

## INSTRUCTIONS

SCALED PLOT PLAN FOR PERMIT NO. 

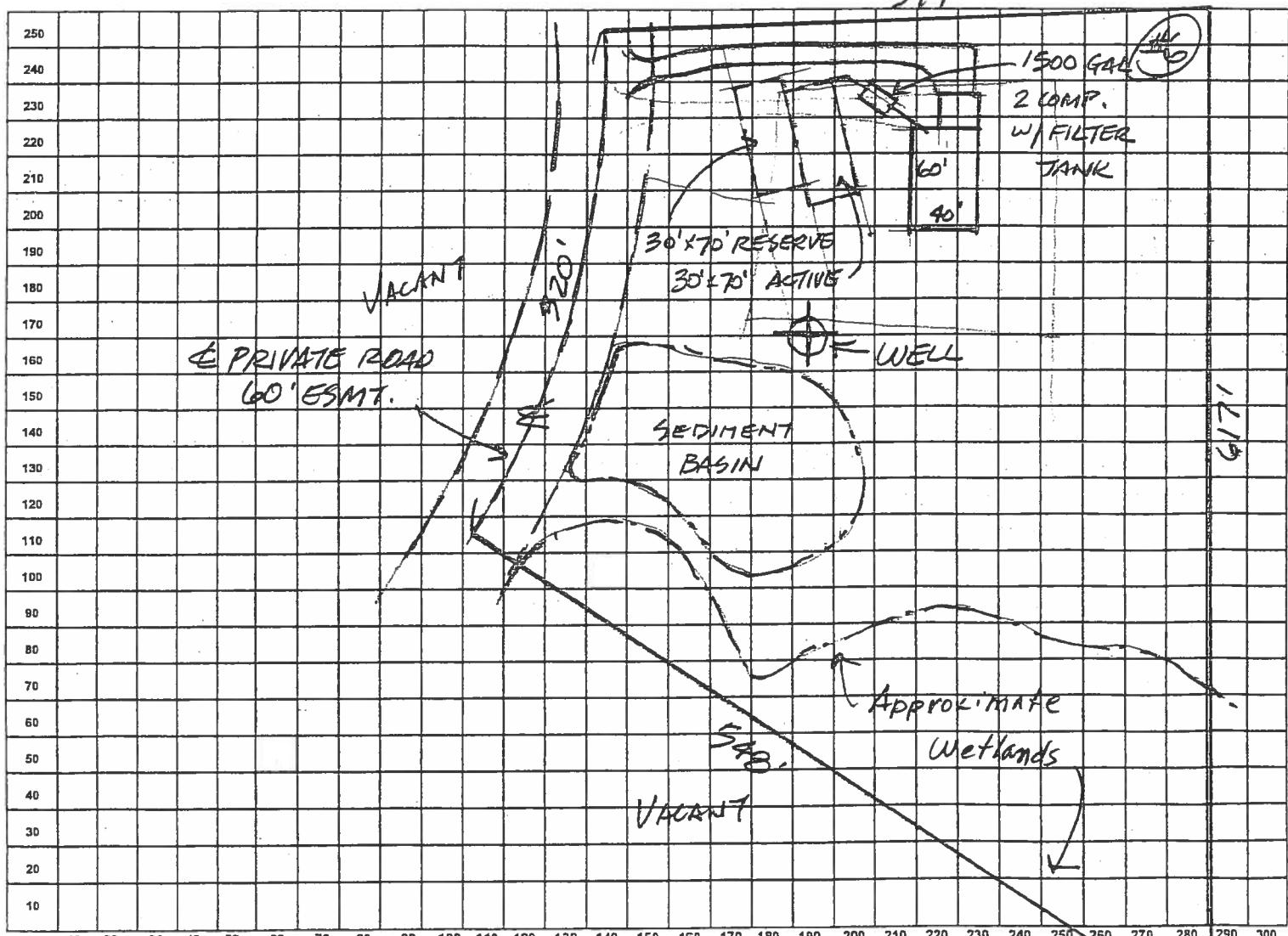
Sec. 3.2, Article III "Sanitary Code", Oakland County Health Division requires scaled plot plan providing the following applicable information. A professional scaled plot plan may be required at any time, particularly for small parcels (less than 12,000 square feet) or if an adequate replacement area is not indicated or available.

1. Lot size <u>4.5 AC.</u>	6. Any Easements	11. Fronting Lake or Stream
2. Direction North	7. Building Location and Size	12. Driveway
3. Fronting Roads	8. Water Well Location	13. Utility Lines
4. Grades Exceeding 12%	9. Septic Tank, Drainfield and Replacement Area	
5. Proposed Grade Changes	10. Water and Septic Systems on Adjoining Properties	

Please Note: Subject property will be identified by boundary markers.

