

FV 2K

GRAND TRAVERSE COUNTY HEALTH DEPARTMENT

2325 GARFIELD RD. N., SUITE B
TRAVERSE CITY, MICHIGAN 49686
PHONE 616/922-4833

GT **25291**

NON-TRANSFERABLE PERMIT
SEWAGE PERMIT
WELL PERMIT

OWNER FRED SCHAAF SMA
MAILING ADDRESS 7151 CEDARBANK DR
ORCHARD LAKE MI PH. 810 5752240

TYPE OF ESTABLISHMENT RESIDENCE NEW EXISTING

PROPERTY LOCATION 14690 MAPLETON LANE

CITY TRAVERSE CITY

TOWNSHIP PENINSULA SECTION 22

COUNTY GRAND TRAVERSE DATE 9-22-97

SOIL: SOIL TYPES TO A DEPTH OF 6'
Site Survey 1993 #5962
Clay
6'
Sand
10'

DEPTH TO GROUND WATER TABLE _____

NO. OF BEDROOMS 4 NUMBER OF BATHS 4

SEPTIC TANK SIZE 20000 LAUNDRY YES

TILE FIELD _____ DISHWASHER YES

TRENCH WIDTH _____ GARBAGE DISPOSAL YES

LINEAL FEET _____ OTHER _____

DRAIN BED 24'50" WATER SUPPLY

LINEAL FEET 400' CITY _____ WELL

SQUARE FEET 1200' WELL TYPE 4" or 5" pitless

TILE LINES ON 3' center DEPTH _____

OTHER _____ OLD WELL TO BE ABANDONED NA

APPROVED _____

PERMIT TO INSTALL, CONSTRUCT OR REPLACE
EXPIRES 2 YEARS AFTER DATE OF ISSUE

ISSUED TO Fred Schaaf sma

DATE 9/26/97 BY M. Kelly
HEALTH DEPT. REPRESENTATIVE

RECEIPT # 10770 DATE: 9/22/97

RECEIVED 232.00 FOR SEWAGE DISPOSAL PERMIT
FOR WELL PERMIT

AGREEMENT

I HEREBY AGREE TO COMPLY WITH REQUIREMENTS OF THE SANITARY CODE FOR THE COUNTY OF GRAND TRAVERSE, AND THE APPLICABLE LAWS OF THE STATE OF MICHIGAN IN THE INSTALLATION OF A SEPTIC TANK SEWAGE DISPOSAL SYSTEM & /OR WELL INSTALLATION 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 VOID.

FINAL INSPECTION REQUIRED BEFORE COVERING. ONE DAY NOTICE SHALL BE GIVEN FOR INSPECTION.

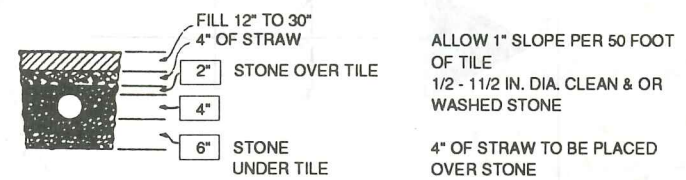
SIGNED [Signature]
OWNER OR AGENT

PROPERTY TAX # - 28-11-122-008-30
DIAGRAM

- Septic system shall be placed in area shown on diagram
- Contractor shall remove all heavy soils (Appx. 4'-6") from field area and backfill with clean course sand then place field, 12" of cover required.
- System shall be placed a minimum of 50' from any well.
- Well shall be placed a minimum of 50' from any septic system.
- Well shall be constructed and grouted according to state code requirements.

* See back for diagram and additional notes.

THE SPECIFICATIONS AS STATED ON THIS PERMIT MEET WITH MINIMUM REQUIREMENTS OF THE SANITARY CODE. THE OWNER SHOULD BE ADVISED THAT ADDITIONAL CONSTRUCTION OPTIONS MAY BE AVAILABLE WHICH COULD EXTEND THE LIFE EXPECTANCY OF THE SEWAGE SYSTEM. CONSULT WITH THE HEALTH DEPARTMENT REGARDING THESE OPTIONS.



ISOLATION DISTANCES FOR PRIVATE HOMES:
SEWAGE DISPOSAL SYSTEM SHALL BE LOCATED AT LEAST 50 FEET FROM ANY POTABLE WATER SUPPLY, WELL, SPRING, OR UNPROTECTED WATER SUCTION LINE. BURIED OR UNEXPOSED SEWERS OR PIPES THROUGH WHICH SEWAGE MAY BACK UP MAY NOT BE LOCATED CLOSER THAN TEN (10) FEET FROM ANY POTABLE WATER WELL OR SUCTION PIPE. SUCH SEWERS OR PIPES SHALL BE CONSTRUCTED OF SCHEDULE 40 OR OTHER APPROVED (HEALTH DEPT.) MATERIAL.

