960125

n Department of Industry,
'uman Relations
.id Buildings Division

PRIVATE SEWAGE SYSTEM INSPECTION REPORT
(ATTACH TO PERMIT)

County: Eau Claire
Sanitary Permit No.: 265403
State Plan ID No.:
Parcel Tax No.:

GENERAL INFORMATION

Permit Holder's Name: K + D Builders Lot # 1
☐ City ☐ Village ☒ Town of: Union
CST BM Elev.: 100.0
Insp. BM Elev.: Same
BM Description:

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Huffcutt Combo	1000
Dosing	" "	600
Aeration		
Holding		

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	>2'	*	31'		NA
Dosing	>2'	*	31'		NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer		Demand	
Model Number		GPM	
TDH	Lift 11.02'	Friction Loss	System Head TDH Ft
Forcemain	Length	Dia.	Dist. To Well

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark				
Bldg. Sewer	- 3"	99.75	10.6	89.15
St / Ht Inlet; invert			11.85	87.9
St / Ht Outlet; invert			12.2	87.55
Dt Inlet				
Dt Bottom			15.37	84.38
Header / Man.				
Dist. Pipe		↓	4'4.25"	95.4
Bot. System				
Final Grade				
Contour	-2.5"	99.79	5.4	94.39

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width 8'	Length 94'	No. Of Trenches 1

SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL
	Type Of System: At grade	>5'	~115'	*

PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:	
		Model Number:	

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length ____ Dia. ____	Length ____ Dia. 2" 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.)

System was backfilled before piping could be inspected.
• Pump not installed at time of inspection.
* No well on 7-25-96.

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

SBD-6710 (R 05/91)

Date	Inspector's Signature	Cert No.
7 25 96	Daniel Tellmann R.S.	

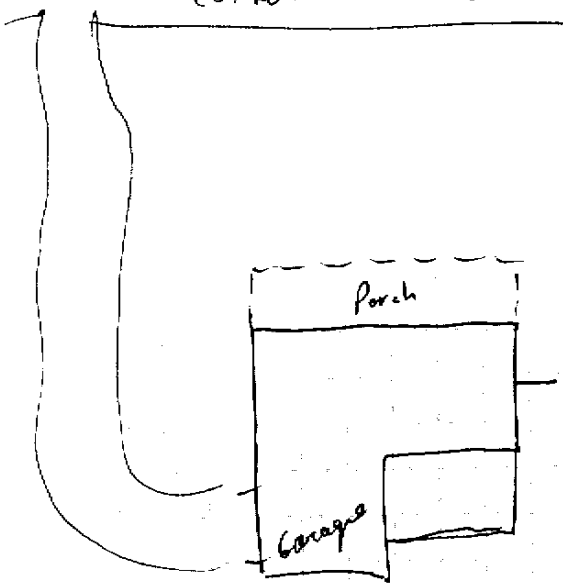
ADDITIONAL COMMENTS AND SKETCH

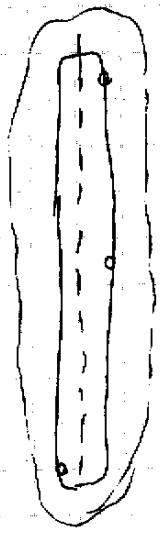
Co. Rd. C

SANITARY PERMIT NUMBER: _____

20 x 106 94.5

38" + 12.2





DILHR

COUNTY HEALTH DEPARTMENT

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
Bureau of Building Water System
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

- 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

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

County: Eau Claire

State Sanitary Permit Number: 265403

☐ Check if revision to previous application

State Plan I.D. Number: 596-01255

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name: K+D Builders (Kevin Peterson)

Property Owner's Mailing Address: E 6370 329th Ave.

City, State: Menomonie, WI | Zip Code: 54751 | Phone Number: (715) 664-8984

Property Location: NW 1/4 NE 1/4, S 30 T 27 , N, R 10 E or W

Lot Number: ~~A~~ 1 | Block Number:

~~Subdivision Name~~ or CSM Number:

~~☐ City~~
~~☐ Village~~
☒ Town OF Union

Nearest Road: Co. Rd. "C"

Parcel Tax Number(s): NA

22-1094-04-030 27.10.30.1-2-E

II. TYPE OF BUILDING: (check one)

☐ Public ☒ 1 or 2 Family Dwelling - No. of bedrooms 3 ☐ State Owned

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

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

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
11 ☐ Seepage Bed
12 ☐ Seepage Trench
13 ☐ Seepage Pit
14 ☐ System-In-Fill

Pressurized Distribution
21 ☐ Mound
22 ☐ In-Ground Pressure

Experimental
30 ☒ Specify Type: At-Grade

Other
41 ☐ Holding Tank
42 ☐ Pit Privy
43 ☐ Vault Privy

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	750	~~A~~ 750	.6	—	94.5' Feet	96.8' 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	Hufflett, Inc.	☒	☐	☐	☐	☐	☐
Lift Pump Tank /~~Siphon Chamber~~	600	—	600	1	"	☒	☐	☐	☐	☐	☐

VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name: (Print): Michael J. Hassett

Plumber's Signature: (No Stamps): Michael J. Hassett

~~MP~~/MPRSW No.: 3383

Business Phone Number: 715 834-8610

Plumber's Address (Street, City, State, Zip Code): 1503 Fairway St., Eau Claire, WI 54701

IX. COUNTY / DEPARTMENT USE ONLY

☒ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination

Sanitary Permit Fee (Includes Groundwater Surcharge Fee): 380.00

Date Issued: 5-23-96

Issuing Agent Signature (No Stamps): Kenneth Kain, RS

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

4:35 Union

SBD-6398 (R. 05/94)

DISTRIBUTION: Original to County, One copy To: Safety & Buildings Division, Owner, Plumber

AT-GRADE SYSTEM CALCULATION WORKSHEET

Owner's Name: Kevin Peterson Parcel Tax Number: _____

Legal Description: NW ¼, NE ¼, S 30, T 27 N, R 10 E or W

Lot Number: A, Block Number: —, ~~Subdivision~~/CSM Name: _____

Town of: Union, Eau Claire County, Wisconsin.

At-Grade Structure

1.	39" inches.	Limiting Factor Depth
2.	0 percent.	Land Slope
3.	450 gal/day	Daily Design Flow Rate (DDFR)
4.	.6 gal/ft^2/day.	Design Loading Rate (DLR)
5.	750 feet^2	Effective Absorption Area (EAA) = $\frac{DDFR}{DLR}$ = A x B
6.	8 feet.	Effective Absorption Width (EAW) = A
7.	94 feet.	Effective Absorption Length (EAL) = B = $\frac{EAA}{EAW}$
8.	4.8 gal./ft.	Design Linear Loading Rate (DLLR) = $\frac{DDFR}{EAL}$
9.	8 feet.	Total Aggregate Width = A = C *
10.	20 feet.	Finished Width (W) = A + C* = D + E**
11.	106 feet.	Finished Length (L) = 2(I) + B
12.	2 feet.	Finished Height (H) = F + G
13.	15.7 feet.	1/6 B)) Observe Well Locations
14.	47 feet.	1/2 B)
15.	s1 .	Texture of Soil Cap Material

WISCONSIN ☆ MICHAEL J. HASSETT D-1152 EAU CLAIRE WIS. ☆ DESIGNER

Notes: * C is Ø if the slope is Ø%, otherwise C is 2 ft.

** On level sites, substitute another D for E.

~~Plumber~~/designer Signature: Michael J. Hassett

License Number: D-1152 Date: 5-4-96

S96-01255

Pressurized Distribution Network Design

6. Distribution Lateral Sizing.

1/4 inch.	Hole Size
4 feet.	Hole Spacing
92 feet.	Laterial Length
2 inch(es)	Lateral Diameter
— feet	Lateral Spacing
95.1 feet.	Lateral Invert Elevation

17. Distribution Pipe Discharge Rate.

24.	Number of Holes Per Lateral
28.08 gpm.	Flow Rate Per Lateral
1.	Total Number of Laterals
28.08 gpm.	Total System Flow Rate

18. Manifold Sizing.

END.	Manifold Type (center or end)
— .feet.	Manifold Length *
2 inch(es) FITTING	Manifold Diameter *

*If only a tee fitting is used as the manifold, the manifold length and diameter may be reported as not applicable (NA).

9. Forcemain.

2 inch(es)	Forcemain Diameter
30 feet.	Forcemain Length
28.08 gpm.	Minimum Dosing Rate (system flow rate)
5 gallons	Forcemain Liquid Capacity

). Total Dynamic Head (TDH) Calculation.

System Head = 2.5 feet.

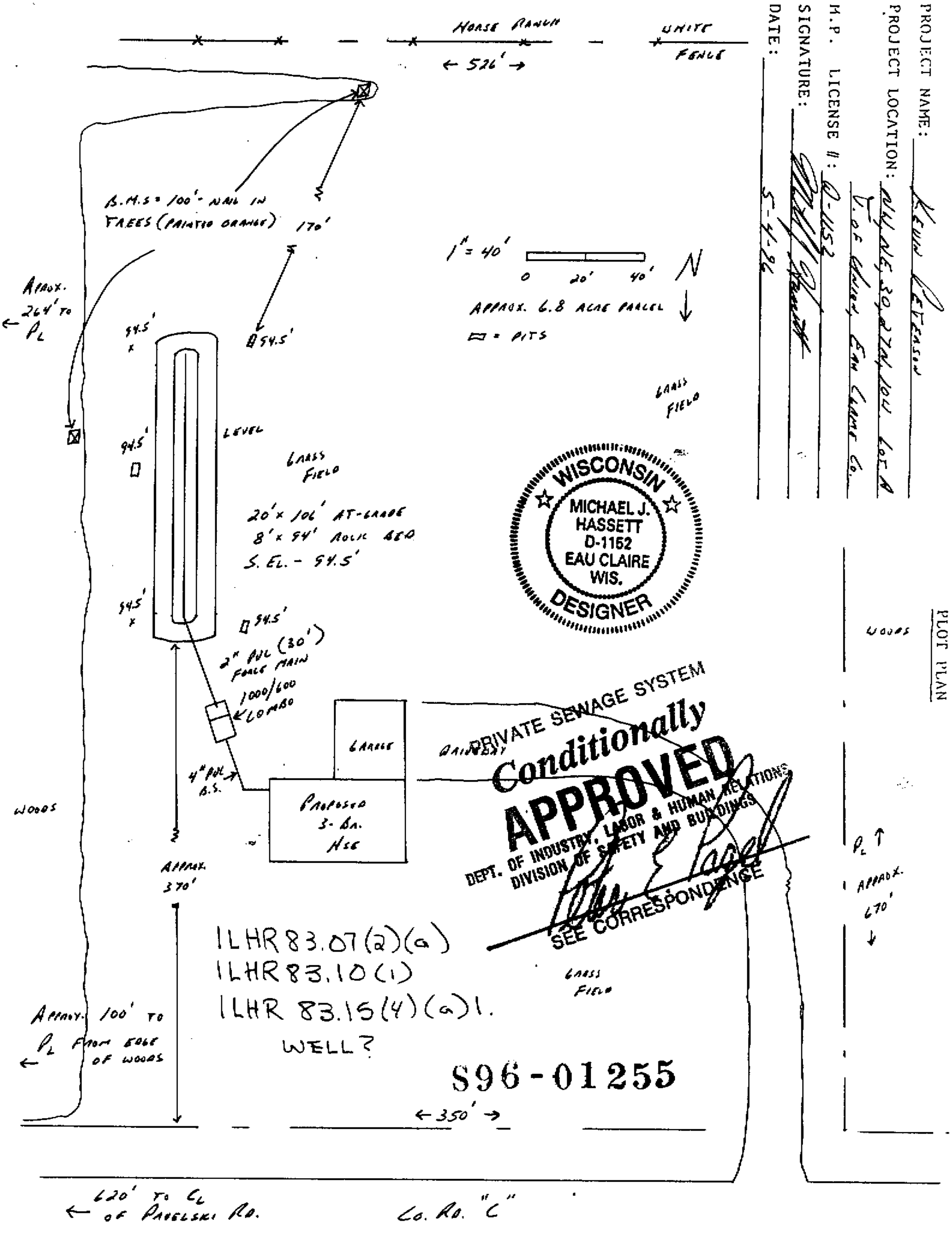
Vertical Lift = 11.5 feet.

Friction Loss = .5 feet.

TDH = 14.5 feet.

PROJECT NAME: Kevin Peterson
PROJECT LOCATION: NW NE 30 27N 10W Lot A T. of Union, Eau Claire Co.
M.P. LICENSE #: D-1152
SIGNATURE: [signature]
DATE: 5-4-96

PLOT PLAN



WISCONSIN
MICHAEL J. HASSETT
D-1152
EAU CLAIRE
WIS.
DESIGNER

PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPT. OF INDUSTRY, LABOR & HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE

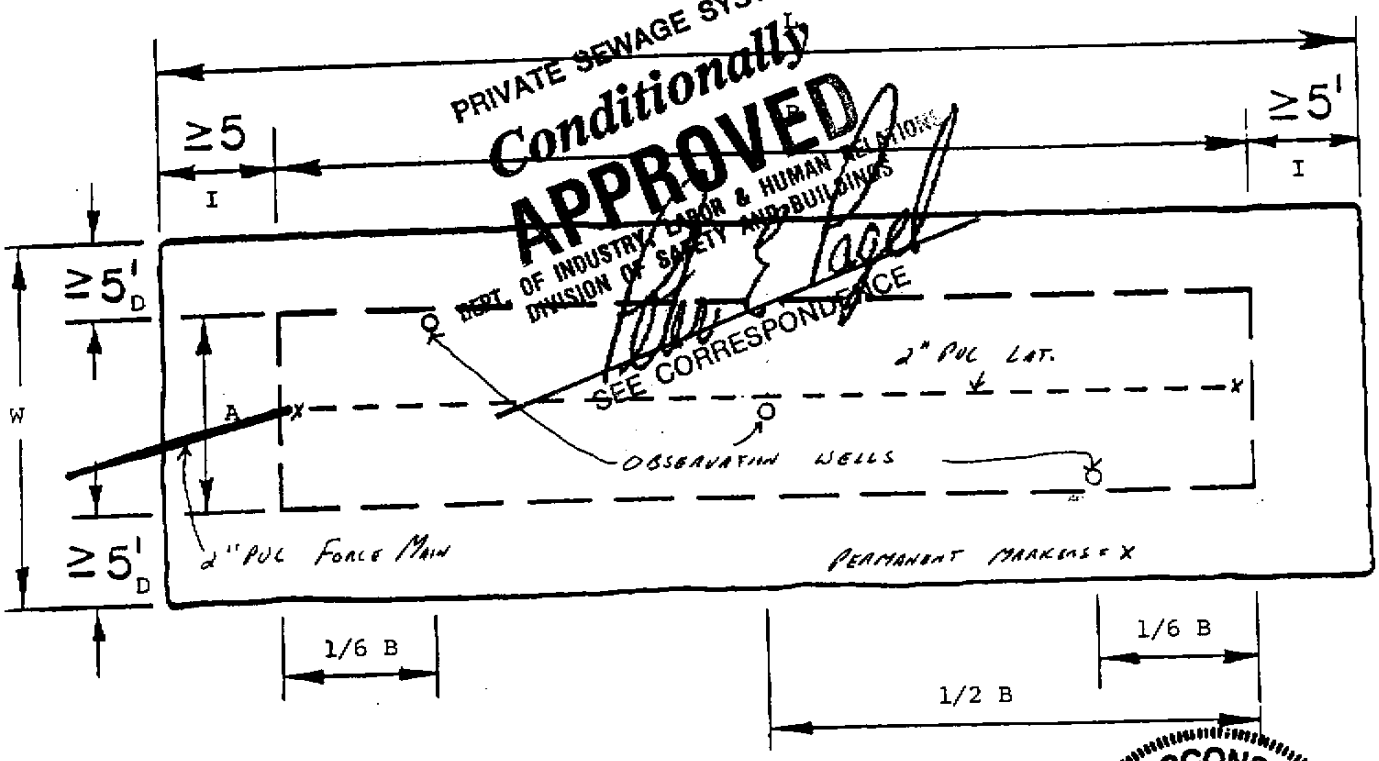
ILHR 83.07(2)(a)
ILHR 83.10(1)
ILHR 83.15(4)(a)1.
WELL?

S96-01255

Owner's Name: Kevin Peterson

~~Plumber~~/designer Signature: D-1152 Date: 5-4-96

License Number: [signature]



A = 8 ft G = 1 ft

B = 94 ft H = 2 ft W = 20 ft

D = 6 ft I = 6 ft B/2 = 47 ft

F = 1 ft L = 106 ft B/6 = 15.7 ft

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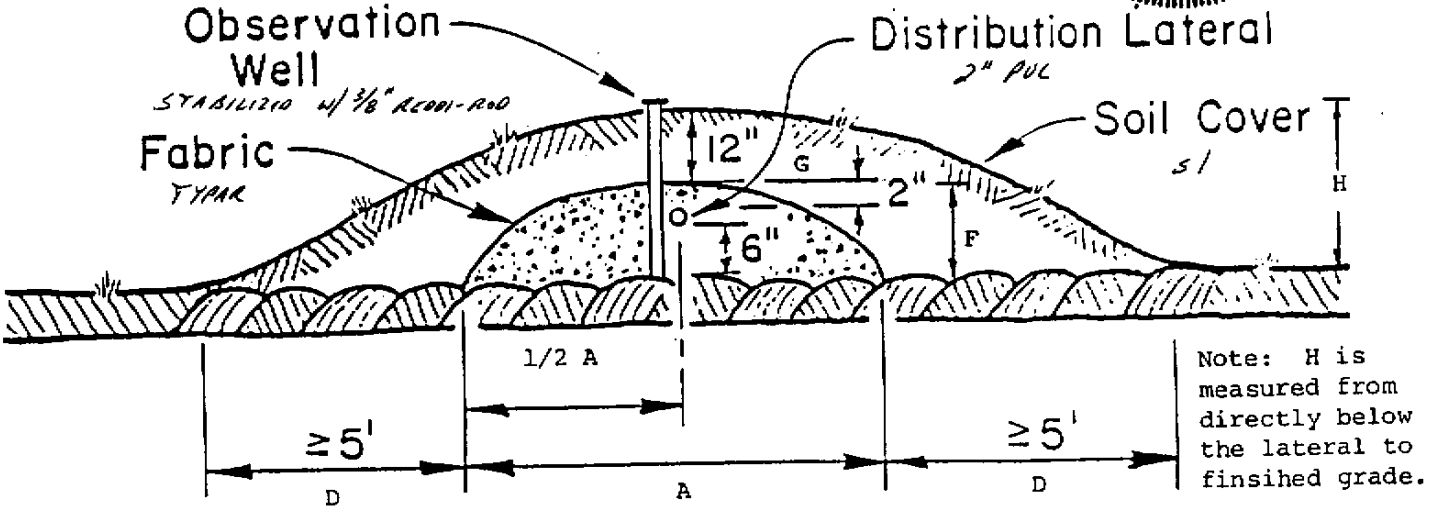
MICHAEL J. HASSETT
D-1152
EAU CLAIRE WIS.
DESIGNER



Note: H is measured from directly below the lateral to finsihed grade.

Plan View and Cross Section of a Wisconsin At-grade Unit with a Single Soil Absorption Area on a Level Site

S96-01255

Page ____ of ____.

PIPE LATERAL LAYOUT

PAGE ___ OF ___

PROJECT NAME: Kevin Peterson

PROJECT LOCATION: NW, NE, 30, 27N, 10W Lot A
T. of Union, Eau Claire Co.

MP LICENSE #: D-1152

SIGNATURE: Michael J. Hassett

DATE: 5-4-96

Hole Diameter - 1/4 In.
Lateral " - 2 In.
Manifold " - 2 In. FITTING
Force Main " - 2 In. PVC
P - 92 Ft.
X - 4 Ft.
Y - 4 Ft.

24 HOLES/LATERAL × 1.17 GPM/HOLE = 28.08 GALS./MIN. (SYSTEM FLOW RATE)

PIPE INVERT ELEV. = 95.1'

PIPE VOLUME = 15.1 GALS.

S96-01255

APPROVED
Conditionally
DEPT. OF INDUSTRY, LABOR & HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE
PRIVATE SEWAGE SYSTEM

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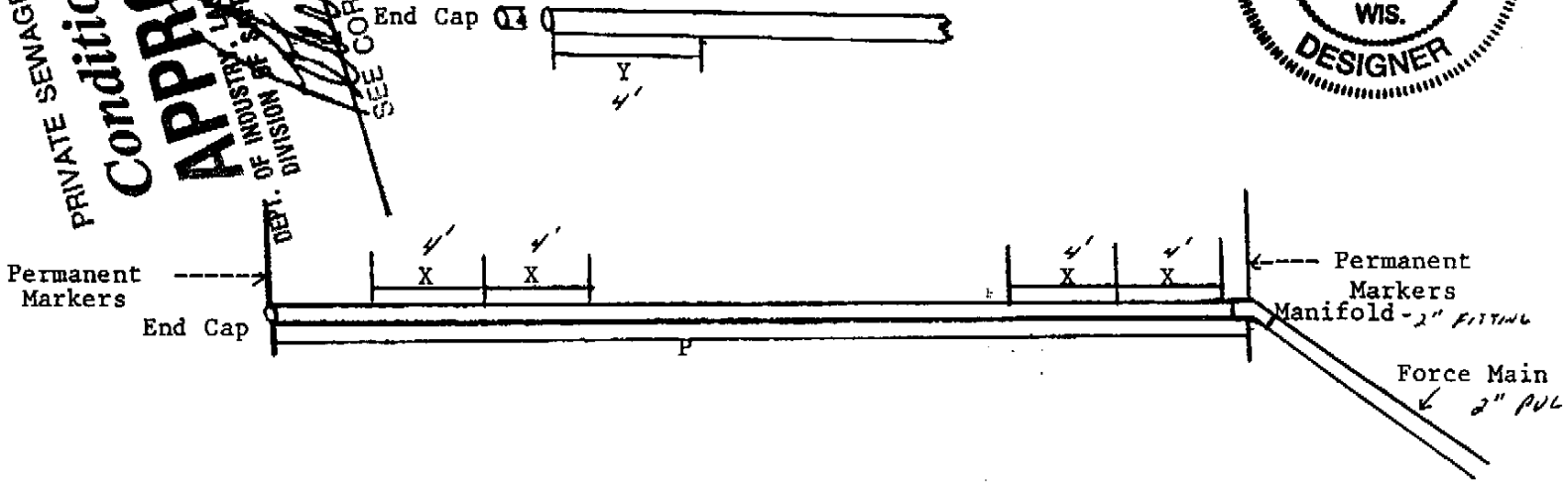
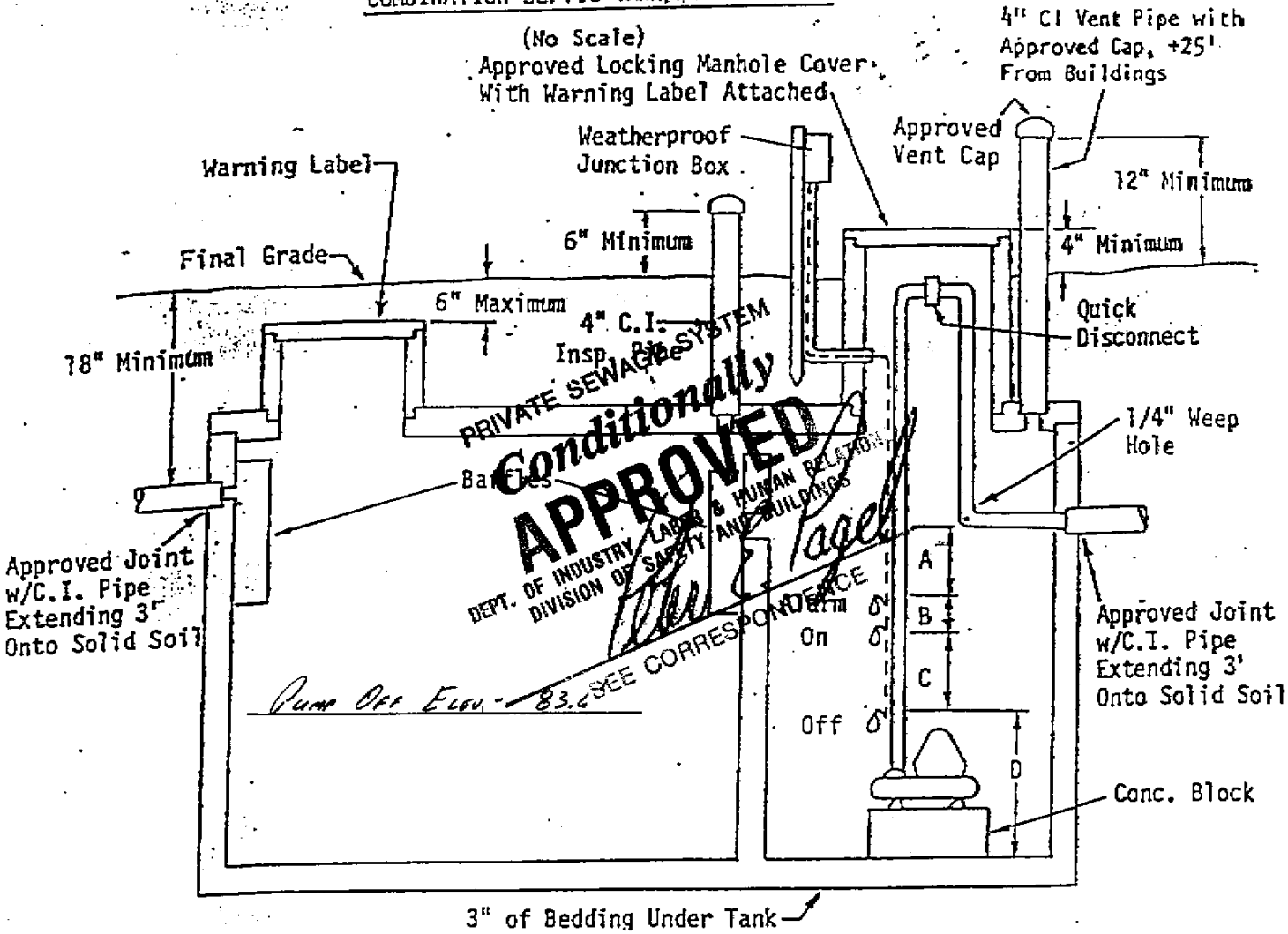
MICHAEL J. HASSETT
D-1152
EAU CLAIRE WIS.
DESIGNER



