

**H&H PLUMBING**  
**SEPTIC SYSTEM & WELL INSPECTION REPORT**

TO: Rassbach Realty      INSPECTED BY: Kent Hoke  
                    Attn: Jill

I hereby certify that on 2/7/19

I:     X     inspected the septic system  
         X     inspected the well  
         X     obtained a drinking water sample

On the property described as W2221 Cty Rd G  
  Elmwood WI

As a result of my inspection, I certify that:

\_\_\_\_\_ In my opinion, the septic system was, on the date of my inspection, in good working order and in compliance with all applicable state & local codes.

Y/(N) Recommend Septic System to be Pumped

\_\_\_\_\_ In my opinion, the well was, on the date of my inspection, in good condition and working order and in compliance with all applicable state & local codes.

X In my opinion, the septic system and well were, on the date of my inspection, in good working order, but not in compliance with the following state or local codes: Well: Needs new cap

X I forwarded the water sample to Septic: Needs 6" co cap, 4" co cap, 6" lock down riser w/ padlocks  
  CTL Colfax WI  
for testing. A copy of their report is attached.

**WELL TYPE**

Year Installed: N/A  
Drilled/Bored: X  
Dug: \_\_\_\_\_  
Driven: \_\_\_\_\_

**SEPTIC SYSTEM**

Year Installed: 99  
Septic Tank: X  
Drywell: \_\_\_\_\_  
Other: man  
# of Bedrooms: 3

Attached is a sketch showing the location of the well and septic system in relation to each other, and to the dwelling.

Those matters to which I have certified above are statements of my professional opinion. This certification is not a guarantee or warranty. Therefore, I disclaim all liability for any loss caused by reliance on this certification, except to the extent caused by gross negligence or intentional misrepresentation in giving this certification.

DATE: 2/11/19

SIGNATURE: \_\_\_\_\_

LICENSE # MP224199

# H&H PLUMBING, LLC

200 Bremer Avenue, Suite D  
PO Box 10  
Colfax, WI 54730  
Ph. (715)962-4155

February 11, 2019

TO: Jill Rassbach, Rassbach Realty

FROM: Kent Hoke MP#224199

RE: W2221 County RD G, Elmwood WI

Well: Water was off to house at time of inspection. However, I ran the water at the pressure tank for about 10 minutes and then took water test. NOTE: Water test results are not back at this time. We will forward as soon as they are available.

Sewer: The septic system appears to not have been used recently. However, on the date of my inspection it appears to be in good working order. The septic system is in need of a 6" lockdown riser with padlocks, a 4" cleanout cap, and a 6" cleanout cap.

If you have any questions, please feel free to give me a call at 715-556-7621

Sincerely,

Kent Hoke MP#224199



# SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division  
201 W. Washington Avenue  
P O Box 7302  
Madison, WI 53707-7302

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

Personal information you provide may be used for secondary purposes  
[Privacy Law, s. 15.04 (1) (m)].

County	Pierce
State Sanitary Permit Number	338040
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	239832

## I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name Ron Wilkens		Property Location NW 1/4 NE 1/4, S 6 T 26 N, R 15 E (or W)	
Property Owner's Mailing Address N 4714 CTH W S		Lot Number 1	Block Number
City/State Elmwood WI	Zip Code 54740	Phone Number (715) 1637-3606	Subdivision Name or CSM Number CSM - V-7, P-101
II. TYPE OF BUILDING: (check one) <input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms 3		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town OF Rock Elm	Nearest Road CTHW 6
III. BUILDING USE: (If building type is public, check all that apply)		Parcel Tax Number(s) 24-1012-600 0242261506125007101001	

