

8847 Mason Rd, Newaygo

Kaci Morris <kaci@1800lastbid.com>

Tue 11/1/2016 1:48 PM

Inbox

To Jackie Sullivan <jsullivan@dhd10.org>;

cc sid@1800lastbid.com <sid@1800lastbid.com>; jordan@1800lastbid.com <jordan@1800lastbid.com>;
julie@1800lastbid.com <julie@1800lastbid.com>;

Good afternoon!

We are selling a piece of property on auction next Tuesday and we are trying to confirm the location of the well, septic and drainfield as well as the property next door. We are selling Parcel 62-18-36-200-032 and 62-18-36-200-028 as well as part of 62-18-36-200-031. Property address is 8847 Mason Rd, Newaygo and owner is Roger Hubbard. Roger also owns 8843 Mason Rd, Newaygo that we are not selling but wonder if the well, septic and drainfield might be shared with this property.

If you would please send any information you might have on these properties as quickly as possible, we would appreciate it. Our fax number is 231-825-2167 or you can scan and email it to us.

Thank you!

Kaci



Kaci Morris : Closing Coordinator : LASTBIDrealestate

210 N. Grace Street

McBain, MI 49657

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6 pages released

Jackie Sullivan

11-2-16



PERMIT TO CONSTRUCT**DISTRICT HEALTH DEPARTMENT NO. 10**

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

1049 Newell St PO Box 850 White Cloud, MI 49349

PERMIT NUMBER **620005997**

Permit Type:

New - Non-Residential Sewage

PERMIT FOR FACILITIES AT:

STREET ADDRESS 8843 S. Mason Dr.
TOWNSHIP Garfield COUNTY Newaygo
SECTION 36 TOWN 12N RANGE 13W
SUBDIVISION Lot
TAX ID NUMBER 62-18-36-200-026

PERMIT ISSUED TO:

Roger Hubbard

TELEPHONE NUMBER

PROPERTY OWNER Roger Hubbard

DESIGN CRITERIA:

SINGLE FAMILY, NO. OF BEDROOM

GARBAGE GRINDER

BASEMENT PLUMBING

✓ OTHER, GAL/DAY 700 gal

SEASONAL WATER TABLE 1.5 ft

SOIL BORINGS

0-12" Sand Fill
12-24" Fine Sand
24-42" Medium Sand with Gravel
42-48" Loamy Fine Sand
Wet at 30", Saturated at 42"

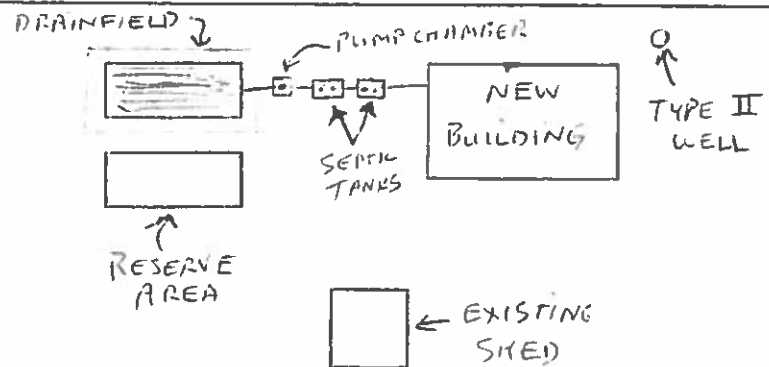
PERMIT TO INSTALL, CONSTRUCT, OR REPLACE

DATE PERMIT EXPIRES 10/2/04

SEPTIC TANK SIZE TOPSEAL 1000+1000 gal

DRAINAGE SYSTEM 1400 sq ft

MIN WELL ISOLATION 75'-Type II ft

PLOT PLAN - NOT TO SCALE**SPECIAL CONDITIONS OF PERMIT**

*Sewage flow calculated based on metered flow data Submitted from comparable businesses

Install two 1000 gallon top sealing septic tanks in series with a Zabel A-100 or equivalent outlet filter in second tank. Go on to a 500 gallon pump chamber with an approved effluent pump calibrated to dose 280 gallons per dose.

For drainfield, disc up surface vegetation and deposit 30" of clean fill sand in an area 37'x62'. CALL FOR INSPECTION OF FILL BEFORE PROCEEDING. Once fill is approved, center a 27'x52' drainfield on top of filled pad. This will be a large diameter pipe, low pressure dosed system. Pipes should be on 3' centers. Gooseneck line from pump into a solid header pipe. Remove any trees within 10 feet of drainfield.

Install a flowmeter on the water system, and monitor flows daily for the first month and monthly thereafter. Flow figures shall be submitted to the Health Department. Figures will be used to determine future expansion potential for the facility.

