
BOARD OF HEALTH – PROGRAM, POLICY, & APPEALS COMMITTEE
Agenda for March 21, 2022 at 1:00 PM

Meeting Location: Branch County Courthouse, Commissioner’s Meeting Room,
31 Division St., Coldwater, MI

1. Call to Order
 - a. Roll Call
2. Public Comment
3. New Business
 - a. 292 Will James Rd., Matteson Twp, Branch County Appeal*
 - b. Attorney Appointment*
4. Public Comment
5. Adjournment

Public Comment:

For the purpose of public participation during public hearings or during the public comment portion of a meeting, every speaker prior to the beginning of the meeting is requested but not required to provide the Board with his or her name, address and subject to be discussed. Each speaker will be allowed to speak for no more than three (3) minutes at each public comment opportunity. Board of Health By-laws, Article V, Section 3



570 Marshall Rd
Coldwater, MI 49036

March 11, 2022

Gina M Cossairt
292 Will James Dr
Bronson, MI 49028

Dear Ms. Cossairt:

The Branch-Hillsdale-St. Joseph Community Health Agency (BHSJCHA) is in receipt of your request for appeal. This letter explains when the appeal will be heard and next steps.

Included with this letter are the materials that have been provided to the Board of Health members who will be hearing your Appeal. The Appeal will be reviewed by the Program, Policy, and Appeals Committee (PPAC) at their next meeting on Monday, March 21, 2022 at 1 pm in the Commissioner Meeting Room at the Branch County Courthouse. The Branch County Courthouse is located at 31 Division St, Coldwater, MI 49036.

It is customary for PPAC to review and make a recommendation for action by the full Board of Health. The full Board of Health meeting will be on Thursday, March 24, 2022 at 9 am in the Commissioner Meeting Room at the Branch County Courthouse, and I expect a final decision will be made at that meeting.

If you have any questions, please feel free to call me at 517-933-3040.

Sincerely,

Rebecca A Burns, MPH RS
Health Officer



Environmental Health Appeals

Procedure: Appeals received as outlined in the Environmental Health Code will be first reviewed and heard by the Program, Policy and Appeals Committee (PPAC) of the Board of Health. The PPAC then provides a recommendation for full board action at the next regularly scheduled Board of Health meeting.

Environmental Health Code for Branch, Hillsdale, St. Joseph Counties, Michigan: The Environmental Health Code (EHC) for Branch, Hillsdale, and St. Joseph Counties is a legal regulation supported by the three county government commissions that received final approval from the Board of Health. The version currently in effect was adopted by the Board of Health on December 20, 1990 and became effective April 1, 1991.

Authority: The EHC identifies in Article 1, Section 102. Authority. "...adopted under authority conferred upon local health departments by Section 2441(1) of the Michigan Public Health Code, P.A. 368 of 1978 as amended." This section states:

Sec. 2441.

A local health department may adopt regulations necessary or appropriate to implement or carry out the duties or functions vested by law in the local health department. The regulations shall be approved or disapproved by the local governing entity. The regulations shall become effective 45 days after approval by the local health department's governing entity or at a time specified by the local health department's governing entity. The regulations shall be at least as stringent as the standard established by state law applicable to the same or similar subject matter. Regulations of a local health department supersede inconsistent or conflicting local ordinances. .

- History: 1978, Act 368, Eff. Sept. 30, 1978 ;-- Am. 1986, Act 76, Imd. Eff. Apr. 7, 1986 ;-- Am. 2010, Act 72, Imd. Eff. May 13, 2010*
- Popular Name: Act 368*

Purpose: The EHC identifies in Article 1, Section 104. Purpose. "...adopted for the purpose of protecting public health and safety and the quality of the environment as it affects human health, and to prevent the occurrence of public health nuisances."

Appeals Board: The EHC identifies in Article 1, Section 119. Appeals Board. "Appeals from the rulings of the Health Officer are provided for reasonable and equitable interpretations of the provisions of these regulations. The Branch-Hillsdale-St. Joseph district Board of Health, Board of Appeals shall hear any appeal presented in accordance with rules of procedure established by the Board. The Board shall furnish the appellant with a written report of its findings and decision."

Hearing of Appeals: The EHC identifies in Article 1, Section 120. Hearing of Appeals. “Appeals shall be submitted in writing, addressed to the chairman of the Branch-Hillsdale-St. Joseph District Board of health in care of the Health Officer. Hearing of an appeal shall be granted at the next scheduled or regular meeting the District Board of Health or at the discretion of the chairman thereof at a special meeting called for the purpose: provided, that no hearing shall be scheduled within less than ten (10) days of receipt of written request. *The Board may grant individual variances from the requirements of these regulations when said Board has adequately determined that all of the following conditions exists:*

- 1) *That no substantial health or nuisance is likely to occur therefrom.*
- 2) *That strict compliance with the code requirements would result in unnecessary or unreasonable hardship.*
- 3) *That no state statute or other applicable laws would be violated by such variance.*
- 4) *That the proposed variance would provide essentially equivalent protection in the public interest.”*

Criteria for Permit Denial: The EHC identifies in Article 6, Section 600.9.1. Criteria for Permit Denial. “The Health Officer may decline to issue a sewage disposal facility permit for any of the following reasons or causes:

- a) ...
- b) Failure of the proposed sewage disposal facility design to conform to the requirements of Article VII of these Regulations.
- c) Failure of the proposed installation site for the sewage disposal facility to conform to the requirements of Article VII of these regulations.....”

Site Acceptance Criteria : The EHC identifies in Article 7, Section 700.3. Site Acceptance Criteria. “An acceptable site for a sewage disposal facility shall possess soils which are of sufficient quantity and permeability to absorb all sewage effluent to be discharged upon such site, and to insure its confinement beneath the ground surfaces at all times. The following minimum criteria shall also be determined to exist by the Health Officer as the basis for any site approval:

- f) Sufficient suitable area shall be available and reserved to provide for a minimum of one replacement system without utilization or disruption of the initial installation.”

