

REPORT ON INSPECTION OF SANITARY PERMIT # State-13365/COUNTY-21

Parcel # 271335.404-3

(1) Name and Address of Permit Holder <u>Pete Schlosser</u> <u>Box 6, Downsview, WI 54735</u>	Person/Persons at Site <u>Glenn Pelke</u>	(2) Date of Inspection <u>October 15, 1981</u>
Name, Address, License No. of Installing Plumber <u>Lyde Pelke, Route #3, Durand, WI 54736</u> <u>MP5517</u>		Time of Inspection <u>11:00 a.m.</u>

- (3) INSTALLATION CONSISTS OF:
- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Septic Tank | <input checked="" type="checkbox"/> Seepage Trench | <input type="checkbox"/> Dosing Chamber |
| <input type="checkbox"/> Seepage Pit | <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Holding Tank |
| | | <input type="checkbox"/> Fill System |

(4) BENCHMARK: (Permanent reference Point) Describe: Top of drilled 4" well.

Elevation of vertical reference point: 100' Slope at site: 10% South

(5) MATERIAL AND DEPTH OF SEWER: Cast Iron and PVC

(6) SEPTIC TANK: Manufacturer: Midwest Block Liquid Capacity: 1,000 gallons
 Tank Inlet Elevation: 85.15' Tank Outlet Elev: 84.94'
 # ft to lot or property line: 100' # ft to well: 65'

(7) DOSING TANK: Manufacturer: _____ # of gallons: _____
 # of gallon pump set for a cycle _____ gallons; total capacity of distribution
 lines _____ gallon; size of pump _____ head; gallon per minute _____;
 horsepower _____; brand name of pump and model number _____.
 Is the warning device installed? ☐ YES ☐ NO Wired? ☐ YES ☐ NO

(8) HOLDING TANK: Manufacturer _____; # of gallons _____;
 construction _____; depth to the cover _____ ft; If septic tank is
 being used are baffles removed? ☐ YES ☐ NO; _____ ft from residence;
 _____ ft from well; _____ ft from property line. Type of warning device _____
 Is the warning device installed? ☐ YES ☐ NO; Wired? ☐ YES ☐ NO;
 Locking device on cover? ☐ YES ☐ NO; Diameter of vent and material _____;
 Distance from building to vent _____

(9) SEEPAGE PIT SIZE: _____ # of pits; _____ ft diameter; _____ ft liquid depth;
 _____ ft to residence; _____ ft to well; _____ ft to property line;
 _____ ft to ordinary high water mark of lake or stream; _____ ft to edge of slopes
 greater than _____; seepage pit inlet pipe-elevation _____ ft; bottom of
 seepage pit elevation _____ ft.

(10) SEEPAGE BED SIZE: _____ ft width; _____ ft length; _____ tile depth;
 _____ lineal feet tile; _____ ft to residence; _____ ft to well; _____ ft to lot or
 property line; _____ ft to ordinary high water mark of lake or stream; _____ ft to edge
 of slopes greater than 20% falling away toward lakes, water courses or drainage ditches
 Elevation of tank discharge line entering bed _____ ft.

(11) SEEPAGE TRENCH: Total length of seepage trench 100 ft; width 5 ft;
 tile depth 2 ft; 87 ft to well; NA ft to ordinary high water mark of
 lake or stream; NA ft to edge of slopes greater than 20% falling away toward lakes,
 water courses or drainage ditches; elevation of tank discharge line entering seepage
 trench 82.75 ft.

(12) Has system been installed in area indicated on EH 115? ☒ YES ☐ NO

(13) Has system been installed in floodway? ☐ YES ☒ NO Floodplain? ☐ YES ☒ NO

DILHR-SBD-6095(N.05/80)

Signature of Inspector: _____

Michael Holgeon

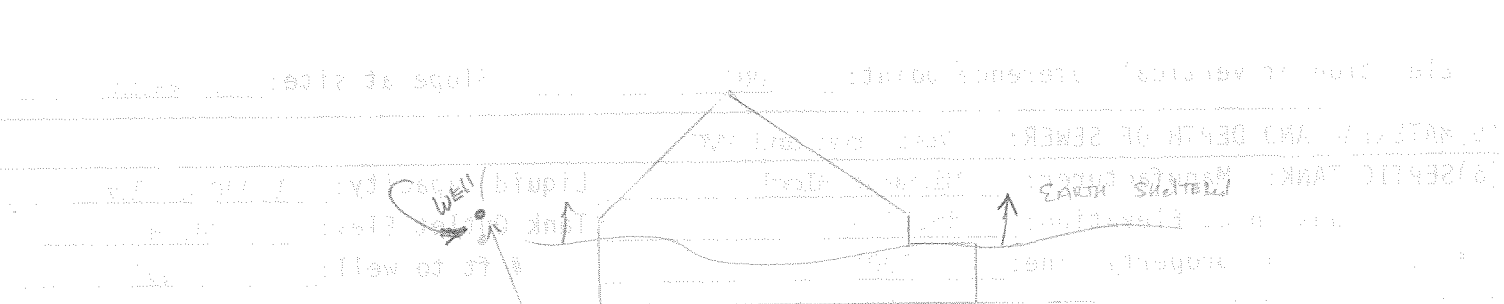
REPORT ON INSPECTION OF SANITARY PERMIT

Name and Address of Permit Holder		Person/Persons at Site	
Name, Address, License No. of Installing Plumber		Time of Inspection	

1. INSTALLATION CONSISTS OF:

☒ Septic Tank ☐ Septic Bed ☐ Holding Tank ☐ Filtration System

2. PERMANENT REFERENCE POINT, DESCRIBE: "ft. to edge of slope"



3. MANUFACTURER: _____

4. CAPACITY: _____ gallons

5. TYPE OF PUMP: _____

6. TYPE OF WARMING DEVICE: _____

7. TYPE OF VENT: _____

8. TYPE OF MATERIAL: _____

9. TYPE OF WIRING: _____

10. TYPE OF COVER: _____

11. TYPE OF BATTERY REMOVED: _____

12. TYPE OF BATTERY REMOVED: _____

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70. TYPE OF BATTERY REMOVED: _____

APPLICATION FOR A ZONING PERMIT

The undersigned makes application for a Zoning Permit and agrees that all work will be performed in accordance with all applicable laws and regulations of Dunn County and the State of Wisconsin.

Pete Schlosser
Owner or Agent
Box 6, Downsville, WI 54735
Address
Telephone Number: 664-8826

SELF
Contractor
Address
Telephone Number: _____

DESCRIPTION:

1. WORK: (check one)

New Building X
Addition _____
Repairs _____
Alteration _____
Moving _____

2. CLASSIFICATION

Zone Agricultural
Use Home--Earth Berm
& Garage

3. OTHER REQUIRED PERMITS (Date of application)

Sanitary 4-29-81
Zoning 4-29-81
Building NO
Well 4-29-81
Other _____

4. BUILDING DETAILS

Type of construction Concrete, Wood & glass
Size: 25 wide by 56 long
Number of stories 1
Approximate Value \$48,000

Lot Width _____
Lot Length _____
Square feet 7.87 Acres

DISTANCES FROM HOME TO:

Type of road(s) County Road
Road(s) 250'
Any body of water NONE
Right lot line 15'+
Left lot line 15'+

REMARKS:

Permit denied NO Reason: _____

Shoreland permit yes X no

Certificate of Compliance issued on: _____

Fee \$ _____

ACTION:

Date permit issued 4-29-81

Signature Pete A. Schlosser

Fee \$ 5.00

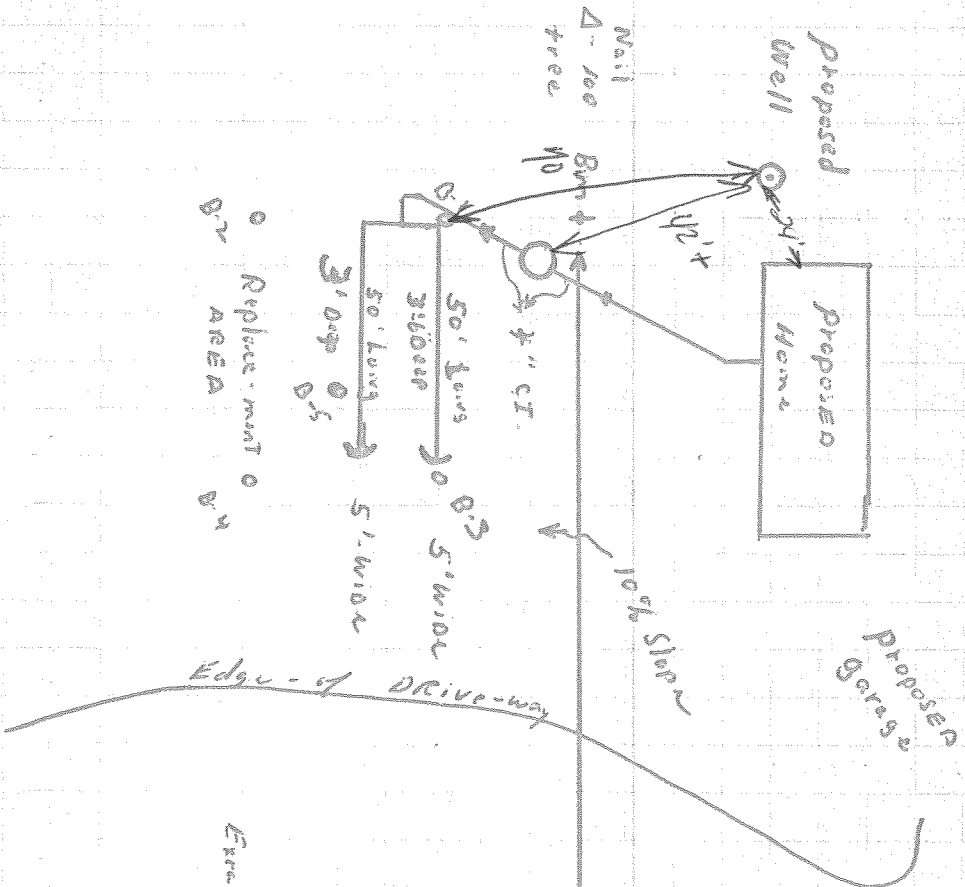
Started NOW

County Zoning

18 Date 4-29-81 Owner Pete Schlosser Block _____ Lot(s) _____ Township DUNN NW 1/4 SW 1/4 Section 27 N R 13 W 36

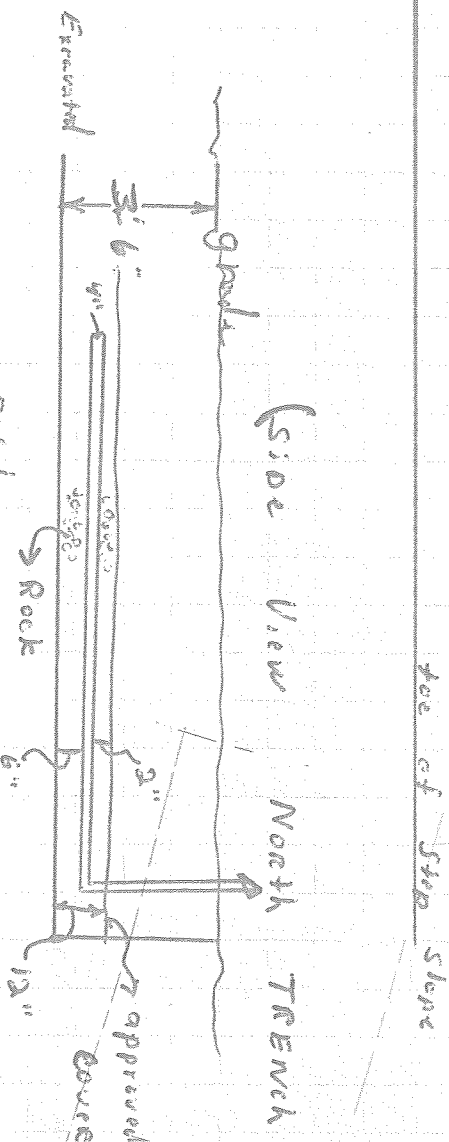
Nearest Line
Lot

N



NW/SE Sec 35
T 27 R 13 W
Town Dunn

Pete Schlosser
Box 6 Downsview



South TRENCH

Max depth 3'

the rest the same as above

- 1- Square = 10°
- 0- Deer holes
- 4- Elevation
- B-1 A-94.8

→ 4" CI. Vent
GO ON SPTIC Tank

Phil Allen

LB 67

State and County
Permit Application
for Private Domestic Sewage SystemsState Permit # B365
County Permit # 21
County DUNN

DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required _____ State Plan I.D. # _____

A. OWNER OF PROPERTY

Mailing Address:

Pete Schlosser 35 Box 6 DownsvilleB. LOCATION: NW 1/4 SW 1/4, Section 36, T27 N, R 13 E (or) W Lot# _____ City _____
Subdivision Name, _____ nearest road, lake or landmark Blk# 2 Hwy C Village _____
Township DunnC. TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family ☒ Duplex _____ No. of Bedrooms 3 No. of Persons —D. SEPTIC TANK CAPACITY 1000 Total gallons No. of tanks 1
HOLDING TANK CAPACITY _____ Total gallons No. of tanks _____
Prefab concrete ☒ Poured-in-Place _____ Steel _____ Fiberglass _____ Other (specify) _____
New Installation ☒ Replacement _____
Lift Pump Tank or Siphon Chamber — Total gallons Prefab concrete _____ Poured-in-Place _____ Other (Specify) _____E. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 9.52 Total Absorb Area 500 sq. ft.
New ☒ Replacement _____ Alternate (Specify) _____
Seepage Trench: 100' No. of Lineal Ft. 100' Width 5' Depth 3'-6" Tile depth (top) 26" + 32" No. of Trenches 2
Seepage Bed: _____ Length _____ Width _____ Depth _____ Tile depth (top) _____ No. of Lines _____
Seepage Pit: _____ Inside diameter _____ Liquid Depth _____ No. of Seepage Pits _____
Percent slope of land _____ Distance from critical slope _____WATER SUPPLY: Private ☒ Joint ☐ Community ☐ Municipal ☐

Owners name as listed on EH 115 if other than present owner: _____

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester,

NAME Thomas Whalen C.S.T. # 55 577 and other information _____
obtained from owner (owner/builder).
Plumber's Signature Lyb Peltz MP/MPRSW# 5517 Phone # 672-5266
Plumber's Address EE # 3 Durand, Wis

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20. Well location shall be included on the sketch. Indicate or dimension location of all wells on the property or neighbors property. If well has not been drilled please indicate.

SEE ATTACHED sheet