CERTIFICATE OF INSPECTION (PERMIT TO COVER)

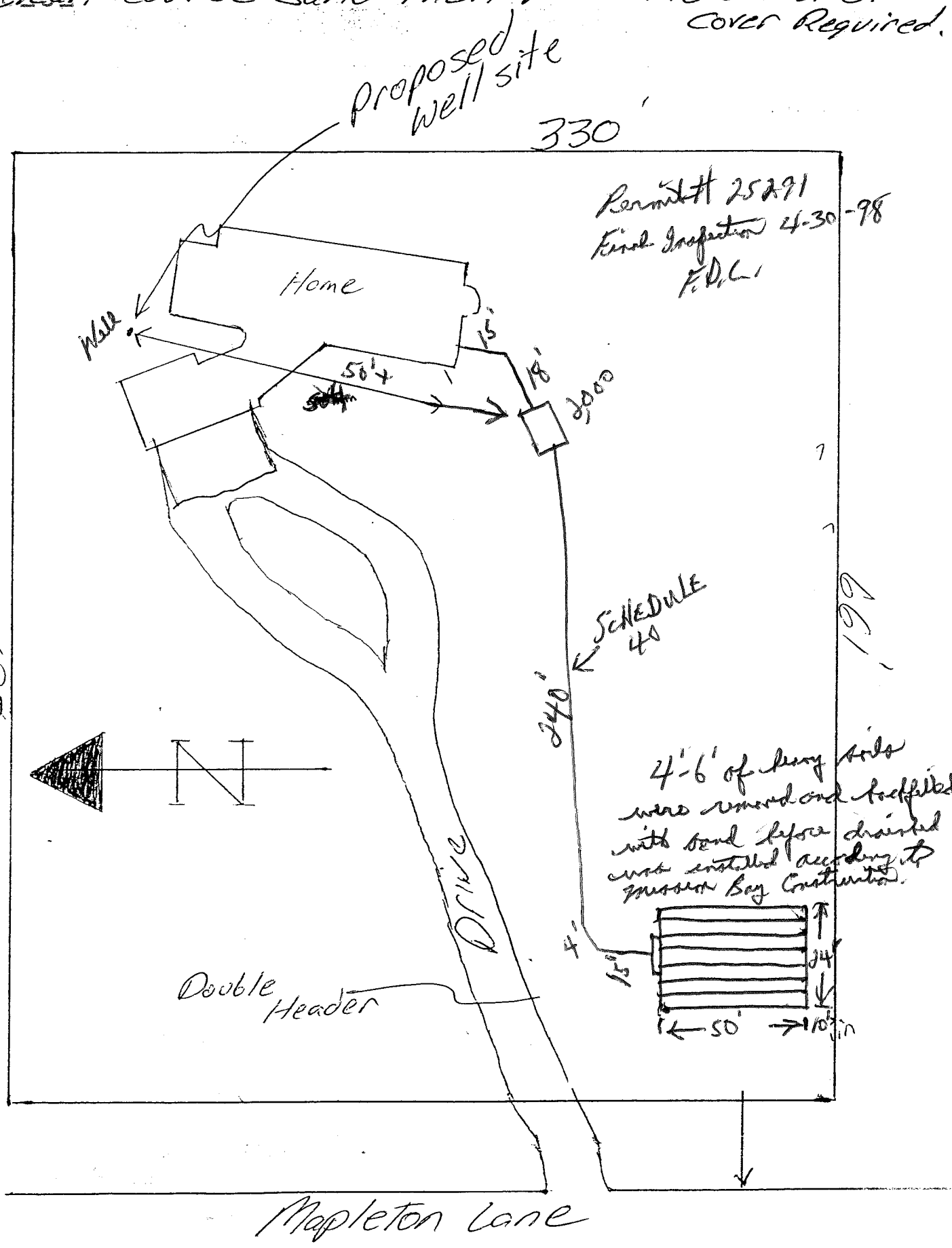
SEWER SCHEDULE 40 SEPTIC TANK 2,000 Double
MANUFACTURER OF SEPTIC TANK CONCRETE SERVICE
FINAL DISPOSAL 24'50" ISOLATION DIST. OK

NOTES
INSPECTION BY Thyl D. Cupito DATE 4-30-98
CONTRACTOR Mission Bay Construction
SEPTIC Cliff Hill Building

WELL _____
APPROVAL OF A PLAN AND THE INSTALLATION CANNOT BE CONSIDERED BY THE OWNER AS A GUARANTEE THAT SUCCESSFUL OPERATION IS ASSURED. THERE ARE MANY WAYS A SYSTEM CAN BE ABUSED CAUSING FAILURE.

paid 11/30/11
11/30/11

Staller shall remove all heavy soils (Appx. 4-6') from Field area and backfill with clean course sand Then place Field. 12" of cover Required.