Contractual requirements between DEQ and the BHSJCHA to administer the on-site wastewater program.

MPR I: The local health department shall have a wastewater treatment regulation capable of protecting the public health legally adopted under enabling state legislation. The regulation shall authorize an enforcement process that is utilized and includes the capability to deny permits, issue orders for corrections of failed systems, and/or other remedies for construction without a permit or for violating an order.

References: Sections 2433 through 2446 of the Public Health Code, 1978 PA 368, as amended; Part 31, Water Resources Protection, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended; and Part 22, administrative rules.

DEQ On-Site Wastewater Program Staff Advice.

- In a 2009 response to a request for input from DEQ on an appeal of a denial of a sewage permit, the Agency was advised that the request, “should be denied until sewer becomes available or additional land with suitable soils is obtained that can support an onsite sewage system that complies with your department’s Sanitary Code.”

Cossairt Appeal

Our agency received a change of use request from Ms. Cossairt in late January, 2021. The proposal was for replacing an existing mobile home with a new mobile home on the property located at 292 Will James Rd. in Matteson Twp. In Branch County. Cody Johnson was the sanitarian assigned to this project, he did an inspection of the property in February, 2021. Prior to making the inspection our records were reviewed and it was noted that we had no records of the septic system or the well for this property. During his inspection, Cody was able to find the septic tank and a small drainfield area on the property. Because we had no records of permits or inspections of the septic system, the application was denied and Ms. Cossairt was informed that a new home could not be connected to the existing septic system. She was also informed that due to the small lot size and the proximity of the neighboring well that it was not feasible to issue a permit for a new drainfield. Cody did suggest she talk to the neighbor about the possibility of having the his well moved.

Several months later Ms. Cossairt called Cody and requested that he meet out at her property along with the neighbor to the north to discuss the possibility of him moving the well. I joined Cody on that visit and we discussed the situation with Ms. Coissairt and the neighbor and explained to the neighbor the difficulty of Ms. Coissairt's situation due to the location of his well. We determined that there was another area that the well could be located that would make space available for the septic on the Coissairt property. The neighbor was not willing to make any agreements to move the well but indicated to Ms. Coissant that he would think about it and get back to her.

We did not hear back from Ms. Coissairt for a number of months at which point I instructed her that without getting relief from the neighbors well that only other option we had was to issue her a permit for a holding tank. She indicated that she did not want to go that route and wanted to file an appeal to our decision. Since she initially had only applied for a change of use, I instructed her that she would have to apply for a septic permit which would be denied and that would trigger the process to file an appeal.

There are a number of issues associated with this lot that need to be noted. The lot is approximately 50'x120' and is bordered on the west by a channel. The lots on either side of the Coissairt property have homes with wells and septic systems. When the isolation distances from wells on each side of the property are measure out (50' required) along with a 50' isolation requirement from the water (channel) there is very little space available for a septic tank and drainfield. We have estimated that there is approximately 300 sq. ft available. Our environmental health code would require a 1000 gallon septic tank and 400 sq. ft. drainfield and enough reserve area for an additional 400 sq.ft. drainfield.

It is the determination of our agency that the property in question cannot accommodate the required drainfield area to adequately service the home that is proposed. Furthermore, if we were to reduce the size of the drainfield to fit in the available area, it could lead to the creation of a potential health nuisance. It should also be noted that the state code does not allow us to issue a variance from a septic system to a neighboring well. We have worked with Ms. Cossairt and the neighbor to try and come up with a solution (other than a holding tank) that would meet the code requirements, but without moving the well there is just not space to construct an adequate drainfield.

Branch-Hillsdale-St. Joseph Community Health Agency

www.bhsj.org

570 Marshall Road
Coldwater, MI 49036
(517) 279-9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext. 311

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161 ext. 233

Office Use Only

Date Received 1-27-21
"C" Receipt # 5427
Received by EH
Amount Received 99.00
Township Code MJ
Section Number 26
Record Search by EH

APPLICATION FOR: Change of Use

Fee is dependent on service provided. Contact your local office.

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)

Address/Location 292 Will James Drive

Subdivision _____ Lot # _____ Property Tax ID # 050-026-100-046-00

Owners' Name: G. M. Cassart Phone: 954-794-9592

Owners' Current Address: 212 Will James City: Benton State _____ Zip _____

Contractor or Contact Person Ryan (Avera Homes) Phone: 517-617-4404

Address 825 E Chicago rd City: Oshtemo State MI Zip 49082

TOWNSHIP ZONING PERMIT # 0409

Send Permit to: • Owner • Contractor or Contact Person

Email address: _____ averahomes@yahoo.com

Please answer the following questions:

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| 1. Does the proposal involve a property on a body of water? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you building or rebuilding beyond the existing footprint of the home? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you adding bedrooms to the home? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Number of existing bdrms. _____ Total bdrms. upon completion _____ | | |
| 4. Is or will there be a water softener? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Is or will there be a garbage grinder? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. Does your proposal involve adding a | | |
| a. detached garage - size _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. pole barn - size _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. deck..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. patio..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. swimming pool..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. fence..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. other(explain) _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE:

Check here if there is • WELL • SEPTIC system on site.

