...EDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 90026 PIN# 4765753256 DATE 7-5-00

OWNER OR CONTRACTOR Ray Starrette PHONE: Business Home 248 433 1424

ADDRESS 5833 Burnham Rd Bloomfield Hill, MI

LOCATION 642 Tb Pecan Rd Go 3/4 mi to end then on starrette Fm

SUBDIVISION Starrette Fm BLOCK / SECTION LOT LOT AREA 40 acres SITE CLASS DESIGN FLOW 480 L.T.A.R. .3

Septic Tank: 1000 Gallons; STB 1012 Date 11-3-2000
Pump Tank: Gallons; PT Date
Pump Make: Model Serial No.
Nitrification Field: No Fields 1 Square Feet 1600 Linear Feet 533
No Lines 4 Trench Width 36" Max Trench Bottom Depth 36" Gravel Depth 12"

☑ New System ☐ Repair System Type: I ☑ II ☐ III ☐ IV ☐ V ☐ VI
System Description: Conv. Gravity
Repair System Description: pump to conv.
Maintenance Agreement Required: ☐ Yes ☐ No

☑ House/Mod. Home ☐ Mobile Home ☐ Business ☐ Other
No. Bedrooms 4 No. Bathrooms 3 No. Employees

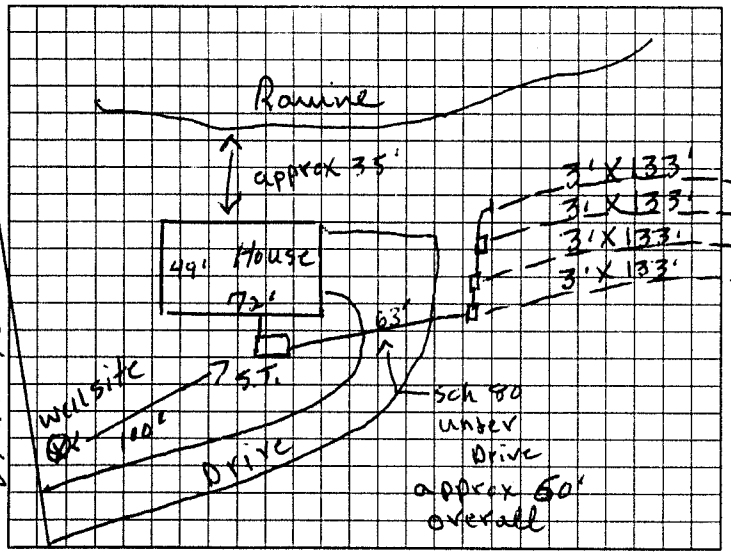
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☑ Individual ☐ Public ☐ Community

Comments/Conditions:

Comments/Conditions: Replaces Permit Issued 6-27-00

INITIAL SITE SKETCH



AS BUILT SKETCH going to 4 BR unit

① INSTALLED WITH PRESSURE FILTER & MARKER

② 1st LINE INSTALLED & CHECKED DURING WET SOIL CONDITIONS

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Mark A. Fox date 7-5-00 Installed by: Cothrain & Sons Grading

Improvement Permit by: P.C. Moore date 7-5-00 Operation Permit by: [illegible] date 02-27-07

Authorization to Construct by: P.C. Moore date 7-5-00 Existing System Inspection by: date

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK