



Benzie Leelanau District Health Department Existing Septic System Evaluation

EMAILED
JUN 04 2028

Property Information

Parcel No.: 002-075-007-00
 Township: Centerville
 Address: 7215 S Cedarview Ln.
 State: MI
 Subdivision: LEELANAU HEIGHTS SUBD
 System Type: Residential

County: Leelanau County
 Section: 35
 City: Cedar
 Zip: 49621
 Lot: 7

Owner Information

Owner Name: SLANCIK MICHAEL & AMY JO

APPLICATION
<u>Application Information</u>
Time of Transfer (POS): Yes
Evaluate Existing Sewage Treatment System: Yes
Evaluate Existing Well: Yes
<u>Building Information</u>
Number of Bedrooms: 4
Garbage Disposal: No
<u>Applicant Information</u>
Applicant Name: Michael Slancik
Company Name:
Evaluation Number: L26-097E
Number of Bathrooms: 2.5
Applicant Person: Owner

SEPTIC TANKS
Permit Number: L-871
Installed By: Therrien Masonry & Excavating
Approved By: Randy Emeott
Capacity Gallons: 1550
Manufacturer:
Riser(s): No
Effluent Filter: No
Comments:
Type: Septic
Approved Date: 04/20/1992
Compartments: 2
Material: Concrete
Tank Outlet: Outlet Baffle

DRAIN FIELDS

Permit Number: L-871

Installed By: Therrien Masonry & Excavating

Approved By: Randy Emeott

Approved Date: 04/20/1992

Drain Field Type: Gravity Bed

Aggregate:

Pump Type:

Distribution Area Width (ft): 18

Distribution Area Length (ft): 50

Square Area (sqft): 900

Drywell Total Capacity (gallons):

Comments:

OPERATIONS / MAINTENANCE

SEWAGE SYSTEM INFORMATION

Inspection Purpose: Time of Transfer

Date of Visit: 05/27/2026

Permit on File: Yes

At Time of Inspection House was: Occupied

Date Tanks Last Pumped: 05/05/2024

Recommend tank(s) to be pumped: No

Tank Requires Pumping: No

Evidence of Leaking: No

Inspection Result: Satisfactory

SEWAGE SYSTEM EVALUATION SUMMARY

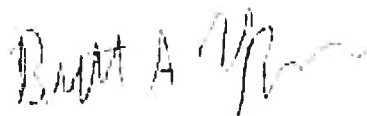
The Sewage System was inspected on 05/27/2026 . The inspection has determined the system's construction, location, and condition to be Satisfactory .

SEWAGE SYSTEM EVALUATION COMMENTS:

The home is served by a 1550 gallon concrete septic tank and a 900 square foot drainbed. The septic system is smaller than is required for a 4 bedroom home with a garbage disposal. An observation into the septic tank revealed the water level to be appropriate and water flowing into and out of the tank properly. Excavations into the drainbed revealed no evidence of black stone or ponding sewage. Since the septic system appears to be working properly at this time, it is acceptable. When the current system fails, or any additional bedrooms are added to the home, a larger septic system will need to be installed. To help prolong the life of the current system, routine pumping of the septic tank is recommended. Pumping every 1-3 years is usually adequate. Other maintenance practices include diverting surface water drainage away from the system, keeping the area mowed, and not driving heavy vehicles or plowing snow over the system.

Evaluation Conducted By: Brett Yonker

Inspector Signature:



Report Issued Date: 06/03/2026



Benzie Leelanau District Health Department
Existing Water Well Evaluation

EMAILED
JUN 04 2026

Property Information

Parcel No.: 002-075-007-00

County: Leelanau County

Township: Centerville

Section: 35

Address: 7215 S Cedarview Ln.

City: Cedar

State: MI

Zip Code: 49621

Owner Information

Owner Name: SLANCIK MICHAEL & AMY JO

APPLICATION

Application Information

Time of Transfer (POS): Yes

Evaluation Number: L26-097E

Evaluate Existing Sewage Treatment System: Yes

Evaluate Existing Well: Yes

Building Information

Number of Bedrooms: 4

Number of Bathrooms: 2.5

Garbage Disposal: No

Applicant Information

Applicant Name: Michael Slancik

Applicant Person: Owner

Company Name:

Well Information

Welllog ID: 45000001548

System Type: Residential

Install Date: 03/23/1992

Installed By: Phil's Well Drilling

Well Depth: 130

Well Location Type: Above Grade

Main Casing Diameter (in): 5

Casing Material: PVC

Flowing: No

Flowing Well Controlled:

Pump Type: Submersible

Pump Location: Well

Other Pump Location:

WELL INSPECTION

WATER WELL SYSTEM INFORMATION

Inspection Type: Time of Transfer

Date of Visit: 05/27/2026

Wellhead minimum 12in above grade: Yes

Proper well cap/seal and secure: Yes

Any wellhead damage: No

Properly isolated from contamination sources: Yes

WATER SAMPLE RESULTS

Water Sample Bacteria: Absent or Non-Detect

Bacteria Sample Date: 05/27/2026

Nitrate (mg/L): 1.03

Nitrate Sample Date: 05/27/2026

Water samples collected and satisfactory results: Yes

Well construction approved: Yes

Inspection Result: Satisfactory

WATER WELL EVALUATION SUMMARY

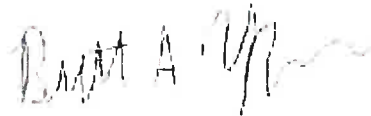
The Water Well System was inspected on 05/27/2026 . The inspection has determined the system's construction, location, and condition to be Satisfactory .

