

**MARION TOWNSHIP
ZONING BOARD OF APPEALS**

The Township Zoning Board of Appeals will meet in person

May 6, 2024 at 7:30 pm

However, there will be virtual access.

Instructions to participate in the meeting are posted on www.mariontownship.com

AGENDA

CALL TO ORDER

PLEDGE OF ALLEGIENCE

INTRODUCTION OF MEMBERS

APPROVAL OF AGENDA

May 6, 2024 Regular Meeting

APPROVAL OF MINUTES FOR:

November 13, 2023 Regular Meeting

CALL TO PUBLIC

NEW BUSINESS:

- 1) ZBA Case #01-24 Nikolaos & Amanda Cole by David Bittner seeking a variance to Section 6.07.1 maximum accessory structure size. 4710-22-101-010

UNFINISHED BUSINESS:

SPECIAL ORDERS:

CALL TO PUBLIC:

ADJOURNMENT:

Submitted by: S. Longstreet

Approved: _____

**MARION TOWNSHIP
ZONING BOARD OF APPEALS
REGULAR MEETING
NOVEMBER 13, 2023**

MEMBERS PRESENT: Larry Fillinger, Linda Manson-Dempsey, Dan Lowe, Diane Bockhausen, and Larry Grunn

MEMBERS ABSENT: None

CALL TO ORDER

Bob Hanvey called the meeting to order at 7:30 pm. The meeting is also available to attend online.

PLEDGE OF ALLEGIANCE

MEMBERS PRESENT

The Zoning Board of Appeals members introduced themselves.

APPROVAL OF AGENDA

The 2024 election of officers was added under Special Orders. Diane Bockhausen motioned to approve the agenda as amended. Larry Grunn seconded. **Motion carried.**

APPROVAL OF MINUTES

November 14, 2022 Regular Meeting: Diane Bockhausen motioned to approve the minutes as presented. Linda Manson-Dempsey seconded. **Motion carried.**

CALL TO THE PUBLIC

No response.

NEW BUSINESS

ZBA Case #01-23 Michael Hickey, 1687 Triangle Lake Road, Tax Code #4710-27-101-004, seeking a variance to Section 8.04 E 3 a 1 Front-yard Setback

Michael Hickey was present to request a variance for front-yard setback because he covered an existing deck. He was unaware that he required a permit because he didn't expand the footprint of the deck. He replaced some boards and railings on the pre-existing deck that needed repair, and covered it because the sunlight is so extreme at times that it makes the living space uncomfortable.

A letter of support for this request was received from Mr. Hickey's neighbor, Sheila O'Brien.

Motion

Linda Manson-Dempsey motioned for ZBA Case #01-23 Michael Hickey, 1687 Triangle Lake Road, Tax Code #4710-27-101-004, to approve a 10' x 24' cover for a pre-existing, non-conforming deck on the west

side of the house. This variance is strictly for the covering and does not include a permanent enclosure. The following criteria is considered:

1. **That the restrictions of the township zoning ordinance would unreasonably prevent the owner from using the property for a permitted use.** *The restrictions would unreasonably prevent the owner from comfortably using his property.*
2. **That the variance would do substantial justice to the applicant and a lesser relaxation than that requested would not give a substantial relief to the owner of the property.** *He needs the requested amount in order to cover the pre-existing, non-conforming deck.*
3. **That the request is due to the unique circumstances of the property.** *The waterfront property faces west and is extremely hot in the afternoons.*
4. **That the alleged hardship has not been created by a property owner.** *The applicant bought the house with the pre-existing, non-conforming deck.*
5. **That the difficulty shall not be deemed solely economic.** *There is no economic benefit to covering the deck.*

Diane Bockhausen seconded. Roll call vote: Grunn, Manson-Dempsey, Fillinger, Bockhausen, Lowe—all yes. **Motion carried 5-0.**

UNFINISHED BUSINESS

None.

SPECIAL ORDERS

Linda Manson-Dempsey motioned to nominate Larry Fillinger as the ZBA Chairman. Larry Grunn seconded. Motion carried.

Larry Fillinger motioned to nominate Linda Manson-Dempsey as ZBA Vice Chairman, Diane Bockhausen seconded. Motion carried.

Linda Manson-Dempsey motioned to nominate Dan Lowe as ZBA Secretary. Larry Fillinger seconded. Motion carried.

Dan Lowe asked about the variance that was granted for a garage on Rubbins. He believes that more square footage was added than was approved.

CALL TO THE PUBLIC

No response.

ADJOURNMENT

Linda Manson-Dempsey motioned to adjourn at 8:08 pm. Diane Bockhausen seconded. **Motion carried.**

James F. Barley
(1946-2003)

Barley & Bittner, P.C.
Attorneys at Law
710 E. Grand River Avenue
Howell, MI 48843
(517) 546-7363
barleypc@msn.com

David T. Bittner

March 26, 2024

Marion Township
2877 W. Coon Lake Road
Howell, MI 48843

Re: Nikolaos & Amanda Cole
3623 Black Eagle Drive
My File No. 9038

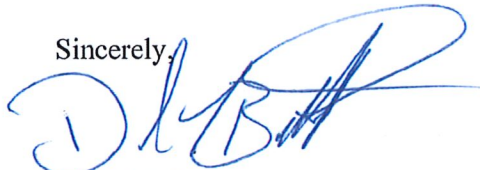
Dear Zoning Board of Appeals;

Please find the following enclosed documents:

Application to Zoning Board of Appeals
Permission letter from owner
Check in the amount of \$400
Plot plan
Livingston County Health Department Inspection Report
Other Supporting Documentation

In the event that you have any questions prior to the meeting, please do not hesitate to contact me directly.

Sincerely,



David T. Bittner
BARLEY & BITTNER, P.C.

Copy to client w/enclosures

APPLICATION TO ZONING BOARD OF APPEALS

ZBA Case # 01-24
Tax Code 4710-22-101-010
Current Zoning R2
Fee Paid 400
Date Received 3-28-2024
Received by DWR

Applicant NIKOLAOS & AMANDA COLE BY DAVID BITTNER
Address 3623 BLACK EAGLE DR, HOWELL, MI 48843
Telephone _____
(Home) _____ (Work) _____

Applicant is (check one): Owner Purchaser Representative

Purchaser or Representative needs a letter of permission from owner

Nature of Request (check applicable one)

- Administrative Review (per Section 5.05 A)
- Interpretation of Ordinance (per Section 5.05 B 1, 2, 3 or 4)
- Variance Request (see below)

1. Zoning Ordinance Section

6.07 8.01B

- 2. Letter stating reason request should be granted (per Section 5.05 C)
- 3. Plot Plan—example and checklist attached (requirement per Section 4.03 D)
- 4. Required Livingston County Health Department evaluation

Refer to checklist on last page for additional instructions

By signing this application, permission is granted for official representative(s) of Marion Township to do onsite inspections.

DWR
Signature

03/26/2024
Date

Office Use Only	
Meeting Date _____	Action Taken _____
Conditions (if applicable) _____	
Signed _____	

1. *How the restrictions of the Township Zoning Ordinance would unreasonably prevent the owner from using the property for a permitted use.*

The parcel is 1.04 acres. Therefore, Section 6.07 would limit the use permitted by right under paragraph 8.01B to a 40' X 34' accessory building which is 1,360 square feet. Owner desires a 40' X 60' which would require a variance of 1040 square feet.

2. *How the variance would do substantial justice to the applicant and a lesser relaxation than that requested would not give substantial relief to the owner of the property.*

Strict compliance with the ordinance would unreasonably prevent the applicant from getting the most use out of their property. The additional length of the building will allow a greater amount of indoor storage which will be beneficial to the neighborhood by reducing unsightly outdoor storage. The additional size would provide substantial justice to the applicant as well as their neighbors.

3. *How the unique circumstances of the property create the need for a variance.*

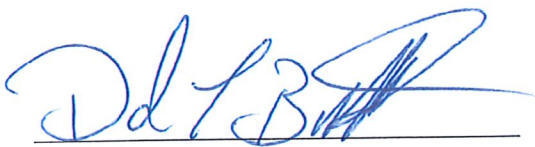
The Southeast quadrant of the lot has extreme topography issues. The location of the proposed building is the only area of the lot with enough level ground to provide a foundation for the building.

4. *How the alleged hardship was not created by the property owner.*

The applicant purchased the home in 2020. The home was built in 1997. The topography of the lot limits the building envelope to the Northeast quadrant.

5. *The difficulty shall not be deemed solely economic.*

There is no known financial aspect to the variance request.



David T. Bittner

March 26, 2024

James F. Barley
(1946-2003)

Barley & Bittner, P.C.
Attorneys at Law
710 E. Grand River Avenue
Howell, MI 48843
(517) 546-7363
barleypc@msn.com

David T. Bittner

February 28, 2024

Marion Township
2877 W. Coon Lake Road
Howell, MI 48843

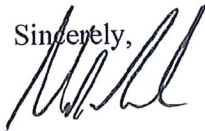
Re: Nikolaos & Amanda Cole
3623 Black Eagle Drive
My File No.

Dear Zoning Board of Appeals;

Please allow this letter to serve as permission of the homeowner for me to represent them in connection with their Application for a Zoning Variance.

If you should have any questions or comments in regard to this matter, please do not hesitate to contact me directly.

Sincerely,

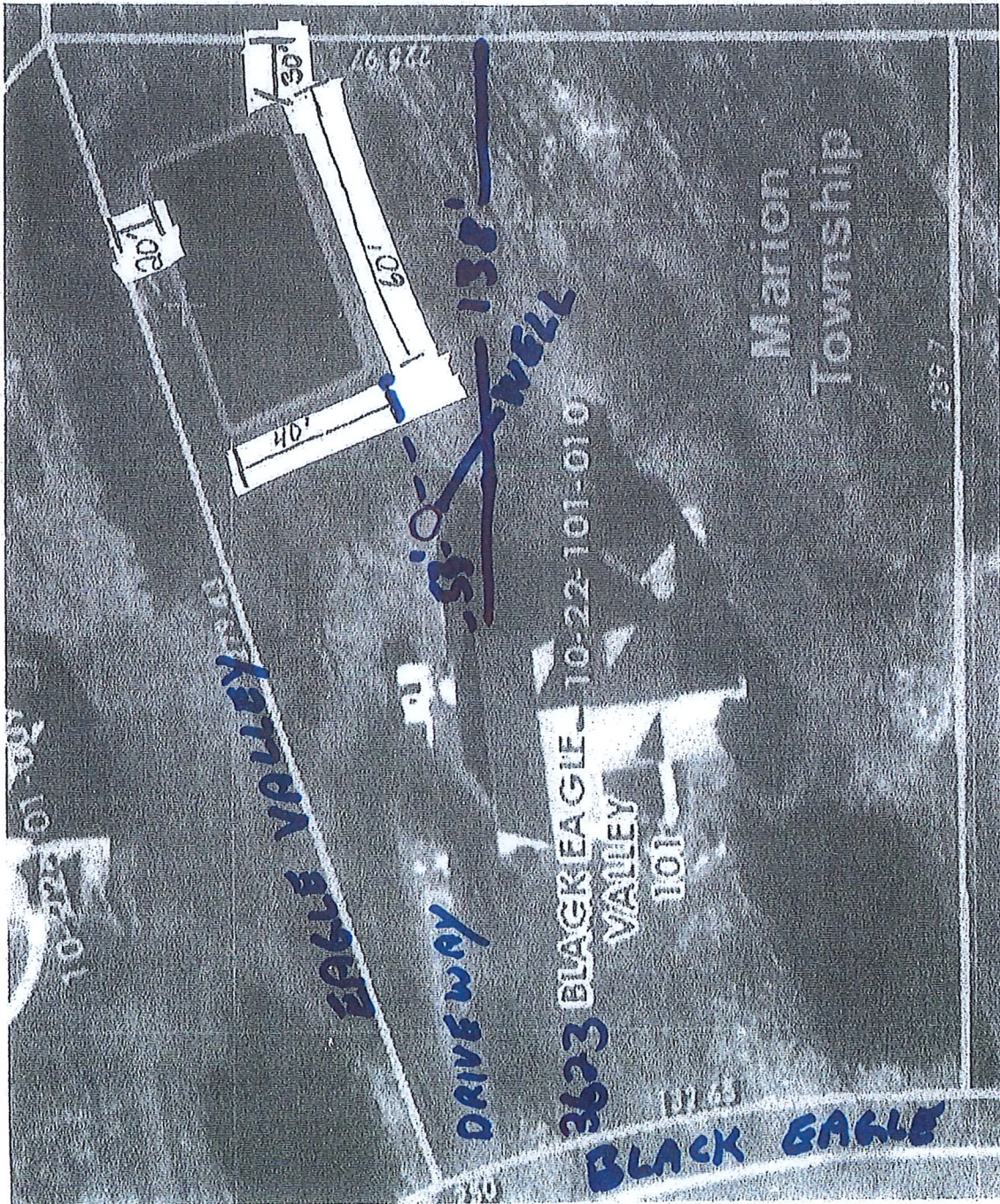


Nikolaos Cole

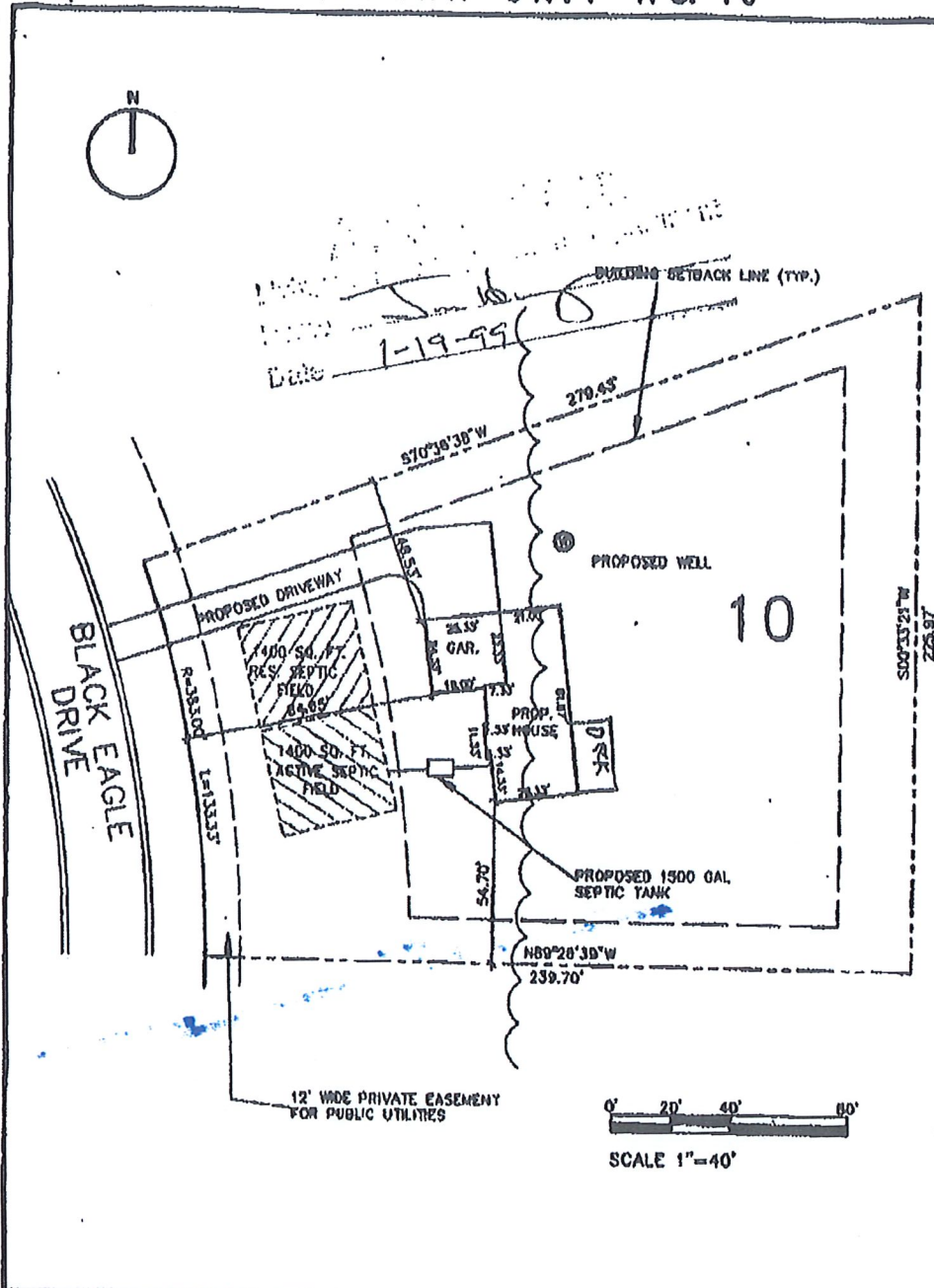



David T. Bittner
BARLEY & BITTNER, P.C.

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PLOT PLAN UNIT NO. 10



CLIENT: CJ TURNER	DESCRIPTION: UNIT 10 BLACK EAGLE SITE CONDO.
JOB NO. 99008	 <p>ADVANTAGE CIVIL ENGINEERING 110 E. Grand River, Monroeville, PA 15146 517 849-4941 Fax 517 849-4148</p>
DATE: 1-11-98	
REVISED:	
OFFICE: JO	
FIELD:	
SHEET:	

TAX CODE 4710-22-101-010
 3623 Black Eagle Dr.
 sec # 22

Livingston County Health Department-Environmental Health Division
 2300 E Grand River, Howell, Michigan 48843-7579
 Fax (517) 546-9853 • Phone (517) 546-9858

**HOMEOWNER INFORMATION SHEET FOR WATER SUPPLY
 AND/OR SEWAGE DISPOSAL FACILITIES**

The following sketch represents the location of the on-site sewage disposal system and/or water well supply for the dwelling located at
 Address 5623 Black Eagle Township Marion Section No 22
 City Howell State MI Zip 48843

Septic Tank Size <u>1500 gal</u>	Dimensions of System <u>30 X 40</u>
Absorption Bed/Trench <u>1200 ft</u>	No of Lines <u>6 Lines</u>

APPROVED

Livingston County Health Department
 Amy Adams
 4-20-01

Well Driller _____	Sewage Disposal Contractor <u>Wally's</u>
Water Supply Approved _____	Sewage Disposal Facilities Approved <u>Erika Zepi</u>
Inspecting Sanitarian _____	<u>5-17-99</u>

Please read the attached information regarding maintenance and care of the on-site sewage disposal facilities. The on-site sewage disposal system was inspected and approved in accordance with the Livingston County Sanitary Code. The water supply system was approved after reviewing the well log submitted by the well driller and receiving acceptable water quality analysis. If you did not receive a copy of your well log from the driller please contact the Environmental Health Division of the Livingston County Health Department.

Since many interrelating factors contribute to the failure of a sewage disposal system and/or changes in water quality, approval cannot be considered as a guarantee by the Environmental Health Division that successful operation or quality of drinking water is assured. On-site sewage disposal systems under the best of installation conditions and practices are in no way the equivalent of municipal sewer collection and treatment facilities.

MARION TOWNSHIP LAND USE PERMIT APPLICATION
2877 W. COON LAKE ROAD, HOWELL, MI 48843
 Phone: (517) 546-1588 Fax: (517) 546-6622
 Email: za@mariontownship.com

Documents can be submitted via email or the drop-box in the lobby
 (additional information on submitting your application on the reverse side)

TOWNSHIP OF MARION, COUNTY OF LIVINGSTON

PERMIT NO. _____

Tax Code No.: 4710-22-101-010
 Land Div.: _____
 Water District: _____
 Sewer District: _____
 Individual Septic: _____
 Individual Well: _____

DATE: _____

FEE: _____

REINSPECT FEE: _____

(if applicable)

AMENDED: _____

(if applicable)

The undersigned makes application for a land use permit to construct:

An outbuilding/Barn 40x60

Address: 3623 Black Eagle Dr. Lot No. 010 Subdivision Black Eagle Valley

Lot Size: 1.04 Parcel in flood zone No

Roof Pitch: 6/12 & 8/12 Min. 6" overhang on gable ends of roof? Yes No

Ground Floor Living Space: _____ Second Floor Living Space: _____

Tri/Quad Level Sq. Ft. of two lowest levels: _____

Structure Dimension: 62w x 46 deep Structure Height: approx. 28'

Current Zoning Classification: R/R

Location: On the East side of Black Eagle Dr. Street/Road
 Between Eagle Valley Ct and Black Eagle Valley dr.

Plot Plan Attached? Yes No (see attached requirements)



 CONSTRUCTION MUST BE STARTED WITHIN SIX (6) MONTHS OR PERMIT IS VOID. OUTSIDE CONSTRUCTION MUST BE COMPLETED WITHIN TWO (2) YEARS OF ISSUE DATE OF THIS PERMIT. (Sec. 4.03, C-2)

I certify that all uses for which this application is made will conform with ordinances affecting Marion Township, Livingston County and the State of Michigan. By signing this application, permission is granted for an official representative of Marion Township to do onsite inspections. **** THIS IS A LAND USE PERMIT ONLY. BUILDING PERMITS AND OTHER NECESSARY PERMITS MUST BE OBTAINED FROM LIVINGSTON COUNTY**

Nikolaos S. Cole
 Applicant Name (print)

Nikolaos S. Cole
 Signature

3623 Black Eagle Dr.
 Address

734-323-6273
 Phone

niko.cole@yahoo.com
 Email Address

Applicant is: Owner Contractor Renter

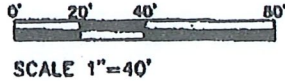
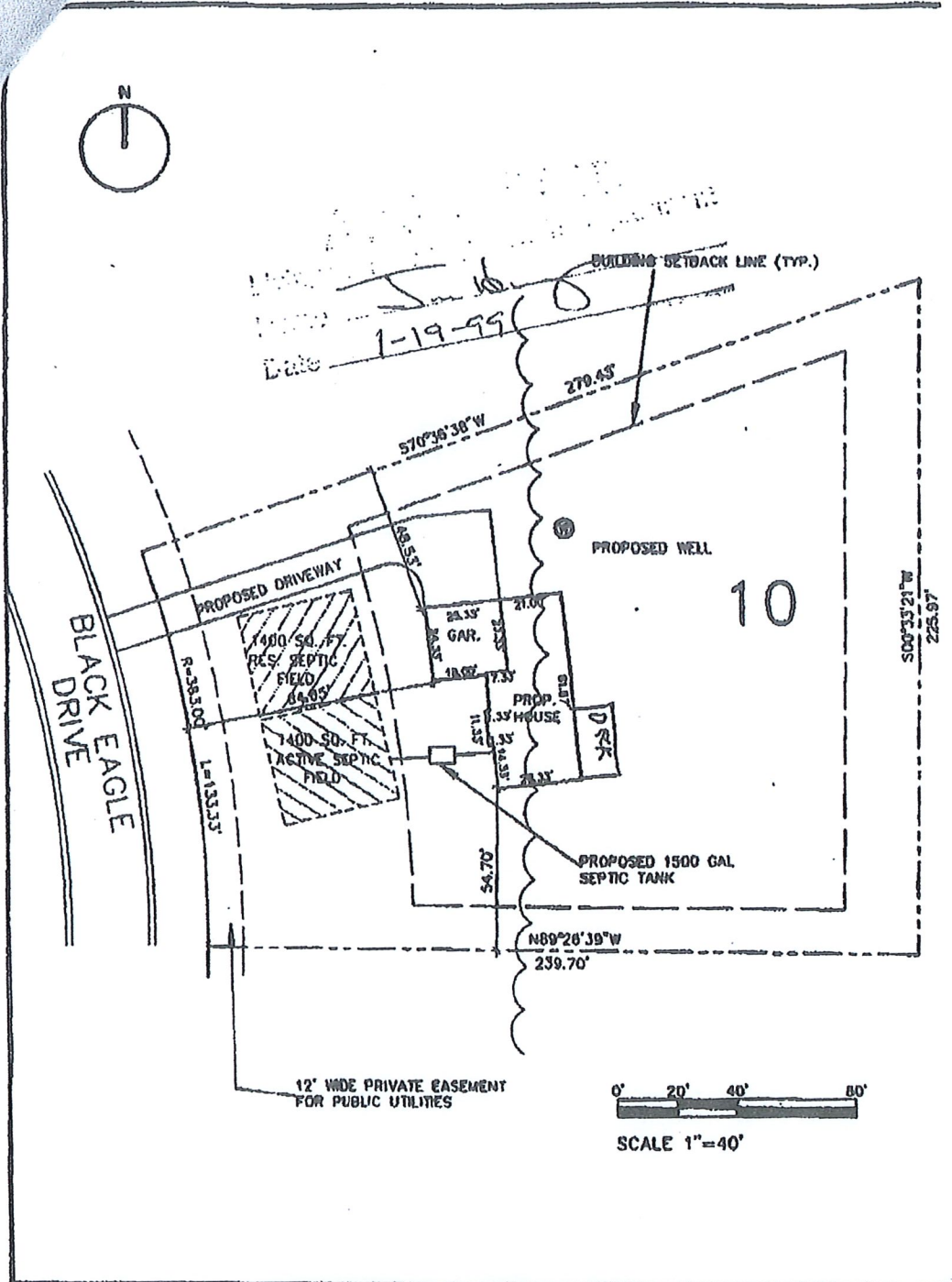
INSPECTIONS:

1. Zoning Inspection Approved: _____ Date: _____
2. Foundation Inspection by: _____ Date: _____
3. Sewer Inspection (if applicable): _____ Date: _____
- ** 4. Certification of Zoning Compliance Issued: _____ Date: _____

Setback requirements 15' side, 25' rear



PLOT PLAN UNIT NO. 10



CLIENT: CJ TURNER	
JOB NO.	99008
DATE:	1-11-98
REVISED:	
OFFICE:	JG
FIELD:	
SHEET:	

DESCRIPTION: UNIT 10 BLACK EAGLE SITE CONDO.

**ADVANTAGE
CIVIL
ENGINEERING**

110 E. Grand River, Norfolk, NE, 68703 517 843-4141 Fax 517 843-4148

TAX CODE 9710-22-101-010
3623 Black Eagle Dr.
SEC # 22



Livingston County Health Department
 Environmental Health Division
 2300 E Grand River, Howell, MI 48843-7579
 (517) 546-9858 FAX (517) 546-9853

REVIEW OF PROPOSED ALTERATION OR ADDITION OF EXISTING DWELLINGS

3623 Black Eagle Dr
 Property Address/Location

Manon
 Township

4710-22-101-010
 Tax Code ID

Brian C Johnson
 Owner's Name

Brian Johnson
 Builder's Name

3623 Black Eagle Dr
 Mailing Address

SAME
 Builder's Mailing Address

Howell, MI 48843
 Mailing City, State, Zip

 Builder's City, State, Zip

517-540-9864
 Phone Number

 Builder's Phone Number

Description of proposed addition or alteration to or construction, demolition, relocation, or removal of structure (Please be as specific as possible, including dimensions, type of living space or structure, alteration of pitch or elevation of roof line, etc)

Screen Porch with Deck - rails + stairs

All project proposals must include a complete and accurately dimensioned site plan, including existing and proposed structures, locations of roads, steep slopes, surface water, wetlands, wells and septic systems, including those on neighboring properties within 50'

For decks gazebos swimming pools sheds and garages or storage buildings without living space or plumbing, submittal of dimensioned project sketches is also required.

For additions to or alteration of living space submittal of complete and accurately dimensioned existing and proposed floor plans and elevations is also required

The undersigned, being duly authorized, certifies the statements, depictions, and dimensions herein contained and attached are true and correct and further acknowledges that he/she is the property owner or is acting as an authorized representative on behalf of the property owner Any deviation from submitted project plans or description will void Health Department approval *Submittal of incomplete or inaccurate information may result in non-approval without further review*

Signature Stephanie Johnson

Date 4-20-01

MARION 22 3623 BLACK EAGLE DR

FOR OFFICE USE ONLY

Process Fee Amount \$ 15.60 Receipt # 157163

Site Visit Yes No Amount \$ _____ Receipt # _____

Well Description (size, location) Maintain access to well Well Construction Site Visit Approved Not Approved

Onsite Sewage Disposal - General Conditions _____

General Comments Approved as per site plan

Sanitarian Amy Adams Date 4-20-01

ADDITION REQUEST APPROVED NOT APPROVED

Livingston County Health Department—Environmental Health Division
 2300 E Grand River, Howell, Michigan 48843-7579
 Fax (517) 546-9853 • Phone (517) 546-9858

**HOMEOWNER INFORMATION SHEET FOR WATER SUPPLY
 AND/OR SEWAGE DISPOSAL FACILITIES**

The following sketch represents the location of the on-site sewage disposal system and/or water well supply for the dwelling located at

Address 5623 Black Eagle Township Marion Section No 22
 City Howell State MI Zip 48843

Septic Tank Size <u>1500 gal</u>	Dimensions of System <u>30 X 40</u>
Absorption Bed/Trench <u>1200 ft</u>	No of Lines <u>6 Lines</u>

Well Driller _____	Sewage Disposal Contractor <u>Wally's</u>
Water Supply Approved _____	Sewage Disposal Facilities Approved <u>Erika Sapiel</u>
Inspecting Sanitarian _____	Date <u>5-17-99</u>

Please read the attached information regarding maintenance and care of the on-site sewage disposal facilities. The on-site sewage disposal system was inspected and approved in accordance with the Livingston County Sanitary Code. The water supply system was approved after reviewing the well log submitted by the well driller and receiving acceptable water quality analysis. If you did not receive a copy of your well log from the driller, please contact the Environmental Health Division of the Livingston County Health Department.

Since many interrelating factors contribute to the failure of a sewage disposal system and/or changes in water quality, approval cannot be considered as a guarantee by the Environmental Health Division that successful operation or quality of drinking water is assured. On-site sewage disposal systems under the best of installation conditions and practices are in no way the equivalent of municipal sewer collection and treatment facilities.



REVIEW OF PROPOSED ALTERATION OR ADDITION OF EXISTING DWELLINGS

Prior to issuance of the LCHD Waiver the following check list must be completed. Section A must be completed by All Applicants Please determine among the remaining Sections (B thru E) what is applicable to your addition request and answer the questions appropriately **Please note that more than one section may apply to your specific project** If you have any questions, please do not hesitate to contact the LCHD at (517) 546-9858

Section A ALL PROJECTS MUST ANSWER

- | | <u>Yes</u> | <u>No</u> | |
|---|-------------------------------------|-------------------------------------|---|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Address is served by a community water system (city or municipal water) If yes, skip numbers 4, 5, and 6 |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Address is served by municipal sewers or by a community septic system If yes, skip numbers 3 & 7 |
| 3 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Septic tank(s) and/or sewage pump chamber will be accessible for pumping and maintenance after project completion |
| 4 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Well head will be directly accessible by well rig (a large truck) after project completion |
| 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Well is 4" or 5" in diameter, and projects at least 12" above grade |
| 6 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Well is at least 50' from all septic tanks, sewage pump & grinder chambers, & septic fields (including neighboring) |
| 7 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Septic tank and field or sewage pump chamber are at least 50' from all wells (including neighboring) |
| 8 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Only one well exists (and/or all unused wells have been properly abandoned by a licensed Michigan Well Driller) |

Section B Demolition or Removal of Existing Structures

- | | | | |
|---|--------------------------|-------------------------------------|--|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Replacement or reconstruction of removed or demolished structure is being proposed |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Owner proposing to rebuild structure |

Section C Additions or alterations to existing structures.

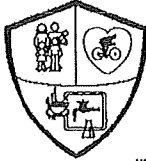
- | | | | |
|---|---|-------------------------------------|---|
| 1 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Additional second story living space proposed |
| 2 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Proposed project will increase value of structure by 50% or more |
| 3 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Number of bedrooms will be increased (if applicable) From _____ To _____ |
| 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Additional or reconfigured office, den, loft, or other living or working space proposed |
| 5 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Structure "footprint" will be increased or changed from what is existing |
| 6 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof will be raised or roof pitch increased or changed from the original |
| 7 | Existing square footage _____ Proposed square footage _____ | | |

Section D Garages, Pole Buildings, Greenhouses, Outbuildings, etc

- | | | | | |
|---|--------------------------|--------------------------|---|-----------------------|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | Proposed building will be within 50' of any septic tank, septic field, or drywell | Approx Distance _____ |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | Proposed building will be within 50' of any well | Approx Distance _____ |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | Plumbing fixtures will be installed | Type & number _____ |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | Future bathrooms, hand sinks, showers, etc are planned | |

Section E Swimming Pools, Decks, Gazebos, etc.

- | | | | | |
|---|-------------------------------------|-------------------------------------|--|------------------------------|
| 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Proposed structure will be within 50' of any septic tank, septic field, or drywell | Approx Distance <u>16-ft</u> |
| 2 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proposed structure will be within 50' of any well | Approx Distance _____ |



Livingston County Health Department

Environmental Health Division • Fax (517) 546-9853 • Phone (517) 546-9858

2300 East Grand River Ave • Howell, Michigan 48843-7579

DESIGNED BY: [unclear] FOR: [unclear] PROJECT: [unclear]

PERMIT NUMBER: 99-0025 NS
 TOWNSHIP: MARION
 PROPERTY ADDRESS: 3623 BLACK EAGLE RIDGE
 HOWELL, MI 48843
 LOCATED BETWEEN: CORNER OF COON LAKE AND COUNTY FARM
 SUBDIVISION: BLACK EAGLE
 ACREAGE: 1
 # OF BEDROOMS: 3

TAX ID#: 4710-22-101-010
 SECTION #: 22
 LOT #: 10
 PARCEL #:
 SCALED PLOT INCLUDED:

OWNER: NATURAL SURROUNDINGS
 ADDRESS: 1183 PARKWAY
 CITY, STATE, ZIP: HOWELL, MI 48843
 PHONE: 517/552-0839

CONTRACTOR:
 ADDRESS:
 CITY, STATE, ZIP: ,
 PHONE: / -

ENVIRONMENTAL SANITARIAN: *[Signature]* DATE: 1-19-99
 THIS PERMIT EXPIRES TWO YEARS FROM DATE OF ISSUANCE

MUNICIPAL WELL: NO PRIVATE WELL: YES
 RESIDENTIAL OR COMMERCIAL PROPERTY: R

INFO DESCRIPTION COMMENTS

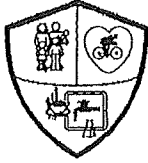
- 0 -TANK SIZE 1500 W/FILTER
- 0 -ABSORP BED 1200 SQ FT
- 0 -%CUTDOWN REQ 100%
- 0 -DEPTH/CUTDOWN +/- 3 FT

SPECIAL REQMS: LOCATE SYSTEM IN AREA APPROVED. 100% CUTDOWN TO COARSE SAND AND GRAVEL ENCOUNTERED AT +/- 3 FT. LAY SYSTEM. 1 FT MINIMUM COVER, 2 FT MAX COVER.

