



Environmental Services Department

Land Conservation, Planning, Solid Waste

Surveying, and Zoning Divisions

390 Red Cedar St., Suite C, Menomonie, WI 54751

Telephone: 715.231.6521

FAX: 715.232.4099

September 18, 2013

A private sewage system or replacement was installed on property you own during the year listed below. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service. (PLEASE INDICATE IF PUMPING WAS COMPLETED BEFORE MAILING BACK THIS FORM)

Date of inspection _____

Signature of inspector and license number _____

I certify that the septic system on the property mentioned below is not ponding on the ground surface or backing up into the structure, and that the septic tank has been visually inspected and pumped. (To be completed by septic tank pumper only)

Scott Myers SV 550

Date of pumping 10-17-13

Signature of septic tank pumper and license number _____

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Date of inspection _____

Signature of inspector and license number _____

RETURN TO:

Dunn County Zoning Office

390 Red Cedar St. Suite C

Menomonie, Wisconsin 54751

304956 032 291309.201

Year of installation

or replacement

1998

Lot/CSM/Sub. & Parcel Address

SHIRLEY A & MERLYN L
JONES
E3794 940TH AVE
BOYCEVILLE WI 54725

E3794 940TH AVE

PRIVATE SEWAGE SYSTEM INSPECTION REPORT for Dunn County

Name	Merlyn Jones	
Address	9496 S. State R. 39	
City	Mooreville	
State & Zip	TN	46158

PLUMBER:	CST:
Todd Sinz	Henry Grote

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Grade by steel stake.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	MWP	1000
Dosing	Comp	650

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	>100'	*	69	
Dosing	>100'	*	69	128

PUMP/SIPHON INFORMATION

Manuf/Model #	Hydromatic SW 33		
Lift	Friction	System	TDH
14.61	Loss .78	Head 2.5	17.89 Ft.
Force main	Length	Dia.	Dist. to Well
	50	2"	*

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 4	Length 95	No. of Trenches ~	
Setback	Type of System	P/L	Bldg	Well
Information	MOUND	>100'	106'	*

DISTRIBUTION SYSTEM

Header/Manifold	Distribution pipe(s)	X Hole Size	X Hole Spacing
Length Dia.	Length 90 Dia. 2" Spacing	1/4"	60"

WI FUND ___Yes ___**X** No ___Maybe

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

7-1-98
date

COMMENTS:

* No well at time of inspection.

M. Helgen
Inspector's Signature

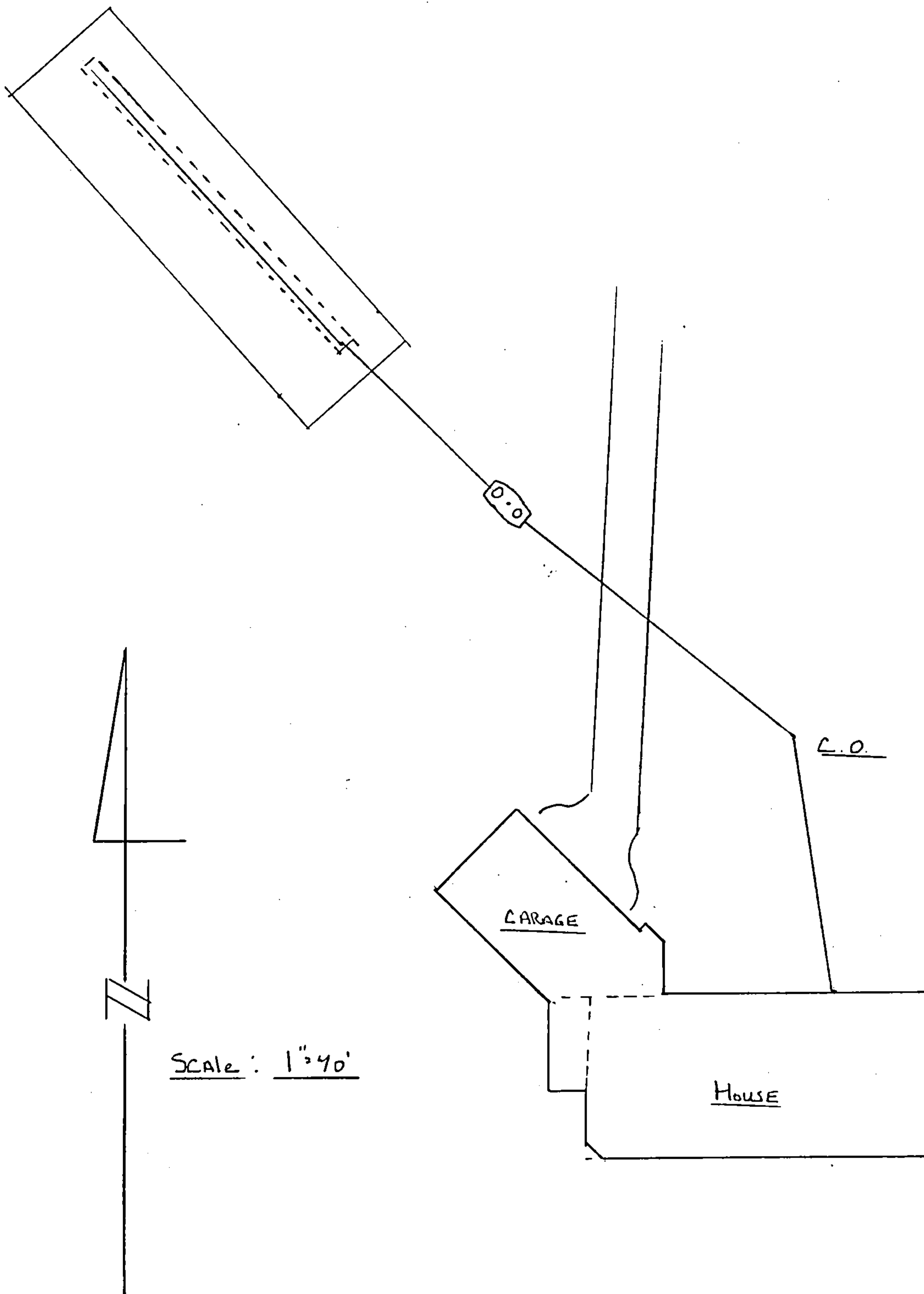
0052
Cert. No.

E 3794 94074 Am

Property Address/City	N9296 380 th St. Boyceville, WI 54725
Town of	Sherman
Legal	NE-NW 9 29-13
Subdivision	
CSM #	
Sanitary permit #	304956
State Plan ID #	79462
Parcel tax #	291309.201
Computer #	032-1023-07

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well		
Bldg. Sewer		92.57
St/Ht Inlet		90.90
St/Ht Outlet		
Dt. inlet		
Dt. Bottom		87.54
Header/Man.		102.15
Dist. pipe		102.08
Bottom system		101.33
Top of house foundation		103.10
Clean out		91.37



DUNN COUNTY

SANITARY PERMIT

No. 304956

New

OWNER Merlyn Jones, 9496 South State Rd. 39, Mooresville, INPLUMBER Todd Sinz LICENSE # 139462TOWN OF Sherman LOCATED NE-NWSECTION 9 T 29 N - R 13 WAND/OR LOT BLOCK DIVISION Michael Helgeson AUTHORIZED ISSUING OFFICER - DATE 5/07/98**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.

THIS PERMIT EXPIRES 5/07/00 UNLESS RENEWED BEFORE THAT DATE
(TWO YEARS FROM THE ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
 DURING CONSTRUCTION



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
Bureau of Building Water Systems
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	<u>Pum</u>
State Sanitary Permit Number	<u>304956</u>
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	<u>79462</u>

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name <u>MERYL JONES</u>			Property Location <u>NE NW 1/4, S 9 T 29, N, R 13 E (or W)</u>		
Property Owner's Mailing Address <u>9496 SOUTH STATE ROAD #39</u>			Lot Number		Block Number
City/State <u>MOORESVILLE IN</u>	Zip Code <u>46158</u>	Phone Number <u>(317) 539 4457</u>	Subdivision Name or CSM Number		
II. TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned			<input type="checkbox"/> City		Nearest Road
<input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms <u>3</u>			<input type="checkbox"/> Village		<u>SHERMAN</u>
			<input checked="" type="checkbox"/> Town Of		<u>380th ST</u>
III. BUILDING USE: (If building type is public, check all that apply)			Parcel Tax Number(s)		

- | | | |
|--|--|---|
| 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 <u>450</u>	2. Absorp. Area Required (sq. ft.) <u>900</u>	3. Absorp. Area Proposed (sq. ft.) <u>900</u>	4. Loading Rate (Gals/day/sq. ft.) <u>.5</u>	5. Perc. Rate (Min./inch) <u>—</u>	6. System Elev. <u>99.3</u> Feet	7. Final Grade Elevation <u>102.3</u> 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	<u>1000</u>	<u>—</u>	<u>1000</u>	<u>1</u>	<u>MIDWESTERN</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber	<u>650</u>	<u>—</u>	<u>650</u>	<u>1</u>	<u>PRECAST COMBO</u>	<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) <u>TOO L SINZ</u>	Plumber's Signature: (No Stamps) <u>[Signature]</u>	MP/MPSW No.: <u>W7159462</u>	Business Phone Number: <u>715-235-2644</u>
Plumber's Address (Street, City, State, Zip Code): <u>ES612 708th AVE MEKONG WIS 54751</u>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>\$280.00</u>	Date Issued <u>5-7-98</u>	Issuing Agent Signature (No Stamps) <u>[Signature]</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

INSTRUCTIONS

1. A sanitary permit is valid for two (2) years.
2. Your sanitary permit may be renewed before the expiration date, and at a time of renewal any new criteria in the Wisconsin Administrative Code will be applicable.
3. All revisions to this permit must be approved by the permit issuing authority.
4. Changes in ownership or plumber requires a Sanitary Permit Transfer / Renewal Form (SBD-6399) to be submitted to the county prior to installation.
5. Onsite sewage systems must be properly maintained. The septic tank(s) must be pumped by a licensed pumper whenever necessary, usually every 2 to 3 years.
6. If you have questions concerning your onsite sewage system, contact your local code administrator or the State of Wisconsin, Safety and Buildings Division, 608-266-3815.

To be complete and accurate this sanitary permit application must include:

- I. Property owner's name and mailing address. Provide the legal description and parcel tax number(s) of where the system is to be installed.
- II. Type of building being served. Check only one and complete # of bedrooms if 1 or 2 Family Dwelling.
- III. Building use. If building type is public, check all appropriate boxes that apply.
- IV. Type of permit. Check only one on line A. Complete line B if permit is for tank replacement, reconnection, or repair.
- V. Type of system. Check appropriate box depending on system type.
- VI. Absorption system information. Provide all information requested for numbers 1 through 7.
- VII. Tank information. Fill in the capacity of every new/or existing tank, list the total gallons, number of tanks and manufacturer's name, indicate prefab or site constructed and tank material. Complete for *all* septic, pump/siphon and holding tanks for this system. Check experimental approval only if tanks received experimental product approval from DILHR.
- VIII. Responsibility statement. Installing plumber is to fill in name, license number with appropriate prefix (e.g. MP, etc.), address and phone number. Plumber must sign application form.
- IX. County / Department Use Only.
- X. County / Department Use Only.

