



ingham county health department

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

Environmental Health
Telephone: (517) 887-4312

August 30, 2005

Joan Chodak
14870 Park Avenue
Parman, Michigan 49720

33161631 100004
005

Re: Soil evaluation in Stockbridge Township, Section 31, East side of Parman Road,
Application # 08-05-05-298, Tax ID no. 33-16-16-31-100-002.

Dear Ms. Chodak:

On August 16, 2005, I conducted a soils evaluation to ascertain the suitability of the above mentioned property for an on-site sewage disposal and final treatment system. The results of this evaluation are enclosed in this letter.

Back hoe cuts 1 through 4 for parcels A and B respectively, did not meet minimum Ingham County requirements for a conventional on-site sewage treatment system. Soil conditions found indicate the presence of a high seasonal water table and heavier clayey soils. Septic systems installed on such site conditions may fail prematurely and pose a serious health problem.

There may be an alternative system that can be approved for parcels A and B. Site conditions that may affect the possible approval of an alternative system, include the size of the parcel, the depth and the lateral extent of suitable soil above the limiting condition, and the natural occurrence of slope. If you wish to pursue the possibility of an alternative system, contact a registered engineer, private consultant or other qualified design engineer from our list of consultants for assistance.

If you have any questions or concerns or need to know more about the appeal process, please call our office at (517) 887-4312.

Sincerely,

William Haun, R.E.H.S.
Bureau of Environmental Health

WH/cm

Enclosure

cc: Stockbridge Township

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

FOR RESIDENTIAL DWELLINGS

OFFICE USE ONLY

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.

Parcel # _____
 App. # 08-05-05-298
 Soil Map# _____
 Amount Received: \$ 400. MC
 Receipt # 107310
 W.A.G. Review Yes No
 Zone _____

PLEASE CHECK APPROPRIATE AND SUBMIT CORRECT FEE 1/01/05

☒ Vacant Land Evaluation \$400.00 ☐ New Well & Septic Permit \$825.00
☐ New Septic Permit Only \$413.00 ☐ Well Repair/Replace \$105.00
☐ New Well Permit Only \$413.00 ☐ Septic Repair/Replace \$105.00
☐ Alternative System Plan Review \$305.00

TOWNSHIP: Stockbridge SECTION: 31

SUBDIVISION: _____ LOT# _____

PARCEL SIZE: 10600 X 3,960 # OF ACRES: 59.4ROAD LOCATION/OR ADDRESS: 5301 Parman Rd.Side of Road: N S (E) W
(circle one)PRESENT OWNER: Joan Chodak

BUYER: _____

APPLICANT'S NAME: Joan Chodak
(PLEASE PRINT)PHONE: 231-547-7700 6480

ALTERNATIVE PHONE: _____

14870 PARMANCHARLEVOIXMI49700

Address

City

Zip

IF KNOWN, PLEASE PROVIDE: # of Bedrooms: _____ Has land been previously evaluated?: Yes ☐ No ☒

AUTHORIZATION:

I hereby grant and authorize representatives of the Ingham county Health Department and 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 treatment system and/or well. The buyer or owner may have to provide a backhoe for soils evaluation.

SIGNED: _____

DATE: August 2, 2005

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
☐ Check ☐ Money Order ☐ VISA ☒ Master Card

* Credit Card Expiration Date: Month May Year 07

* Credit Card Account Number:

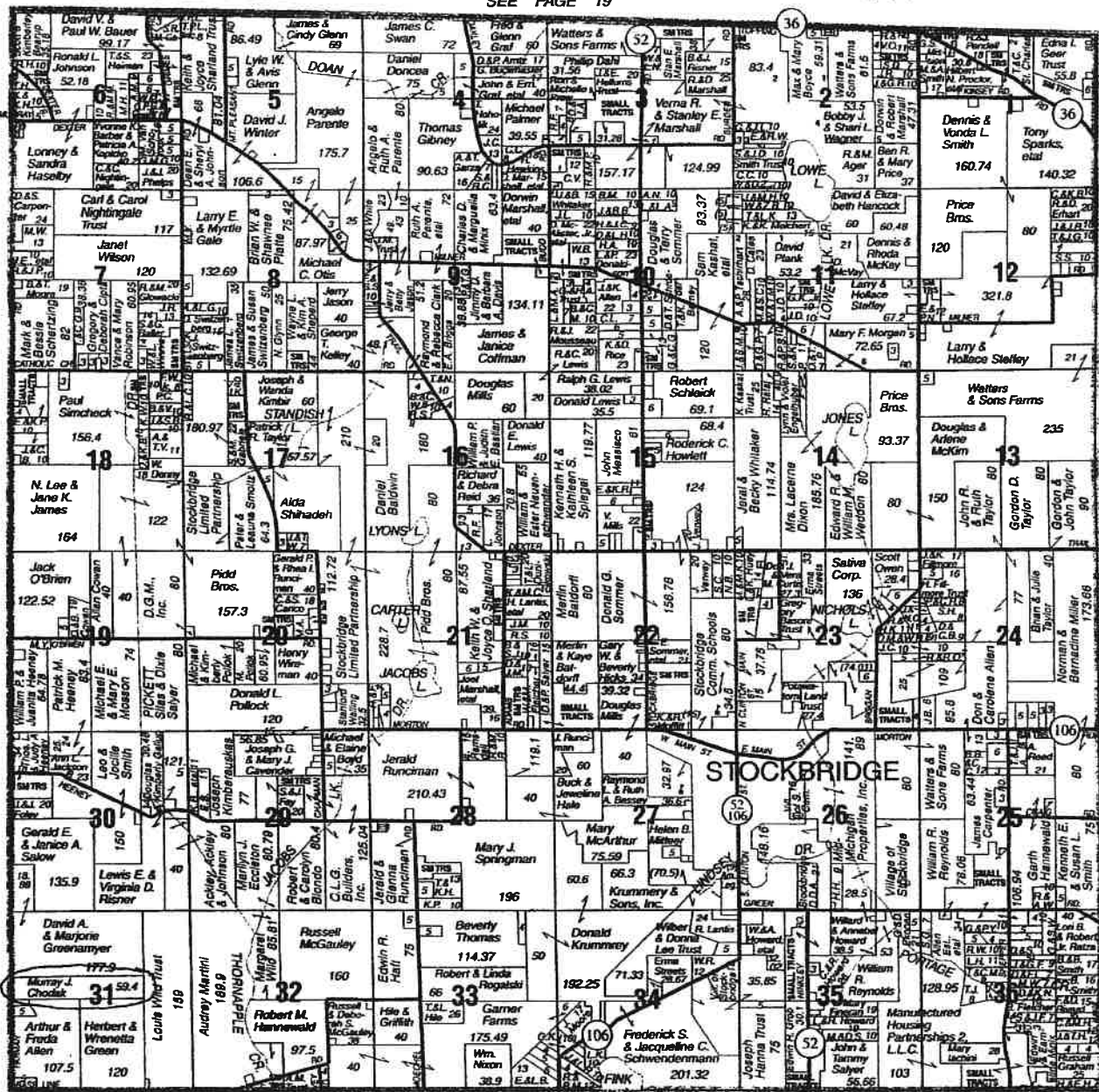
* 5588 2800 3987 3317 (711)* Bank Cit* Authorized Signature: Joan J. Chodak

MAKE CHECKS PAYABLE TO:

Ingham County Health Department

T.1N.-R.2E.

SEE PAGE 14



Ingham County, MI

5500E



SOIL EVALUATION DATA SHEET

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

THIS RECORD SHALL NOT CONSTITUTE A PERMIT

Requested by DAN CHODAK

Township STOCKBRIDGE Section 31

Address 14870 PARK AVE

Road Location EAST SIDE OF PARMAN RD

CHARLEVOIX, MI 49720

Phone # (231) 547-6480

Subdivision MAB

- ☒ Land Owner ☐ Realtor
☐ Prospective Buyer ☐ Builder
☐ Installer ☐ Other:

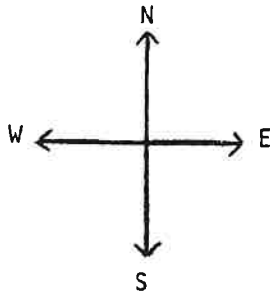
Lot No. _____ Side of Road E

File Search _____

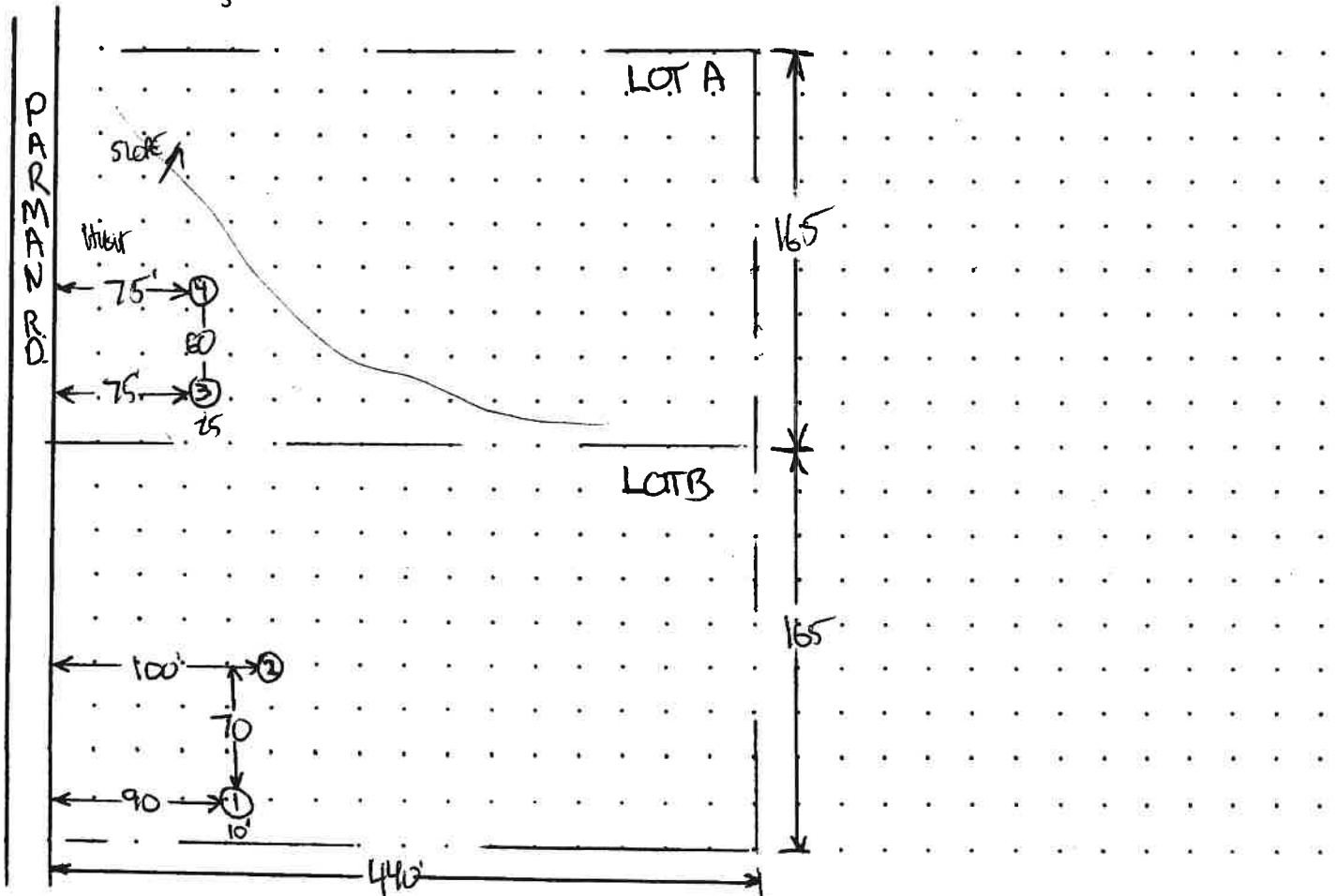
Parcel No. 33-1616-31-160-002

Soil Survey Sheet No. _____

Parcel Size 91.4 ACRES (PART OF)



PLOT PLAN



Road Location WEST SIDE OF PARMAN RDPermit No. 33-
(after issuance)

Test #	1	2	3	4	
Type of Test	BH	BH	BH	BH	
Depth	54"	34"	40"	36"	
Each test hole located on Plot Plan by number	0-10" TS 10"-22" SCL (NM) 22"-48" CL (NM) 48"-54" CL (MT)	0-10" TS 10"-16" SL (NM) 16"-27" SCL (NM) 27"-30" CL (NM) 30"-34" CL (MT)	0-12" TS 12"-16" SCL (NM) 16"-36" CL (NM) 36"-40" CL (MT)	0-11" TS 11"-14" SL (NM) 14"-36" SCL (MT)	

SOIL TEXTURE

S	Sand	SCL	Sandy Clay Loam	B	Hand Auger Boring
LS	Loamy Sand	SiCL	Silty Clay Loam	BH	Backhoe Cut
SL	Sandy Loam	CL	Clay Loam	TS	Top Soil
L	Loam	C	Clay	(MT)	Seasonal High Water Level (mottling)
SiL	Silty Loam	M	Muck	(WL)	Water Level (saturation)

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: _____

Observer: _____

Sanitarian: William Traub RETSDate: 8/29/05