REQUIRED INSP: 1. CUTDOWN ✓ 5/6/99
 2. FINAL ✓ of EU 5-7-99

FINAL APPROVAL: *Erika Japista* DATE: 5-17-99
 ENVIRONMENTAL SANITARIAN

MARION
 03
 3623 BLACK EAGLE
 99-0025 NS



Livingston County Health Department

Environmental Health Division • Fax (517) 546-9853 • Phone (517) 546-9858

2300 East Grand River Ave • Howell, Michigan 48843-7579

DATE OF PERMIT: 7-19-99

PERMIT NUMBER: 99-0025 NW

TOWNSHIP: MARION

PROPERTY ADDRESS: 3623 BLACK EAGLE RIDGE
HOWELL, MI 48843

LOCATED BETWEEN: CORNER OF COGN LAKE AND COUNTY FARM

SUBDIVISION: BLACK EAGLE

ACREAGE: 1

OF BEDROOMS: 3

TAX ID#: 4710-22-101-010

SECTION #: 22

LOT #: 10

PARCEL #:

SCALED PLOT INCLUDED:

OWNER: NATURAL SURROUNDINGS

ADDRESS: 1183 PARKWAY

CITY, STATE, ZIP: HOWELL, MI 48843

PHONE: 517/552-0839

CONTRACTOR:

ADDRESS:

CITY, STATE, ZIP: ,

PHONE: / -

ENVIRONMENTAL SANITARIAN: *J. H. G.*

DATE: 7-19-99

THIS PERMIT EXPIRES TWO YEARS FROM DATE OF ISSUANCE

MUNICIPAL WELL: NO

PRIVATE WELL: YES

RESIDENTIAL OR COMMERCIAL PROPERTY: R

INFO DESCRIPTION COMMENTS

SPECIAL REQMTS: ALL WELLS MUST BE GROUTED ENTIRE LENGTH OF CASING AS PER
RULE 134A AND 135 OF PART 127 AS AMENDED. FINAL WATER SUPPLY
APPROVAL CONTINGENT UPON SUBMITTAL OF ACCEPTABLE: 1. BACT
ANALYSIS 2. PARTIAL CHEM/NITRATE ANALYSIS 3. WELL LOG AND
4. WELL DRILLING NOTIFICATION. THE WELL SHALL BE DRILLED BY
A MI LICENSED WELL DRILLER TO A DEPTH THAT WILL PENETRATE 10
FT PROTECTIVE CLAY BARRIER OR TO A MIN DEPTH OF 100 FT.

7-19-99
7-15-99

FINAL APPROVAL:

ENVIRONMENTAL SANITARIAN: *J. H. G.*

DATE: 7-19-99

MARION

OB

3603

BLACK EAGLE

99-0025 NW

Livingston County Health Department—Environmental Health Division
 2300 E. Grand River, Howell, Michigan 48843-7579
 Fax (517) 546-9853 • Phone (517) 546-9858

**HOMEOWNER INFORMATION SHEET FOR WATER SUPPLY
 AND/OR SEWAGE DISPOSAL FACILITIES**

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Address 5623 Black Eagle Township Marion Section No. 22
 City Howell State MI Zip 48843

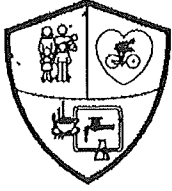
Septic Tank Size <u>1500 gal</u>	Dimensions of System <u>30 X 40</u>
Absorption <input checked="" type="radio"/> Bed/Trench <u>1200 ft</u>	No. of Lines <u>6 Lines</u>

No well @ inspection

Well Driller _____	Sewage Disposal Contractor <u>Wally's</u>
Water Supply Approved _____ <small>Date</small>	Sewage Disposal Facilities Approved <u>Erica Japi 8/</u> <small>Date</small>
Inspecting Sanitarian _____	<u>5-17-99</u>

Please read the attached information regarding maintenance and care of the on-site sewage disposal facilities. The on-site sewage disposal system was inspected and approved in accordance with the Livingston County Sanitary Code. The water supply system was approved after reviewing the well log submitted by the well driller and receiving acceptable water quality analysis. If you did not receive a copy of your well log from the driller, please contact the Environmental Health Division of the Livingston County Health Department.

Since many interrelating factors contribute to the failure of a sewage disposal system and/or changes in water quality, approval cannot be considered as a guarantee by the Environmental Health Division that successful operation or quality of drinking water is assured. On-site sewage disposal systems under the best of installation conditions and practices are in no way the equivalent of municipal sewer collection and treatment facilities.



LIVINGSTON COUNTY HEALTH DEPARTMENT

ENVIRONMENTAL HEALTH DIVISION

2300 E. Grand River • Howell, Michigan 48843-7579

(517) 546-9858 • Fax (517) 546-9853

**Application to Install Sewage Disposal and/or Water Supply Facilities
For Single or Two Family Dwellings Only**

Please Print or Type - See Reverse Side

New Construction Replacement

Septic Permit # 00-005NS

Well Permit # 99-005NW

I. LOCATION OF BUILDING

Address: 3623 Black Eagle Drive Phone: (517) 552-0839

City/Village Howell Zip Code 48843 Township MARION Section # 22

Between corner of COON LAKE & E and COUNTY FARM

Subdivision Black Eagle Lot(s) # 10

Acreage 7 Parcel #

No. of Bedrooms 3 Tax Code # 4710-02-101-010

Den/Office room proposed yes no

Will the plumbing elevation be lower than the septic tank making it necessary to install a sewage lift pump.

yes no

A. OWNER

Name Natural Surroundings Inc Phone: (517) 552-0839

Address 1183 Parkway

City/State Howell MI Zip Code 48843

B. CONTRACTOR for Sewage Disposal System

Name Wallys Trucking Phone: ()

Address

City/State Zip Code

C. CONTRACTOR for Water Supply

Name Birkman Well Phone: ()

Address

City/State Zip Code

D. BUILDER

Name Natural Surroundings Phone: (517) 552-0839

Address 1183 Parkway

City/State Howell MI Zip Code 48843

I hereby apply for this permit and have authorization to do so. I understand this is a construction permit only and the sewage disposal system and/or well is not to be put into service until final written approval has been granted. I further state the information given herein is accurate and complete.