THERE SHALL BE A 5' PERIMETER OF FILL AROUND DRAINFIELD, CR 1" SHOULDER BEFORE STARTING 4:1 SLOPE TO ORIGINAL GRADE

SEWAGE FINAL

INSP. TYPE F

DATE 3-30-04 BY RAZ

INSP. TYPE

DATE BY

TYPE OF TREATMENT SYSTEM

SYS. DIMENSIONS 27x52 ISOL DIST. WNC S TANK 1000+1000 T.

NOTES

INSPECTION DATE 3-30-04 CONTRACTOR S. L. L. L.

TYPE A=Affidavit P=Partial F=Final

WELL FINAL

WELL INSPECTION DATE

BY

CASING DIAMETER

CASING MATERIAL

APPROVED CAP YES

NO

PUMP TYPE

COMMENTS

SEWAGE PERMIT ISSUED ✓ DENIED

WELL PERMIT ISSUED DENIED

WELL TO BE ABANDONED

R. Lindell
HEALTH DEPARTMENT REPRESENTATIVE10/3/03
DATE

Fill runs N-S
OK RAZ 12-30-03

Call In Number: 62-12215

DISTRICT HEALTH DEPARTMENT # 10 CALL IN AND FINAL INSPECTION FOR SEPTIC SYSTEM

DATE 3,30,04 TIME 8:05 AM/PM COMPLETION DATE & TIME 3,29,04 AM/PM

CALL RECEIVED BY: Notia PERSON REQUESTING INSPECTION Tom

CONTRACTORS NAME Schultz PHONE: _____

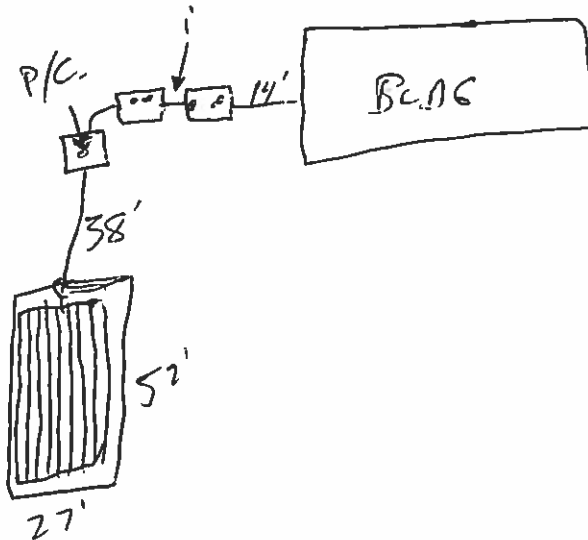
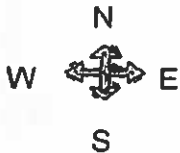
PROPERTY OWNER Dynamic Fitness TOWNSHIP Garfield

PERMIT NO. 620005997 Tax ID # _____ AFFIDAVIT NUMBER _____

Special/ Construction Notes: Label A-100 - Barnes Pump 1/2 HP.

9 LINES 27x52 = 1404 #

SITE DRAWING



M-37

Final Inspection ☒ Date 3-30-04

Partial Inspection ☐ Date _____

Follow up Inspection ☐ Date _____

Affidavit Review ☐ Date _____

Septic Tank(s) Size 1) 1000 TS 2) 1000 TS
Type of System: LO
Make _____ Model _____ # of Units _____
Tank Installed ☒ Yes ☐ No ☐ N/A
Pump Chamber ☒ Yes ☐ No ☐ N/A
Pump Chamber Size 600

Footage of Drained 1404
Bed/Trenches Cut In ☐ Yes ☐ No ☒ N/A MOUND
Stone in Place ☒ Yes ☐ No ☐ N/A
Proper Isolation ☐ Yes ☐ No ☒ N/A
Pipe in Place ☒ Yes ☐ No ☐ N/A

Isolation Distance From Water Well N/A

Isolation Distance From Surface Water N/A Feet

Inspected By: R. Lindell

Date: 3-30-04

PERMIT TO CONSTRUCTPERMIT NUMBER **620007513****DISTRICT HEALTH DEPARTMENT NO. 10**

Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford Counties

1049 Newell St PO Box 850 White Cloud, MI 49349

Permit Type:

New - Non-Residential Sewage

PERMIT FOR FACILITIES AT: 8849STREET ADDRESS 8843 Mason Dr.TOWNSHIP Garfield COUNTY NewaygoSECTION 36 TOWN 12N RANGE 13WSUBDIVISION LotTAX ID NUMBER 62-18-36-200-026**PERMIT ISSUED TO:**Roger Hubbard220 96th St.Newaygo, MI 49337

TELEPHONE NUMBER _____

PROPERTY OWNER Roger Hubbard**DESIGN CRITERIA:**

- ☐ SINGLE FAMILY, NO. OF BEDROOM _____
- ☐ GARBAGE GRINDER _____
- ☐ BASEMENT PLUMBING _____
- ☒ OTHER, GAL/DAY _____ 400 gal

