

HEALTH DEPARTMENT APPROVAL

DISTRICT HEALTH DEPARTMENT NO. 3 / 203 ANTRIM ST. / CHARLEVOIX, MICHIGAN 49720

R. S. LIBKE, M.D. - MEDICAL DIRECTOR



TELEPHONE 616-347-6523

August 14, 1973

Mr. Henry Sanders  
Route 2  
East Jordan, Michigan 49727

Dear Mr. Sanders:

This is to confirm our conversation of August 10, 1973, regarding the septic system for your house on Lake Charlevoix, Eveline Township, Charlevoix County. At present this is a 2 bedroom premise and in 1970 a permit was issued to install a septic system which would accommodate a 5 bedroom home. On August 5, 1973, the new septic system was inspected and approved by a representative of this Department. At the time of our meeting on August 10, 1973 the system appeared to be functioning adequately.

Therefore we are able to give approval of the septic system so that authorization can be given for the issuance of a 3 bedroom addition onto your house.

Thank you for your cooperation.

Sincerely,

Larry Levingood  
Division of Environmental Health

LL: nj

cc: Seals-Roberts Construction Company  
Mike Farrimond, Eveline Twp. Zoning Administrator

DETAILS FOR THE SEPTIC SYSTEM

Section 13 8-13-70

Telephone: 547-6523

DISTRICT DEPARTMENT OF HEALTH No. 3  
 COUNTIES OF ANTRIM, CHARLEVOIX, EMMET, OTSEGO  
 COUNTY BUILDING — CHARLEVOIX, MICHIGAN

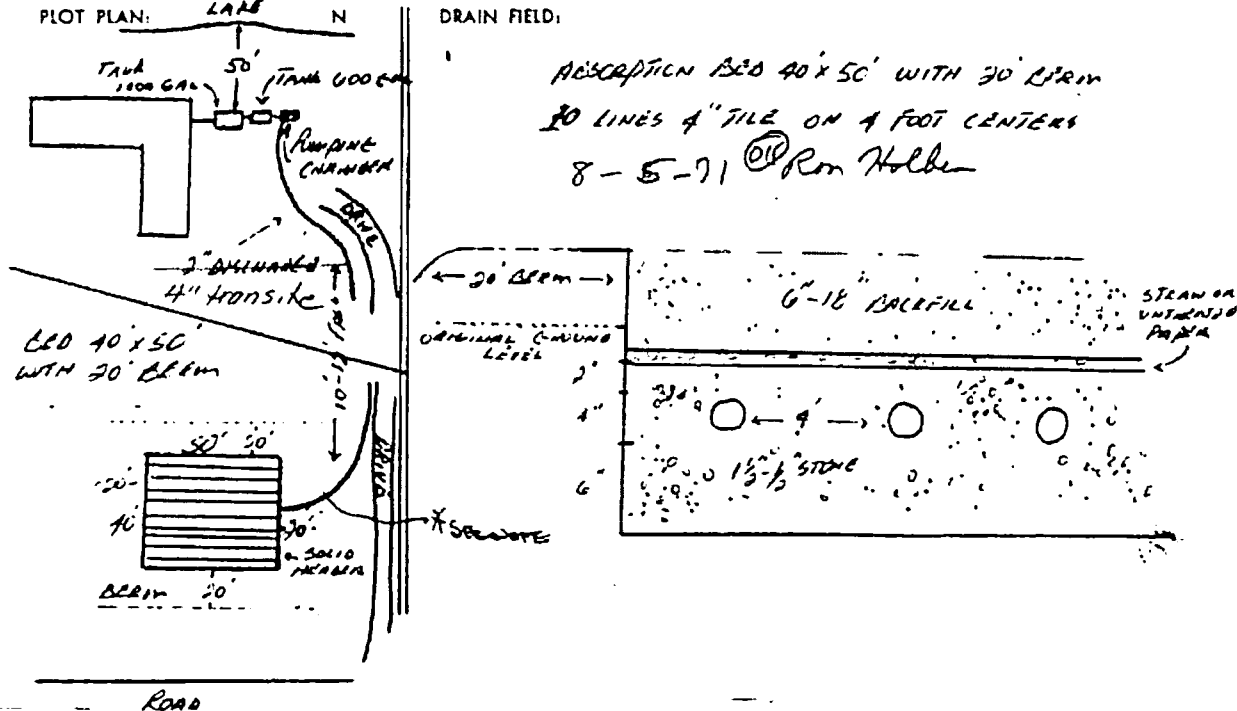
BRANCH OFFICES:  
 Court House, Belle Isle  
 Court House, Gaylord  
 City County Bldg., Petoskey

Construction Permit to Install Septic Tank and Sub-Surface Disposal System

Name of Owner: HENRY T. + MARILYN P. SANDERS Address: RR #2 EAST JORDAN, MICH.  
 County: CHARLEVOIX Township: EVESLINE Subdivision: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
 Location: T 33 N. R 7 W. EAST OF WERN RD. (CHINA VISTA) ON FERRY RD.

Contractor or Installer: \_\_\_\_\_ Address: \_\_\_\_\_  
 No. of Bedrooms in home: 5 Type of soil: CLAY + SAND

Minimum Septic Capacity: 1800 Minimum Drainage: 5000'



I hereby agree to comply with requirements of the Sanitary Code for the County of CHARLEVOIX and the applicable laws of the state of Michigan in the installation of a septic tank sewage disposal system on the above described property, and to construct the same according to the plans and specifications as described and approved above; otherwise, I understand, the permit will be voided.