[Signature]
Applicant's Signature

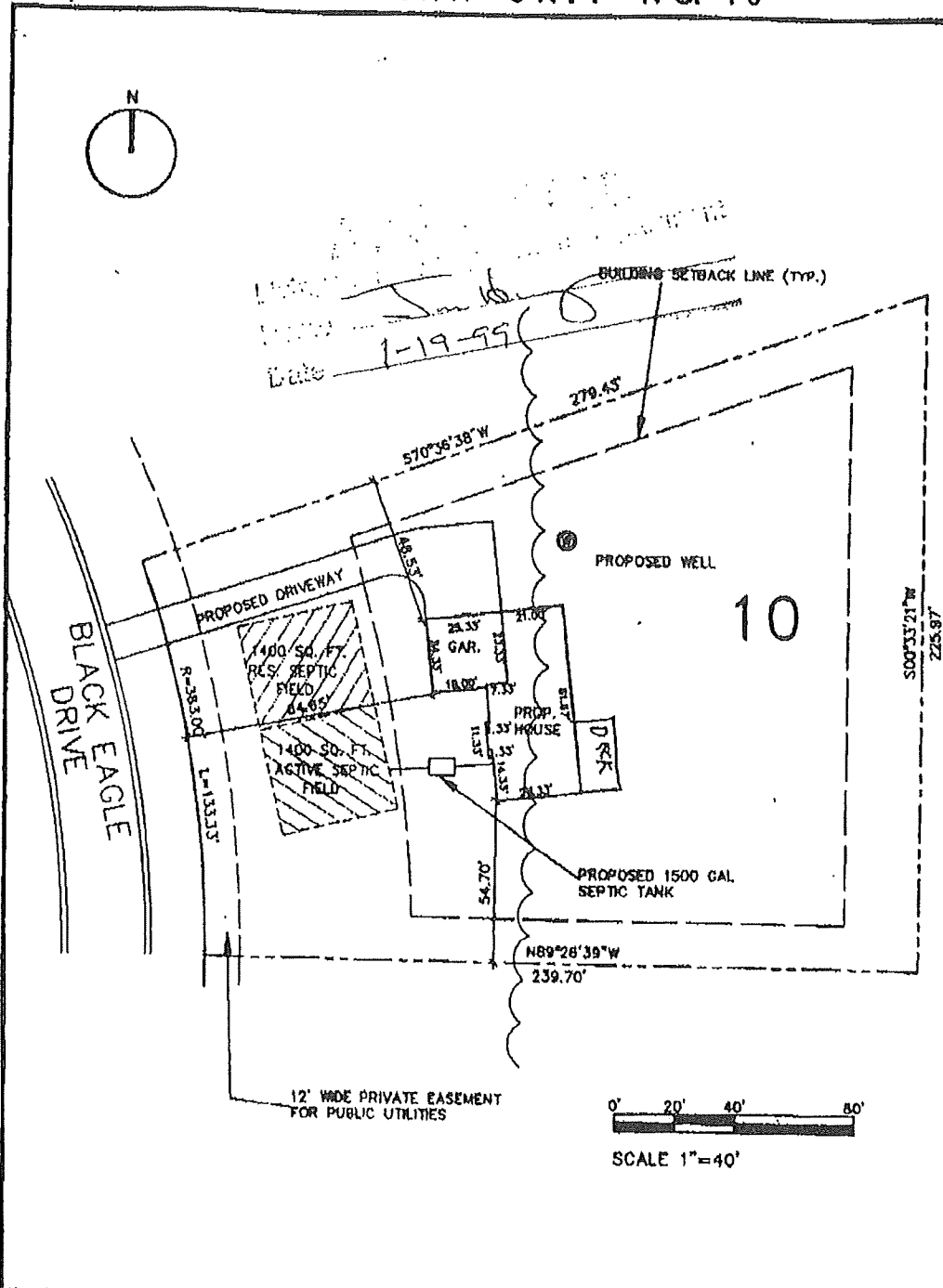
1-14-99
Date


*****For Office Use Only*****

Receipt # 133101 Amount \$ 230.00 Payer NATURAL SURROUNDINGS

CK # 2053

PLOT PLAN UNIT NO. 10



CLIENT: CJ TURNER	DESCRIPTION: UNIT 10 BLACK EAGLE SITE CONDO.
JOB NO. 99008	 <p>ADVANTAGE CIVIL ENGINEERING</p> <p>110 E. Grand River, Howell, MI, 48843 517 845-4141 Fax 517 845-4148</p>
DATE: 1-11-98	
REVISED:	
OFFICE: JG	
FIELD:	
SHEET:	

TAX CODE 4710-22-101-010
 3623 Black Eagle Dr.
 sec # 22

4-99

MARION TOWNSHIP LAND USE PERMIT APPLICATION
2877 W. COON LAKE ROAD, HOWELL, MI 48843

TOWNSHIP OF MARION, COUNTY OF LIVINGSTON

PERMIT NO. 4-99

Tax Code No.: 4710-22-101-010
Land Division Date: _____
Water District: _____
Sewer District: _____
Individual Septic: _____
Individual Well: _____
Available REU's: _____

DATE: 1-12-99

FEE: 75

The undersigned makes application for a land-use permit for:

CONSTRUCTION OF SINGLE FAMILY HOME w/ ATTACHED DECK
& ATTACHED GARAGE

Address: 3623 Black Eagle Dr Lot No. 10 / Subdivision Black Eagle
Lot Size: 1 ACR

Roof Pitch: 6/12 & 8/12 Ground Floor Living Space: 1568
Second Floor Living Space: 918
Tri-Quad Level Sq. feet of two lowest levels: _____

Structure Dimension: 62w x 46 Deep Structure Height: APP 28'
Current Zoning Classification: R/R

Location: On the _____ side of _____ Street/road.
Between _____ and _____

Plot Plan Attached? Yes () No (see attached requirement)

CONSTRUCTION MUST BE STARTED WITHIN SIX (6) MONTHS OR PERMIT IS VOID.
OUTSIDE CONSTRUCTION MUST BE COMPLETED WITHIN TWO (2) YEARS OF ISSUE
DATE OF THIS PERMIT. (Sec. 4.03, C-2)

I hereby certify that all use for which this application is made will conform with ordinances affecting Marion Township, Livingston County and the State of Michigan.