When was home built? _____ Property size _____

Name of original owner? _____ Name(s) of previous owners? _____

PROPOSED CHANGE AND DIAGRAM

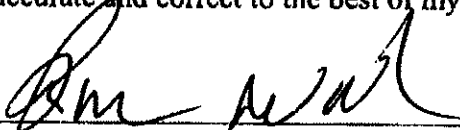
Address/Location: _____

A detailed and accurate drawing is required. Please include the following in the diagram;

1. Site boundaries and property dimensions.
2. Locations of all buildings and driveways.
3. Locations of existing well and or sewage system (indicate tank and drainfield locations).
4. Prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc).
5. Wells, sewage systems, and fuel tanks on adjacent lots.
6. Indication of the direction (north arrow)

I, the owner, or the owner's representative, agree to allow a representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. I also have submitted a diagram that I believe is accurate and correct to the best of my knowledge.

Signature



Date

1-27-21

BRANCH - HILLSDALE - ST. JOSEPH COMMUNITY HEALTH AGENCY

570 Marshall Road
Coldwater, MI 49036
(517) 279-9561
(517) 278-2923 Fax

20 Care Drive
Hilldale, MI 49242
(517) 437-7393
(517) 437-0166 Fax

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161
(269) 273-2452 Fax

EVALUATION REPORT: CHANGE OF USE OF EXISTING SEWAGE SYSTEM

Application Number 5427 Date 1/27/21

Township Matteson Section 26
Address or Location 292 Will James dr

Property Tax ID# 050-056-100-040

Owner Gina Cassart
Mailing Address 292 Will James dr
City Bronson State MI Zip 49062

Sewage Permit Number No Records Date _____

Permit Approved? Yes No

Septic tank volume: 1st tank _____ 2nd tank _____

[Determined by: Tank Volume written on Permit _____

Pumper's statement _____ (attach copy of statement)

Other _____]

Sub-surface Absorption System (circle one):

Trenches Filter Bed Mound Drywell Not Determined

Estimated size of absorption system: unknown square feet

Advanced Treatment Unit? Yes No

Indication of failure in absorption system? Yes No

Distance to water supply:

on premise being evaluated NA feet

on adjacent premise(s) NA feet

Distance to nearest body of surface water: NA feet

Depth to seasonal high water table ~ 2 feet

Soil Type: _____

Sandy

Comments: Proposed house is not acceptable for septic system.

See Attached

Sewage System IS NOT Acceptable for the Proposed Change of Use.
 Sewage System IS Acceptable for the Proposed Change of Use:
____ TOTAL # OF BEDROOMS, MAXIMUM
____ BUILDING ADDITION, NO NEW BEDROOMS
A copy of the site plan submitted for review and considered for this report is attached.

Sanitarian Signature [Signature]

Date 2/9/21

BRANCH-HILLSDALE-ST. JOSEPH DISTRICT HEALTH DEPARTMENT

809 Marshall Road
Coldwater, MI 49036
(517)279-9561

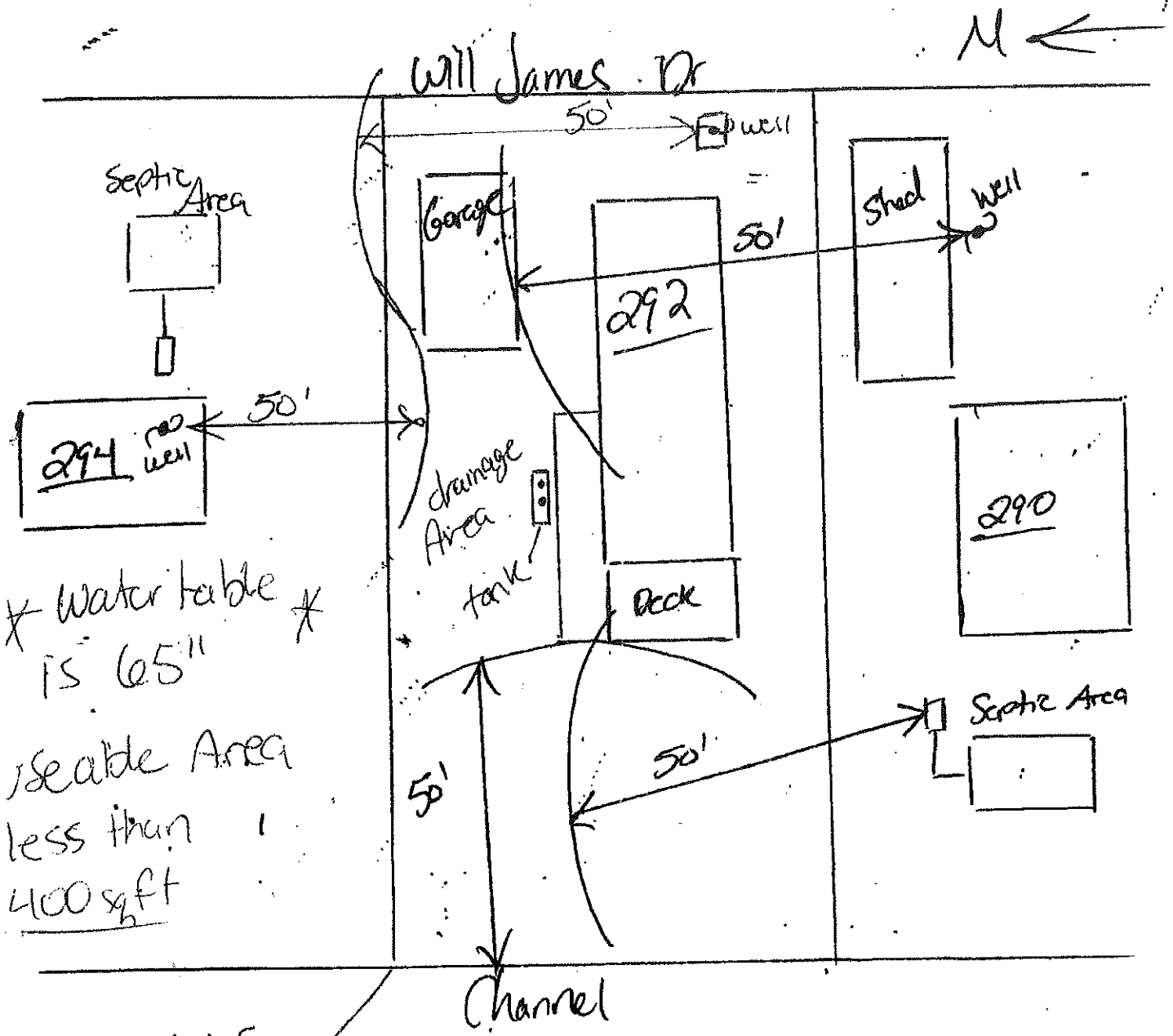
20 Care Drive
Hilldale, MI 49242
(517)437-7395

