Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

PRIVATE SEWAGE SYSTEM INSPECTION REPORT
(ATTACH TO PERMIT)

County: SW SE 11-30-12
Sanitary Permit No.: 161577
State Plan ID No.:
Parcel Tax No.: 301211.403

GENERAL INFORMATION

Permit Holder's Name: Robert Burns
☐ City ☐ Village ☒ Town of: Otter Creek
CST BM Elev.: 100
Insp. BM Elev.: 100
BM Description: Nail in tree.

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	MWP	1000
Dosing		
Aeration		
Holding		

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	105	*	*		NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer			Demand	
Model Number			GPM	
TDH	Lift	Friction Loss	System Head	TDH Ft
Forcemain	Length	Dia.	Dist. To Well	

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark				100.00
Bldg. Sewer				
St / Ht Inlet				95.87
St / Ht Outlet				95.49
Dt Inlet				
Dt Bottom				
Header / Man.				94.96
Dist. Pipe				94.74
Bot. System				93.92
Final Grade				97.00

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width 5	Length 120	No. Of Trenches 1	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth	
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:	
	Type Of System: trench	70	*	*			Model Number:	

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length ____ Dia. ____	Length ____ Dia. ____ Spacing ____			

SOIL COVER

x Pressure Systems Only xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded	xx Mulched
			☐ Yes ☐ No	☐ Yes ☐ No

COMMENTS: (Include code discrepancies, persons present, etc.)

* No well or building at time of inspection.

Plan revision required? ☐ Yes ☒ No
Use other side for additional information.

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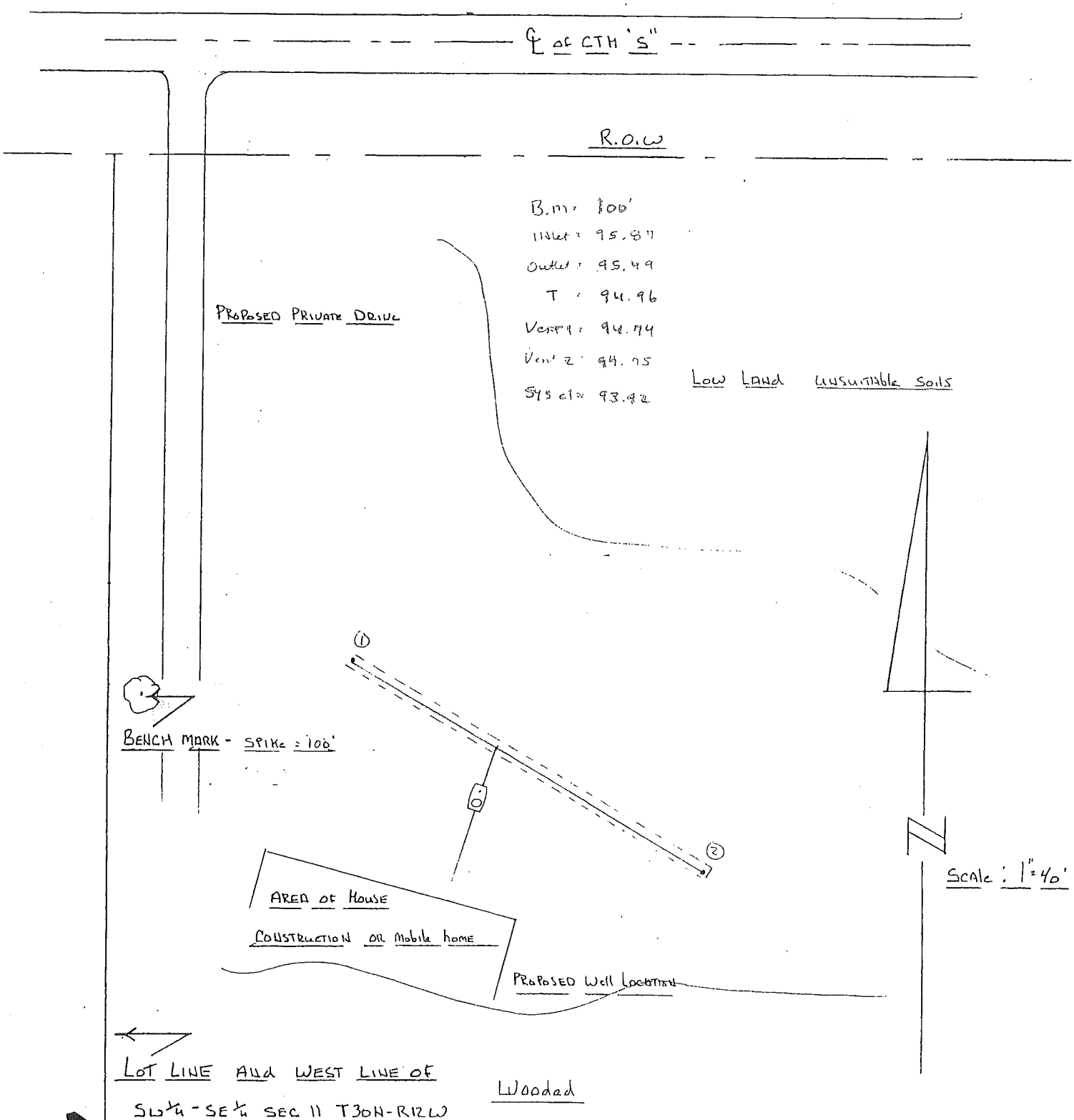
SBD-6710 (R. 05/91)