DEPT. MICHIGAN DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DRINKING WATER & RADIOLOGICAL PROTECTION DIVISION
WATER WELL AND PUMP RECORD

Completion is required under authority of Part 127 Act 368 PA 1978
 Failure to comply is a misdemeanor

PERMIT NO:

25291

1. LOCATION OF WELL

County

Grand Traverse

Township Name

Peninsula

Fraction

16 1/4 SE 1/4 16 1/4

Section No.

22

Town No.

T29N

Range No.

R10W

Distance and Direction from Road Intersection

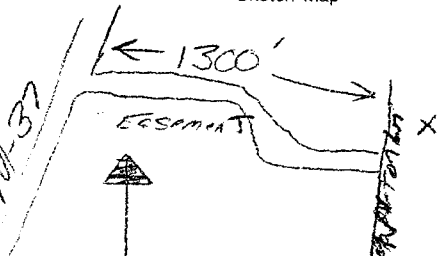
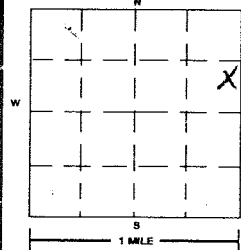
Appx. 1300' East of M-37 on
 Mapleton Lane.

Street Address & City of Well Location

14690 Mapleton Lane

Locate with 'x' in Section Below

Sketch Map



2. FORMATION DESCRIPTION

THICKNESS OF STRATUM

DEPTH TO BOTTOM OF STRATUM

Hardpan	6	6
sand	9	15
clay sand streaks	45	60
sand	13	73
clay	3	76
sand	14	90
clay	15	105
sand	10	115
clay	33	148
sand gravel	32	180
clay	22	202
sand	13	215

USE A 2ND SHEET IF NEEDED

15. ABANDONED WELL PLUGGED?

Yes No

Casing Diameter _____ in.

Depth _____ ft.

PLUGGING MATERIAL:

Cement/Bentonite Slurry

Neat Cement

Bentonite Slurry

Concrete Grout

Bentonite Chips

No. of Bags _____

Casing Removed?

Yes No

16. REMARKS: (Elevation, Source of Data, etc.)

17. DRILLING MACHINE OPERATOR:

Employee Subcontractor

Name Greg Klinka

3. OWNER OF WELL

Address

Fred Schaeffsma
 7151 Cedar Bank Dr.
 Orchard Lake, MI

Address Same as Well Location

Yes No

4. WELL DEPTH

215 ft.

Date Completed

2-23-98

New Well

Replacement Well

5. Cable Tool

Rotary

Driven

Dug

Hollow Rod

Auger/Bored

Jetted

6. USE:

Household

Type I Public

Type III Public

Irrigation

Type IIa Public

Heat Pump

Test Well

Type IIb Public

7. CASING:

Steel

Threaded

Height: Above/Below Surface: _____ ft.

Plastic

Welded

Other

Diameter: 5 in.

to 205 ft. depth

Weight: SDR 21 lbs./ft.

SDR 17

BORE HOLE:

Diameter: 7 7/8 in.

to 215 ft. depth

Drive Shoe

Shale Packer

8. SCREEN:

Not Installed

Gravel-Packed

Type: Hammer Head

Diameter: _____

Slot/Grauze: 15

Length: 10

Set Between: 205 ft.

and 215 ft.

FITTINGS:

K-Packer

Bremer Check

Blank Above Screen

2 ft. Other _____

9. STATIC WATER LEVEL:

140 ft.

Below Land Surface

Flowing

10. PUMPING LEVEL: Below Land Surface

_____ ft.

After _____ hrs.

Pumping at _____ G.P.M.

Plunger

Bailer

Air

Test Pump

11. WELL HEAD COMPLETION:

Pitless Adapter

12" Above Grade

Basement Offset

Well House

12. WELL GROUTED?

No

Yes

From 0 to 195 ft.

Neat Cement

Bentonite

Other grout

No. of Bags 10

Additives _____

13. NEAREST SOURCE OF POSSIBLE CONTAMINATION:

Type Septic

Distance 50 ft.

Direction S

Type _____

Distance _____ ft.

Direction _____

14. PUMP:

Not Installed

Pump Installation Only

Manufacturer's Name Flint & Walling

Model Number 4FDR15

HP 1 1/2

Volts 230

Length of Drop Pipe 190 ft.

Capacity 12 G.P.M.

TYPE: Submersible

Jet

Other _____

PRESSURE TANK:

Manufacturer's Name Well Pits

Model Number 260

Capacity 85 Gallons

18. 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.

Clay Well Drilling Co. 28-1244

REGISTERED BUSINESS NAME

Address 16410 Center Rd. Traverse City Mich.

Signed Albert J. Klinka

Date 2-23-98

AUTHORIZED REPRESENTATIVE

RECEIVED MAR 13 1998

GEOLOGICAL SURVEY COPY

EQP 2017 (12/96)