1110 Hill Street
Three Rivers, MI 49093
(616)273-2161

DESIGN LAYOUT SHEET

Sewage Permit # N/A Owner's Name: _____
Well Permit # N/A Property Address: 892 Will James Dr. City: _____
Drawn by: Cody Johnson Date: _____

This drawing is meant as an attachment to the specific permits listed above. Installation of the well/septic must comply with the requirements listed on the corresponding permit(s). Health Department must be contacted before any changes are made from the drawing below.



* Water table is 6.5"
seable Area less than 400 sq ft

lots are approx 50x120

THIS IS NOT A PERMIT

* water table too high for drywells *

Branch-Hillsdale-St. Joseph Community Health Agency

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Coldwater, MI 49036
(517) 279-9561 ext. 106

20 Care Drive
Hillsdale, MI 49242
(517) 437-7395 ext. 311

1110 Hill Street
Three Rivers, MI 49093
(269) 273-2161 ext. 233

Office Use Only	
Date Received	<u>1-19-22</u>
"C" Receipt #	<u>7980-Sept/79</u>
Received by	<u>EH</u>
Amount Received	<u>390.00</u>
Township Code	<u>MN</u>
Section Number	<u>26</u>
Record Search by	<u>EH</u>

APPLICATION FOR:

- Sewage Permit (\$197)
- Well Permit (\$193)
- Site (vacant land) Evaluation (\$134)

Make checks payable to: "Community Health Agency" (Drivers license number must be on all personal checks) (Signature below and payment of fees indicate that the applicant has or will provide all necessary information accurately. No refund will be available after staff has provided field assistance. There is a \$25.00 handling fee charged if no field service has been provided.)

Address/Location 292 Will James DR. Bronson, Mich. Mottosord Lake

Subdivision _____ Lot # _____ Property Tax ID # parcel # 050-026-100-040-60

Owners' Name: Gina M. Cassart & Shirley Alger Phone: 954-774-9592

Owners' Current Address: 292 Will James DR City: Bronson State: MI Zip: 49028

Contractor or Contact Person Avra Rentals & Mobile Home Sales Phone: 517-637-4444

Address 825 E Chicago Rd Quincy, Mo. City: Quincy State: MI Zip: 49052

Send Permit to: Owner Contractor or Contact Person

Email Address: N/A

	Existing	Proposed
--	----------	----------

# of bedrooms	<u>2</u>	<u>2</u>
---------------	----------	----------

# of bathrooms	<u>1</u>	<u>2</u>
----------------	----------	----------

# of occupants	<u>1</u>	<u>2</u>
----------------	----------	----------

Water softener?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
-----------------	--	--

Garbage disposal?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
-------------------	--	--

Fuel oil tank?	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
----------------	--	--

Previous Health Dept. Site Evaluation Yes No

THE FOLLOWING ANSWERS MAY HELP US LOCATE EXISTING PERMITS ALREADY ON FILE

Check here if there is WELL SEPTIC system on site.

When was home built? 1977 Liberty Trailer

Name of original owner? Norma Scheckels

Name(s) of previous owners? Norma's father

Property size 50 ft x 100 ft

TOWNSHIP ZONING PERMIT# 0409

APPLICANT MUST INCLUDE SKETCH OF:

- site boundaries and property dimensions
- locations of all buildings and driveways
- locations of existing well and/or sewage system
- prominent landmarks on or near the site (surface water, fences, large trees, buildings, neighboring houses, etc.)
- wells, sewage systems, and fuel tanks on adjacent lots
- indication of the direction (north arrow)

I, the owner or the owner's representative, agree to allow the representative of the Community Health Agency access to the described parcel to perform necessary tests and observations. The applicant certifies that the information contained in this application is complete and accurate to the best of their knowledge.

Signature Gina M. Cassart

Date 1/12/2022



2/10/2022

Certified

Gina Cossairt
292 Will James Dr.
Bronson, MI 49028

Re: 292 Will James Dr, Bronson, MI (050-026-100-040-00)

Ms. Cossairt:

This agency has received the application for a septic permit which was submitted, for a new house to replace the one currently located on the parcel listed above. An office review of the proposed site plan and an on-site review have been made to determine if the “site possesses characteristics which will permit the safe and adequate operation of a [sewage disposal] facility [which] will not create a nuisance and [will produce] no adverse effects to human health and safety.”.

The Environmental Health Code (EH Code) for Branch, Hillsdale and St. Joseph Counties, Michigan (quoted above) lists the “site acceptance criteria” for sewage disposal facilities that have been weighed against the proposed site plan that has been submitted. This site plan cannot be considered “acceptable” since it does not have “sufficient suitable area . . . available and reserved to provide for a minimum of one replacement [septic absorption] system without utilization or disruption of the initial installation” as required in the EH Code Section 700.3(f). In addition, Section 703 of the same code requires that sewage sub-surface absorption system be installed in such a location as to maximize its potential for long-term satisfactory operation and prohibits the installation of a system in any location which may subject it to damage from vehicular traffic.