Complete plans and specifications not smaller than 8 1/2 x 11 inches must be submitted to the county. The plans must include the following: A) plot plan, drawn to scale or with complete dimensions, location of holding tank(s), septic tank(s) or other treatment tanks; building sewers; wells; water mains/water service; streams and lakes; pump or siphon tanks; distribution boxes; soil absorption systems; replacement system areas; and the location of the building served; B) horizontal and vertical elevation reference points; C) complete specifications for pumps and controls; dose volume; elevation differences; friction loss; pump performance curve; pump model and pump manufacturer; D) cross section of the soil absorption system if required by the county; E) soil test data on a 115 form; and F) all sizing information.

GROUNDWATER SURCHARGE

1983 Wisconsin Act 410 included the creation of surcharges (fees) for a number of regulated practices which can effect groundwater.

The monies collected through these surcharges are used for monitoring groundwater contamination investigations and establishment of standards.

May 06, 1998

CUST ID No.139462

ATTN: POWTS INSPECTOR

TODD L SINZ
E5612 708 AVE
MENOMONIE WI 54751-5520

**RE: CONDITIONAL APPROVAL
APPROVAL EXPIRES: 05/06/2000**

Transaction ID No. 79462

SITE:

Site ID: 7502
Dunn County, Town of Sherman
NE1/4, NW1/4, S9, T29N, R13W
MERLYN JONES

FOR:

Description: MOUND
Object Type: POWT System Regulated Object ID No.: 18379

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes. The submittal has been **CONDITIONALLY APPROVED**.

The following conditions shall be met during construction or installation and prior to occupancy or use:

- A Sanitary Permit must be obtained from the county where this project is located in accordance with the requirements of Sec. 145.135 and 145.19, Wis. Adm. Code.
- Inspection of the private sewage system installation is required. Arrangements for inspection shall be made with the designated county official in accordance with the provisions of Sec. 145.20(d), Wis. Stats.

A copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors. All permits required by the state or the local municipality shall be obtained prior to commencement of construction/installation/operation.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead. When making an inquiry or submitting additional information, please refer to **Transaction ID No. in the regarding line**.

Sincerely,



GERARD M SWIM , POWTS PLAN REVIEWER
Integrated Services
(608)785-9348 , MON - FRI, 7:15 AM - 4:00 PM
JSWIM@COMMERCE.STATE.WI.US

DATE RECEIVED 05/05/1998

FEE REQUIRED \$ 180.00
FEE RECEIVED \$ 180.00
BALANCE DUE \$ 0.00

Merlyn Jones - Mound

Transaction # 79462

79462

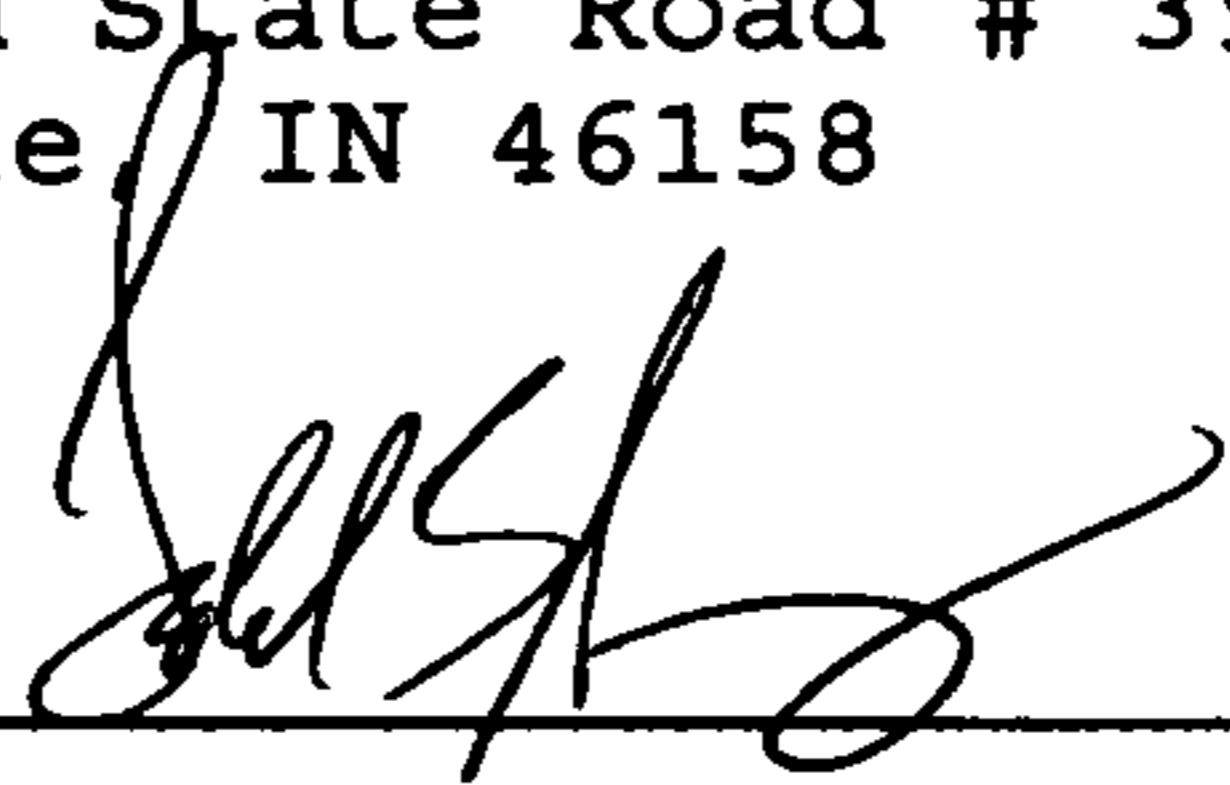
Location: NE 1/4, NW 1/4, Sec. 9, T 29 N, R 13 W
Town: Sherman
County: Dunn

Date: May 6, 1998

Owner: Merlyn Jones

Address: 9496 South State Road # 39
Mooreville, IN 46158

Plumber: Todd Sinz

Signature: 

License # MP 139462

Attachments: 6748-Plan Review Application
SBD 8330

page 1: cover
2: calculations
3: plot plan
4: system cross section.
5: plan view, lateral detail
6: pump tank exit detail
7: pump curve

RECEIVED
MAY - 5 1998
SAFETY & BLDGS. DIV

page 1 of 7

P.O.W.T.S.
Conditionally
APPROVED
DEPARTMENT OF COMMERCE
DIVISION OF SAFETY AND BUILDINGS

SEE CORRESPONDENCE

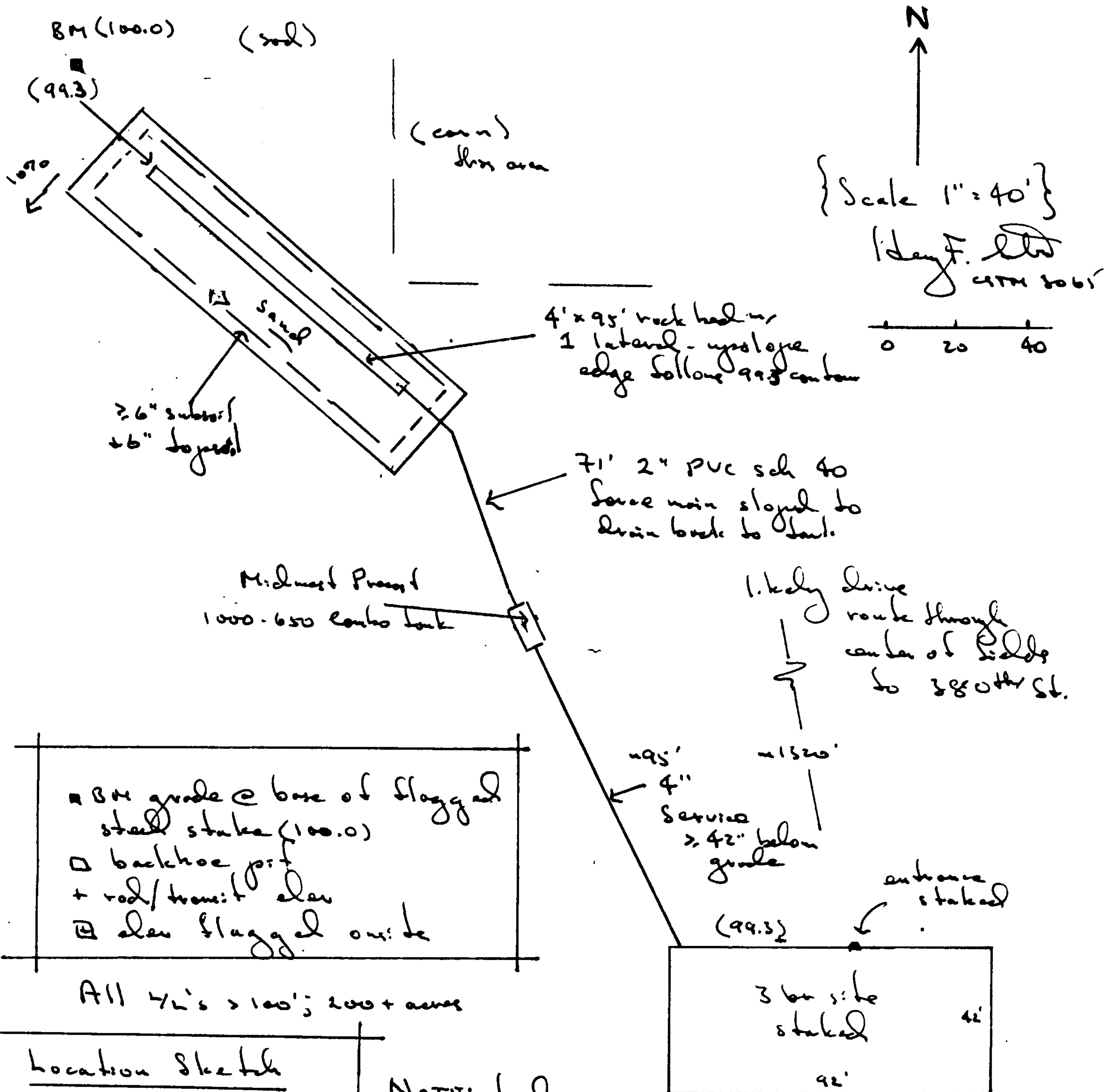
System Calculations

One family residence	<u>3</u>	bedrooms
Loading rate	<u>0.21</u>	gallons/sq ft per day
Depth to ground water	<u>7.26</u>	in
Depth to bedrock	<u>7.26</u>	in
Cross slope	<u>10</u>	% max
Force main length	<u>71</u>	ft of <u>2</u> in
Manifold/header length	<u>NA</u>	ft of <u>1</u> in
Drainback	<u>11.6</u>	gallons
Lateral length <u>1</u> @	<u>90.0</u>	ft of <u>2</u> in
Lateral elevation	<u>101.8</u>	ft (bottom of pipe)
Lateral hole size <u>1/4</u> in @	<u>60.0</u>	in (<u>5.0</u> ft) spacing
<u>19</u> holes/lateral,	<u>19</u>	holes total
Lateral volume	<u>14.76</u>	gallons
Total lateral discharge rate	<u>22.23</u>	gpm @ <u>2.5</u> ft head
Elevation difference	<u>12.1</u>	ft
Friction loss	<u>0.78</u>	ft @ <u>25</u> gpm
Total dynamic head	<u>15.38</u>	ft
Pump/siphon <u>30</u> gpm @	<u>16</u>	ft of head
Manufacturer <u>Aurora/Hydronaut</u> ,		Model # <u>SW 33</u>
Dose volume,	<u>160</u>	gallons
Lift/siphon tank <u>Midwest Provent 1000.650 Combo</u>		<u>650</u> gallons
Septic tank	<u>"</u>	<u>1000</u> gallons
Measurement pump on & off	<u>9.4</u>	in
Height alarm from tank bottom	<u>17.4</u>	in
Reserve capacity	<u>350+</u>	gallons

