8847 Mason Rd, Newaygo

Kaci Morris <kaci@1800lastbid.com>

Tue 11/1/2016 1:48 PM

Inbox

To Jackie Sullivan <jsullivan@dhd10.org>;

ccsid@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

phone 616-538-0367 X1142 : fax 231-825-2167 kaci@1800lastbid.com

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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

MIT NUMBER 620005997

Permit Type:

New - Non-Residential Sewage

PERMIT FOR FACILITIES AT:

STREET ADDRESS 8843 S. Mason Dr.

TOWN 12N

TOWNSHIP Garfield

COUNTY Newaygo

RANGE 13W

SECTION 36 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° gat

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 seine

DRAINAGE SYSTEM

MIN WELL ISOLATION

75-Type II

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 ARCONS DRAINFIELD, CR "SHOWLER BEFORE STARTING 4:1 SLOPE TO

SEWAGE PERMIT ISSUED

WELL PERMIT ISSUED

DENIED

WELLAO BE ABANDONED

HEALTH DEPARTMENT REPRESENTATIVE

10/3/03 DATE

PLOT PLAN - NOT TO SCALE

DRAINFIELD PLIMP CHAMBER NEW TYPE II BUILDING WELL SEPTIL TANKS RESERVE AREA

SEWAGE FINAL

INSP. TYPE

DATE 3 30-04 BY RGZ

INSP. TYPE

SYS. DIMENSIONS 27852 ISOL DIST. WAS STANK ICCUT (OCC T.

ZABEL A-100 NOTES

INSPECTION DATE

5-30-64 CONTRACTORS Luckty

TYPE A=Affidavit P=Partial

WELL FINAL

WELL INSPECTION DATE

BY

CASING DIAMETER

NO

CASING MATERIAL PUMP TYPE

APPROVED CAP YES

COMMENTS

EILL RUNS N-S OK ROLF 12-30-03

Call In Number: <u>62-13-215</u>

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

DATE 3,30,0	4 time <u>8.05</u> ampm	COMPLETION DATE & T	IME 3, 9, 04	AM/PM
CALL RECEIVED BY:	//// /.			
	· · · · · · · · · · · · · · · · · · ·	PERSON REQUESTING IN		
	E schulty	PHONE:		
PROPERTY OWNER_	Dynamid Fi			
PERMIT NO()	0005997 Tax ID#_	4	AFFIDAVIT NUMBER	
Special/ Construction No	otes <u>:</u> 7	Zabel A-100	- Bornes 1	unp & H.P.
		7 LINES	27×52 = 140	4 #
N		SITE DRAWING		
		1		<i>†</i>
AA ATTURE	0K.			
S	1	BUNG BUNG		
				1
	38'			
				m
		7		1
				13
	27			
				(
Final Inspection -	5 6 4		7	
Final Inspection Date 3-30-01	Partial Inspection □ Date	Follow up Inspection Date	Affidavit Review Date	Ci .
Septic Tank(s) Size	1)/000 TS 2) (000 TS	Footage of Drainbed	1404	-
Type of System:	LO	Bed/Trenches Cut In	□Yes □No ₽N/	A MOUND
Make Model Tank Installed	# of Units	Stone in Place Proper Isolation	e Yes □ No □ N/. □ Yes □ No □ N/.	A ·
Pump Chamber Pump Chamber Size	™Yes □No □N/A	Pipe in Place	Yes No No	•
	·		. /	A
solation Distance From	om Water Well	Isolation Distance Fro	m Surface Water	/// Feet
nspected By:	Zudll-	Date: 3-30-09	1	

PERMIT TO CONSTRUCT

PERMIT 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

1045 Newell St PO Box 650 Write Cloud, Wil 49349	
PERMIT FOR FACILITIES AT: 8 4 STREET ADDRESS 8843 Mason Dr. TOWNSHIP Garfield COUNTY News SECTION 36 TOWN 12N RANGE 13 SUBDIVISION Lot TAX ID NUMBER 62-18-36-200-026	
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 \$\mathcal{S} \mathcal{B}. Done 2-9-02-\end{array}
PERMIT TO INSTALL, CONSTRUCT, OR REPLACE DATE PERMIT EXPIRES 8/23/2006 SEPTIC TANK SIZE 1000 Topseal salmed DRAINAGE SYSTEM Existing 19th MIN WELL ISOLATION 75 A SPECIAL CONDITIONS OF PERMIT Tank installation only - pumping to existing drainbed. Install 1000 gallon topsealing (low-profile) tanka 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 ZABEL A-100 OKEQUAL FILTER TO SEPTIC TANK	PLOT PLAN - NOT TO SCALE EXISTING SEPTIL SYSTEM (PICT (SAD) EXISTING BUILDING POLE NEW PUMP CHAMBER NEW TANK SEWAGE FINAL INSP. TYPE DATE TYPE OF TREATMENT SYSTEM LD SYS. DIMENSIONS NOTES SYS. DIMENSIONS ISOL DIST. 1004 S, TANK 1000 NOTES NOTES TOTAL CONTRACTOR HOLD TOTAL TOTAL CONTRACTOR HOLD TOTAL INSPECTION DATE OF STANK 1000 INSPECTION DATE OF STANK 1000
WELL PERMIT ISSUED DENIED WELL TO BE ABANDONED 8/23/2005 HEALTH DEPARTMENT REPRESENTATIVE DATE	TYPE A=Affidavit P=Partial F=Final WELL FINAL WELL INSPECTION DATE BY CASING DIAMETER CASING MATERIAL APPROVED CAP YES NO PUMP TYPE COMMENTS