Due to the failure of the proposed installation site to conform with the requirements of the Section 700.3(f), the Health Officer has declined to issue a sewage disposal facility permit for this location as allowed in the EH Code Section 600.9.1(c). Appeals from the

rulings of the Health Officer are provided for reasonable and equitable interpretations of the provisions of the EH Code. Appeals shall be submitted in writing, addressed to the chairman of the Branch-Hillsdale-St. Joseph District Board of Health in care of the Health Officer.

Sincerely,

Cody Johnson

Sanitarian

CC:

Environmental Health Director

2/28/2022

pg 1 of 2

GINA MCOSAIRT
292 Will James DR
Bronson, Mi. 49028

RE: Request for APPEAL OF SEPTIC TANK PERMIT DENIAL
FOR PROPERTY AT 292 WILL JAMES DR, BRONSON, MI

Dear Health Officers,

I am writing for an appeal hearing request for my property at Matteson Lake. I understand the code and you are abiding by that; however when the new codes were written I am not sure the lake properties were taken into consideration, which is no fault of yours. And I believe my property has extenuating circumstances.

1st: I can no longer insure my trailer after the tornado in 2020, a small branch window my roof and ceiling of my closet, my insurance company declared my trailer "uninsurable" and paid it off. My garage, deck & pump house are all insured, but I can't find not 1 company who will insure a 1977 Liberty trailer with a dirt foundation.

2nd: My foundation is dirt. It's beginning to collapse down toward the channel side. My skirting is being held in place by cinder blocks, if I move them it just falls out and I'd be had to replace part of the floor under the refrigerator in the kitchen.

The 3rd and most important reason I will list here (and there are more reasons):

My Mom needs to move in, she's 87 on oxygen and has heart problems. It's the reason I started all this. We can't afford a house. We can't afford to do this properly but she's my main concern, I can't bring her here unless it's replaced.

These are a number of other reasons.
I will bring pictures and any other
information you would like me too.

When Cody Johnson & Paul Andrecki
came out I do have enough room on my
property for a new well (which it needs) and
a septic tank and drainfield.

Thank - you for your time and
consideration.

Respectfully &
Sincerely

Hina McCaskey

2912 Hill Jamel

Bronson Mo

649028

954-774-9592

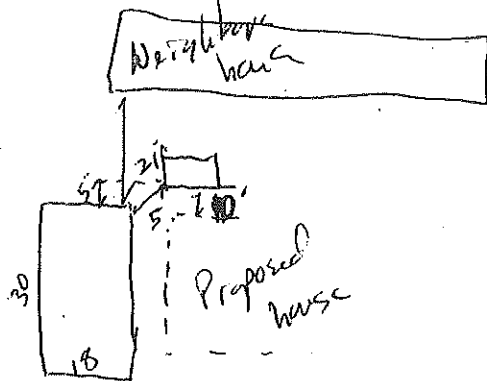
Human Services Building
570 Marshall Road
Coldwater, Michigan 49036
(517) 279-9561

20 Care Drive
Hillsdale, Michigan 49242
(517) 437-7395

1110 Hill Street
Three Rivers, Michigan 49089
(616) 273-2161
(800) 258-1092

SEWAGE SYSTEM CONSTRUCTION PERMIT Permit # **S 2646** C

Application Receipt # <u>125041</u>		Tax ID # <u>050-026-100-095-00</u>	
Township Name <u>Matheson</u>	Section # <u>26</u>	Site Address: <u>2993 Kinder Rd. 49028</u>	Subdivision: <u>BRANSON MT</u>
Property Owner: <u>Tim Murphy</u>		Drawing of Proposed Site: <u>290 Will James Dr.</u>	
Owner's Address: <u>2993 Kinder Rd.</u>		Sec Attached Diagram <input type="checkbox"/>	
City: <u></u>	Phone: <u>369.5345</u>	* See attached bid sheet. (site plan)	
Received by: <u>Jim Bratcher</u>	Date: <u>3-15-00</u>		
Issued by: <u>Jim Bratcher</u> (H.D. Representative)			
Building Information: New <input checked="" type="checkbox"/> Existing <input type="checkbox"/>			
Residential: # of Bedrooms: <u>2</u>	Commercial: Type: <u></u>		
Water Softener / Garbage Disp.: <u></u>	Water Supply: <u>II III</u>		
Well Permit # - <u>22921</u> WSSN -			



SEASONAL HIGH WATER TABLE (below ground surface) >4'

0'	1'	2'	3'	4'	5'	6'
Sand + Gravel septic variance granted for $\geq 25'$ from channel and less than 50' Jim P.						

1000 Design Specifications

Septic Tank 1000 Sub-surface Disposal Area 540
(minimum gal. capacity) (minimum sq. ft. soil absorption)

Minimum distance from well 50 ft.
Minimum distance from property line 5 ft.
Minimum distance from building 10 ft.
Minimum distance from lake, river or pond 50 ft.

Install vented baffle in outlet end of septic tank
Maximum depth of final cover over absorption area is 3 feet.
Bottom of absorption area must be at least 4 feet above seasonal high water table.

No soil absorption system may be installed when soils are in a wet or saturated condition. Precautions shall be taken to minimize the smearing or sealing of infiltrative surfaces caused by excavation, machinery movement or walking.

Remarks: All parts of septic system must be AT LEAST 25' FROM CHANNEL!