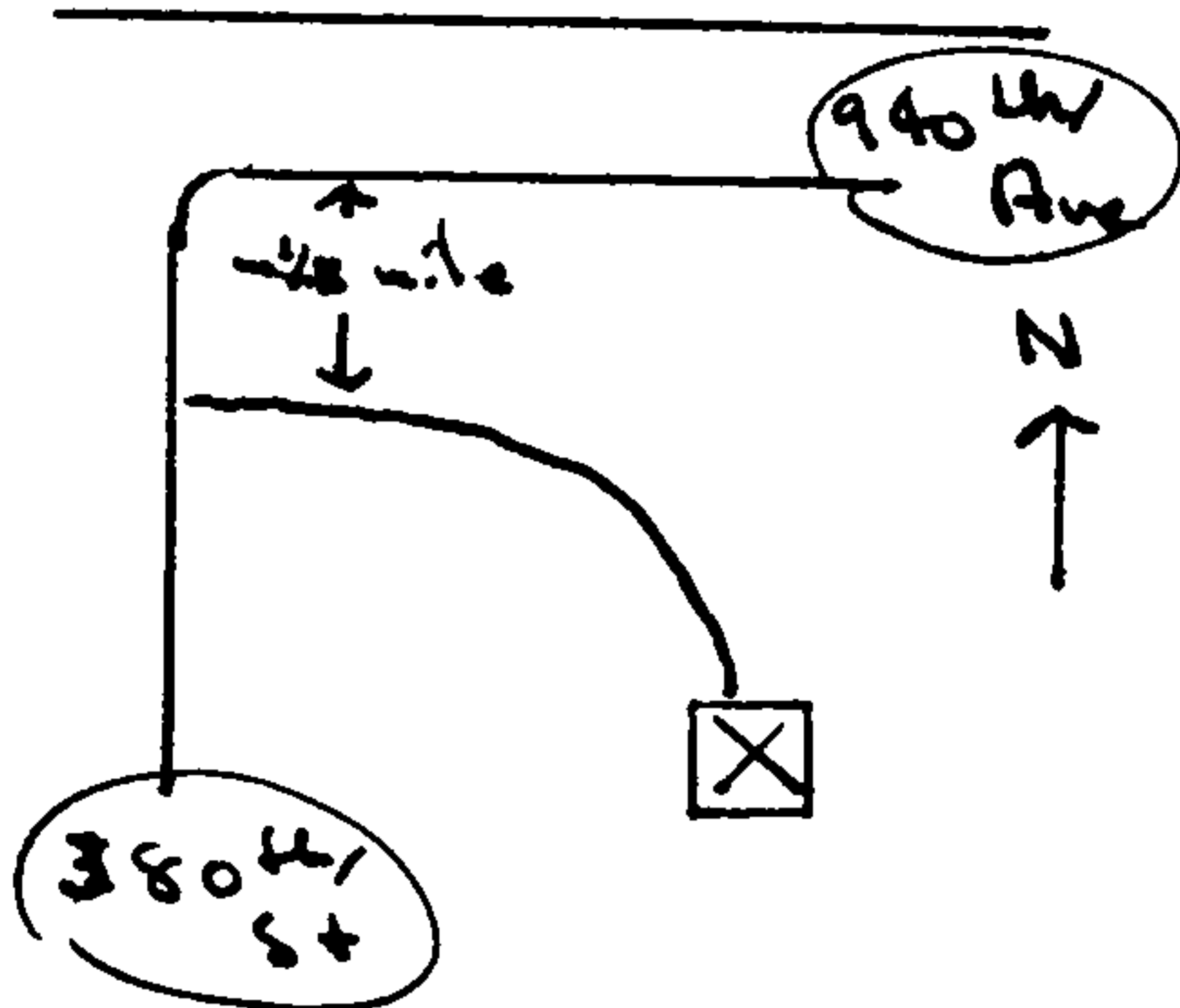
calcs

Marilyn Jones - Plot Plan

NE-NW-9-29-13 W
Tonn: Sherman



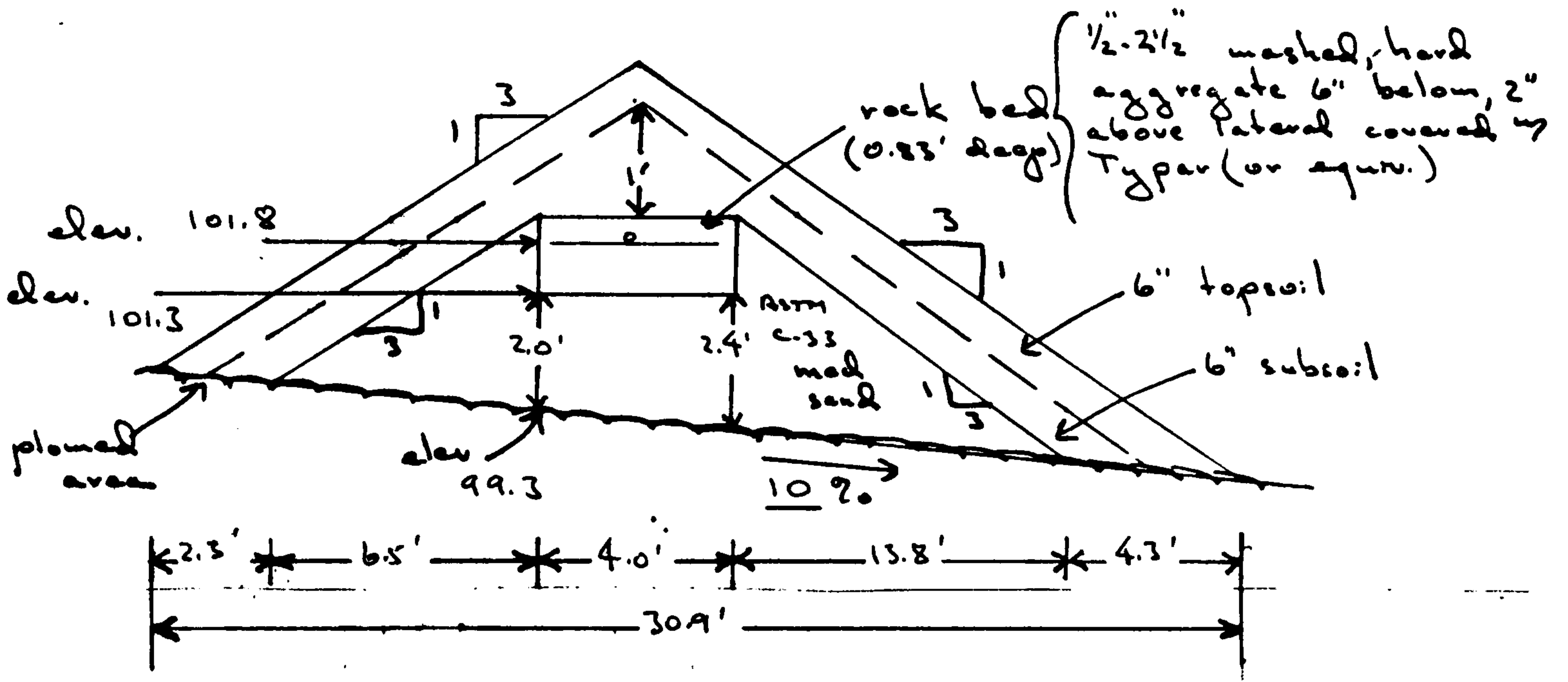
Location Sketch



NOTE: bed pipes
& tank in sand

OWall

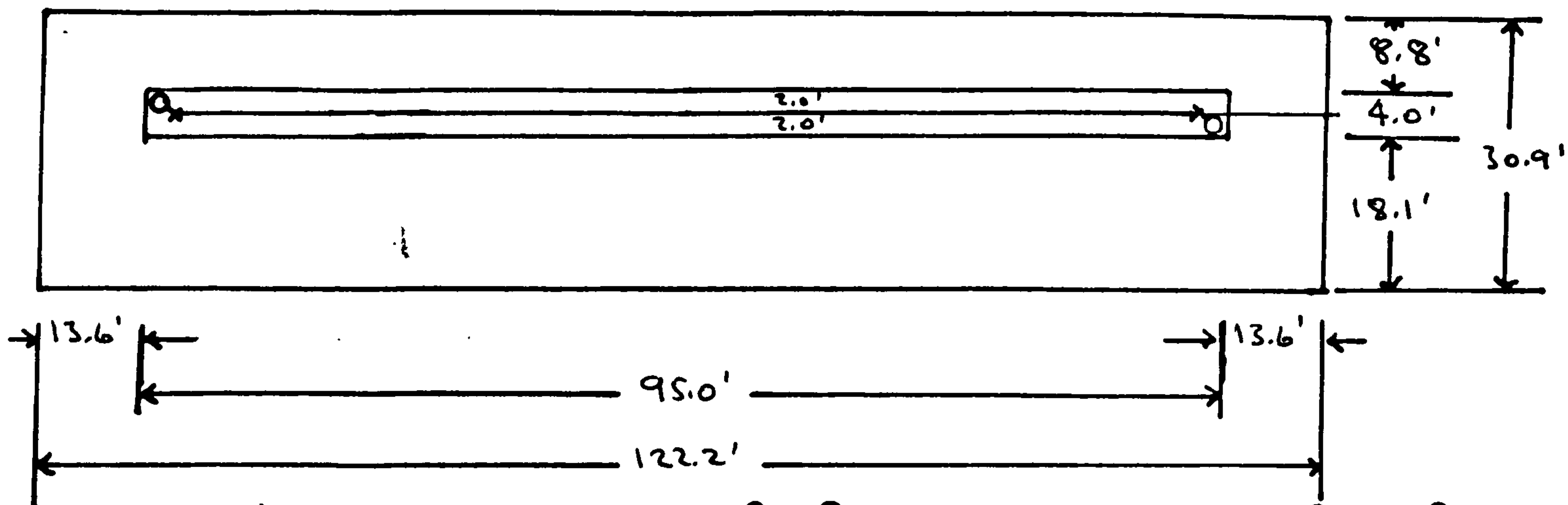
System Cross Section



Note: rock bed

$$10'' = 0.83'$$

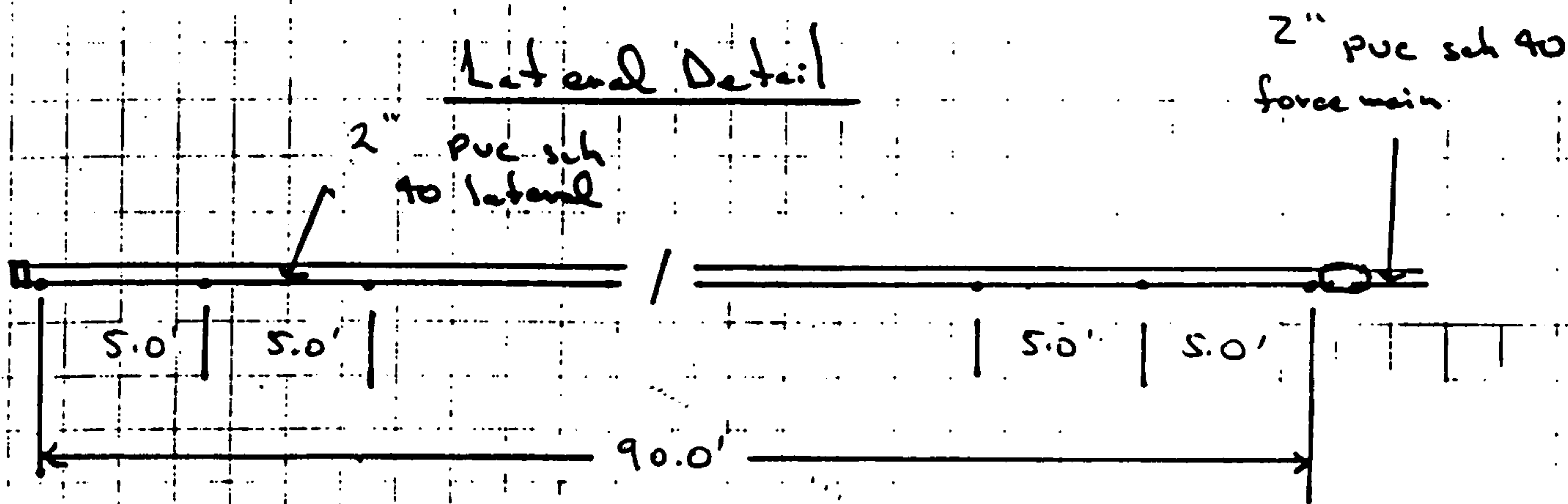
Plan View



x: 1/2" steel rebar (or equiv.) lateral and markers driven to final grade
 o: 4" pvc capped observation wells to bottom of rock bed

Note: lateral terminals 2.5' from ends of rock bed

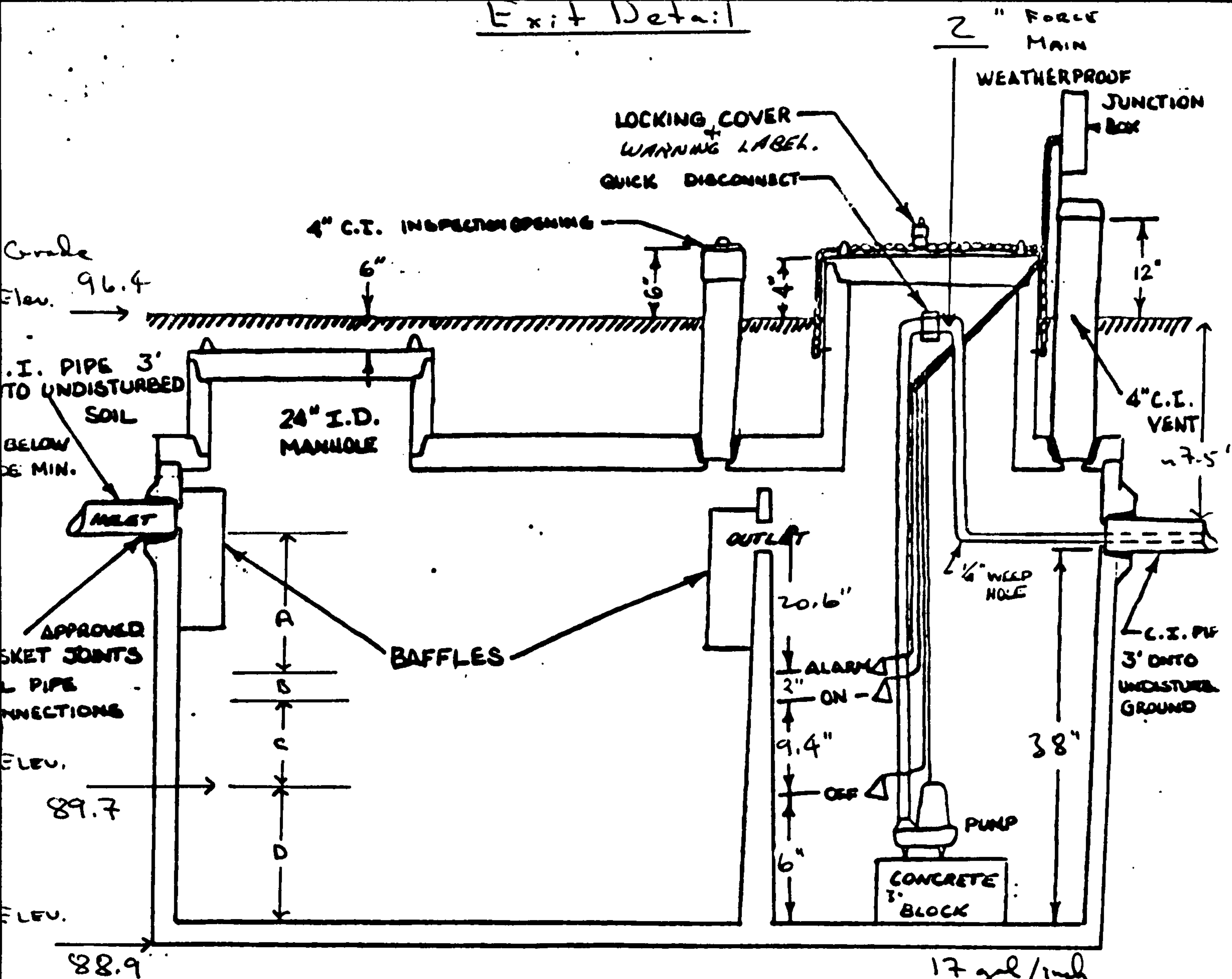
Lateral Detail



1/4" holes on lateral center bottom line @ 60.0" apart (5.0')
 19 holes total

(19) (1.17 gpm) = 22.23 gpm total discharge @ 2.5' head

Exit Detail



SPECIFICATIONS

SEPTIC & DOSE TANKS MANUFACTURER: Midwest Precast
TANK SIZE: 1000-650 GALLONS

ALARM MANUFACTURER: ST Electro
MODEL NUMBER: 101 HW
SWITCH TYPE: mercury bulb

PUMP MANUFACTURER: Aurora Hydraulic
MODEL NUMBER: SW 33
SWITCH TYPE: mercury bulb
MINIMUM DISCHARGE RATE 23 GPM

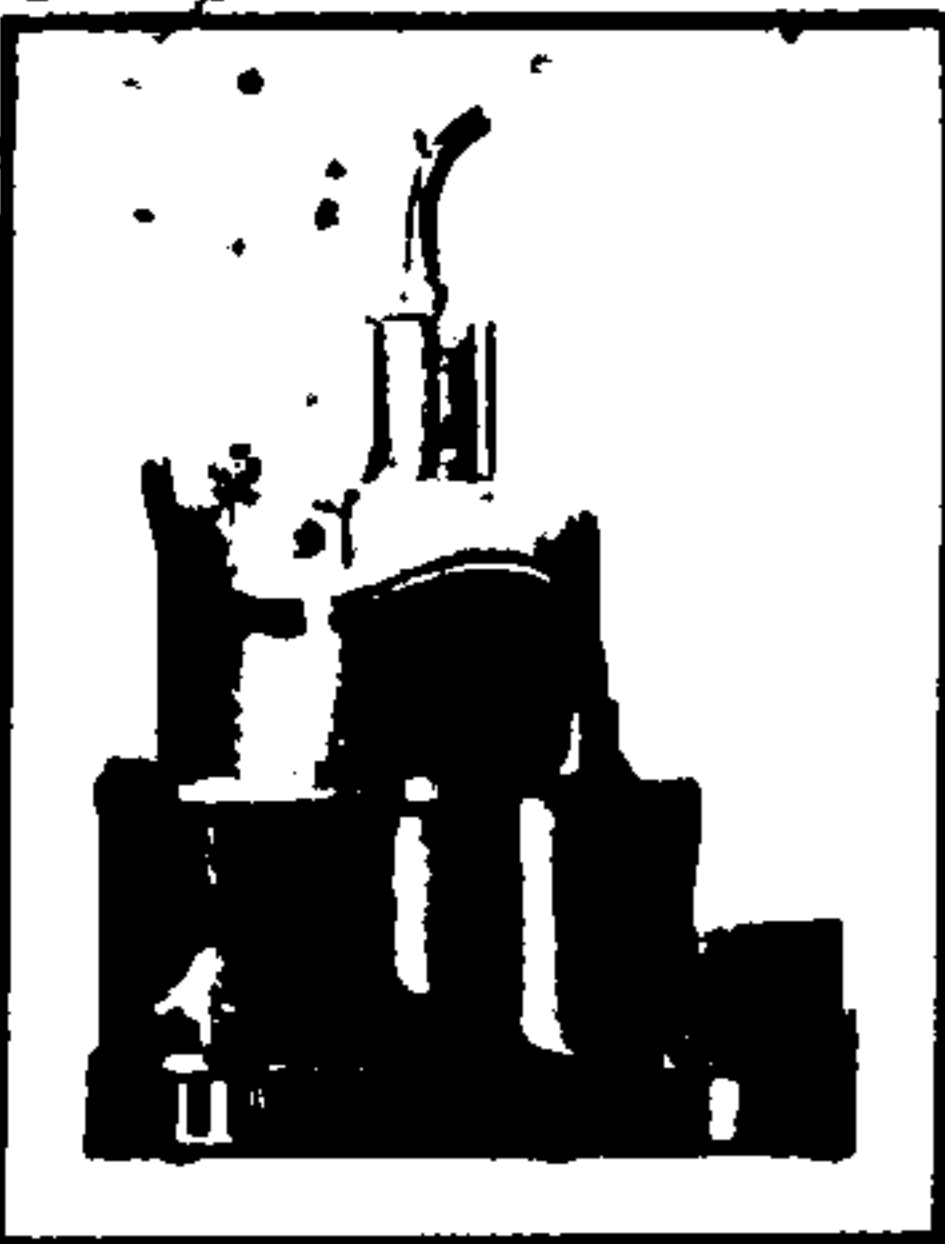
NUMBER OF DOSES: 3.0 PER DAY
DOSE VOLUME INCLUDING BACKFLOW: 160 GALLONS

CAPACITIES: A = 20.6 INCHES OR 350.2 GALLONS
B = 2 INCHES OR 34 GALLONS
C = 9.4 INCHES OR 160 GALLONS
D = 6 INCHES OR 102 GALLONS

NOTE: PUMP AND ALARM ARE TO BE INSTALLED ON SEPARATE CIRCUITS

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE.. 12.1 FEET
+ MINIMUM NETWORK SUPPLY PRESSURE 2.5 FEET
+ 71 FEET OF FORCE MAIN X 1.1 $\frac{FT}{100 FT}$ FRICTION FACTOR. 0.78 FEET
= TOTAL DYNAMIC HEAD = 15.38 FEET

INTERNAL DIMENSIONS OF TANK: LENGTH 11' 8"; WIDTH 6' 6"; LIQUID DEPTH 38"
PAGE 6 OF 7



ENGINEERING DETAILS - SW25/33

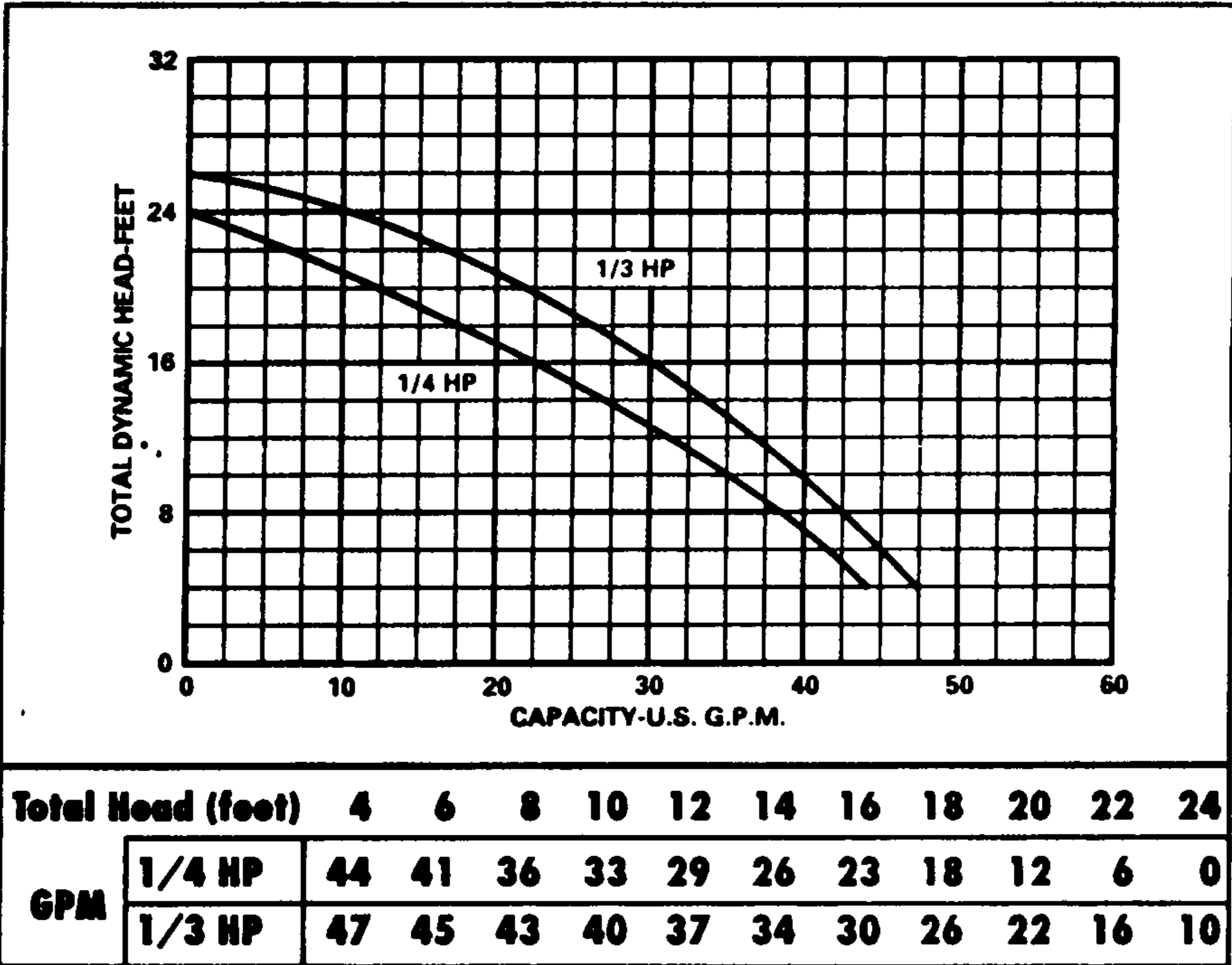
Pump Characteristics

Pump/Motor Unit	Submersible	
Manual Models	SW25M1	SW33M1
Automatic Models	SW25A1	SW33A1
Horsepower	1/4	1/3
Full Load Amps	8.0	10.0
Motor Type	Shaded Pole (4 pole)	
R.P.M.	1550	
Phase Ø	1	
Voltage	115	
Hertz	60	
Operation	Intermittent	
Temperature	120°F Ambient	
NEMA Design	A	
Insulation	Class A	
Discharge Size	1-1/2" NPT	
Solids Handling	1/2"	
Unit Weight	30 lbs.	
Power Cord	18/3, SJTW, 10' std. (20' optional)	

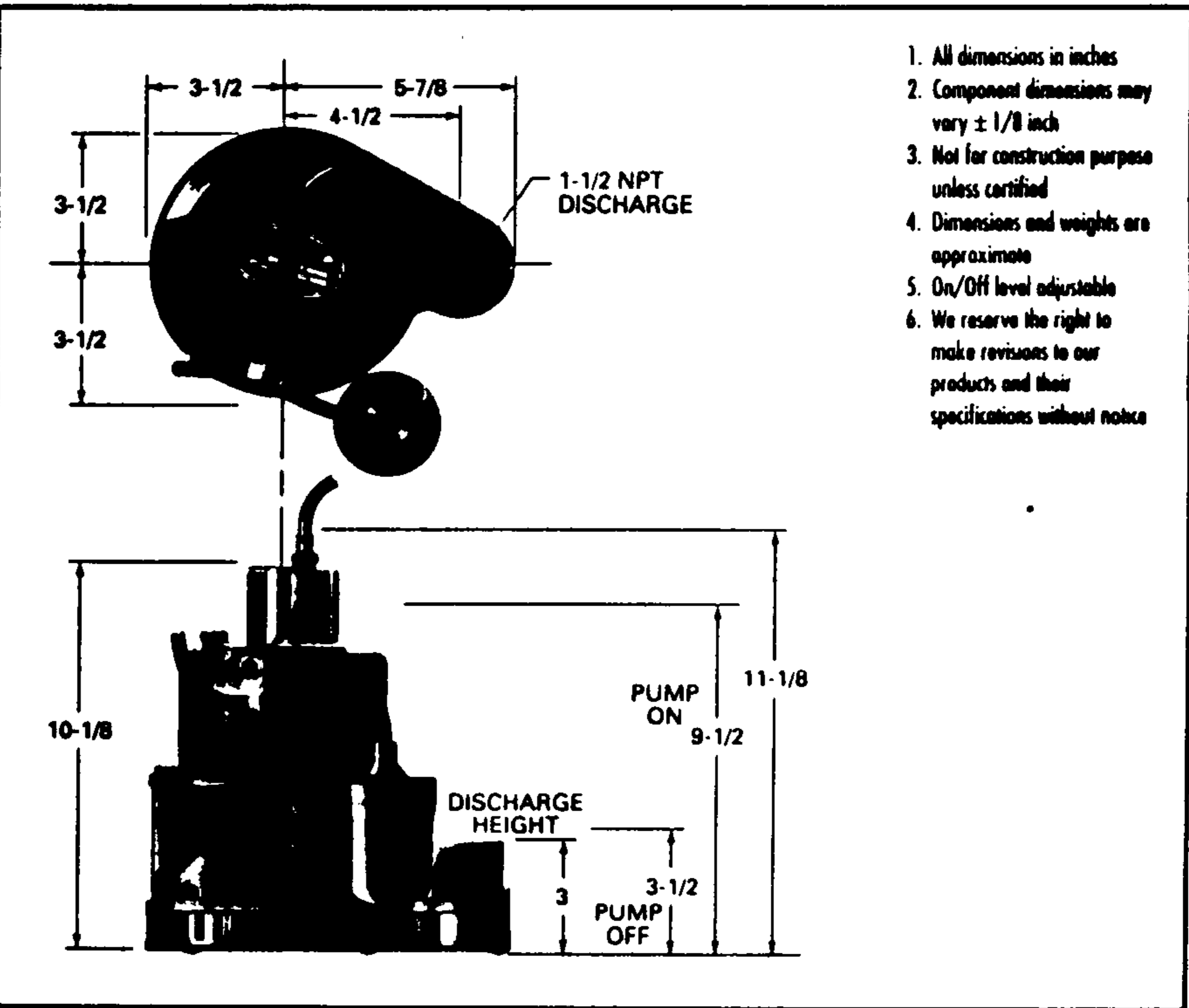
Materials of Construction

Handle	Steel
Lubricating Oil	Dielectric Oil
Motor Housing	Cast Iron
Pump Casing	Cast Iron
Shaft	Steel
Mechanical Shaft Seal	Seal Faces: Carbon/Ceramic Seal Body: Anodized Steel Spring: Stainless Steel Bellows: Buna-N
Impeller	Thermoplastic
Upper Bearing	Bronze Sleeve Bearing
Lower Bearing	Single Row Ball Bearing
Strainer/Base	Plastic
Fasteners	Stainless Steel

Performance Data



Dimensional Data



SOIL AND SITE EVALUATION REPORT

in accord with ILHR 83.05, Wis. Adm. 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 % of slope, scale or dimensioned, north arrow, and location and distance to nearest road.

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION

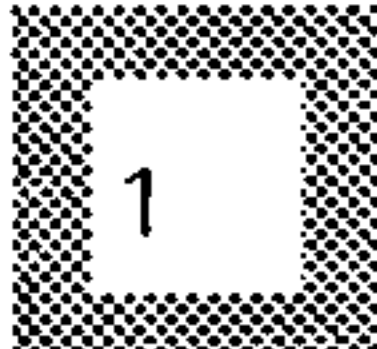
PROPERTY OWNER: Merlyn Jones			PROPERTY LOCATION GOVT. LOT NE 1/4 NW 1/4, S 9 T 29, N, R 13 E W		
PROPERTY OWNER'S MAILING ADDRESS 9496 South State Road # 39			LOT #	BLOCK #	SUBD. NAME OR CSM #
CITY, STATE Mooresville, IN	ZIP CODE 46158	PHONE NUMBER (317) 539-4437	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN Sherman		NEAREST ROAD 380th St.

☒ New Construction Use ☒ Residential / Number of bedrooms 3 ☐ Addition to existing building _____
☐ Replacement ☐ Public or commercial describe _____

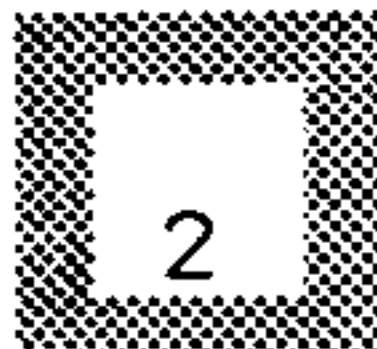
Code derived daily flow 450 gpd Recommended design loading rate .5 bed, gpd/ft² .6 trench, gpd/ft²
 Absorption area required 900 bed, ft² 750 trench, ft² Maximum design loading rate .5 bed, gpd/ft² .6 trench, gpd/ft²
 Recommended infiltration surface elevation(s) 101.3 ft (as referred to site plan benchmark)
 Additional design / site considerations install 4' x 95' rock bed mound on 99.3 as upslope edge of rock w/ 2' sand fill
 Parent material loess over SS Flood plain elevation, if applicable NA ft

S = Suitable for system U = Unsuitable for system	CONVENTIONAL <input type="checkbox"/> S <input checked="" type="checkbox"/> U	MOUND <input checked="" type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND PRESSURE <input type="checkbox"/> S <input checked="" type="checkbox"/> U	AT-GRADE <input type="checkbox"/> S <input checked="" type="checkbox"/> U	SYSTEM IN FILL <input type="checkbox"/> S <input checked="" type="checkbox"/> U	HOLDING TANK <input type="checkbox"/> S <input checked="" type="checkbox"/> U
--	--	---	--	--	--	--

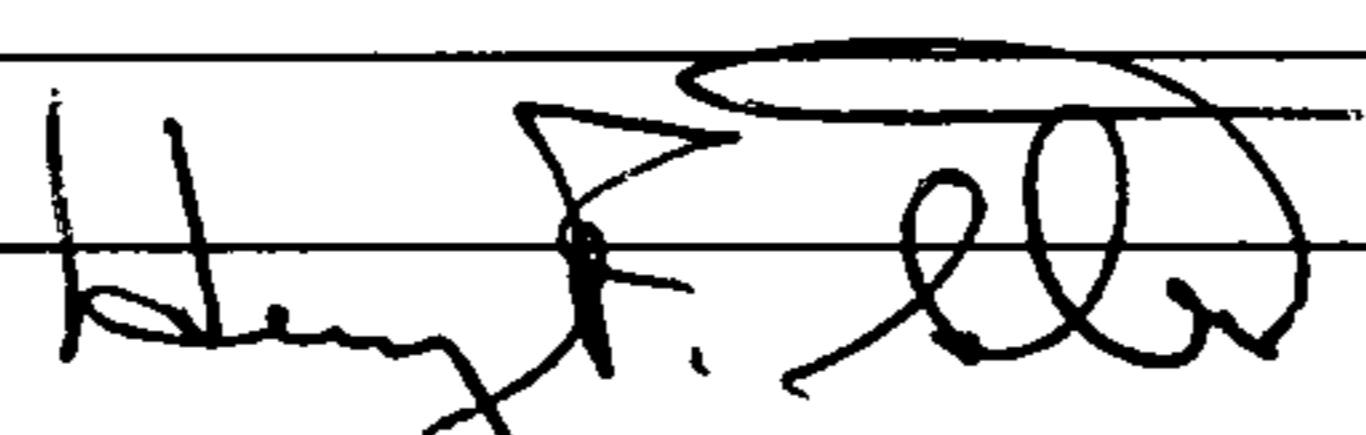
SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
Boring #  Ground elev. <u>97.9</u> ft. Depth to limiting factor <u>35"</u>	1	0-5	7.5YR 3/2	-	sil	2 f cr	mvfr	cs	2f/m	.5	.6
	2	5-15	10YR 4/4	-	sil	2 f-m sbk	mvfr	cs	1m	.5	.6
	3	15-30	10YR 4/6	-	sil	2 m sbk	mfr	cs	1f	.5	.6
	4	30-35	10YR 4/6	-	sl	1 m sbk	mfr	cs	1m	.4	.5
			w/ SS gr								
	5	35-40	SSBR								

Remarks: _____

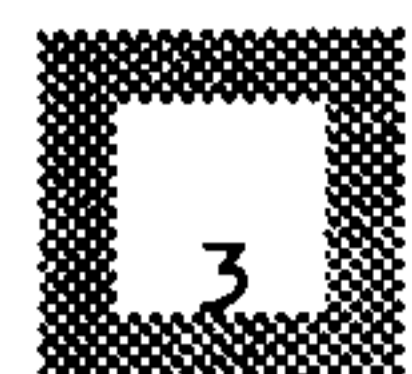
Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
Boring #  Ground elev. <u>99.8</u> ft. Depth to limiting factor <u>26"</u>	1	0-6	7.5YR 3/2	-	sil	2 m cr	mvfr	cs	2f/m	.5	.6
	2	6-19	10YR 4/4	-	sl	2 f sbk	mvfr	cs	1m	.5	.6
	3	19-26	7.5YR 4/6	-	sl	2 f sbk	mvfr	cs	1f	.5	.6
	4	26-36	SSBR								

Remarks: _____

CST Name:—Please Print Henry F. Grote	Phone: 715-665-2681
Address: PO Box 57, knapp, WI 54749-0057	
Signature: 	Date: <u>5/4/96</u> CST Number: <u>3065</u>

PARCEL I.D. # _____

Boring #



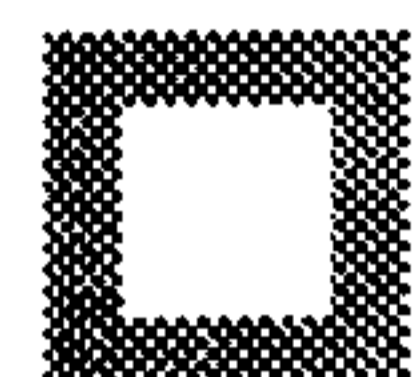
Ground
elev.
99.3 ft.

Depth to
limiting
factor
30"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
1	0-5	7.5YR 3/2	-	sil	2 m cr	mvfr	cs	1f/m	.5	.6
2	5-19	10YR 4/4	-	sl	2 f sbk	mvfr	cs	1m	.5	.6
3	19-30	7.5YR 4/6	-	sl	2 f sbk	mvfr	cs	1f	.5	.6
4	30-36	SSBR								

Remarks: _____

Boring #

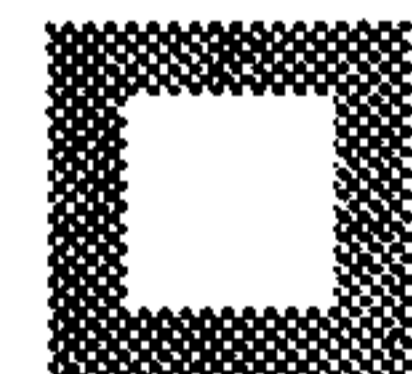


Ground
elev.
_____ ft.

Depth to
limiting
factor

Remarks: _____

Boring #

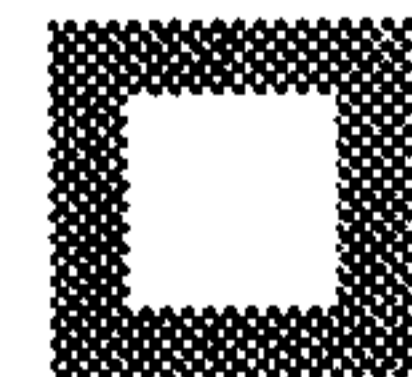


Ground
elev.
_____ ft.

Depth to
limiting
factor

Remarks: _____

Boring #



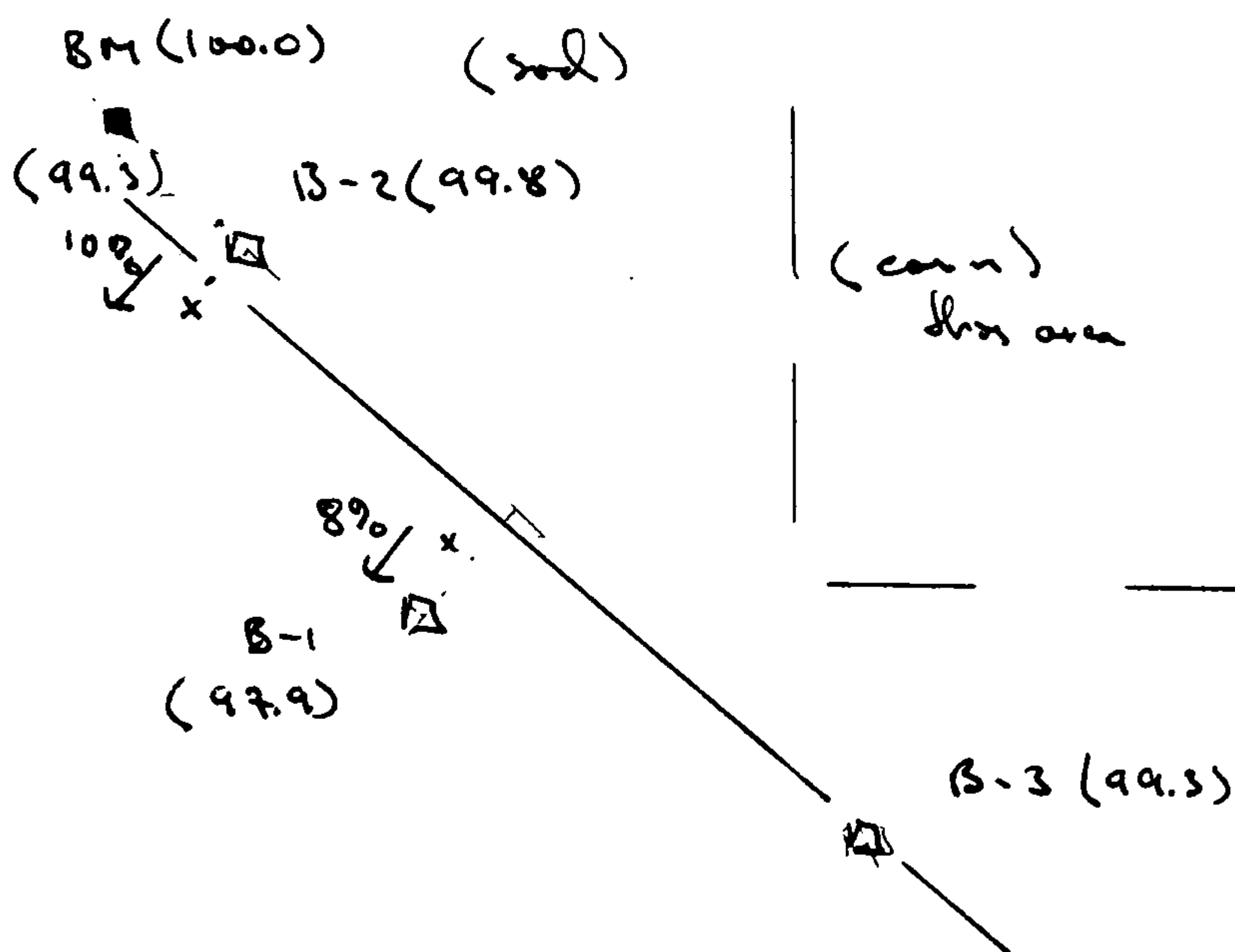
Ground
elev.
_____ ft.

Depth to
limiting
factor

Remarks: _____

Marilyn Jones - Plot Plan

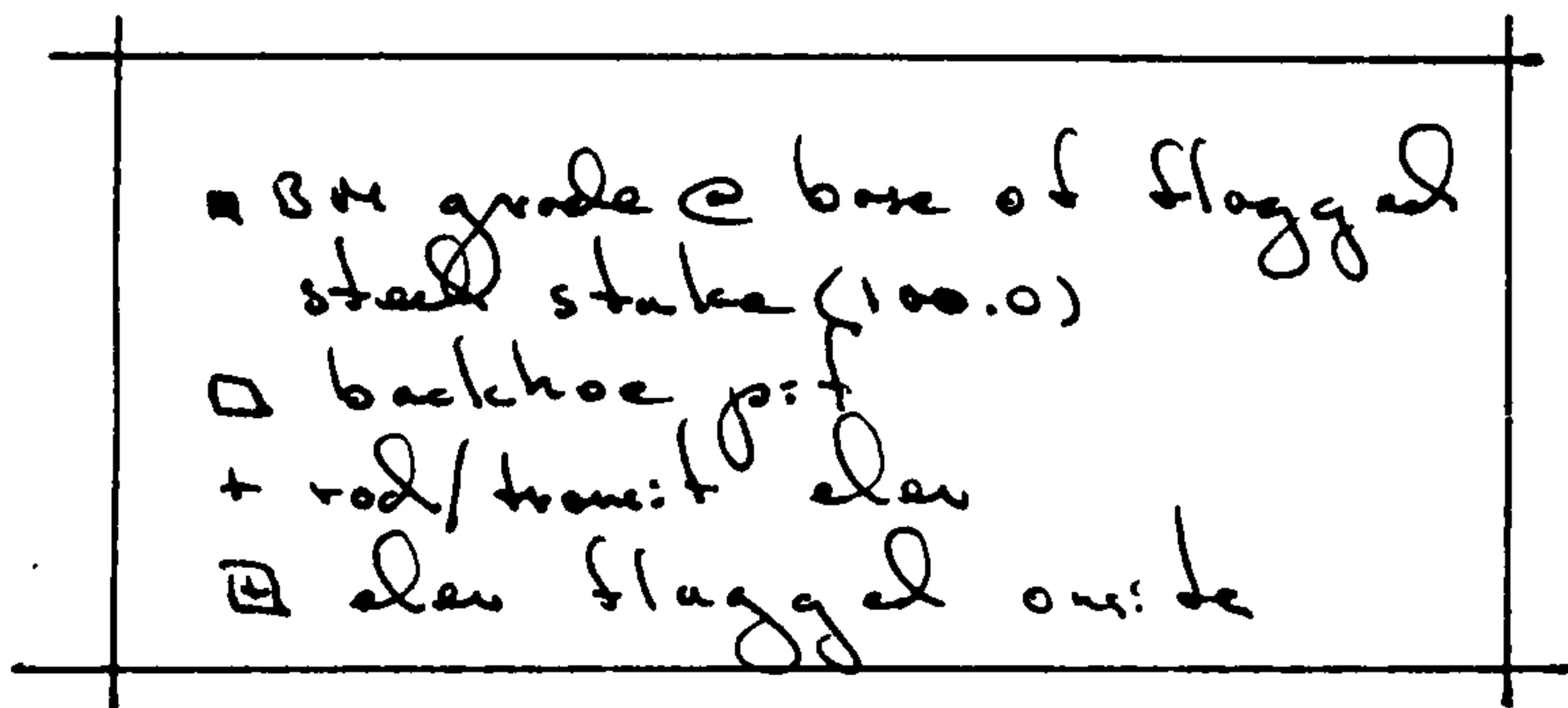
NE-NW-9-29-13W
Town: Sherman



N
Scale 1" = 40'
Ident. [Signature]
4/11/06

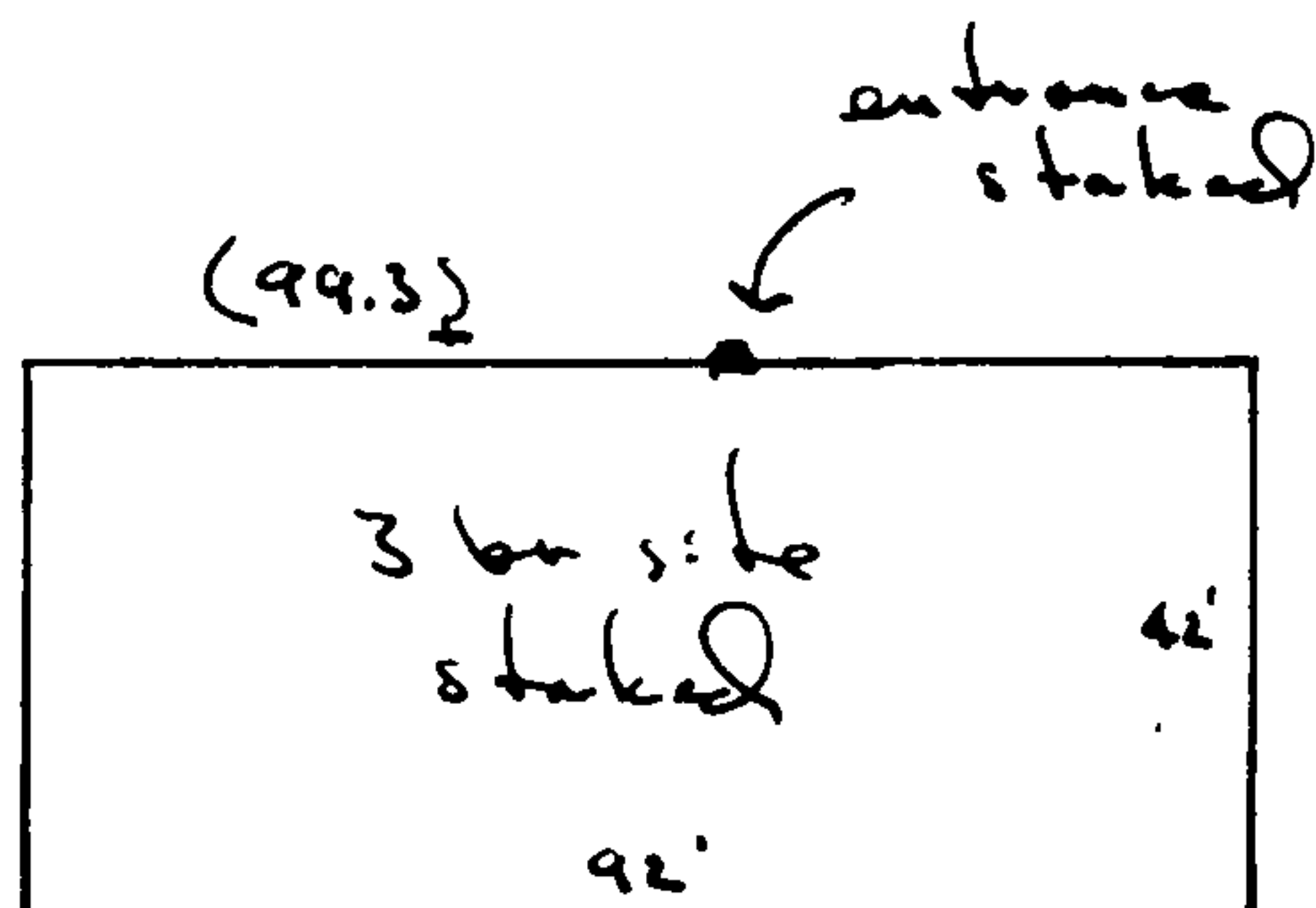
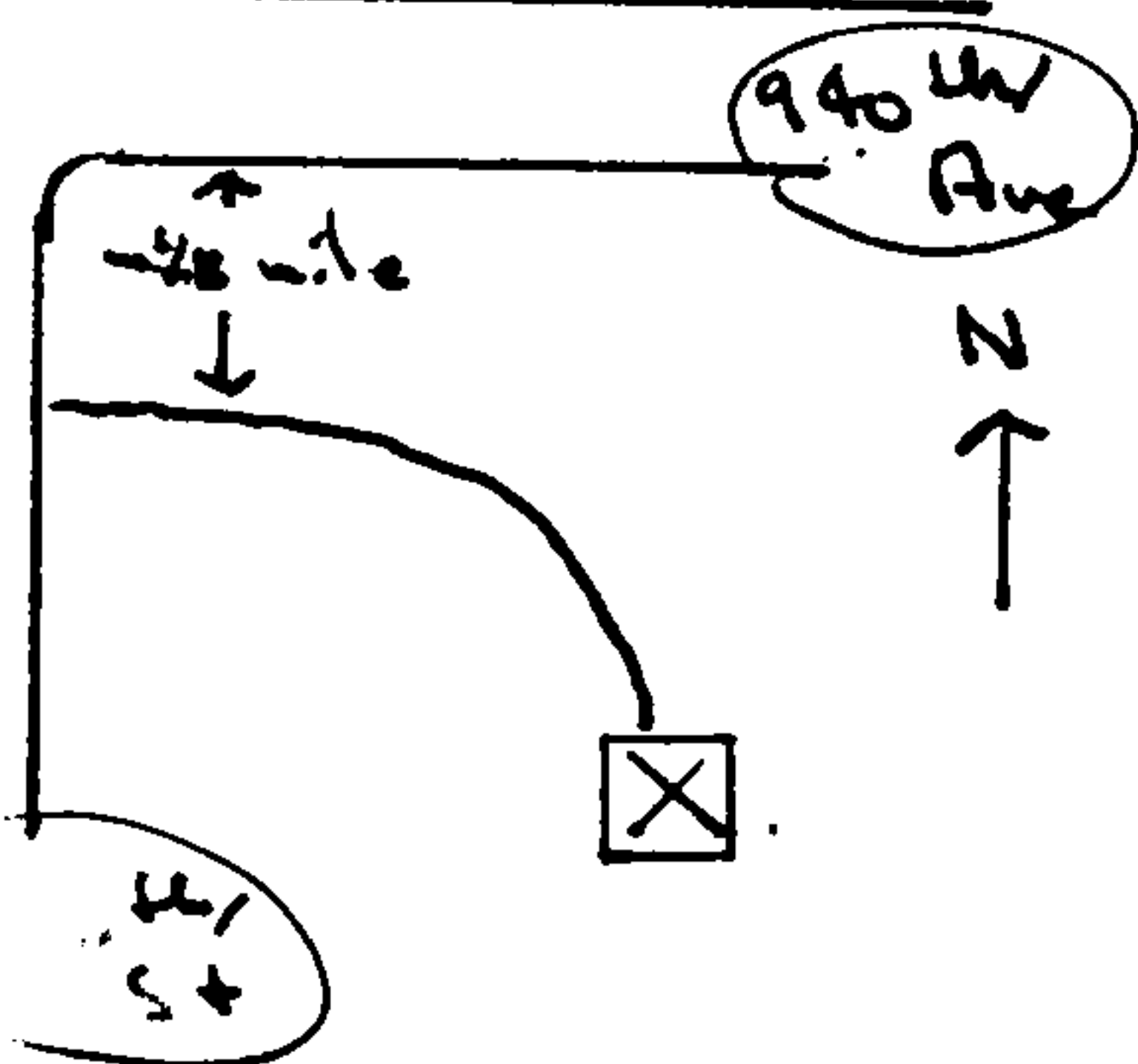
good lift
low location → top low (96.4)