WELL EVALUATION COMMENTS:

The home is served by a 5 inch diameter PVC cased well with a pitless adapter and submersible pump. The well was completed on 03/2381992, by Phil's Well Drilling and is 130 feet in depth according to the well drilling record on file for this property. Water samples collected on 05/27/2026 indicated satisfactory water quality for the parameters tested. Periodic water testing is recommended, especially if the well is not used during long periods of time.

Evaluation Conducted By: Brett Yonker

Sanitarian Signature:



Report Issued Date: 06/03/2026



4125 Cedar Run Rd., Suite B
 Traverse City, MI 49684
 Phone: 231-946-6767
 Fax: 231-946-8741
 www.sosanalytical.com

COMMUNITY HEALTH DEPARTMENT CHAIN OF CUSTODY

*****FOR LABORATORY USE ONLY*****

SOS Analysis Number (To be assigned by the laboratory): 263189

Received in lab by: Dan Date: 5/27/26 Time: 1:50pm

EMAILED
 JUN 05 2026

Please Complete Entire Form

Does Sample Contain Chlorine? YES NO

Check The Type of Test Requested:

Bacteria & Nitrate Bacteria ONLY Nitrate ONLY

Other (Specify): _____

Report Results To: _____

Mailing Address: BENZIE-LEELANAU DISTRIC HEALTH DEPT
ENVIRONMENTAL HEALTH-LEELANAU OFC
 City: 8527 E Government Center Dr -- STE 007
Suttons Bay MI 49682
 Phone: (____) 231-256-0201
 E-mail Address: BLDHD_EH@BLDHD.ORG

Site/Owner Name: Michael Slonick

Property Address: 7215 S. Cedarview Lane
 City: Leelanau State: MI Zip: 49621

County / Township: Leelanau / Centerville

Collected By: B. Yankov

Collection Point: Hosur bib Date: 5-27-26 Time: 12:00p

Well Drilling Co.: Phis

Location: Longitude _____ Latitude _____

Complete this section only if reporting to a County Health Department

WSN (Public Water Supply Serial Number): _____ Well Permit #: 226-097E

Property Tax ID #: _____ Computer ID #: _____

Payment Amount: _____ Cash Check # _____ Credit Card

SOS ANALYTICAL, INC. IS CERTIFIED FOR COMPLIANCE MONITORING UNDER THE SAFE DRINKING WATER ACT.

(White: Lab Copy) (Yellow: Customer Copy)



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 Traverse City, MI 49684
 Phone 231-946-6767
 Fax 231-946-8741
 www.sosanalytical.com

COMPANY: BENZIE LEE LANAU DISTRICT HEALTH DEPT
 NAME: MICHAEL SLANICK
 PROJECT NO:
 WSSN:
 WELL PERMIT: L26-097E
 TAX ID:
 LOCATION: 7215 S CEDARVIEW LN
 CEDAR MI
 COUNTY: LEE LANAU
 TWP: CENTERVILLE

SOS PROJECT NO: 253189 - 1
 SAMPLED BY: B YONKER
 DATE RECEIVED: 5/27/2026
 TIME RECEIVED: 1:50 PM
 SAMPLE ID: HOSE BIB
 DATE SAMPLED: 5/27/2026
 TIME SAMPLED: 12:00 PM
 SAMPLE MATRIX: DRINKING WATER

INORGANICS

<u>Analysis</u>	<u>Concentration</u>	<u>LOD</u>	<u>Units</u>	<u>Analyst</u>	<u>Date Completed</u>	<u>Drinking Water Req Limit(MCL)</u>
NITROGEN, NITRATE - EPA 353.2	1.03	0.10	mg/L (PPM)	KMJ	5/28/2026	10

SM9223 COLIFORM BACTERIA - PRESENCE/ABSENCE

	<u>SAMPLE RESULT</u>	<u>Drinking Water Req Limit(MCL)</u>
TOTAL COLIFORM BACTERIA	ABSENT	ABSENT
E. coli BACTERIA	ABSENT	ABSENT

ND = NOT DETECTED
 LOD = LIMIT OF DETECTION
 SMCL = FEDERAL NON-ENFORCEABLE LIMIT
 MCL = MAXIMUM CONTAMINANT LEVEL

APPROVED BY: *Cynthia Gerhard*
 CYNTHIA GERHARD
 MANAGER, DRINKING WATER COMPLIANCE