℄ of CTH 'S'
R.O.W
B.M. = 100'
Inlet = 95.81
Outlet = 95.49
T = 94.96
Vent 1 = 94.74
Vent 2 = 94.75
Sys ct = 93.92
Proposed Private Drive
Low Land Unsuitable Soils
1
2
Bench Mark - Spike = 100'
Area of House
Construction or Mobile home
Proposed Well Location
Scale: 1" = 40'
Lot Line and West Line of
SW¼ - SE¼ Sec 11 T30N-R12W
Wooded

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY: DUNN

STATE SANITARY PERMIT #: 161577 ☐ Check if revision to previous application

STATE PLAN I.D. NUMBER:

...complete plans (to the county copy only) for the system, on paper not less than ...11 inches in size.

...e reverse side for instructions for completing this application.

I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER	PROPERTY LOCATION
Robert Burns	SW ¼ SE ¼, S 11 T30, N, R 12 E(or) W
PROPERTY OWNER'S MAILING ADDRESS: 2948 W. 43 ST.	LOT #: – BLOCK #: –
CITY, STATE: CHICAGO, IL ZIP CODE: 60632 PHONE NUMBER: ( ) –	SUBDIVISION NAME OR CSM NUMBER: –

II. TYPE OF BUILDING: (Check one) ☐ State Owned ☐ Public ☒ 1 or 2 Fam. Dwelling–# of bedrooms 3

☐ CITY ☐ VILLAGE ☒ TOWN OF: OTTER CREEK

NEAREST ROAD: CTH S

PARCEL TAX NUMBER(S): 301211.403

III. BUILDING USE: (If building type is public, check all that apply)

1 ☐ Apt/Condo	6 ☐ Medical Facility/Nursing Home	10 ☐ Outdoor Recreational Facility
2 ☐ Assembly Hall	7 ☐ Merchandise: Sales/Repairs	11 ☐ Restaurant/Bar/Dining
3 ☐ Campground	8 ☐ Mobile Home Park	12 ☐ Service Station/Car Wash
4 ☐ Church/School	9 ☐ Office/Factory	13 ☐ Other: Specify _____
5 ☐ Hotel/Motel		

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. ☒ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System

B) ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 ☐ Seepage Bed	21 ☐ Mound	30 ☐ Specify Type _____	41 ☐ Holding Tank
12 ☒ Seepage Trench	22 ☐ In-Ground Pressure		42 ☐ Pit Privy
13 ☐ Seepage Pit			43 ☐ Vault Privy
14 ☐ System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA PROPOSED (sq. ft.)	4. LOADING RATE (Gals/day/sq. ft.)	5. PERC. RATE (Min./inch)	6. SYSTEM ELEV.	7. FINAL GRADE ELEVATION
450	585	600	1.33	CLASS I	94.0 Feet	97.0 Feet

VII. TANK INFORMATION

	CAPACITY in gallons: New Tanks	CAPACITY in gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic	Exper. App.
Septic Tank or Holding Tank	1000		1000	1	MIDWEST PRECAST	☑	☐	☐	☐	☐	☐
Lift Pump Tank/Siphon Chamber						☐	☐	☐	☐	☐	☐

