

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT for Dunn County**

Name	Tim Nelson	
Address	21013 NE 176 th Street	
City	Holt	
State & Zip	MO	64048

PLUMBER:	CST:
Sinz, Todd	Heidt, Will

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Front concrete patio	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Huffcutt	1000
Dosing	Combo	600

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	> 50'	> 50'	≈ 34'	
Dosing	> 50'	> 50'	≈ 41'	

PUMP/SIPHON INFORMATION

Manuf/Model #		Zoeller BN53	
Lift 9.40'	Friction Loss 1.0'	System Head 3.25'	TDH Ft. 13.65'
Forcemain	Length	Dia	Dist. to Well

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100'
Well		
Bldg. Sewer		99.68'
St/Ht Inlet		95.14'
St/Ht Outlet		94.64'
Dt. Bottom		91.31'
Far NW Infiltrator		98.02'
Far SW Infiltrator		98.07'
NW Infiltrator		98.02'
SW Infiltrator		98.10'
NE Infiltrator		100.58'
SE Infiltrator		100.55'
Far NE Infiltrator		100.71'
Far SE Infiltrator		100.59'

SOIL ABSORPTION SYSTEM

Dispersal Cell Information	Manuf: Quik 4	Width 3'	Length 40'	No. of Cells 4	
Setback	Type of System	P/L	Bldg	Well	Lake/Stream
Information	Conventional Trench	> 50'	17'	> 100'	

DISTRIBUTION SYSTEM

Header/Manifold Length	Dia.	Distribution pipe(s) Length	Dia.	Spacing	X Hole Size	X Hole Spacing
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WI FUND: Yes No Maybe
REASON: _____

COMMENTS:
Orenco Biotube filter installed.

New House/Double Wide	
New Mobile Home	
New Other	
Replace/Repair/Reconnect	X

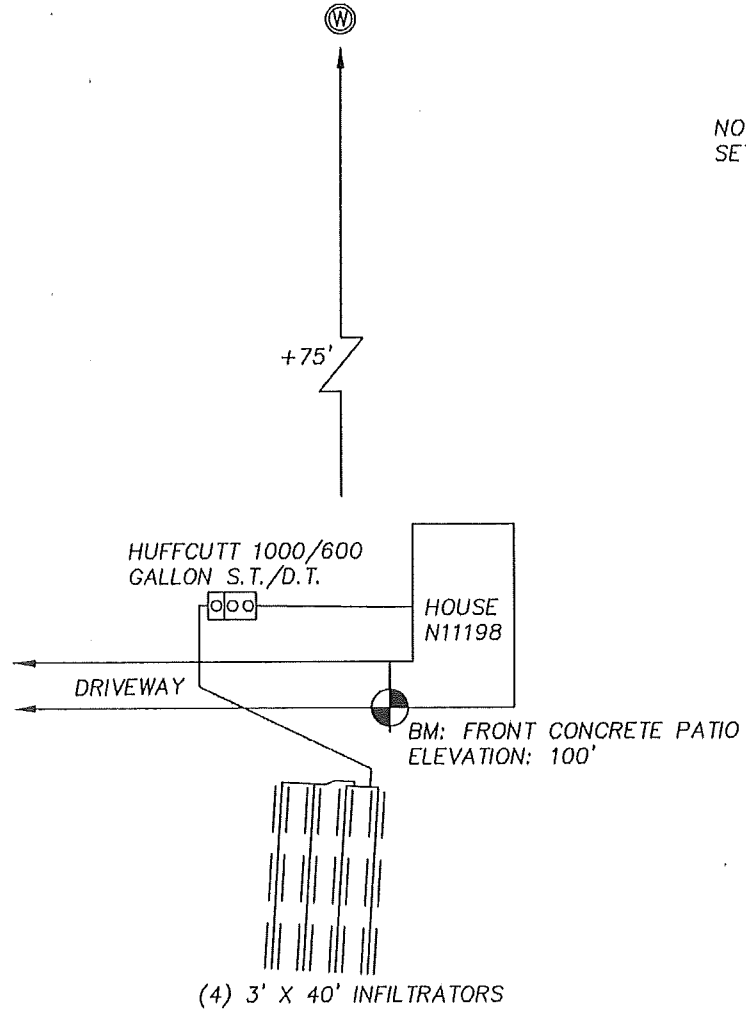
08/13/2012
Date

Wade Osterholz
Inspector's Signature

1138476
Cert. No.

NO PROPERTY LINE
SETBACK ISSUES


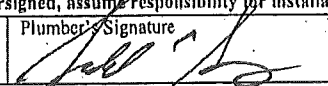
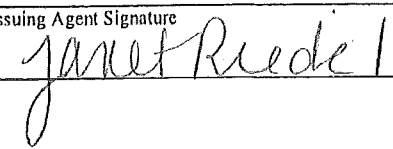
↑
670th STREET
↓



NO PROPERTY LINE
SETBACK ISSUES



SCALE: 1" = 40'