THIS PERMIT AUTHORIZES THE CONSTRUCTION, REPAIR, ENLARGEMENT OR RELOCATION OF THE SEWAGE DISPOSAL SYSTEM IN ACCORDANCE WITH PLANS AND INFORMATION CONTAINED IN THE APPROVED APPLICATION SUBMITTED TO THE BRANCH-HILLSDALE-ST. JOSEPH DISTRICT HEALTH DEPARTMENT. WORK AUTHORIZED BY THIS PERMIT SHALL BE SUBJECT TO ANY SPECIAL CONDITIONS OR REQUIREMENTS AS NOTED ON THE PERMIT AND SHALL COMPLY WITH ALL REQUIREMENTS OF THE ENVIRONMENTAL HEALTH CODE FOR BRANCH, HILLSDALE AND ST. JOSEPH COUNTIES, MICHIGAN. IT SHALL BE UNLAWFUL FOR ANY SEWAGE DISPOSAL SYSTEM CONSTRUCTED, REPAIRED, ENLARGED OR RELOCATED UNDER AUTHORITY OF THIS PERMIT TO BE PLACED IN OPERATION WITHOUT PRIOR APPROVAL BY BRANCH-HILLSDALE-ST. JOSEPH DISTRICT HEALTH DEPARTMENT.

THE OWNER IS RESPONSIBLE FOR OBTAINING ALL NECESSARY ZONING PERMITS AND CONSTRUCTION PERMITS REQUIRED BY LAW. ISSUANCE OF THIS PERMIT DOES NOT IMPLY COMPLIANCE WITH ANY OTHER CONSTRUCTION PERMIT OR ZONING LAWS, DEED RESTRICTIONS OR COVENANTS. FAILURE TO COMPLY WITH ANY OTHER LAWS REQUIRED FOR THIS CONSTRUCTION PROJECT AUTOMATICALLY MAKES THIS PERMIT NULL AND VOID.

NOTE: Health Department must be notified at least 4 hours before backfilling.

Construction Inspection

Type of Baffle(s) on Outlet elbow
Type of Absorption Area filtered
Volume of Septic Tank(s) 1000 gal.
Volume of Pump Chamber gal.

FINAL APPROVAL:
DATE: 5-15-00 SANITARIAN Jim Bratcher
INSTALLER: Davenport

REMINDER: Call MISS DIG 800-482-7171 before any excavation.

THIS PERMIT EXPIRES ONE YEAR FROM THE DATE ISSUED.

Human Services Building
570 Marshall Road
Coldwater, Michigan 49036
(517) 279-9561

20 Care Drive
Hillsdale, Michigan 49242
(517) 437-7395

1110 Hill Street
Three Rivers, Michigan 49093
(616) 273-2161
(800) 258-1092

WATER SUPPLY CONSTRUCTION PERMIT Permit # **W 22521**

Application Receipt # <u>125041</u>			Tax ID # <u>050-026-100-045 00</u>		
Township Name <u>Matheson</u>	Section # <u>26</u>	Fraction <u>NW 1/4 NE 1/4 NW 1/4</u>	County <u>Branch</u>	Town No. <u>6 N(S)</u>	Range No. <u>8 E(W)</u>
Owner of Well: <u>Tim Murphy</u>			Location of Well: (Dist. and Dir. from road intersections) <u>2993 Kinder Rd.</u>		
Owner's Address: <u>2993 Kinder Rd.</u>			City: <u>Brownsd, MI 49028</u>		
Phone: <u>369-5345</u>			Site Address:		
Received by: _____ Date: _____			Drawing of Proposed Site: <u>See Attached Diagram</u>		
Issued by: <u>Jim Brabata</u> (H.D. Representative) Date: <u>3-15-00</u>			* See attached bid sheet. (site plan)		
Building Information: New <input checked="" type="checkbox"/> Existing _____ Residential: # of Bedrooms: <u>2</u> Water Softener / Garbage Disposal: _____ Sewage Permit # <u>26486</u> WSSN - _____ Commercial: Type: _____ Water Supply: II III Design Specifications Isolation from septic system <u>50</u> ft. Isolation from sewer lines <u>10</u> ft. Isolation from fuel tank <u>50</u> ft. Minimum depth <u>25</u> ft. Existing well <u>must</u> be properly <u>abandoned</u> Deed Restrictions / Remarks: _____			Before placing a new, repaired or reconditioned water supply system into service and after all traces of chlorine have been flushed out, 1 or more water samples shall be collected from the sampling faucet. Organisms of the coliform group shall not be present in the sample or samples. The water supply owner shall be responsible for collecting the water sample or shall arrange for the owner's designated representative to collect the sample. The well drilling contractor or pump installer shall notify the water supply owner of the owner's responsibility for collecting the water sample.		
RESIDENTIAL WELL CONSTRUCTION AND PUMP INSTALLATION MUST COMPLY WITH PART 127 OF ACT 368 P.A. 1978					
WELL LOG MUST BE SUBMITTED TO DISTRICT HEALTH DEPARTMENT WITHIN 60 DAYS OF WELL COMPLETION					

NOTE: **Health Department must be notified at least 4 hours before backfilling around well or water service lines.**

PERMIT EXPIRES ONE YEAR FROM DATE ISSUED

Construction Inspection		Requested Inspection: Date: <u>8-7-00</u> Time: <u>12:</u> am / pm
WELL SIZE: <u>4"</u>	WELL CAP VENTED: <u>yes</u>	Driller: <u>Yarling</u>
GROUT EVIDENT: <u>0</u> / N	SAMPLE FAUCET: <u>yes</u> (8" Above Floor)	Pump Installer: <u>Yarling</u>
WELL HEAD TERMINATION: pitless adaptor <input checked="" type="checkbox"/> basement offset _____ pumphouse _____ 12" above grade <input checked="" type="checkbox"/>	PRESSURE TANK LOCATION: <u>Crawl space</u>	Approved: _____ Date: <u>8/7/00</u> Inspector: <u>JLB</u>
PUMP TYPE: submersible <input checked="" type="checkbox"/> shallow well jet _____ deep well jet _____ other _____	PUMP LOCATION: in well <input checked="" type="checkbox"/> basement _____ pumphouse _____	Well Construction <input checked="" type="checkbox"/> Y / N Well Abandonment <input checked="" type="checkbox"/> Y / N / NA Well Pump Installed <input checked="" type="checkbox"/> Y / N
TYPE OF SERVICE LINE: <u>1" 160 PSL Black</u>	ISOLATION FROM: <u>septic tank/drainage</u> <u>OK</u> feet	Comments: _____
Other (buried/fuel tank, manure lot, etc.) _____		