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

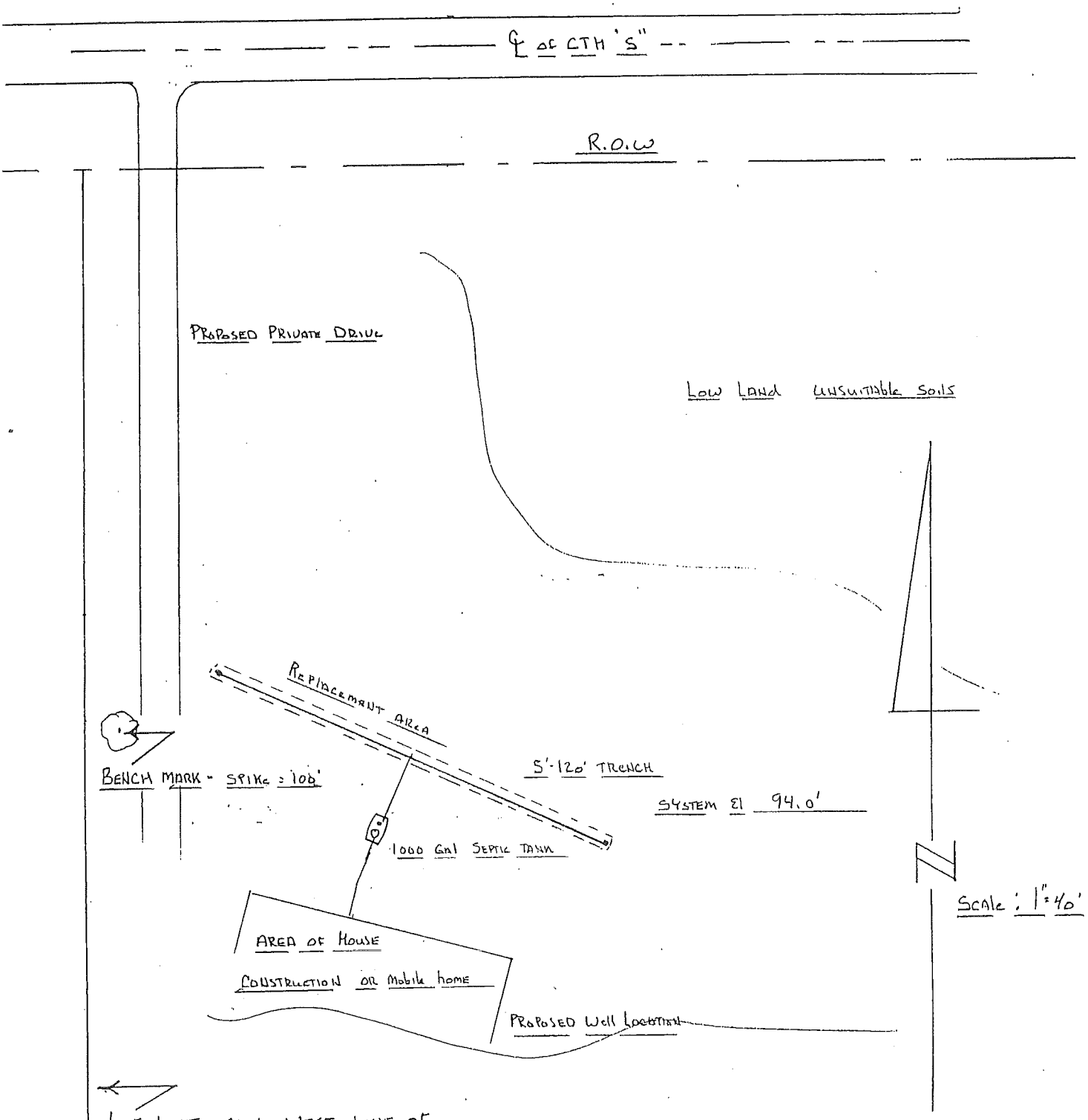
Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPRSW No.:	Business Phone Number:
WAYNE LORENZ	Wayne Lorenz	934	(715) 643-3223

Plumber's Address (Street, City, State, Zip Code): ROUTE 1 BOYCEVILLE WI 54725

IX. COUNTY/DEPARTMENT USE ONLY

☑ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
		$116.00	8-24-92	Cleo Strunge

X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:



SIGNATURE

Wayne Dorsey

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(ILHR 83.09(1) & Chapter 145)

...ATIONS

...DIVISION
P.O. BOX 7969
MADISON, WI 53707

...N:	SECTION:	TOWNSHIP/MUNICIPALITY:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
¼SE ¼	11 /T30 N/R12 E (or) W	OTTER Creek	—	—	—

...UNTY:		MAILING ADDRESS:
Dunn	Robert Burns	2948 W. 43 ST. Chicago, IL 60632

...SE

☒ Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	☒ New ☐ Replace
	3	—	

DATES OBSERVATIONS MADE

PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
August 18 92	—

...ATING: S= Site suitable for system U= Site unsuitable for system

...ONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☒S ☐U	☒S ☐U	☒S ☐U	☒S ☐U	☐S ☒U	Conventional Trench

...f Percolation Tests are NOT required ...nder s. ILHR 83.09(5)(b), indicate:	DESIGN RATE: Class I

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: NA.

PROFILE DESCRIPTIONS

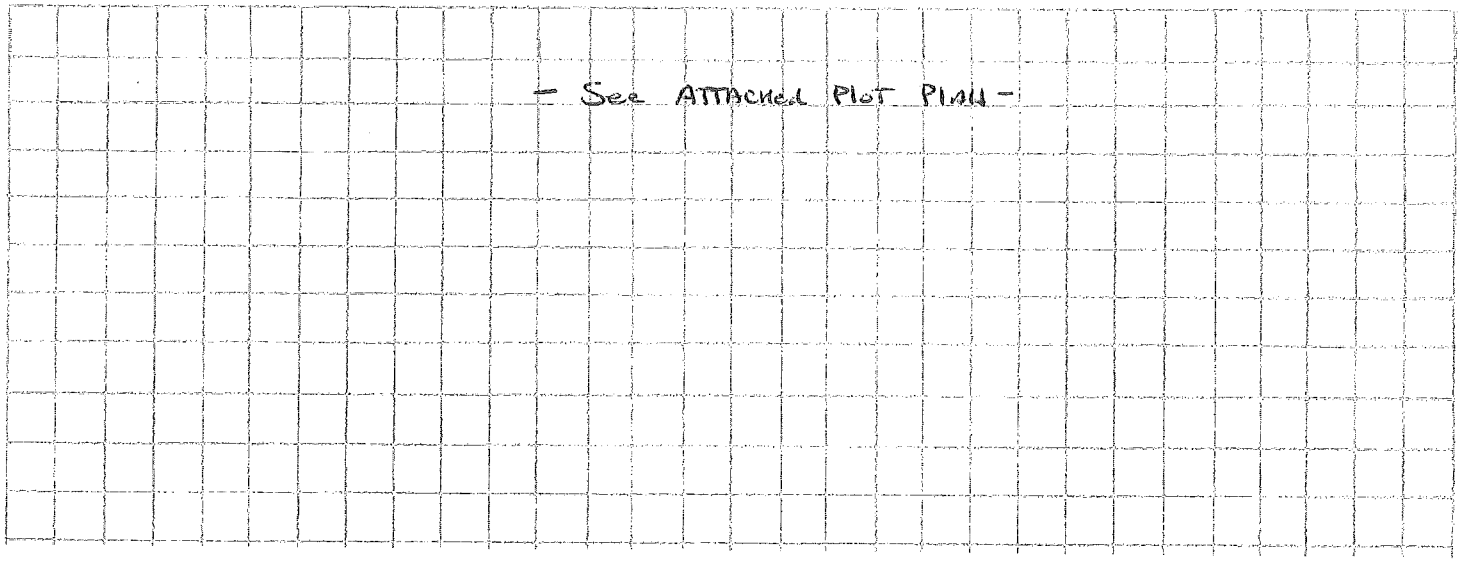
...ORING ...UMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	DEPTH TO GROUNDWATER-INCHES EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B-1	82	96.84	None	>82	0-6 10YR 3/2 ls, 6-12 10YR 4/3 ls, 12-36 10YR 4/4 s, 36-82 10YR 5/4 fs.
B-2	80	96.85	None	>80	Similar to B1
B-3	77	95.97	None	>77	Similar to B1
B-4	78	96.35	None	>78	Similar to B1
B-5	74	96.20	None	>74	Similar to B1
B-					