COMBINATION SEPTIC TANK/PUMP CHAMBER



Note: Pump and Alarm Are On Separate Circuits

Tank Manufacturer: Huffcutt, Inc.
Tank Size-Septic/Pump: 1000/600 Gallons
Alarm Manufacturer: S. J. Electro
Model Number: 101
Switch Type: Mercury
Pump Manufacturer: Hydromatic
Model Number: OSP 33
Minimum Discharge Rate: 28.08 GPM

Number of Doses: 2.8 Per Day
Gallons Per Day/# of Doses: 158.9 Gallons
Volume of Backflow:.....+ 5.0 Gallons
Total Dose Volume:.....= 163.9 Gallons

Capacities: A 22 inches or 327.8 Gallons
+ B 2 inches or 29.8 Gallons
14.9 Gals./Inch + C 11 inches or 163.9 Gallons
+ D 7 inches or 104.3 Gallons
Total.....= 42 inches or 625.8 Gallons

Vertical Difference Between Pump Off and Distribution Pipe: 11.5 Feet
Minimum Required Supply Pressure:.....+ 2.5 Feet
30 Feet of Force Main x 1.5 Friction Factor/100 Feet: + .5 Feet
2 Inch Diameter Force Main
Total Dynamic Head:...= 14.5 Feet