Recommended Scale  $\frac{1}{4}$ " = 10' - If otherwise, please indicate.  $1"=100'$

377' VACANT



Part of  
Overall Parcel = 11-16 - 400-003

NAME OF ROAD (not to scale)

Sidwell Parcel #6 Address Percy Lane (Private) Lot # 6

Subdivision Name Acreage Parcels City, Village, Township Highland, Sec. 16

Signed Bruce J. Omy Date 1/22/04

LOT# Proposed Parcel #1

Subdivision N/A

Current owner 11

Sidwell# 11-16-400-003

OAKLAND COUNTY HEALTH DIVISION

1200 N. Telegraph Rd., Pontiac 48341-0432

27725 Greenfield Rd., Southfield 48076-3625

1010 E. West Maple Road, Walled Lake 48390-3588

(810) 858-1312

(810) 424-7191

(810) 926-3305

**APPLICATION**

**PART A: NOTIFICATION OF WATER SUPPLY INFORMATION**

**PART B: PERMIT TO INSTALL OR REPAIR AN ON-SITE SEWAGE DISPOSAL SYSTEM**

(Township, Village, City) Highland Twp. No. Vacant Street Extension of Percy Lane

New Home  No. of Bedrooms 4 Repair of System N/A

Non-Residential Building Type N/A No. of Persons —

Owner Highland Estate Development, LLC Address 43000 W. Nine Mile Suite 100 City Novi Zip 48375

Applicant B. F. Thompson, P.C. Address 1520 Gully Rd. City Howell Zip 48843

SIGNED: B. F. Thompson Date 1/22/04 Telephone No. 517-548-3142

**WELL INFORMATION**

Will the property be serviced by a water well onsite?  yes  no Casing Size \_\_\_\_\_ inches

Well Use:  New  Replacement  Residential  Public

SPECIAL CONDITIONS/DEVIATIONS: \_\_\_\_\_

**SOIL INFORMATION**

Make at least two borings into the soil about twenty-five (25) feet apart to at least a depth of seven and one-half feet in the area of the planned drain field. Soil borings for dry well installation must be at least twelve (12) feet deep.

(To be completed by Health Division)

Hole #1	Hole #2	Hole #3	Hole #4
In. Topsoil _____	In. Topsoil _____	In. Topsoil _____	In. Topsoil _____
Ft. _____	Ft. _____	Ft. _____	Ft. _____
Ft. _____	Ft. _____	Ft. _____	Ft. _____
Ft. _____	Ft. _____	Ft. _____	Ft. _____
Grnd. Water at _____ Ft.			

BORING LOCATIONS MUST BE INDICATED ON ACCOMPANYING PLOT PLAN  
REPORTED SOIL CONDITIONS CONFIRMED? YES  NO  Environmentalist \_\_\_\_\_ Date \_\_\_\_\_

**ON-SITE SEWAGE DISPOSAL SYSTEM PERMIT**

Two compartment tank recommended

Size of septic tank \_\_\_\_\_ gals; Lineal feet drain tile \_\_\_\_\_; Trench width \_\_\_\_\_ in; Spacing C. to C. \_\_\_\_\_ ft;

OR Drainage bed consisting of \_\_\_\_\_ sq. ft. OR \_\_\_\_\_ Drywells of \_\_\_\_\_ gals. each with \_\_\_\_\_ Ft. of stone totaling \_\_\_\_\_ sq. ft. of absorption area. Stipulations are listed below. The location and system design are indicated on attached scaled drawing which is part of this permit.

1. Locate drain field: \_\_\_\_\_ 2. Cut all trenches \_\_\_\_\_ Ft. to \_\_\_\_\_  
Cut drainage bed 50%/100% \_\_\_\_\_ Ft. to \_\_\_\_\_

3. CALL FOR A CUTDOWN INSPECTION PRIOR TO BACKFILLING YES

Date of Mid-Inspection \_\_\_\_\_ by \_\_\_\_\_

4. Backfill with clean, coarse sand to grade of tile field YES

5. Special Conditions/Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If denied, indicate reasons: \_\_\_\_\_

PERMIT: Approved  Denied  Hold  Environmentalist \_\_\_\_\_ Date \_\_\_\_\_

ACT 53 - P.A. 1974 Requires the applicant to notify the public utilities prior to excavation.

**THIS PERMIT IS VOID TWO (2) YEARS FROM DATE OF ISSUE**

**POST  
ON  
JOB**

DATE OF ISSUE

PERMIT NO.