



FLOOD PLAIN CONTOUR
AS ESTABLISHED BY THE
DEPARTMENT OF NATURAL
RESOURCES. ELEV. 845.7
(U.S.G.S. DATUM)



Harold R. Phillips
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Pine

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- TANGENT
- 120.94
 - 101.29
 - 53.49
 - 68.51
 - 131.14
 - 64.99

LEGEND

ON-SITE SEWAGE DISPOSAL REPORT GENESEE COUNTY HEALTH DEPARTMENT

630 South Saginaw Street - Flint, MI 48502 - Phone (810) 257-3603

2-150000
4/27/98

PART A - APPLICATION FOR ON-SITE SEWAGE EVALUATION/PERMIT

Property Address 9127 PINEVIEW LAKE DR. Township ARGENTIVE
 Applicant Name CRAIG RICKBERS Phone 810 266 4241
 Applicant Address 16315 BIRD Rd City LINDEN Zip 48451
 Description: Residential Commercial - Type 01-26-553-016
 Metes & Bounds Subdivision - Name & Lot # 68 PINEVIEW LAKE ESTATES
120 x 220 Lot Size _____ # Acres _____
3 # Bedrooms _____ # Occupants Yes No Garbage Disposal _____
 Water Supply: Public Private Well - _____ Proposed Water Usage _____

IT IS AGREED that work shall be done in accordance with provisions of regulations of GENESEE COUNTY HEALTH DEPARTMENT governing construction and installation of septic tanks and sewage disposal systems.

IT IS AGREED to notify the HEALTH DEPARTMENT before backfilling septic tank and/or land disposal field in order that inspection may be made. System installation may be prohibited due to weather and/or ground conditions, and these determinations are made on a case-by-case basis. Installation during prohibited periods invalidates permit and subjects owner to possible prosecution. Reserve area designated must remain in reserve for future septic system expansion.

IT IS UNDERSTOOD that this system is only a temporary means of sewage disposal. Permit is not a guarantee of performance. Life expectancy of this system will be directly affected by pumping and maintaining system. Footing drainage of downspouts, water softener, and any other waste water not defined as sewage shall not be connected to or discharged into septic tank system or sewage disposal area. System to be installed or repaired by bonded contractor licensed by the HEALTH DEPARTMENT or by property owner under Environmental Health supervision. Certificate of inspection acknowledging proper system installation and approval must be issued by the HEALTH DEPARTMENT prior to assuming occupancy of this structure.

I certify that the above information is true and correct, and that I have read and understand above statements.

Signature of Applicant Craig Rickbers Date 4/26/98

PART B - SITE EVALUATION INFORMATION

Suitable: Yes No comments and/or reasons for denial:

Provide plot plan prior to permit issuance.

Signature of Environmental Sanitarian Douglas Smith Date 4/30/98

PART C - PERMIT TO INSTALL

THIS IS NOT A PERMIT

Permit Type Regular
 Detail below specific conditions or terms of special or restrictive permits
 PRIMARY TREATMENT consists of 1-1250 gallon septic tank(s)
 SECONDARY TREATMENT: Land disposal field 500 Lineal Ft. Bed 1200 Sq. Ft.

- 1) Install drain field in back (East) of proposed house
- 2) Trench or bed bottom not to exceed 12" into original grade at deepest point.
- 3) Provide sand fill in low areas to level up drainfield area.
- 4) Remove all trees within 10' of drainfield.
- 5) Provide 12" of backfill over stone with last 3-6" being topsoil.
- 6) Reserve area must be maintained for future drainfield installation.

THIS IS NOT A PERMIT

I have read and understand all of the foregoing.

Signed _____ Address _____ City _____ Zip _____
Owner/Agent

Issued by _____ Date _____ Permit expires _____
Environmental Sanitarian

Distribution: White - Owner/Installer; Yellow - Township; Gold - Health Dept.