SEASONAL WATER TABLE _____ 2 ft

SOIL BORINGS

0-12" Fine Sand (Fill)
12-24" Organic Topsoil
24"+ Mottled Fine Sand

SB DONE 12-9-02

PERMIT TO INSTALL, CONSTRUCT, OR REPLACEDATE PERMIT EXPIRES 8/23/2006

SEPTIC TANK SIZE _____ 1000 Topseal gal/min

DRAINAGE SYSTEM _____ Existing sq ft

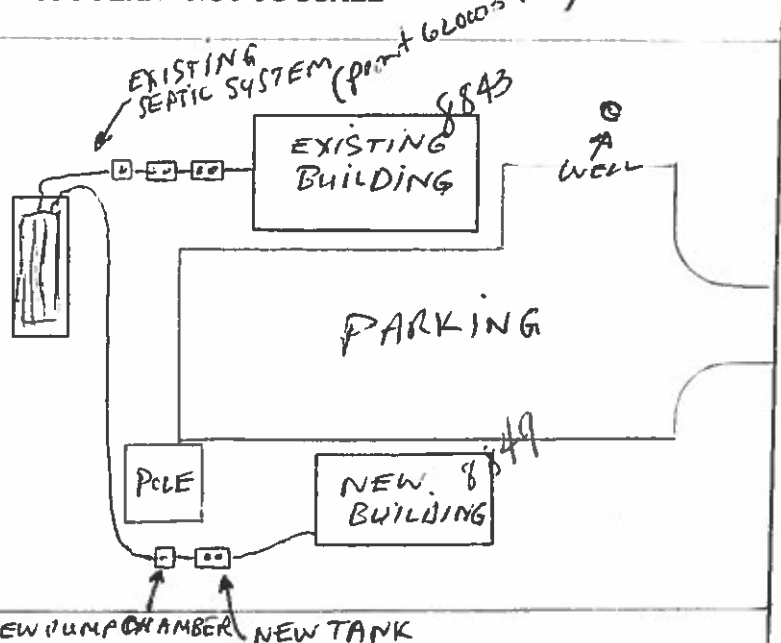
MIN WELL ISOLATION _____ 75 ft

SPECIAL CONDITIONS OF PERMIT

Tank installation only - pumping to existing drainbed. Install 1000 gallon topsealing (low-profile) tank. Go on to a minimum 185 gallon water tight pump chamber with an approved sewage effluent pump. Gooseneck line from pump into existing solid header (provided no check valve used.)

Monitor water usage for both buildings and send monthly report to Health Department.

ADD LABEL A-100 OR EQUAL
FILTER TO SEPTIC TANK

PLOT PLAN - NOT TO SCALE

NEW PUMP CHAMBER NEW TANK

SEWAGE FINALINSP. TYPE F DATE 10-18-05 BY RAZ

INSP. TYPE _____ DATE _____ BY _____

TYPE OF TREATMENT SYSTEM LD EXISTING DBSYS. DIMENSIONS _____ ISOL. DIST. 1000 S TANK 1000NOTES Label A100 - Tank only + 185 galINSPECTION DATE 10-18-05 CONTRACTOR Hall's Boys

TYPE A=Affidavit P=Partial F=Final

WELL FINAL

WELL INSPECTION DATE _____ BY _____

CASING DIAMETER _____ CASING MATERIAL _____

APPROVED CAP YES _____ NO _____ PUMP TYPE _____

COMMENTS _____

SEWAGE PERMIT ISSUED ☒ DENIED ☐WELL PERMIT ISSUED ☐ DENIED ☐WELL TO BE ABANDONED ☐HEALTH DEPARTMENT REPRESENTATIVE R. Lindblom

