

OCT - 7 2019 *JS*

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH ROAD
MOUNT CLEMENS, MI 48043
TELEPHONE: (586) 469-5236

RECORDED AFFIDAVIT NO. 40255
G.J.

HAZARD ABATEMENT AFFIDAVIT

FOR THE REPAIR/REPLACEMENT OF AN ONSITE SEWAGE DISPOSAL SYSTEM ON A SITE THAT DOES NOT MEET SITE SUITABILITY CRITERIA.

Street Number: 20301 29 Mile Lot No.:
Civil Division: Ray Twp
Applicant: Ray Twp Fire Department Telephone No.: 586-749-3059
Address: 20301 29 Mile, Ray Twp, MI 48096
Owner: Telephone No.:
Address:

SEND AFFIDAVIT TO: Applicant Owner

A CONVENTIONAL PERMIT CAN NOT BE ISSUED DUE TO THE FOLLOWING SITE CONDITIONS:

- UNSUITABLE SOIL
- HIGH SEASONAL WATER TABLE
- LACK OF AVAILABLE AREA
- OTHER:

1. I, _____, the homeowner, acknowledge and agree that I have been informed and understand that the Macomb County Health Department cannot issue a permit for a subsurface sewage disposal system in accordance with Sections 4.4, 5.4 and 6.15 of the Regulations Governing Onsite Disposal of Sanitary Sewage and Human Excreta in Macomb County at the above address.

2. I further acknowledge and agree that consent by the Macomb County Health Department can be granted for the installation described in the following pages of this affidavit.

This installation is an attempt to correct a health hazard and/or improve onsite sanitary waste disposal facilities. This consent shall not be construed by me, or represented by me, now or in the future, as an assurance by the Macomb County Health Department that the installation described above will function in conformance with Section 3.4 of the Regulations Governing Onsite Disposal of Sanitary Sewage and Human Excreta in Macomb County.

3. I further agree that representatives of the Macomb County Health Department shall have the continuing right to enter upon the above described premises at reasonable times and intervals for the purpose of determining that the hazard to public health or public health nuisance has been abated.

STATE OF MICHIGAN)
County of _____) §
Subscribed and sworn to before
me this _____ day of
_____, 20__

Homeowner Signature

Date

Notary Signature _____

My Commission Expires: _____

MACOMB COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES DIVISION
43525 ELIZABETH ROAD
MOUNT CLEMENS, MI 48043
TELEPHONE: (586) 469-5236

AFFIDAVIT NO. 40255

HAZARD ABATEMENT AFFIDAVIT

FOR THE REPAIR/REPLACEMENT OF AN ONSITE SEWAGE DISPOSAL SYSTEM ON A SITE THAT DOES NOT MEET SITE SUITABILITY CRITERIA.

THIS AFFIDAVIT IS AN ATTEMPT TO INSTALL AN ONSITE SEWAGE DISPOSAL SYSTEM THAT WILL ATTAIN MAXIMUM FEASIBLE COMPLIANCE WITH MACOMB COUNTY REGULATIONS.

Building Type: Residential Commercial

Number of Bedrooms: Estimated Daily Flow: 300 GPD Sewage Ejector:

Water Supply: Municipal Onsite

Site Address: 20301 29 Mile

Civil Division: Ray Twp

Septic tank(s)	Existing 1,000	ABSORPTION TRENCHES
Dosing Chamber: see attached :	500 gallon dose chamber See attached criteria for duplex pumps dose 78 gallons	160 Lineal Feet 4' c-c 40 B43 Eljen filter cells
Stilling Chamber:		

RESERVE AREA

100% Area Available: No

Install system on lot in: Front Rear Side
(See diagram on last page of affidavit.)

A conventional permit can not be issued due to unsuitable site conditions listed on the front page of affidavit.

System is not to be installed until this department has received the signed and notarized attached affidavit by the property owner.

Installing a system without a valid signed and notarized affidavit will result in legal action.

This affidavit must be signed by the owner, notarized and returned to this Department prior to final acceptance.

Do not begin installation of the tile field during wet soil conditions. Determination of suitable site conditions will be made by a Health Department representative.

