____
Are there on-site fuel oil or petroleum product tanks?: ☐ Yes ☐ No Basement: ☐ Yes ☐ No Walkout: ☐ Yes ☐ No

Applicant's Name: THOMAS R. HANKINS Current Property Owner: TOM SABROSKY
Applicant's Address: 1776 S. ROYSTON City: EATON RAPIDS State: MI Zip: 48827
Phone: (Home) 517-663-3111 (Work) 517-204-9405 (Fax #) 517-663-0122

I hereby apply for this service and have the authorization to do so. All information provided is accurate to the best of my knowledge. I understand any authorized sewage or well system permit only authorizes construction of the system and agree the sewage disposal system and/or well will not be used until final approval is given.

Applicant's Signature: [Signature] Date: 5-2-02

PLEASE PROVIDE DIRECTIONS TO PROPERTY ON BACK → → →

FEE: 104. DATE: 5-2-02 RECEIPT #: 40012 CALL PICKUP F

EMPLOYEE # ASSIGNED TO: 015 APPOINTMENT DATE & TIME 5-8-02 11:30

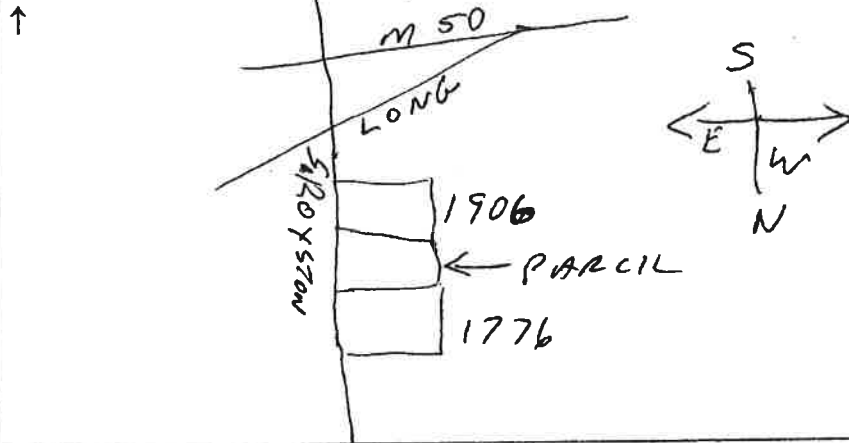
DIRECTIONS

What side of the road is your home/property on? ☐ north ☐ south ☐ east ☒ west

What are the two closest cross roads? LONG & BELL

What color is your house? _____ Any distinguishing landmarks _____

PLEASE PROVIDE A MAP BELOW



FOR OFFICE USE ONLY

(For office use) SEPTIC REPLACEMENT DATA:

Reason for Repair Permit:

1. ☐ System failure: Most probable cause of failure
(Check 1 ONLY)
 - ☐ Age (11)
 - ☐ Lack of maintenance (12)
 - ☐ Use exceeding system design (13)
 - ☐ Leaking fixtures (14)
 - ☐ Use exceeding site conditions (15)
 - ☐ Installation techniques (soil compaction, soil moisture) (16)
 - ☐ Improper fixtures connected (circle: sump pump, caves, water softener) (17)
 - ☐ No system (18)
2. ☐ Surface discharge
3. ☐ Nearing the end of its life expectancy
4. ☐ Building/Site Improvements
5. ☐ Other: _____

EXISTING SYSTEM INFORMATION:

Age of System: _____ years, ☐ known ☐ approx.

Tank capacity: _____ gal., ☐ known ☐ approx.

System type: ☐ none ☐ trenches ☐ bed ☐ drywell
☐ block trench ☐ unknown ☐ other _____

System size: _____ sq. ft. ☐ known ☐ approx.
_____ gallons (drywell)