- |  |  |   |
|--|--|---|
| 1 <input type="checkbox"/> Apartment/Condo | 6 <input type="checkbox"/> Medical Facility/Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall   | 7 <input type="checkbox"/> Merchandise Sales/Repairs     | 11 <input type="checkbox"/> Restaurant/Bar/Dining         |
| 3 <input type="checkbox"/> Campground      | 8 <input type="checkbox"/> Mobile Home Park              | 12 <input type="checkbox"/> Service Station/Car Wash      |
| 4 <input type="checkbox"/> Church/School   | 9 <input type="checkbox"/> Office/Factory                | 13 <input type="checkbox"/> Other: specify                |
| 5 <input type="checkbox"/> Hotel/Motel     |  |   |

## IV. TYPE OF PERMIT: (Check only one box on line A. Check box on 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 Number \_\_\_\_\_ Date Issued \_\_\_\_\_

## V. TYPE OF SYSTEM: (Check only one)

- |  |  |  |  |
|--|--|--|--|
| Non-Pressurized Distribution               | Pressurized Distribution                       | Experimental                             | Other                                    |
| 11 <input type="checkbox"/> Seepage Bed    | 21 <input checked="" type="checkbox"/> Mound   | 30 <input type="checkbox"/> Specify Type | 41 <input type="checkbox"/> Holding Tank |
| 12 <input type="checkbox"/> Seepage Trench | 22 <input type="checkbox"/> In-Ground Pressure |  | 42 <input type="checkbox"/> Pit Privy    |
| 13 <input type="checkbox"/> Seepage Pit    |  |  | 43 <input type="checkbox"/> Vault Privy  |
| 14 <input type="checkbox"/> System-In-Fill |  |  |  |

## VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day 450	2. Absorp. Area Required (sq. ft.) 400	3. Absorp. Area Proposed (sq. ft.) 400	4. Loading Rate (Gals/day/sq. ft.) 0.5	5. Perc. Rate (Min./inch)	6. System Elev. 95.2 Feet	7. Final Grade Elevation 96.2 Feet
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VII. TANK INFORMATION	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1000	—	1000	1	Midwest	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber	650	—	650	1	Packer Combo	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name: (Print) Todd L. Sinc	Plumber's Signature: (No Stamps) <i>[Signature]</i>	MP/MPRSW No.: MP139462	Business Phone Number: 715-285-2644
Plumber's Address (Street, City, State, Zip Code): E 5609 708 A AVE MENOMONIE WI 54751			

## IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) \$300.00	Date Issued 8-16-99	Issuing Agent Signature (No Stamps) James Kleinhaus/c.b.
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

## X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:



# H & H Plumbing LLC

P.O. Box 10  
200 Bremer Avenue Suite D  
Colfax, WI 54730  
(715)962-4155

Name / Address
Rassbach Realty 2106 Stout Rd Menomonie, WI 54751

## Proposal

Date	Proposal #
2/11/2019	3803

P.O. No.	
Terms	Due on receipt

Acceptance of Proposal: The following prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Final payment due upon Plumbing Bid completion.  
CUSTOMER NAME : \_\_\_\_\_  
CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Qty	Description	Total
1	W2221 County RD G, Elmwood Install New Well Cap; Install 6" Cleanout Cap, a 4" Cleanout Cap, and a 6" Lockdown riser w/ padlocks --- Labor & Material for the sum of:	440.00

As required by the Wisconsin construction lien law, claimant hereby notifies owner that persons or companies performing, furnishing, or procuring labor, services, materials, plans, or specifications for the construction on owner's land, may have lien rights on owner's land and buildings if not paid. Those entitled to lien rights, in addition to the undersigned claimant, are those who contract directly with the owner or those who give the owner notice within sixty (60) days after they first perform, furnish, or procure labor, services, materials, plans or specifications for the construction. Accordingly, owner will probably receive notices from those who perform, furnish, or procure labor, services, materials, plans, or specifications for the construction, and should give a copy of each notice received to the mortgage lender, if any. Claimant agrees to cooperate with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid.

Any alteration or deviation from above specifications, involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the Estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance upon above work. Workmens Compensation and Public Liability Insurance, on above work, to be taken out by H&H Plumbing, LLC.