Natural Surroundings Inc
Applicant Name (print)

[Signature]
Signature

1183 Parkway Howell, MI 48843
Address

517-552-0839
Phone

INSPECTIONS:

- 1. Zoning Inspection Approved: [Signature] Date: 1/14/99
- 2. Foundation Inspection by: _____ Date: _____
- 3. Certification of Zoning Compliance Issued, Date: _____

** THIS IS A LAND USE PERMIT ONLY. BUILDING CONSTRUCTION PERMITS AND OTHER NECESSARY PERMITS MUST BE OBTAINED FROM LIVINGSTON COUNTY.*****

~~Prepare~~
Oversize

Lot #8:
SB #6: 0 - 1 Topsoil
1 - 7 Clay Loam
7 - 10 Medium Sand

7 ft cut

Lot #9:
SB #7: 0 - 1 Topsoil
1 - 5 Clay Loam
5 - 9 Loamy Sand
9 - 11 Medium Sand

98-1999

5 ft cut

Lot #10:
SB #8: 0 - 1 Topsoil
1 - 3 Sandy Clay Gravel
3 - 7 Coarse Sand & Gravel

99-0025

3 ft cut

Lot #11:
SB #09: 0 - 1 Topsoil
1 - 3 Clay Loam
3 - 8 Coarse Sand & Gravel

3 ft cut

Lot #12:
SB #64: 0 - 1 Topsoil
1 - 6 Sandy Loam
6 - 9 Medium Coarse Sand

6 ft cut

Lot #13:
SB #82: 0 - 1 Topsoil
1 - 4 Clay Loam
4 - 8 Coarse Sand & Gravel

4 ft cut

~~SB #83: 0 - 1 Topsoil
1 - 9 Clay Loam
9 - 12 Medium Sand~~

SB #114 0 - 3 Topsoil
3 - 15 Clay Loam
15 - 18 Medium Sand
(Mottled @ 17')

~~cut~~

SB #114A 0 - 1 Topsoil
1 - 19 Clay Loam
19 - 20 Medium Moist Sand



718 S. Michigan Howell, MI 48843 (517) 548-2505 Fax (517) 548-3434

WATER ANALYSIS RESULTS

Report Results To:

Natural Surroundings Inc.
1183 Parkway
Howell MI 48843

Completed by sampler:
Date Collected: 07/13/99
Time Collected: 7:00
Collected by: CJ
Sample Point: kitchen sink
Send Result: Client to pickup

Sample collection point:

3623 Black Eagle Dr.
Howell MI

Completed by Lab:
Date Received: 07/13/99
Date Released: 07/15/99
Sample Code: 07/13/99 18 A

TEST	RESULT	UNITS	DETECTION LIMIT	MAXIMUM DESIREABLE LIMIT
Total Coliform	0	CFU/100 ml	1	MCL=0
Nitrate-N	Not Detected	mg/L	0.7	MCL=10

Released by: James Nye

Laboratory #23 assigned by the Michigan Department of Environmental Quality for the microbiological and chemical analysis of drinking water.

ABBREVIATIONS:

- MCL Maximum Contaminant Level-The maximum permissible level established by the USEPA and or MDPH for safe drinking water.
- SMCL Secondary Maximum Contaminant Level-Suggested maximum level established by the USEPA for desirable water quality.
- CFU/100 ml Colony Forming Units/100 milliliter sample volume.
- mg/L Milligrams per liter umhos/cm Microhms per centimeter
- "*" Denotes the MCL has been exceeded, safety cannot be assured.

MICHIGAN DEPARTMENT OF PUBLIC HEALTH
WATER WELL AND PUMP RECORD

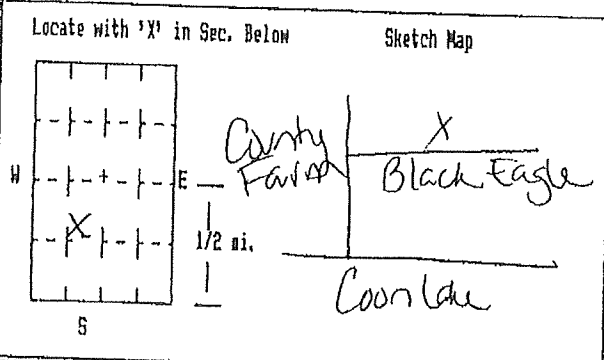
PERMIT NO: 99-00299W Page of 1 1

TAX NO: . . .

1. LOCATION OF WELL
 County LIVINGSTON Township Name MARION
 Fraction SE 1/4 NE 1/4 SW 1/4 Section No 22 Town No 2 N Range Number 4 E

Distance And Direction From Road Intersection
 EAST OF COUNTY FARM ON THE NORTH SIDE OF BLACK EAGLE RIDGE
 Well Addr: 3623 BLACK EAGLE RIDGE

3. Owner of Well NATURAL SURROUNDINGS INC
 Address 5467 MUSCHKE ROAD
 WEBBERVILLE MI 48892
 Address Same as Well Location? NO



4. WELL DEPTH Date Compl This is a:
 90 ft. 06/08/99 NEW WELL

5. EQUIPMENT USED: ROTARY
 6. WELL USE: HOUSEHOLD

7. CASING Type: PLASTIC Connection: WELDED
 Diam. 5 in. to 80 ft. Height ABOVE Surface 1 ft.
 BORE HOLE: 8 3/4 in. to 90 ft. Drive Shoe NO
 Shale Packer NO

Formation Description	Thickness	Depth
CLAY	5	5
GRAVEL	25	30
CLAY	10	40
SAND	5	45
GRAY CLAY	5	50
GRAY SAND	5	55
GRAY CLAY	15	70
GRAY FINE SAND & STONE	20	90

8. Screen Type: SLOTTED Diam: 5 () Not Inst.
 SLOT 12 Length: 10
 Set Between 80 ft. and 90 ft.
 Fittings: () Blank above screen: ft

9. Static Level: 50 ft. Flow: (N)

10. Pumping Level below land surface:
 90 ft. after 1/2 hrs. @ 30 GPM
 () Plunger () Bailer (X) Air () Test Pump

11. Well Head Completion: PITLESS ADAPTER

12. Grouted from 80 to 0 ft Material: BENSEAL
 No. of Bags 8 bags Additives: EZ MUD

13. Nearest source of possible contamination:
 Type: SEPTIC TANK Distance: 60 ft. Dir: SW
 Type: Distances: ft. Dir:

14. Pump: () Not Installed () Installation Only
 Manufacturer's Name: AERMOTOR
 Model: A12B75 HP: 0.75 Voltage: 230
 Drop pipe: 60 ft. Capacity: 18 GPM
 Pump type: SUBMERSIBLE
 Pressure Tank Manufacturer's Name: WELL X-TROL
 Model: 251 Capacity: 19 Gal.

RECEIVED
 JUN 9 1999
 LIV. CITY HEALTH DEPT.

15. Abandoned Well Plugged? NO N/A
 Casing Diameter in. Depth ft.
 Plugging Material:
 No. of Bags Casing Removed?

16. Remarks, elevation, source of data, etc.
 PUMP - ANDY BIRCHMEIER

17. Drilling Machine Operators (X) Employee () Subcontractor
 Name WATT TRONKA

WATER WELL CONTRACTOR'S CERTIFICATION:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
 Registered Bus. Name ED BIRCHMEIER WELL DRILLING LTD 1607
 Business Address 10655 Easton Road New Lothrop MI 48460
 Signed: *Edward Birchmeier* 06/15/99
 Authorized Representative Date

EW-2-228 9/93
 Authority: Act 368 PA 1978
 Completion: Required
 Penalty: Conviction of a violation of any provision is a misdemeanor.