Amount Due: 10.00 Date Issued: 8-17-70  
 Amount Received: \_\_\_\_\_ Health Officer's Signature: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUE

# WATER WELL SPECIFICATIONS.

GEOLOGICAL SURVEY NO. 
 MICHIGAN DEPARTMENT OF PUBLIC HEALTH  
**WATER WELL AND PUMP RECORD**

 PERMIT NUMBER

PART 127 ACT 368, P.A. 1978

1 LOCATION OF WELL			3 OWNER OF WELL																								
County <b>Charlevoix</b>	Township Name <b>W. Eveline, S. Hayes</b>	Fraction <b>1/4</b>	Section Number <b>24</b>	Town Number <b>33 N/6</b>	Range Number <b>7 SW</b>	Henry T. Sanders 35 E. Wacker Dr. Chicago, Illinois																					
Distance And Direction From Road Intersection			Address Same As Well Location? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																								
Street Address & City of Well Location			4 WELL DEPTH (Completed) <b>196</b> ft																								
Locate with "1" in Section Below			Date of Completion <b>6/22/83</b>																								
Sketch Map 			5 <input type="checkbox"/> Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Auger <input type="checkbox"/> Jetted <input type="checkbox"/>																								
			6 USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Type I Public <input type="checkbox"/> Type II Public <input type="checkbox"/> Irrigation <input type="checkbox"/> Type III Public <input type="checkbox"/> Heat pump <input type="checkbox"/> Test Well <input type="checkbox"/> Type III Public <input type="checkbox"/>																								
2 FORMATION DESCRIPTION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">FORMATION DESCRIPTION</th> <th style="width: 15%;">THICKNESS OF STRATUM</th> <th style="width: 25%;">DEPTH TO BOTTOM OF STRATUM</th> </tr> </thead> <tbody> <tr><td>Clay, Gravel</td><td>65</td><td></td></tr> <tr><td>Blue Shale</td><td>10</td><td>75</td></tr> <tr><td>Limestone</td><td>14</td><td>89</td></tr> <tr><td>Blueshale</td><td>33</td><td>122</td></tr> <tr><td>Limestone, B. Shale</td><td>15</td><td>137</td></tr> <tr><td>Limestone</td><td>32</td><td>169</td></tr> </tbody> </table>			FORMATION DESCRIPTION	THICKNESS OF STRATUM	DEPTH TO BOTTOM OF STRATUM	Clay, Gravel	65		Blue Shale	10	75	Limestone	14	89	Blueshale	33	122	Limestone, B. Shale	15	137	Limestone	32	169	7 CASING Diameter <input checked="" type="checkbox"/> Steel <input checked="" type="checkbox"/> Threaded Height <b>206</b> ft/Below Surface <b>1</b> ft <input type="checkbox"/> Plastic <input type="checkbox"/> Welded <b>4</b> in to <b>82</b> ft depth Weight <b>11</b> lbs/ft Grouted Drill Hole Diameter _____ in to _____ ft depth Drive Shoe <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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8 SCREEN <input type="checkbox"/> Not Installed Type <b>N) NE</b> Diameter _____ Set/Gauge _____ Length _____ Set between _____ ft and _____ ft FITTINGS <input type="checkbox"/> Plastic <input type="checkbox"/> Lead <input type="checkbox"/> Other Check <input type="checkbox"/> Blank above screen _____ ft																											
9 STATIC WATER LEVEL <b>80</b> ft below land surface <input checked="" type="checkbox"/> Flow																											
10 PUMPING LEVEL <b>80</b> ft after <b>1</b> hrs pumping at <b>30</b> GPM _____ ft after _____ hrs pumping at _____ GPM																											
11 WELL HEAD COMPLETION <input checked="" type="checkbox"/> Flush adapter <input type="checkbox"/> 12" above grade <input type="checkbox"/> Basement offset <input type="checkbox"/> Approved pit																											
12 WELL GROUTED? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes from _____ to _____ ft <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ No. of bags of cement _____ Additives _____																											
13 Nearest source of possible contamination Type _____ Distance _____ ft Direction _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																											
14 PUMP <input type="checkbox"/> Not installed <input type="checkbox"/> Pump installation only Manufacturer's name <b>Gould</b> Model number <b>10EJ05422</b> HP <b>1/2</b> Volts <b>230</b> Length of Drop Pipe <b>47</b> ft capacity <b>10</b> GPM TYPE <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet PRESSURE TANK Manufacturer's name <b>AmTrol</b> Model number <b>202</b> Capacity <b>42</b> gallons																											
15 Remarks, elevation, source of data, etc.			16 WATER WELL CONTRACTOR'S CERTIFICATION This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>Leo Goldsmith Well Drilling</b> 0269 REGISTERED BUSINESS NAME REGISTRATION NO. Address <b>Box 180, Boyne Falls, Michigan</b> Signed <b>Leo Goldsmith</b> Date <b>6/13/83</b> AUTHORIZED REPRESENTATIVE																								

IMPORTANT: File with deed.

WELL OWNER COPY