

Repair
 New

PERMIT

Receipt 69095
 Date 3/7/2000
 Entered _____

DOB 3/9/46 DL# _____

PERMIT TO CONSTRUCT A SEWAGE DISPOSAL SYSTEM: NOT TRANSFERABLE

Jim Kramer / SA # 301-2006
 NAME PHONE
5940 128th Avenue
 ADDRESS
Leannville Mich 49462
 CITY STATE ZIP CODE

GRANGES 01
 TOWNSHIP SECTION
6074 MALLARD DRIVE
 BUILDING SITE LOCATION

SEWAGE DISPOSAL SYSTEM: (Minimum Requirements)
 Septic tank(s) 1000 gallons
 Minimum 1000 gallon tank recommended
 Pump tank 500 gallons
 Secondary System: (one of the following in Square Feet)
 Drainfield _____ or Drained 400

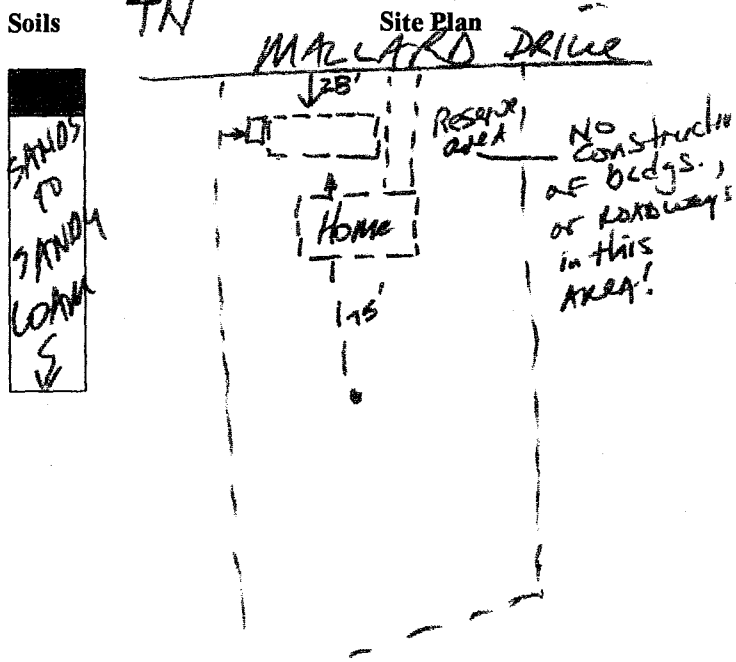
Parcel No. 03-07-001-012-00
 Type of Dwelling 2 Bedrooms
 Water Supply: Private X Municipal _____

REQUIRED ISOLATION DISTANCES:	
10 ft. from lot lines	25 ft. from steep slopes & ditches
75 ft. from all wells	10 ft. from buildings
100 ft. from bodies of water	25 ft. from footing drains

NOTICE TO OWNER: These are the absolute minimum requirements. Footing drains shall not be connected to the sewage disposal system.

Home Sq. Ft. 816 Basement Sq. Ft. _____
 Garbage Grinder yes no Basement Lift Pump yes no
 Water Softener yes no Whirlpool etc. yes no
 Basement Plumbing yes no

REMARKS:
 - See site plan attached and approved 3/20/2000
 - Initial drained to be placed in front of home on top of 24" of sand fill (FROM ORIGINAL grade!) → ROAD ELEVATION = ORIGINAL.
 * ROMBED is existing in area of taper for drained - ROAD BED to be removed in this area and sand fill placed for tapers
 Road will need to be moved to easement.



THIS SYSTEM IS DESIGNED ON THE BASIS OF THE ABOVE INFORMATION PROVIDED BY THE OWNER OR HIS/HER AGENT AND IS VOID IF ANY CHANGES ARE MADE WITHOUT APPROVAL OF THIS DEPARTMENT.

I agree to install or have installed a sewage disposal system which meets or exceeds the requirements as set forth in this permit and TO CALL AT LEAST 24 HOURS IN ADVANCE FOR FINAL INSPECTION BEFORE COVERING SYSTEM AT 673-5415.

Issued By: [Signature]
 Date: 3/20/2000
 Permit expires one year after above date.

Jim Kramer
 signature