Subtotal	\$440.00
Sales Tax (5.5%)	\$0.00
Total	\$440.00

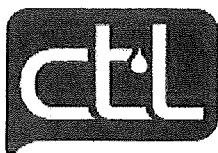
H&H Representative Name:

Brandi Noller

H&H Representative Signature:

Brandi Noller

DATE: 2/11/19



# Commercial Testing Laboratory, Inc.

514 Main Street  
Colfax, WI 54730  
Phone: 715-962-3121

P.O. Box 526  
Colfax, Wisconsin 54730  
Phone: 800-962-5227

Colfax, Wisconsin 54730  
Fax: 715-962-4030

## **\*\* Preliminary Report \*\***

These are pre-liminary results and are subject to change upon further review by the laboratory.

### ANALYTICAL REPORT

Sid Hoke  
H & H Plumbing  
200 Bremer Ave, Suite D  
PO Box 10  
Colfax WI 54730

Report Number: 19002964 Page: 1  
Sample Number: 19-C1043  
Report Date:  
Date Received: 2/ 8/19

Owner: Troy Wilkins  
Address: W2221 Cty Rd G  
Elmwood WI 54740

Collector: Kent Hoke  
Date Sampled: 2/ 7/19  
Time Sampled: 16:00

Sample Source: Pressure Tank Tap

Date Analyzed: 2/ 8/19  
Time Analyzed: 9:55

Coliform-Colilert: Present /100ml

Interpretation: Bacteriologically UNSAFE

Nitrate-N: 11.0 ppm  
Above 10 ppm Nitrate-N exceeds the recommended Public  
Drinking Water Standard.

Arsenic: Not Entered ug/L  
Above 10 ug/L exceeds the Maximum Contaminant Level (MCL)  
in drinking water systems.

Lab Technician: Pam Gane

WI Approved Lab No.105-19

< Means "LESS THAN" Detectable Level

Approved by:

# H & H Plumbing LLC

P.O. Box 10  
200 Bremer Avenue Suite D  
Colfax, WI 54730  
(715)962-4155

Name / Address
Troy Wilkins

## Proposal

Date	Proposal #
2/12/2019	3805

P.O. No.	
Terms	Due on receipt

Acceptance of Proposal: The following prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. Final payment due upon Plumbing Bid completion.

CUSTOMER NAME : \_\_\_\_\_

CUSTOMER SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Qty	Description	Total
1	Installation of Reverse Osmosis System for Nitrates--Labor & Material for the sum of:	1,000.00
1	Chlorination of Well--Labor & Material for the sum of: EST OF \$300.00-\$500.00	500.00

As required by the Wisconsin construction lien law, claimant hereby notifies owner that persons or companies performing, furnishing, or procuring labor, services, materials, plans, or specifications for the construction on owner's land, may have lien rights on owner's land and buildings if not paid. Those entitled to lien rights, in addition to the undersigned claimant, are those who contract directly with the owner or those who give the owner notice within sixty (60) days after they first perform, furnish, or procure labor, services, materials, plans or specifications for the construction. Accordingly, owner will probably receive notices from those who perform, furnish, or procure labor, services, materials, plans, or specifications for the construction, and should give a copy of each notice received to the mortgage lender, if any. Claimant agrees to cooperate with the owner and the owner's lender, if any, to see that all potential lien claimants are duly paid.

Any alteration or deviation from above specifications, involving extra costs, will be executed only upon written orders, and will become an extra charge over and above the Estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado, and other necessary insurance upon above work. Workmens Compensation and Public Liability Insurance, on above work, to be taken out by H&H Plumbing, LLC.

Subtotal	\$1,500.00
Sales Tax (5.5%)	\$0.00
Total	\$1,500.00

H&H Representative Name:

Haley Booth

H&H Representative Signature:

Haley Booth

DATE: 2/12/19