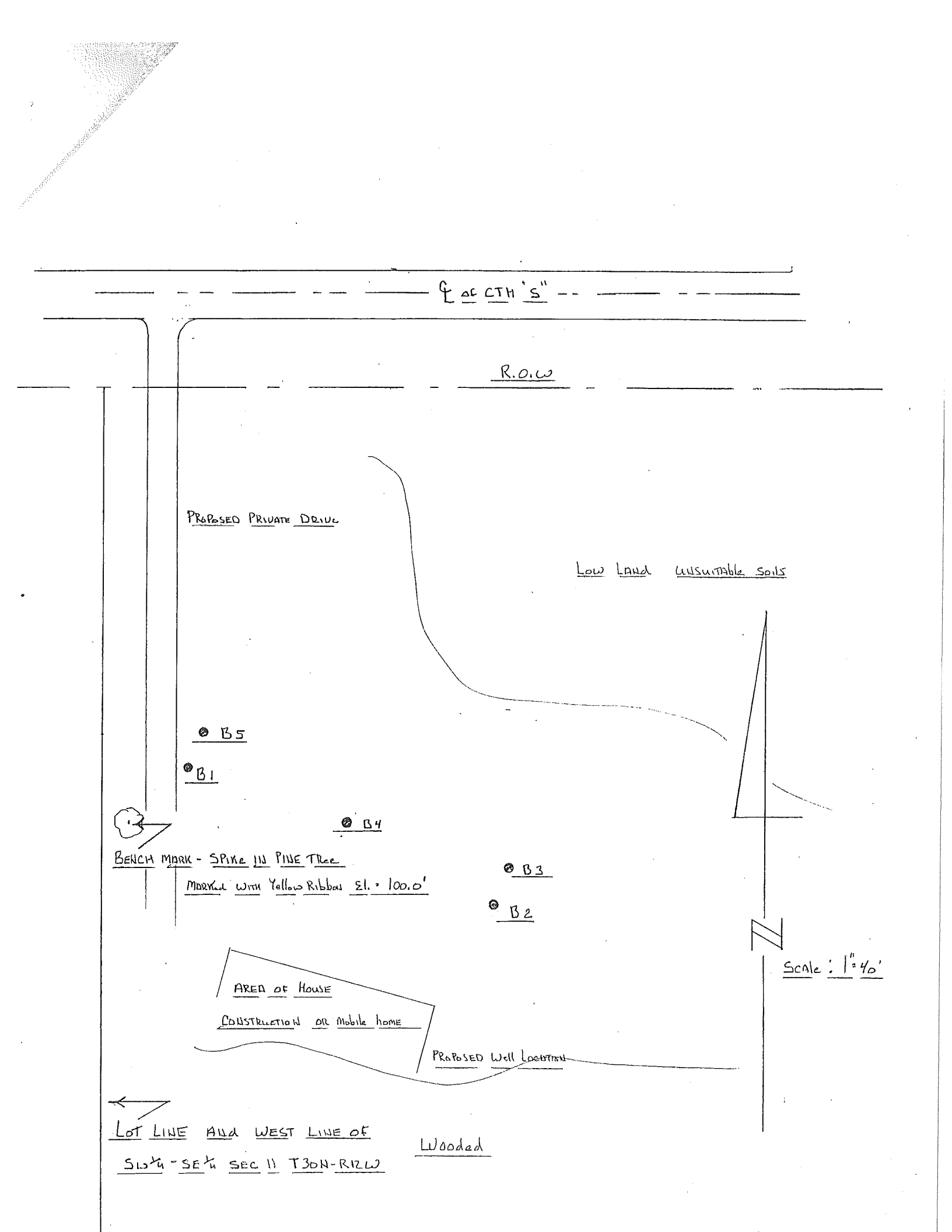
PERCOLATION TESTS

...TEST ...UMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES PERIOD 1	PERIOD 2	PERIOD 3	RATE MINUTES PER INCH
P-							
P-				Exempt under ILHR 83.09(5)(b)			
P-							
P-							
P-							
P-							

...LOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the hori...ntal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent ...f land slope.

...SYSTEM ELEVATION 94.0'




℄ of CTH "S"
R.O.W
Proposed Private Drive
Low Land Unsuitable Soils
B5
B1
B4
B3
B2
Bench Mark - Spike in Pine Tree
Marked with Yellow Ribbon El. = 100.0'
Area of House
Construction or Mobile home
Proposed Well Location
Lot Line and West Line of
S1/2 - SE1/4 Sec 11 T30N-R12W
Wooded
Scale: 1" = 40'