BRANCH-HILLSDALE-ST. JOSEPH COMMUNITY HEALTH AGENCY

809 Marshall Road
Coldwater, MI 49036
(517)279-9561

20 Care Drive
Hillsdale, MI 49242
(517)437-7395

1110 Hill Street
Three Rivers, MI 49093
(616)273-2161

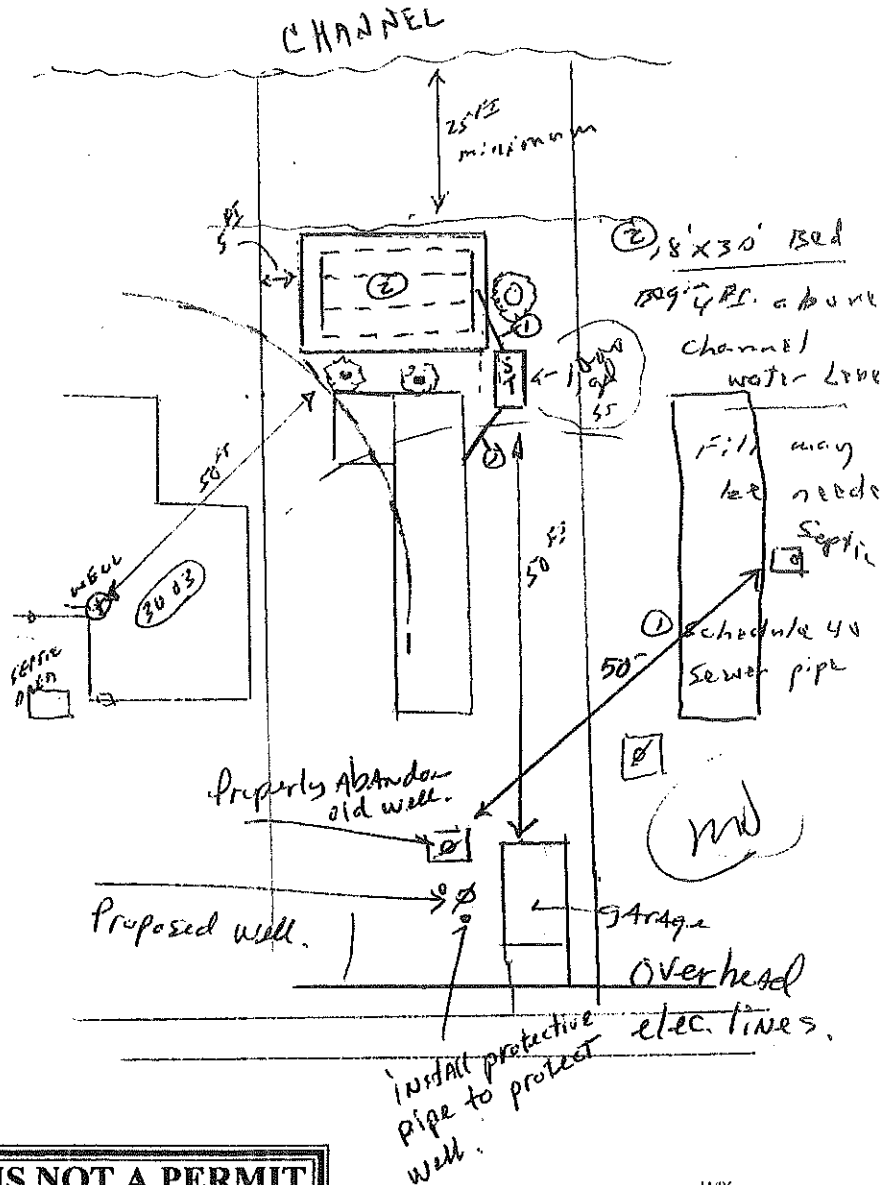
M.M. - 2/10

DESIGN LAYOUT SHEET

Sewage Permit # *717-2000* Owner's Name: *Tim Murphy*
Well Permit # _____ Property Address: *2993 Anthony Dr* City: *BS*
Drawn by: *M. Stevens* Date: _____

This drawing is meant as an attachment to the specific permits listed above. Installation of the well/septic must comply with the requirements listed on the corresponding permit(s). Health Department must be contacted before any changes are made from the drawing below.

290 will James Dr.



THIS IS NOT A PERMIT

To: Board of Health

From: Rebecca Burns

Date: March 16, 2022

Re: Legal Agreements/Fees for District Health Departments

At the request of Commissioner Leininger who inquired about legal fees and a retainer, the following information has been put together for your review. I would draw your attention to the legal fees paid by the Agency by year and the reported legal fees paid by other district health departments in Michigan.

As you know there are two models for local health departments in Michigan; county based or district health department (DHD). For single county health departments, the local health department is a department of the county and uses the legal team for the county. For district health departments, legal services are sought directly by the district health department. Therefore, I sought information from other district health departments in Michigan to provide an overview of fees for legal services.

All but 4 district health departments responded to my request for information. Those that did not respond were Benzie/Leelanau, Health Department of Northwest Michigan, DHD#2, and DHD #4.

None of the DHD's are paying a retainer for services by a firm. All are paying an hourly rate. Until the issues of the pandemic, it was unusual for the local health department to have much cost for legal services. Most of those costs were involved with human resource issues. This is demonstrated by the legal services paid by fiscal year at BHSJCHA information that is provided.

It is my recommendation that given the information other DHD's have provided and our own data on past legal fees paid, that BHSJCHA maintain our existing relationship with Rosati, Schultz, Joppich, Amtsbuechler PC.