The septic tank/drainfield and well/water supply shall not be installed in easements (see plat and/or survey).

Roof and surface drainage shall be diverted from the drainfield and well locations.

Special installation methods and conditions for the sewage disposal system are listed on the reverse side.

Affidavit Issuance Date: 10/4/19

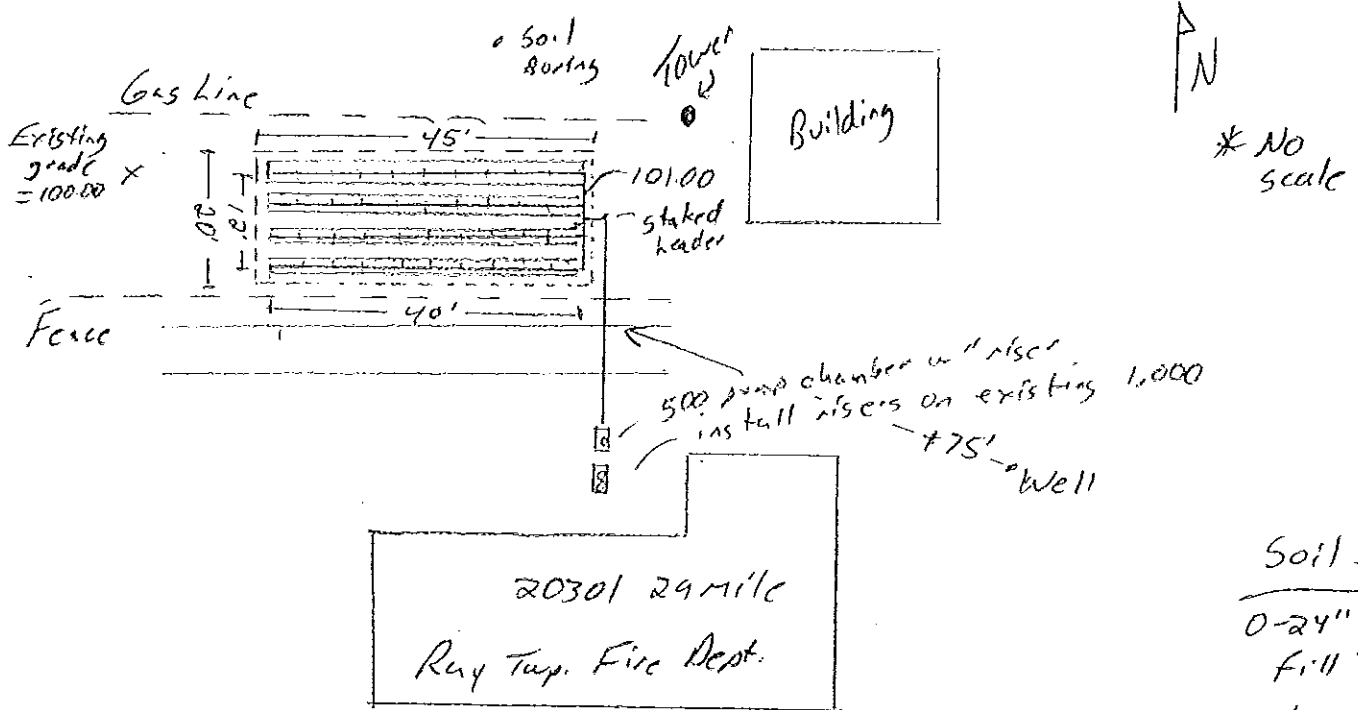
Affidavit Void After: 10/4/21

Gaylon Jolley, R.S., Environmentalist

NOTE: CONTACT THE MACOMB COUNTY HEALTH DEPARTMENT AT (586) 469-5236 AT LEAST 24 HOURS IN ADVANCE FOR INSPECTION AND VERIFICATION PRIOR TO COVERING.

Affidavit # 40255

40 Eljen B43 cells
 10 cells per line
 4' centers



Soils
 0-24"
 Fill Topsoil
 24"-45"
 Sandy clay
 Loam

29 mile

Duplex
 Pumps = 15 gpm @ 15 TDH

Dose = 78 gallons/dose