Internal Tank Dimensions: Length 51"; Width 70"; Liquid Depth 42

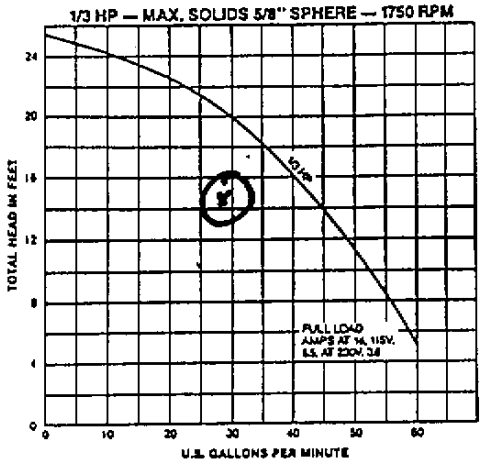
WISCONSIN
MICHAEL J. HASSETT
D-1152
EAU CLAIRE WIS.
DESIGNER

Signature Michael J. Hassett License Number D-1152 Date 5-4-96

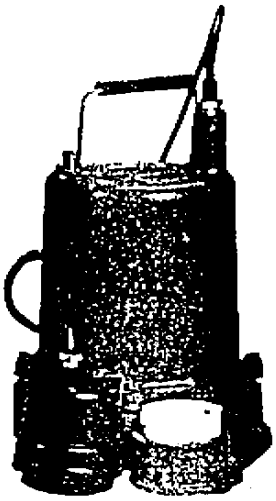
S96-01255

EFFLUENT PUMPS -
Features and Performance

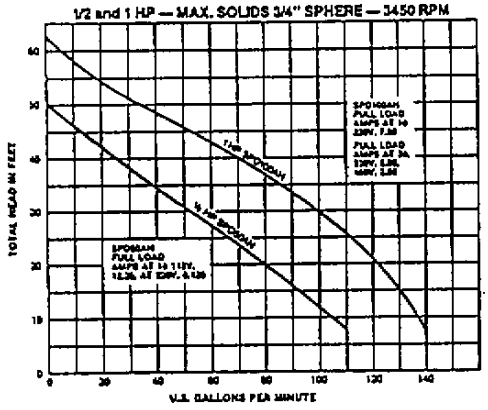
OSP33



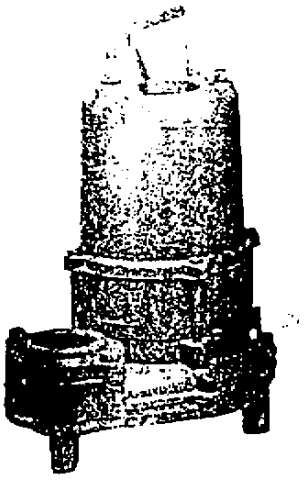
- Available in automatic or manual.
- Completely submersible.
- Non-clog bronze impeller.
- No suction screens to clean.
- Oil-filled, double ball bearing motor with built-in overload protection.
- Reliable diaphragm switch with piggyback plug-in.
- Rugged cast iron construction.
- Completely field serviceable.
- 1 1/2" NPT discharge.



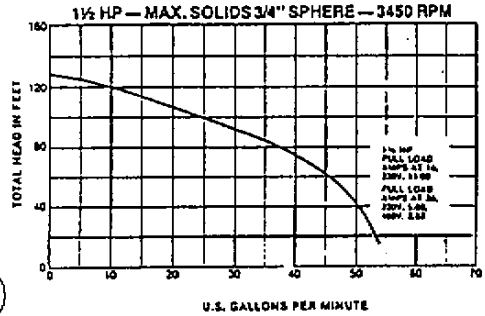
SPD50H/SPD100H



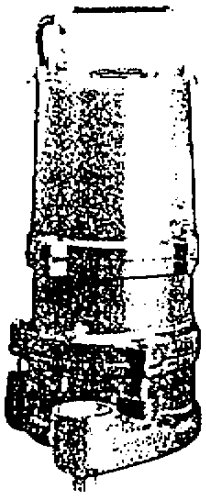
- Available in manual or automatic.
- Dual seals standard. Seal failure sensor capability available (to be wired to an alarm device) on manual pumps.
- Open two-vane sewage type impeller.
- Pump shaft and all fasteners are stainless steel.
- 1/2 HP (SPD50H) and 1 HP (SPD100H) motors. Ball bearing construction and oil-filled.
- 2" NPT discharge (3" flange optional).



SKHD150



- Semi-open thermoplastic impeller.
- 1 1/2 HP, oil-filled motor.
- Pump shaft and all fasteners are stainless steel.
- 1 1/2" NPT discharge.
- Spring loaded mechanical seal with carbon and ceramic faces.
- Pump-out vanes on rear shroud of impeller.
- Dual seals. Seal failure sensor capability available (to be wired to an alarm device).



S96-01255

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

SOIL AND SITE EVALUATION REPORT

in accord with ILHR 83.05, Wis. Adm. Code

Page ____ of ____

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to vertical and horizontal reference point (BM), direction and % of slope, scale or dimensioned, north arrow, and location and distance to nearest road.