Call In Number: DISTRICT HEALTH DEPARTMENT # 10 CALL IN AND FINAL INSPECTION FOR SEPTIC SYSTEM DATE 10 / TIME 8:25 AM/PM COMPLETION DATE & TIME 10, 17,05 _____ PERSON REQUESTING INSPECTION_ 120ger Hubbar d CALL RECEIVED BY: Hall Bous CONTRACTORS NAME PHONE: PROPERTY OWNER PERMIT NO. _ Tax ID# Special/ Construction Notes: SITE DRAWING Ν 0 EXISTING BUILDING EXIST NEW BLDG Final Inspection Partial Inspection □ Follow up Inspection Affidavit Review Date 10-18-05 Date_____ Date _____ Date Footage of Drainbed

Septic Tank(s) Size 1)_ Type of System:____ Make Model # of Units Tank Installed **Φ**Yes □ No □ N/A Pump Chamber □No □N/A p∕Yes Pump Chamber Size __/ > <

Inspected By:_ 1/myfiles/forms/cnewsew/r1 0402 Bed/Trenches Cut In ☐ Yes □ No □ N/A Stone in Place □ Yes □ No □ N/A Proper Isolation □ Yes □ No □ N/A Pipe in Place □ Yes □No □N/A

Isolation Distance From Surface Water 100 t Feet

Date: 10-18-05



Tax No: 62-18-36-200-026

Water Well And Pump Record

Completion is required under authority of Part 127 Act 368 PA 1978.

County: Newaygo



Township: Garfield

Import ID:

Failure to comply is a misdemeanor.

Permit No: W-03-62-008

	Town/Range: 12N 13W	Section:	Well Status:	WSSN:	Sourc	e ID/Well No:	
Well ID: 62000007611			Active n Road Intersect	2025962	1	001	
	Distance and Direction from Road Intersection: DYNAMIC FITNESS						
Elevation:							
Latitude: 43 3804220000		Vell Owner: ROGER HUBBARD					
Longitude: -85 8011150000	Well Address:						
Method of Collection: Address Matching-House Number	8843 S MASON	DR.					
	1911						
Drilling Method: Rolary	Pump Insta	1.5		ump Installa	tion Onl	y: No	
Well Depth: 106.00 ft. Well Use: Type If public	4 '	Illation Date		IP: 1.00		70 M A C C C	
Well Type: New Date Completed: 4/2/2004 Casing Type: PVC plastic Height:		rer: F.E.A	•	rump Type:		W. C. C. S. C. C.	
Casing Joint: Unknown		Model Number: 2WIRC Pump Capacity: 20 GPM					
Casing Fitting: None		Drop Pipe Length: 60.00 ft. Pump Voltage: Drop Pipe Diameter: Drilling Record ID:					
		Seal Used:					
Diameter: 5.00 in. to 90.00 ft depth	Pressure T	Pressure Tank Installed: Yes					
		ank Type:					
- A A - 0.501		er: Well-N					
Borehole: 8.50 in. to 96.00 ft, depth		Model Number: WM20WB Tank Capacity: Pressure Relief Valve Installed: No					
4.50 in, to 106 00 ft, depth	Pressure K	eller valve i	nstalled: No				
Static Water Level: 30.00 ft. Below Grade (Not Flowing)						Depth to	
Unrestricted Flow Rate: Yield Test Method: Air		Formation	Description	Thi	ckness	Bottom	
Well Yield Test:	Gravel			12.0	0	12.00	
Pumping level 60:00 ft. after 1:00 hrs. at 45 GPM	Red Clay			2.00		14.00	
	Sand			8.00		22.00	
Screen Installed: Yes Filter Packed: No	Red Clay &		 	18.0		40.00	
Screen Diameter: 3.75 in Blank:	Red Clay & Sand & Gray			9.00		96.00	
Screen Material Type: Stainless steel-slotted	Sand Coars			10.0		106.00	
Slot Length Set Between	Gang Goars	-		10.0	,	100.00	
10.00 11.00 ft. 95.00 ft. and 106.00 ft.							
Fittings: None			<u> </u>				
Well Grouted: Yes Grouting Method: Unknown						<u> </u>	
Grouting Material Bags Additives Depth	Geology Re	marks					
Bentonite sturry 6 00 None 0 00 ft. to 90.00 ft.	. Coology ite	maing.					
						i	
Wellhead Completion: Pitless adapter							
Nearest Source of Possible Contamination:	D-1111						
Type Direction	Drilling Mac Employmen			N LAURITZEI	Ŋ		
Septic tank 85 ft. Northwest	Employmen	it. Employe	···				
None	Contractor	Type: Wate	r Well Drilling Cor	ntractor R	eg No: 2	050	
	Business N	Business Name: LAURITZEN WELL DRILLING Business Address: Water Well Contractor's Certification This well was drilled under my supervision and this report is true to the best of					
	my knowledg	je and belief					
Canada Barratas	Signature of	Registered	Contractor		Date		
General Remarks: Other Remarks:	· · · · · · · · · · · · · · · · · · ·						

TYPE II SANITAR' SURVEY CHECK LIST

WSSN: 2025962 Date: 11-19-15

Reductions/Modification in sampling – Violations – Other comments:					
* Threaded sample	tal Recommond ourthroaded				
to prevent possible	fortumpiation.				
30	and the second s				
COMMENTS:	Spargh my lowes TN AN OCCUPATE				
	<u> </u>				
	Garanti II				

Site Diagram Not to Scale:

