

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

Name	Kevin Oehler	
Address	E5271 732 nd Ave	
City	Menomonie	
State & Zip	WI	54751

PLUMBER:	CST:
Todd Sinz	William Heidt/Henry Grote

Property Address/City	E5271 732nd Ave
Town of	Tainter
Legal	SW-SW 31 29-12
Subdivision	Tainter Shores & Ridges 1 st Add.
CSM #	Lot 14
Sanitary permit #	588596
State Plan ID #	
Parcel tax #	1703822912310020020
Computer #	038-1220-05

GENERAL INFORMATION

CST BM Elev.: 100	Insp. BM Elev.: 100
Nail in tree	Well (Nail not present)

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Huffcutt	1250
Dosing		

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic		>42'	>30'	
Dosing				

PUMP/SIPHON INFORMATION

Manuf/Model #			
Lift	Friction Loss	System Head	TDH Ft.
Forcemain	Length	Dia	Dist. to Well

SOIL ABSORPTION SYSTEM

Dispersal Cell Information		Width	Length	No. of Cells	
Setback	Type of System	P/L	Bldg	Well	Lake/Stream
Information					

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

COMMENTS:

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

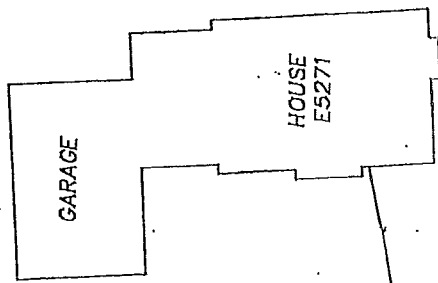
11/17/16
Date

W. J.
Inspector's Signature

1360690
Cert. No.

-Replaced septic tank

-It appears that the dispersal system is on a separate parcel than the tanks are. Same ownership.



W
New
BM

00

New
12.50
Huscentt

MWP 750
GAL. D.T.

EXISTING LIFT STATION
WITH FILL

12' x 154' MOUND



SCALE: 1" = 40'

DUNN COUNTY

Parcel No. 1703822912310020020

Alternate #: 038-1220-05

STATE * SANITARY PERMIT

No. 588596

TANK REPLACEMENT

OWNER KEVIN OEHLER, E5271 732NS AVE., MENOMONIE, WI

PLUMBER TODD SINZ LICENSE # 139462

TOWN OF TAINTER LOCATED SW-SW

SECTION 31 T 29 N - R 12 W

AND/OR LOT pt 14 BLOCK

1ST TAINTER SHORES & RIDGES SUBDIVISION

Janet Riedel

AUTHORIZED ISSUING OFFICER

DATE 11/16/2016

(4 - BEDROOM POWTS)

THIS PERMIT EXPIRES 11/16/18

UNLESS RENEWED PRIOR TO THAT DATE

(TWO YEARS FROM THE ORIGINAL DATE OF ISSUANCE)

PLACE VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

SBD-6499(R. 9/16)

CHAPTER 145.135 WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.
- (b) The approval of the sanitary permit is based on regulations on force on the date of issue.
- (c) The sanitary permit is valid 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.
- (d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.
- (f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.
- * If you wish to renew the permit, or transfer ownership of the permit please contact the county authority.



Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707-7162

County

Dunn

Sanitary Permit Number (to be filled in by Co.)

588596

Sanitary Permit Application

In accordance with SPS 383.21(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 Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number

N/A

Project Address (if different than mailing address)

I. Application Information – Please Print All Information

Property Owner's Name

KEVIN OEHLE

Parcel #

1703822912310020020

Property Owner's Mailing Address

E5271 732nd AVE

Property Location

Govt. Lot

SW 1/4, SW 1/4, Section 31
T 29 N ; R 12 E or W

City, State

Menomonie WI

Zip Code

54751

Phone Number

715-505-0692

II. Type of Building (check all that apply)

☒ 1 or 2 Family Dwelling – Number of Bedrooms

4

☐ Public/Commercial – Describe Use

☐ State Owned – Describe Use

Lot #

pt 14

Block #

CSM Number

Subdivision Name

1st Tainter Shores & Ridges

☐ City of

☐ Village of

☒ Town of

Tainter

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. ☐ New System ☐ Replacement System ☒ Treatment/Holding Tank Replacement Only

Septic

☐ Other Modification to Existing System (explain)

B. ☐ Permit Renewal Before Expiration ☐ Permit Revision ☐ Change of Plumber ☐ Permit Transfer to New Owner

List Previous Permit Number and Date Issued

304953 5-4-98

IV. Type of POWTS System/Component/Device: (Check all that apply)

☐ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☐ At-Grade ☐ Mound ≥ 24 in. of suitable soil ☐ Mound < 24 in. of suitable soil
☐ Holding Tank ☐ Other Dispersal Component (explain) ☐ Pretreatment Device (explain)

V. Dispersal/Treatment Area Information:

Design Flow (gpd)

600

Design Soil Application Rate(gpdsf)

Dispersal Area Required (sf)

Dispersal Area Proposed (sf)

System Elevation

VI. Tank Info

Capacity in Gallons

New Tanks

Existing Tanks

Total Gallons

of Units

Manufacturer

Prefab Concrete

Site Constructed

Steel

Fiber Glass

Plastic

Septic or Holding Tank

1256

1250

1

HOFFMANN

☒

☐

☐

☐

☐

Dosing Chamber

☐

☐

☐

☐

☐

VII. Responsibility Statement– I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)

Todd L. Sinz

Plumber's Signature

[Signature]

MP/MPRS Number

MP139462

Business Phone Number

715-235-2644

Plumber's Address (Street, City, State, Zip Code)

E5609 708th Ave Menomonie WI 54751

VIII. County/Department Use Only

☒ Approved

☐ Disapproved

☐ Owner Given Reason for Denial

Permit Fee

\$ 325.-

Date Issued

11-16-16

Issuing Agent Signature

Janel Riedel

IX. Conditions of Approval/Reasons for Disapproval

driveway in Sherman
top

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

038-1220-05

Private Onsite Wastewater Treatment System

Index and Title Page

Project Name: KEVIN OEHLE

Owner's Name: KEVIN OEHLE

Owner's Address: ES271 732nd AVE
MENDOTA WI 54751
715-505-0692

Legal Description: SW 1/4 SW 1/4 S31 T29 R12W

Municipality: Town Village, City of SHERMAN

County: Dunn

Subdivision Name: TANTAL SHORES & RIDGES 1st ADD

Lot Number: 14 Block Number:

Parcel I.D. Number: 291336 40405 032-1104-06-038-1200-05

Page 1 Plot Plan

Page 2 Septic Tank

Page 3 " "

Page 4 INSPECTION REPORT FROM 1998

Page 5 OWNER MANUAL

Page 6 MANAGEMENT PLAN

Page 7

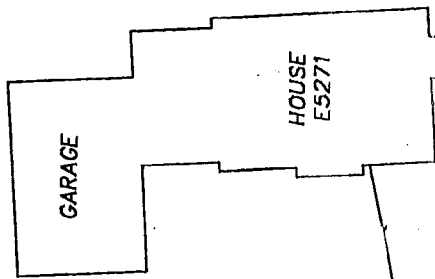
Page 8

Page 9

Name of Designer: TOOD SINZ License Number: MP 139462

Signature: [Signature] Date: 11-15-16

Designed Pursuant to the Following POWTS Component Manual DSPS 381-385



Replace Septic
Tank
Huffcut 1250

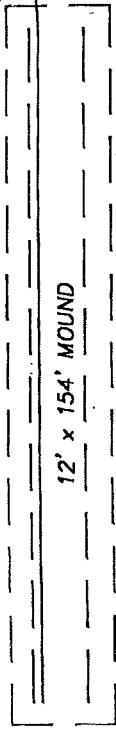
2001 was told



MWP 750
GAL. D.T.

EXISTING LIFT STATION
WITH FILTER
in it.

B.M. NAIL IN
TREE - ELEV. 100'



12' x 154' MOUND



SCALE: 1" = 40'

1-6

N.P.C.A. CERTIFIED PLANT
MEMBER OF:
NATIONAL & WISCONSIN PRECAST CONCRETE ASSOCIATIONS

THIS DRAWING SHALL NOT
BE COPIED OR SUBMITTED
TO OTHERS WITHOUT THE
CONSENT OF THIS COMPANY.

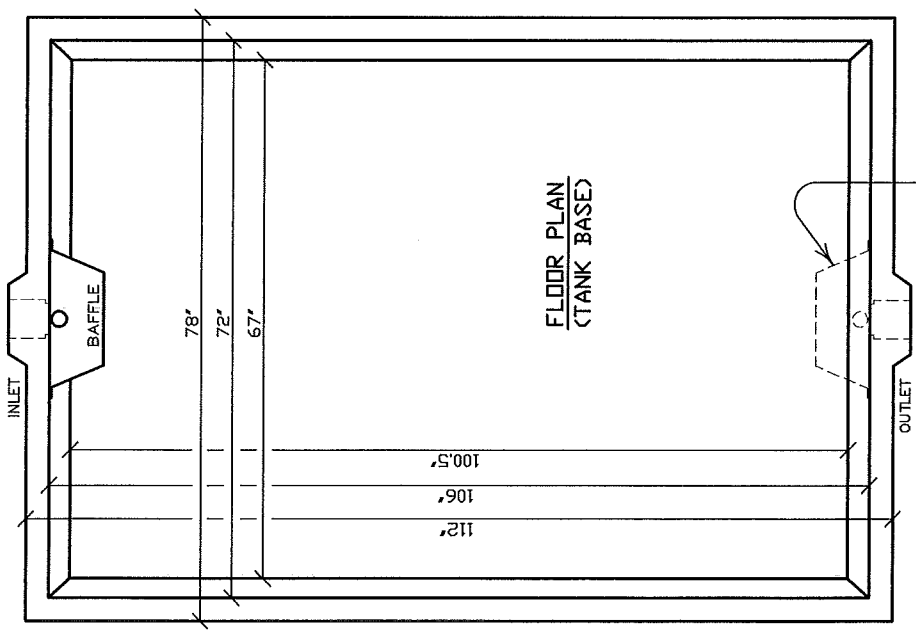
4154 123rd STREET
CHIPPEWA FALLS, WI 54729
(715) 723-7446 * (800) 924-1516
FAX (715) 723-7111 * www.huffcutt.com

HUFFCUTT
CONCRETE, INC.

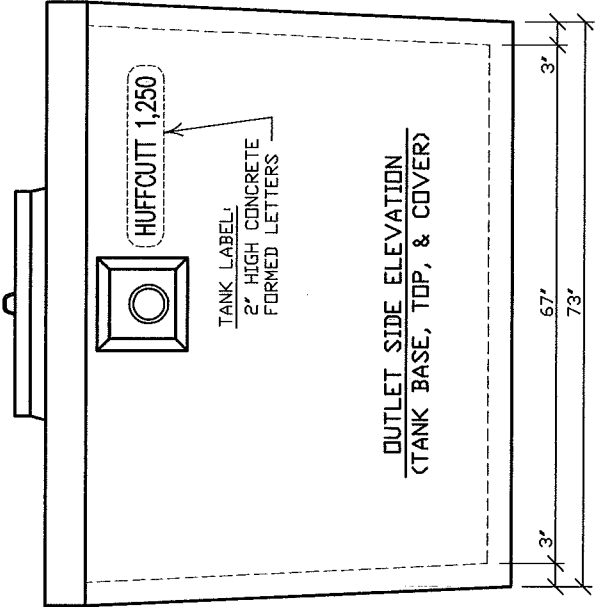


PROJECT:
1,250 GAL. LOW PROFILE
PUMP, SEPTIC, HOLDING,
OR GREASE INTERCEPTOR

24
1



NOTE: ADDITIONAL BAFFLE FOR GREASE INTERCEPTOR.

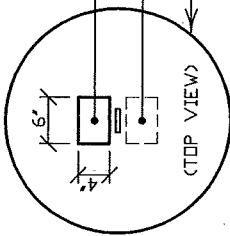


9-2



WARNING LABEL EMBEDDED INTO
CONCRETE COVER READS AS FOLLOWS:
CAUTION:
DO NOT ENTER WITHOUT PROPER VENTILATION.
COULD CAUSE DEATH...DANGEROUS GAS.

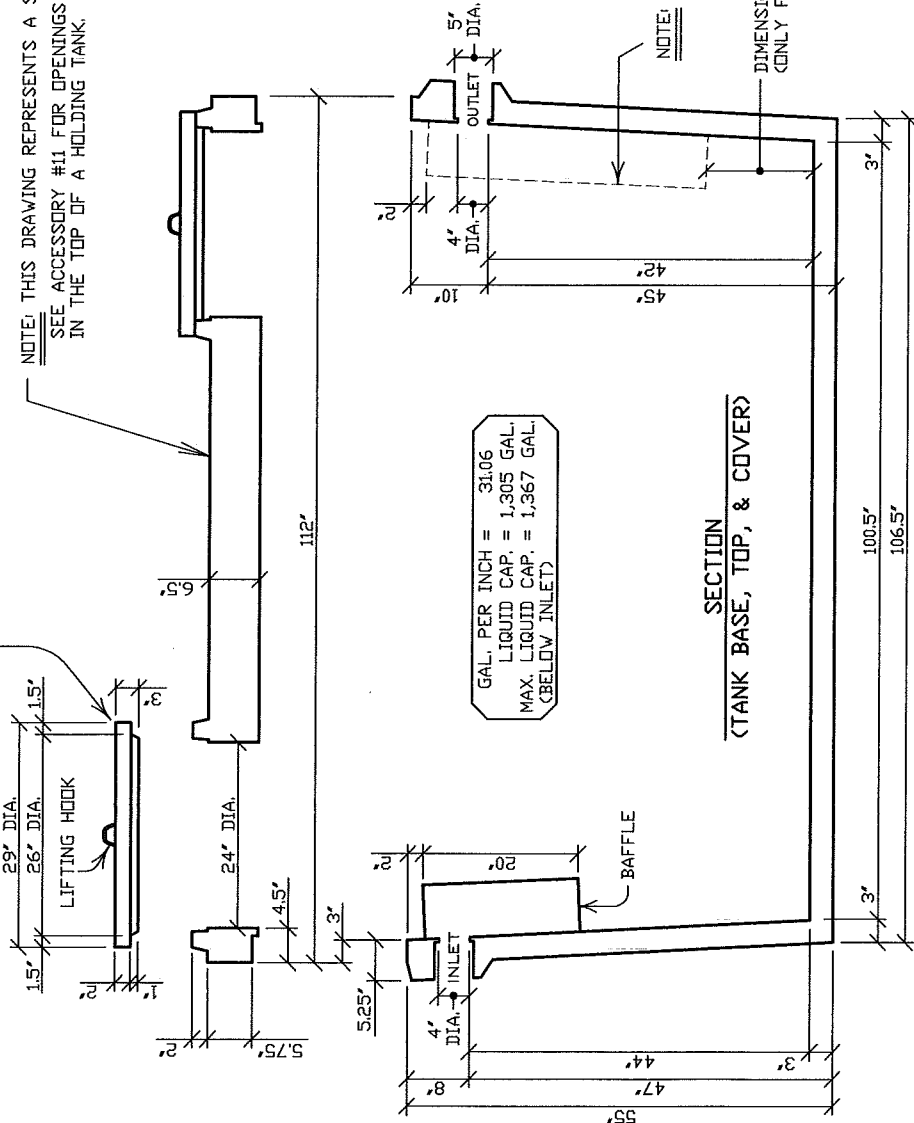
NOTE: ADDITIONAL LABEL FOR GREASE INTERCEPTOR.
INFORMATIONAL LABEL READS AS FOLLOWS:
GREASE INTERCEPTOR



29" DIAMETER CONCRETE COVER (TYPICAL)

SEE "ACCESSORIES" FOR OTHER COVER OPTIONS

NOTE: THIS DRAWING REPRESENTS A SEPTIC TANK.
SEE ACCESSORY #11 FOR OPENINGS LOCATED
IN THE TOP OF A HOLDING TANK.



NOTE: ADDITIONAL BAFFLE FOR GREASE INTERCEPTOR.

DIMENSION EQUALS 1/3 LIQUID LEVEL.
ONLY FOR GREASE INTERCEPTOR

9/3

PRIVATE SEWAGE SYSTEM INSPECTION REPORT for Dunn County

Name	Kevin Oehler	
Address	8364 Hampshire Ave. N	
City	Brooklyn Park	
State & Zip	MN	55445

PLUMBER	CST
Todd Sinz	William Heidt/Henry Grote

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Nail in tree.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	MWP	1200
Dosing	MWP	750

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	>100'	51'	37'	
Dosing	>100'	84'	115'	

PUMP/SIPHON INFORMATION

Manuf/Model #	Hydromatic SW 33		
Lift 5.53	Friction Loss .57	System Head 2.5	TDH 8.60 Ft.
Force main	Length	Dia.	Dist. to Well

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 12'	Length 154'	No. of Trenches 1
Setback	Type of System	P/L	Bldg
Information	At-Grade	>100'	205'
			162'

DISTRIBUTION SYSTEM

Header/Manifold Length	Dia.	Distribution pipe(s) Length 148'	Dia. 3"	Spacing	X Hole Size 1/4"	X Hole Spacing 5'
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WI FUND ☐ Yes ☒ No ☐ Maybe

New House / Double wide	<input checked="" type="checkbox"/>
New Mobile Home	<input type="checkbox"/>
New Other	<input type="checkbox"/>
Replace/Repair/Reconnect	<input type="checkbox"/>

7-8-98
date

COMMENTS:

Inspector's Signature

5167
Cert. No.

Property Address/City	E5271 732 nd Ave. Menomonie, WI 54751
Town of	Tainter <i>Sherman</i>
Legal	SE-SW <i>31-29-12</i> <i>13</i>
Subdivision	Tainter Shores & Ridges 1 st Add
CSM #	Lot 14
Sanitary permit #	304953
State Plan ID #	83749
Parcel tax #	291231-00217 <i>291336-40405</i>
Computer #	038-1220-05 <i>038-1104-06</i>

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well (Grade)		96.61
Bldg. Sewer		97.89
St/Ht Inlet		97.02
St/Ht Outlet		96.80
Dt. inlet		95.50
Dt. Bottom		92.27
Header/Man.		
Dist. pipe		97.80
Bottom system		

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

Page ____ of ____

FILE INFORMATION

Owner:

KEVIN DEHLER

Permit #

588596

DESIGN PARAMETERS

Number of Bedrooms:	<u>4</u>	<input type="checkbox"/> NA
Number of Public Facility Units:		<input checked="" type="checkbox"/> NA
Estimated (average) Flow :	<u>400</u>	gal/day
Design (peak) Flow = estimated × 1.5:	<u>600</u>	gal/day
In Situ Soil Application Rate:	<u>0.4</u>	gal/day/ft ²
Standard Domestic Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	≤220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	≤150 mg/L	
High Strength Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	>30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	>220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	>150 mg/L	
Pretreated Effluent	Monthly average	
Biochemical Oxygen Demand (BOD ₅)	≤30 mg/L	
Total Suspended Solids (TSS)	≤30 mg/L	<input type="checkbox"/> NA
Fecal Coliform (geometric mean)	≤10 ⁴ cfu/100ml	
Maximum Effluent Particle Size:	1/8 in dia.	<input type="checkbox"/> NA
Other:		<input type="checkbox"/> NA