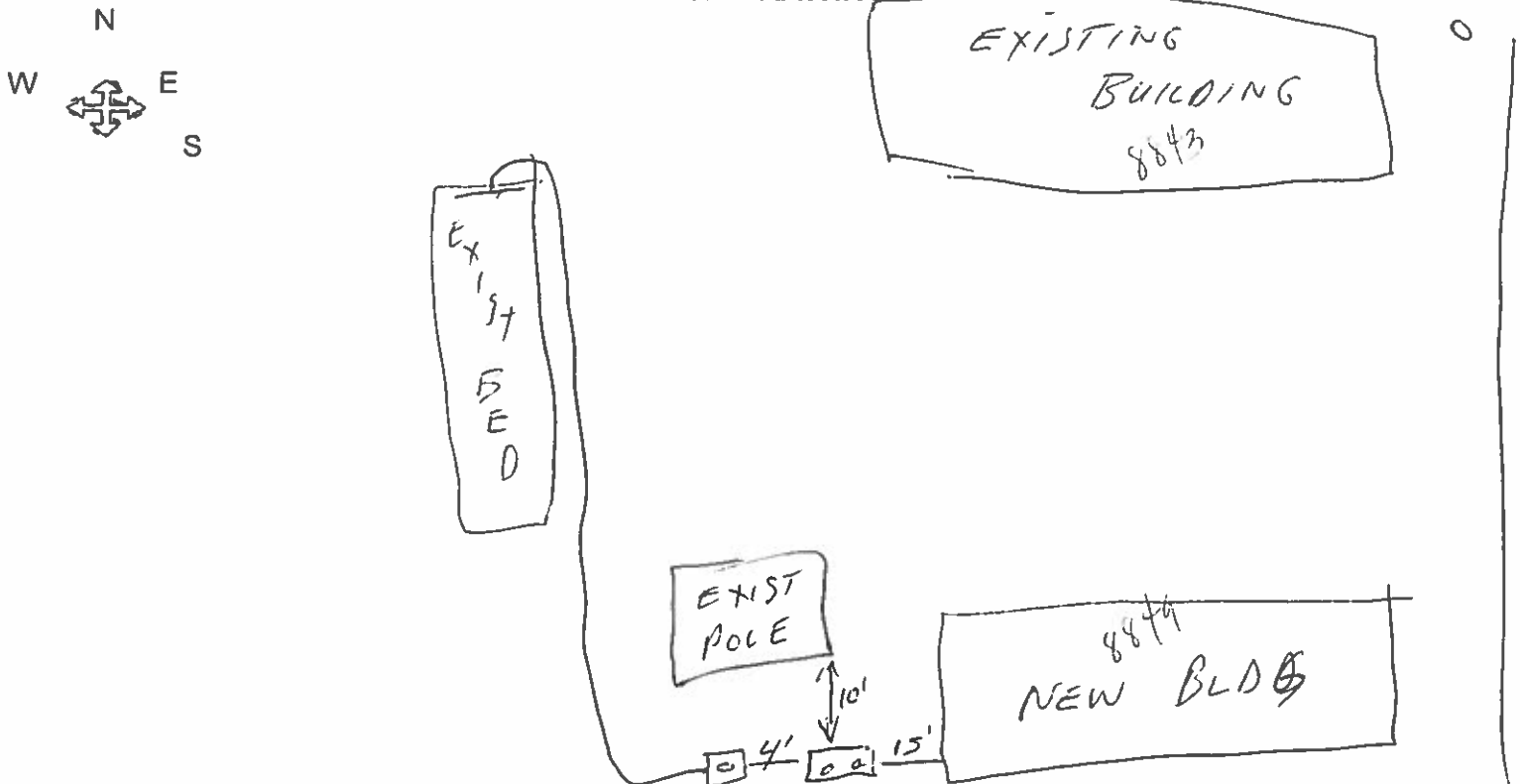
8/23/2005

DATE

DISTRICT HEALTH DEPARTMENT # 10 CALL IN AND FINAL INSPECTION FOR SEPTIC SYSTEM

DATE 10/1/05 TIME 8:25 AM/PM COMPLETION DATE & TIME 10/17/05 AM/PMCALL RECEIVED BY: Rein PERSON REQUESTING INSPECTION Roger HubbardCONTRACTORS NAME Hall Boys PHONE: ?PROPERTY OWNER Hubbard TOWNSHIP Garfield Sec T R PERMIT NO. 7513 Tax ID # AFFIDAVIT NUMBER Special/ Construction Notes: Added A-100 Filter

SITE DRAWING

Final Inspection ☒Date 10-18-05Partial Inspection ☐Date Follow up Inspection ☐Date Affidavit Review ☐Date Septic Tank(s) Size 1) 1000 2) Type of System: LDMake Model # of Units Tank Installed ☒ Yes ☐ No ☐ N/APump Chamber ☒ Yes ☐ No ☐ N/APump Chamber Size 185Footage of Drained Bed/Trenches Cut In N/A - EXISTING☐ Yes ☐ No ☐ N/AStone in Place ☐ Yes ☐ No ☐ N/AProper Isolation ☐ Yes ☐ No ☐ N/APipe in Place ☐ Yes ☐ No ☐ N/AIsolation Distance From Water Well 100'Isolation Distance From Surface Water 100' FeetInspected By: R. LindellDate: 10-18-05

DARE

Wellogic

Failure to comply is a misdemeanor.

Import ID:

General Remarks:
Other Remarks:

TYPE II SANITARY SURVEY CHECK LIST

WSSN: 2025962

4

Date: 11-19-15

Reductions/Modification in sampling – Violations – Other comments:

* Threaded sample of Recommend with threaded to prevent possible contamination.

COMMENTS:

Sample of located in an area

Site Diagram Not to Scale:

