



**District Health  
Department #10**  
Healthy People, Healthy Communities

**Environmental Health Division**  
Serving Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee  
Newaygo, Oceana and Wexford Counties

**Building Permit Authorization (BPA) Application**

**Property Owner Name** Torch River A-Frame, LLC

**Address** 8283 Aarwood Trail NW

**City** Rapid City

**State** MI

**Zip** 49676

**Phone #** N/A

**Cell Phone #** 248-939-3589

**Fax #** N/A

**Email Address** Allan@AccurateConstructionLLC.com

**Contractor Name** N/A

**Address**

**City**

**State**

**Zip**

**Phone #**

**Cell Phone #**

**Fax #**

**Email Address**

**Property Information**

**Directions to Property** Aarwood Road west to Aarwood Trail NW. Turn left on Aarwood Trail NW and travel approximately 1 mile o the home. Approximately 1/8 mile south of boat launch.

**Property Address** 8283 Aarwood Trail NW

**Property Parcel #** 40-004-800-005-00

**County** Kalkaska

**Township** Clearwater

**Section #** 7

**Subdivision Name** Torch River Timbers

**Lot #** 5

**Est. Age of Septic System** 2002

**Lot Size (acres)** 0.9

**Lot Width (ft)** 101

**Lot Depth (ft)** 385

**Type of Facility**

Single Family Residence ☒ Yes ☐ No

Multi-family Residence: ☐ Yes ☒ No

Commercial Business: ☐ Yes ☒ No

**Proposal to:**

Replace the original structure: ☒ Yes ☐ No

Construct an addition onto the original structure: ☐ Yes ☒ No

Construct an additional structure: ☐ Yes ☒ No

Change or alter the business use of the property: ☐ Yes ☒ No

If a residential property: what is the total number of **existing** bedrooms? (Include a loft for sleeping) 2


What will be the total number of bedrooms when the project is **finished**? 4

Will there be a garbage disposal? ☒ Yes ☐ No Will there be a water softener? ☐ Yes ☒ No

If a commercial property, what changes are proposed to the property? \_\_\_\_\_

If changes, modifications or repairs are required as a result of this evaluation, the applicant, by affixing their signature, certifies that they are either the property owner or an authorized representative and agrees to comply with the requirements of the Sanitary Code and with the applicable laws of the State of Michigan in making changes, modifications and repairs to the sewage treatment or water supply systems existing on the above described property. It is understood that final inspections and approval is required before covering the required changes, modifications or repairs authorized by permit.

I CERTIFY THAT ALL ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

  
Applicants Signature (owner or authorized representative)

1/20/2024  
Date



## Instructions

1. Complete the entire application and sign.
2. Draw a site plan showing the location of the **existing** buildings, road, driveways, septic system, well and any buried storage tanks.
3. Show the **proposed** additions and buildings as well as measurements including the distance between the building addition and the well and septic system.
4. If no record of a permit is found on file at the Health Department, a bedroom is added or if final approval was never granted by this department, you must complete the following:
  - A. Uncover the septic tank and have it pumped out. Have the septic tank pumper estimate the capacity of the tank.
  - B. Stake the four corners of the drainfield or uncover the drywell.
  - C. If a drainfield, uncover a portion of the header (top of the septic system) and a portion of the footer (the end of the septic system).
  - D. Call the health department for an inspection when the above steps are completed.

## Site Plan



## Building Permit Authorization

For the proposal above herein submitted, the following determination has been made pertaining to the usage of the existing sanitary facilities:

The SEWAGE DISPOSAL SYSTEM is:

Approved ☐

Provisional Approval ☐  
(subject to the conditions, restrictions and/or limitations described in comments")

Not Approved ☒  
(upgrading or replacement needed)

The WATER SUPPLY SYSTEM is:

Approved ☒

Provisional Approval ☐  
(subject to the conditions, restrictions and/or limitations described in "comments")

Not Approved ☐  
(upgrading or replacement needed)

Comments: Well is approved for use. The septic system is considerably undersized for a four bedroom house and does not meet DHD #10 Sanitary code. For a four bedroom, the drainfield size average is 900 sq ft. and DHD #10 SC requires a 1500 sq ft septic tank. The septic system is not approved.

Sanitarian Signature

Date 1/25/24

Torch River - Waters Edge

Proposed Addition

• 2/3 - Silt fence

• 2/8 - Begin fill & grade

• 2/22 - Finish fill & grade

• 10/1 - Fine grade, remove  
silt fence

- Establish natural growth.

Silt fence

Well

DRIVE

Septic Tanks

Torch River A-Frame, LLC  
8283 Aarwood Trail NW  
Rapid City, MT 58116  
Allan Logan 248-939-3589

Scale: 1" = 40'

1/20/2024

R.O.W.

40' - Corrugate Steel Culvert (15")

Edge Point.

Aarwood Trail NW

RECEIVED JAN 22 2024