SYSTEM SPECIFICATIONS

Tank Manufacturer:	<u>HUFFCUTT</u>	<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume: <u>1250</u>	gal
Tank Manufacturer:	<u>EXISTING</u>	<input type="checkbox"/> NA
<input type="checkbox"/> Septic <input checked="" type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume: _____	gal
Vertical Distance Tank Bottom(s) to Service Pad:	<u>12'</u>	ft
Horizontal Distance Tank(s) to Service Pad:	_____	ft
Specific servicing mechanics must be provide if vertical is >15 feet or if horizontal is >150 feet. Specific instructions to be provided on back.		
Effluent Filter Manufacturer:	<u>SIM TECH</u>	<input type="checkbox"/> NA
Effluent Filter Model:	<u>EXISTING</u>	
Pump Manufacturer:	<u>EXISTING</u>	<input type="checkbox"/> NA
Pump Model:		
Pretreatment Unit		
Manufacturer:		<input type="checkbox"/> NA
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Peat Filter	
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Wetland	
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Other:	
Soil Absorption System		
<input type="checkbox"/> In-Ground (gravity)	<input type="checkbox"/> In-Ground (pressure)	<input type="checkbox"/> NA
<input type="checkbox"/> At-Grade	<input checked="" type="checkbox"/> Mound	
<input type="checkbox"/> Drip-Line	<input type="checkbox"/> Other:	
Other:		<input type="checkbox"/> NA

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Pump out contents of tank(s)	<input checked="" type="checkbox"/> When combined sludge and scum equals one-third (1/3) of tank volume <input checked="" type="checkbox"/> When the high water alarm is activated
Inspect condition of tank(s)	At least once every: <u>2 to 3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Inspect dispersal cell(s)	At least once every: <u>2 to 3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Clean effluent filter	At least once every: <u>1</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <u>OR AS NEEDED</u> <input type="checkbox"/> NA
Inspect pump, pump controls & alarm	At least once every: <u>2 to 3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <input type="checkbox"/> NA
Flush laterals and pressure test	At least once every: <u>2 to 3</u> <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <input type="checkbox"/> NA
Other:	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	<input checked="" type="checkbox"/> NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber; Master Plumber Restricted Sewer; POWTS Inspector; POWTS Maintainer; Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.

All other services, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤12 months, shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 30 days of completion of any service event.

START UP AND OPERATION

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products or other chemicals that may impede the treatment process and/or damage the dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a septage servicing operator prior to use.

System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During power outages pump tanks may fill above normal highwater levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in one large dose, overloading the cell(s) and may result in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) water; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONMENT

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with chapter Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks and pits shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

- ☐ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at that time.
- ☐ A suitable replacement area is not available due to setback and/or soil limitations. Barring advances in POWTS technology a holding tank may be installed as a last resort to replace the failed POWTS.
- ☐ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.
- ☒ Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

<< WARNING >>

SEPTIC, PUMP AND OTHER TREATMENT TANKS MAY CONTAIN LETHAL GASSES AND/OR INSUFFICIENT OXYGEN. DO NOT ENTER A SEPTIC, PUMP OR OTHER TREATMENT TANK UNDER ANY CIRCUMSTANCES. DEATH MAY RESULT. RESCUE OF A PERSON FROM THE INTERIOR OF A TANK MAY BE DIFFICULT OR IMPOSSIBLE.

ADDITIONAL COMMENTS**POWTS INSTALLER**

Name	TL SINZ PLBB INC
Phone	715-235-2644

SEPTAGE SERVICING OPERATOR (PUMPER)

Name	TL SINZ PLBB INC
Phone	715-235-2644

POWTS MAINTAINER

Name	TL SINZ PLBB INC
Phone	715-235-2644

LOCAL REGULATORY AUTHORITY

Name	Dan P. Zimny
Phone	715-231-6521

6/6