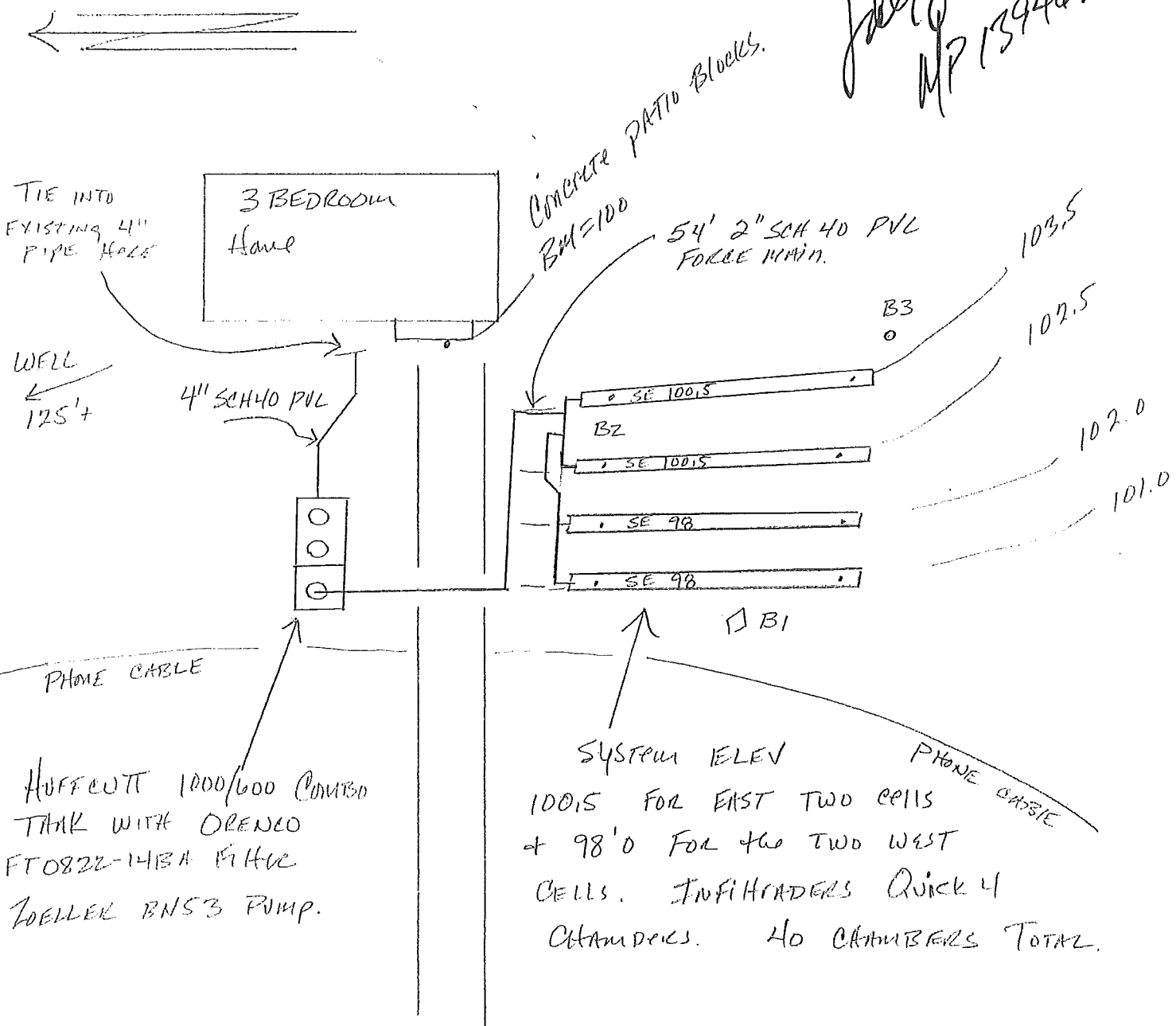
		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County <u>Dunn</u>	
				Sanitary Permit Number (to be filled in by Co.) <u>514385</u>	
Sanitary Permit Application <small>In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.</small>				State Transaction Number	
I. Application Information - Please Print All Information					
Property Owner's Name <u>TIM NELSON</u>			Parcel # <u>301215.103</u>		
Property Owner's Mailing Address <u>21013 NE 176TH ST</u>			Property Location Govt. Lot <u>SW 1/4, NE 1/4</u> , Section <u>15</u> <small>(circle one)</small> T <u>30</u> N; R <u>12</u> E of <u>IV</u>		
City, State <u>Holt MO</u>	Zip Code <u>64048</u>	Phone Number <u>816-522-0706</u>	Subdivision Name <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input checked="" type="checkbox"/> Town of <u>OTTEL CREEK</u>		
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms <u>3</u> <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____			Lot # _____ Block # _____ CSM Number _____		
III. Type of Permit: (Check only one box on line A. Complete line B if applicable)					
A. <input type="checkbox"/> New System		<input checked="" type="checkbox"/> Replacement System		<input type="checkbox"/> Treatment/Holding Tank Replacement Only	
<input type="checkbox"/> Other Modification to Existing System (explain) _____					
B. <input type="checkbox"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber	
<input type="checkbox"/> Permit Transfer to New Owner		List Previous Permit Number and Date Issued _____			
IV. Type of POWTS System/Component/Device: (Check all that apply)					
<input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound \geq 24 in. of suitable soil <input type="checkbox"/> Mound < 24 in. of suitable soil					
<input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd) <u>450</u>	Design Soil Application Rate (gpd/sf) <u>0.55</u>	Dispersal Area Required (sf) <u>643</u>	Dispersal Area Proposed (sf) <u>823.5</u>	System Elevation <u>100.5 / 98.0</u>	
VI. Tank Info		Capacity in Gallons		Total Gallons	
		# of Units		Manufacturer	
		Prefab Concrete		Site Constructed	
		Steel		Fiber Glass	
		Plastic			
Septic or Holding Tank <u>1000</u>	<u>---</u>	<u>1000</u>	<u>1</u>	<u>HOFFERT</u>	
Dosing Chamber <u>600</u>	<u>---</u>	<u>600</u>	<u>1</u>	<u>COMBO</u>	
VII. Responsibility Statement - I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) <u>TODD L SINZ</u>		Plumber's Signature 		MPP/MPRS Number <u>MP 139462</u>	
Business Phone Number <u>715-255-2644</u>					
Plumber's Address (Street, City, State, Zip Code) <u>E 5609 708TH AVE MENOMONIE WI 54751</u>					
VIII. County/Department Use Only					
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		<input type="checkbox"/> Owner Given Reason for Denial	
Permit Fee <u>\$325.-</u>		Date Issued <u>8-7-12</u>		Issuing Agent Signature 	
IX. Conditions of Approval/Reasons for Disapproval					
<u>020-1038-04</u>					

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

TIM NELSON PLOT PLAN
 N 11198 670th STREET
 SW 1/4 NE 1/4 S15 T30 R12W
 TOWN OF OTTER CREEK

1" = 20'

[Signature]
 MP 139462



670th STREET

1/9

ORIGINAL

APR 15 2012

SOIL EVALUATION REPORT

Wisconsin Department of Commerce
Division of Safety and Building

In accordance with Chapter S.S. Wis. Admin. Code

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 percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law - 19.04(1)(m))

County Dunn
Parcel ID _____
Reviewed by _____ Date _____

Property Owner Tim Nelson
Property Owner's Mailing Address _____
City _____ State _____ Zip Code _____ Phone Number _____
Property Location: Govt Lot SW 1/4 NE 1/4 S 15 T 30 N R 12 E W
Lot # _____ Block # _____ Subd. Name or CSM# 40 Acres
 City Village Town Otter Creek Nearest Road N 11198 670 Street

New Construction Use: Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD
 Replacement Public or commercial - Describe _____ Flood plain elevation if applicable N/A
Parent material alluvium + colluvial from SSR
General comments and recommendations: Recommended 4-4.5' conventional trenches - 38" below grade, food 0-8 on less due to islands + fine sand inclusions, lift station needed
proposed SEL 98.0, 99.0, 99.7, 100.2

1 Boring # PII Boring Ground surface elev 100.4 Depth to limiting factor 80 in Soil Application Rate GPD/ft

Horizon	Depth in	Dominant Color Munsell	Redox Description Qu Sz Cont Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate GPD/ft	
									*E#1	*E#2
1	0-8	10YR 4/2	NONE	sl	fsbt	mfr	as	3F	0.4	0.7
2	8-13	10YR 4/3		sl	fsbt	mfr	as	2F	0.4	0.7
3	13-21	10YR 4/4		sl	2msbt	mfr	glw	2F	0.6	1.0
4	21-30	10YR 4/6		ls	φ	ml	ds	2st	0.7	1.6
5	30-55	10YR 5/6		s	φ	ml	gs	2st	0.7	1.6
occ bands		10YR 4/4		ls	φ	ml	gs		0.7	1.6
6	55-80	10YR 6/6		s	φ	ml	cs		0.7	N

36" 10YR 4/4 csp 2/2 ls φ mfr

2 Boring # PII Boring Ground surface elev 103.5 Depth to limiting factor 76 in Soil Application Rate GPD/ft

Horizon	Depth in	Dominant Color Munsell	Redox Description Qu Sz Cont Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate GPD/ft	
									*E#1	*E#2
1	0-9	10YR 3/2	NONE	sl						
2	9-15	10YR 4/3		s						
3	15-33	10YR 4/4		s						
4	33-50	10YR 5/4		s						
5	50-76	10YR 6/4		s						

with fs + fs inclusions
occ 10YR 4/4 ls bands

* Effluent #1 = BOD > 30 < 220 mg/L and TSS > 30 < 150 mg/L
* Effluent #2 = BOD < 30 mg/L and TSS < 30 mg/L

CST Name (Please Print) _____
Address Will Heidi Soil Testing
W3503 hemlock Rd
Mondovi, WI 54755
(715) 832-0820

Signature William P. Heath
Date Evaluation Conducted 11/24/2012

CST Number 227872
Telephone Number 832-0820