DHD	Legal Firm	Attorney Name	Retainer	Hourly Rate
Branch-Hillsdale-St. Joseph	Rosati Schultz Joppich Amtsbuechler PC	Andrew Brege	No	150.00
DHD #10	Running,Wise & Ford, PLC	Cathy Jasinski	No	130.00
Luce-Mackinac-Alger-Schoolcraft	Foster Swift	Mike Homier	No	220.00
Dickinson-Iron	Cohl, Stoker & Toskey	Bonnie Toskey/Tim Perone	No	160.00
Barry-Eaton	Abbott Nicholson		No	165.00
Western UP	Foster Swift		No	225.00
PH Delta-Menominee	Cohl, Stoker & Toskey	Dave Stoker	No	185.00
				Multiple (Shareholders \$225, Associates/Seni or Attorneys \$195, Legal Assistants \$120)
Cass-VanBuren	Foster Swift		No	
Central Michigan	Cohl, Stoker & Toskey		No	190.00
Mid-Michigan	Cohl, Stoker & Toskey		No	195.00

History of Legal Fees

FY17/18

Date	Total	Hours	General	COVID
11/24/2017	\$615.00	4.1	\$615.00	
12/22/2017	\$525.00	3.5	\$525.00	
2/28/2018	\$510.00	3.4	\$510.00	
3/30/2018	\$75.00	0.5	\$75.00	
3/30/2018	\$90.00	0.6	\$90.00	
4/27/2018	\$105.00	0.7	\$105.00	
5/25/2018	\$150.00	1.0	\$150.00	
6/22/2018	\$450.00	3.0	\$450.00	
6/22/2018	\$510.00	3.4	\$510.00	
8/31/2018	\$75.00	0.5	\$75.00	
9/28/2018	\$210.00	1.4	\$210.00	
9/30/2018	\$225.00	1.5	\$225.00	
	<u>\$3,540.00</u>	<u>23.6</u>	<u>\$3,540.00</u>	

FY18/19

Date	Total	Hours	General	COVID
11/23/2018	\$345.00	2.3	\$345.00	
12/21/2018	\$90.00	0.6	\$90.00	
4/26/2019	\$615.00	4.1	\$615.00	
5/24/2019	\$690.00	4.6	\$690.00	
7/19/2019	\$1,050.00	7.0	\$1,050.00	
8/30/2019	\$195.00	1.3	\$195.00	
9/27/2019	\$330.00	2.2	\$330.00	
	<u>\$3,315.00</u>	<u>22.1</u>	<u>\$3,315.00</u>	

FY19/20

Date	Total	Hours	General	COVID
10/31/2019	\$165.00	1.1	\$165.00	
1/8/2020	\$180.00	1.2	\$180.00	
3/10/2020	\$315.00	2.1	\$315.00	
4/8/2020	\$1,185.00	7.9	\$960.00	\$225.00
5/8/2020	\$480.00	3.2	\$480.00	
5/8/2020	\$165.00	1.1	\$165.00	
6/9/2020	\$60.00	0.4	\$60.00	
7/9/2020	\$600.00	4.0	\$270.00	\$330.00
8/11/2020	\$570.00	3.8	\$480.00	\$90.00
8/11/2020	\$450.00	3.0	\$45.00	\$405.00
9/14/2020	\$105.00	0.7	\$105.00	
9/14/2020	\$405.00	2.7	\$405.00	
	<u>\$4,680.00</u>	<u>31.2</u>	<u>\$3,630.00</u>	<u>\$1,050.00</u>

FY20/21

Date	Total	Hours	General	COVID
10/12/2020	\$195.00	1.3	\$195.00	
10/12/2020	\$1,125.00	7.5	\$1,125.00	
11/12/2020	\$555.00	3.7	\$555.00	
11/12/2020	\$150.00	1.0	\$150.00	
12/9/2020	\$1,095.00	7.3	\$450.00	\$645.00
1/12/2021	\$2,865.00	19.1	\$225.00	\$2,640.00
2/10/2021	\$3,125.00	20.8		\$3,125.00
3/9/2021	\$812.00	5.4	\$375.00	\$437.00
4/14/2021	\$375.00	2.5	\$375.00	
4/14/2021	\$360.00	2.4	\$330.00	\$30.00
5/12/2021	\$1,230.00	8.2	\$1,230.00	
5/12/2021	\$2,138.80	14.3	\$315.00	\$1,823.80
6/9/20201	\$705.00	4.7	\$705.00	
6/9/2021	\$630.00	4.2	\$165.00	\$465.00
7/9/2021	\$195.00	1.3	\$195.00	
7/9/2021	\$1,200.00	8.0	\$1,080.00	\$120.00
8/12/2021	\$240.00	1.6	\$240.00	
8/12/2021	\$165.00	1.1	\$165.00	
9/10/2021	\$1,560.00	10.4		\$1,560.00
9/30/2021	\$3,435.00	22.9		\$3,435.00
	<u>\$22,155.80</u>	<u>147.7</u>	<u>\$7,875.00</u>	<u>\$14,280.80</u>

FY21/22

Date	Total	Hours	General	COVID
11/11/2021	\$195.00	1.3	\$120.00	\$75.00
12/8/2021	\$1,125.00	7.5	\$645.00	\$480.00
12/8/2021	\$7,164.40	47.8		\$7,164.40
1/10/2022	\$885.00	5.9	\$90.00	\$795.00
1/10/2022	\$510.00	3.4		\$510.00
2/9/2022	\$945.00	6.3	\$945.00	
2/9/2022	\$1,785.00	11.9		\$1,785.00
	<u>\$12,609.40</u>	<u>254.7</u>	<u>\$1,800.00</u>	<u>\$10,809.40</u>