COUNTY	
	EAU CLAIRE
PARCEL I.D. #	
REVIEWED BY	DATE

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION

PROPERTY OWNER:	PROPERTY LOCATION
KEVIN PETERSON	GOVT. LOT NW 1/4 NE 1/4, S 30 T 27 N, R 10 E (or W)
PROPERTY OWNER'S MAILING ADDRESS: E 6390 329TH AVE.	LOT # A / BLOCK # – / ~~SUBD. NAME~~ OR CSM #
CITY, STATE: MENOMONIE, WI / ZIP CODE: 54751 / PHONE NUMBER: (715) 664-8984	☐ ~~CITY~~ ☐ ~~VILLAGE~~ ☒ TOWN: UNION / NEAREST ROAD: Co. Rd. "C"

[x] New Construction [ ] Replacement Use [x] Residential / Number of bedrooms 3 [ ] Addition to existing building [ ] Public or commercial describe

Code derived daily flow 450 gpd .6 gpd/ft.² Recommended design loading rate .5 bed, gpd/ft² .6 trench, gpd/ft²

Absorption area required 750 bed, ft² 750 trench, ft² Maximum design loading rate .5 bed, gpd/ft² .6 trench, gpd/ft²

Recommended infiltration surface elevation(s) 94.5' ft (as referred to site plan benchmark)

Additional design / site considerations OPEN FIELD - LEVEL SITE

Parent material OUTWASH Flood plain elevation, if applicable N/A ft

S = Suitable for system U = Unsuitable for system	CONVENTIONAL	MOUND	IN-GROUND PRESSURE	AT-GRADE	SYSTEM IN FILL	HOLDING TANK
	☐ S ☒ U	☒ S ☐ U	☐ S ☒ U	☒ S ☐ U	☐ S ☒ U	☐ S ☒ U

SOIL DESCRIPTION REPORT

Boring # 1

Ground elev. 94.5 ft.

Depth to limiting factor 48"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft² Bed	GPD/ft² Trench
1	0-14	10YR 2/2	–	ls	2 f sbk	mvfr	gs	2vf-f	.7	.8
2	14-24	10YR 3/3	–	ls	1 f sbk	mfr	gs	1vf-f	.5	.6
3	24-36	10YR 3/6	–	ls	2 f sbk	mvfr	cs	1vf	.7	.8
4	36-48	10YR 5/8	–	s	sg	ml	cs	–	.7	.8
5	48-53	10YR 5/4	c2d 5YR 5/8	s	sg	mvfr	as	–	—	—
6	53-60	10YR 5/3	com 5YR 5/8 + 10YR 6/1	s-l	m	mvfr	–	–	—	

Remarks:

Boring # 2

Ground elev. 94.5 ft.

Depth to limiting factor >60"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft² Bed	GPD/ft² Trench
1	0-13	10YR 2/2	–	ls	2 f sbk	mvfr	cs	2vf-f	.7	.8
2	13-24	10YR 3/4	–	ls	1 f sbk	mfr	cs	1vf-f	.5	.6
3	24-36	10YR 4/6	–	s	sg	mvfr	gs	1vf	.7	.8
4	36-60	10YR 5/6,5/8	–	s	sg	mvfr	–	–	.7	.8

Remarks:

CST Name:—Please Print	Phone:
MICHAEL A. NASSETT	715 834-8610
Address: 1501 BROADWAY ST., EAU CLAIRE, WI 54701	
Signature: ORIGINAL	Date: 5-1-96 / CST Number: 3266

PROPERTY OWNER Kevin Peterson

SOIL DESCRIPTION REPORT

PARCEL I.D. # ______________

Boring # 3

Ground elev. 54.5 ft.

Depth to limiting factor 39"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft² Bed	GPD/ft² Trench
1	0-12	10YR 2/2	-	ls	2 m gr	mvfr	cs	2vf-f	.7	.8
2	12-24	10YR 4/3	-	ls	1 f sbk	mfr	gs	1vf-f	.5	.6
3	24-33	10YR 4/4	-	ls	2 f sbk	mvfr	cs	1vf	.7	.8
4	33-39	10YR 5/4	-	s	sg	ml	cs	—	.7	.8
5	35-44	10YR 5/4	c2d 7.5YR 5/8	ls	1 f sbk	mfr	as	—	—	
6	44-55	10YR 5/3	5YR 5/8 m3p 10YR 6/1	sil	1 f sbk to m	mfi	—	—	—	

Remarks: ______________

Boring # ___

Ground elev. ___ ft.

Depth to limiting factor ___

Remarks: ______________

Boring # ___

Ground elev. ___ ft.

Depth to limiting factor ___

Remarks: ______________

Boring # ___

Ground elev. ___ ft.

Depth to limiting factor ___

Remarks: ______________

PLOT PLAN

PROJECT NAME: Kevin Peterson

PROJECT LOCATION: NW 1/4 NE 1/4, 27N, 10W Lot A
T. of Union, Eau Claire Co.

CST LICENSE #: 3266 - Michael J. Hassett

SIGNATURE: [signature]

DATE: 8-1-96

ORIGINAL