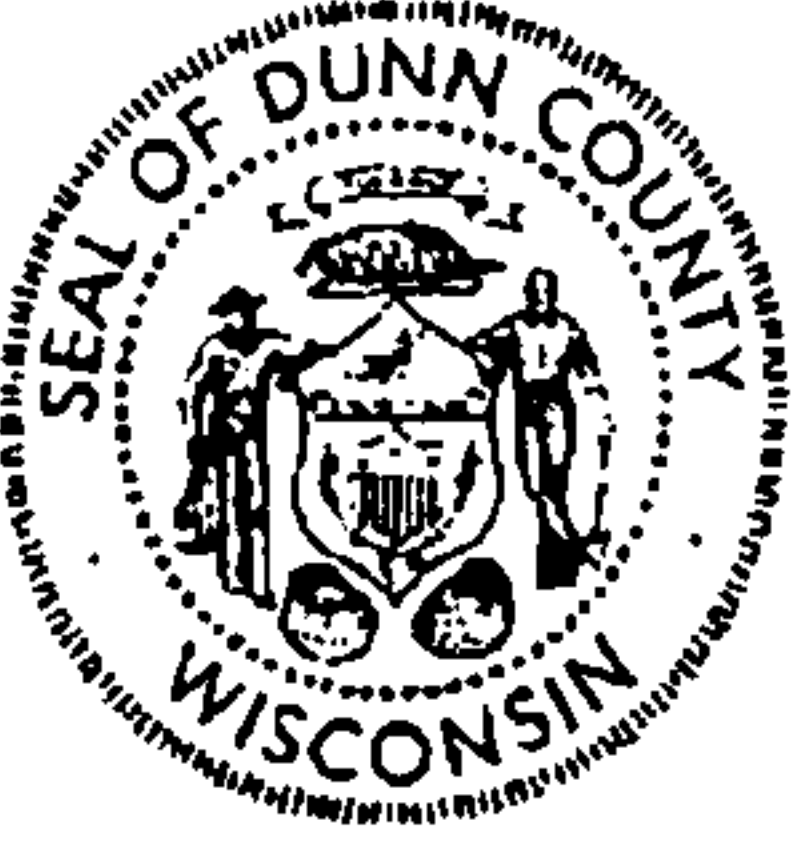
likely drive
route through
center of fields
to 380th St.



All 1/4's > 100'; 200+ acres

Location Sketch





COUNTY OF DUNN

Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

Telephone (715) 232-1401

FAX: (715) 232-1324

July 17, 1998

Merlyn Jones
9496 S. State Rd. 39
Mooreville, TN 46158

RE: Parcel described as NE $\frac{1}{4}$ -NW $\frac{1}{4}$, Section 9, T29N-R13W
Town of Sherman, Dunn County, Wisconsin

Septic system installation address/fire number is – N9296 380th St.
Boyceville, WI 54725

Dear Private Sewage System Owner:

Recently, a new or replacement on-site waste disposal system was installed on a parcel described above. This installation was inspected for code compliance and the inspection report together with the installing plumbers original forms are on permanent file with this office.

Wisconsin Statutes (ss 145.245(3)) requires maintenance of the septic tank for sludge content every three years. You, or the subsequent owner of this property will be notified in the spring/summer of 2001 to perform maintenance on this system. This maintenance requirement will involve pumping of the septic tank by a licensed septic tank pumper, or an inspection which verifies no pumping is required at this time. This notification of maintenance will follow every three years thereafter. This maintenance requirement is binding on all successors and assigns of this parcel. As the present owner, you are asked to disclose this requirement to the new owner(s) prior to sale.

The purpose of this maintenance requirement is to avoid premature failure of the private sewage system. A failed system presents a very serious environmental health risk to you and others.

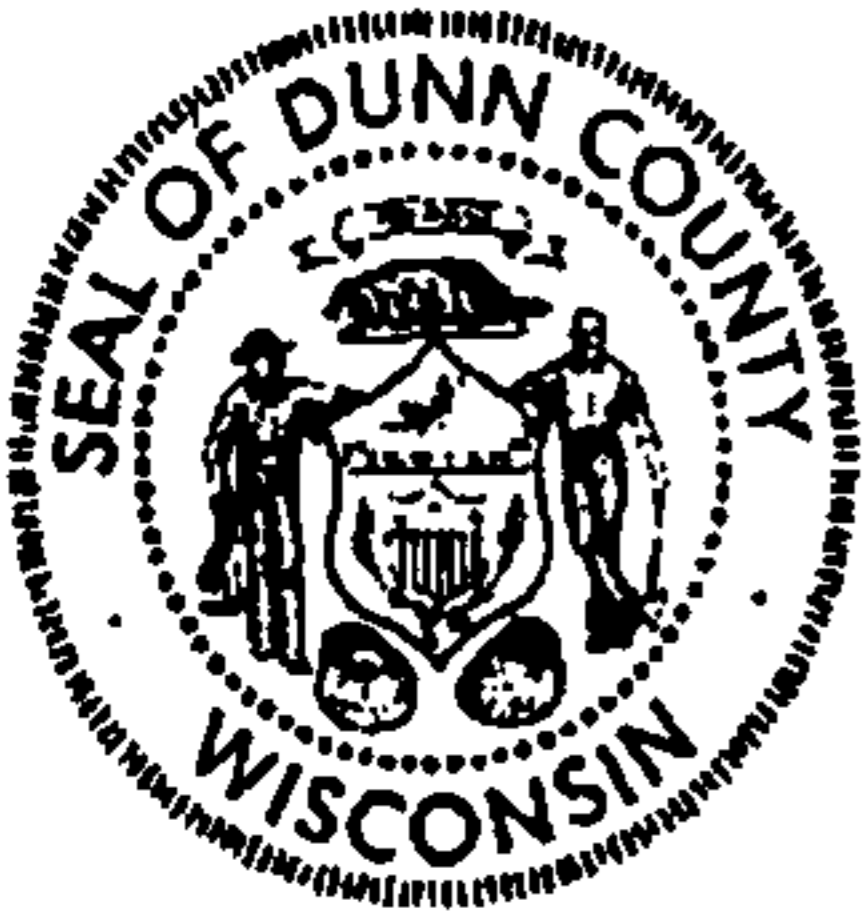
If you have any question about this maintenance program, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Michael Helgeson".

Michael Helgeson
Zoning Administrator

MH/jr



COUNTY OF DUNN
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

Telephone (715) 232-1401
FAX: (715) 232-4099

AUGUST 2001

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during the year of 1992, 1995 or 1998. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections may be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **This will be the only contact from this office.** Failure to comply with this notice will lead to the filing of a non-compliance form to be attached to the State Sanitary Permit on file in this office. This filing will alert future buyers of this property that required maintenance was not performed.

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

Inspection reveals the system to be in good operating condition and does not require pumping at this time.

Signature of inspector and license number _____

Date of inspection _____

*Septic Tank serviced within
Three years of home being
occupied and the septic system
used.*

304956 032-1023-07-000 1998
SHIRLEY A
JONES
E3794 940TH AVE
BOYCEVILLE WI 54725

Inspection reveals the system to be in good operating condition but does require pumping at this time.
Contact septic pumper for service.

Signature of inspector and license number _____

Date of inspection _____

(To be completed by septic tank pumper only) This system has been pumped. It is in good operating condition.

MP225410
[Signature]
Signature of septic tank pumper and license number _____

Date of pumping *Nov 18 2002*

Paul/Priscilla-

please check your
records, date & sign.

- Oct? 04. Thanks
Janet

COUNTY OF DUNN
Menomonie, WI 54751



Telephone (715) 232-1401
FAX: (715) 232- 4099

June 1, 2005

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during one of the following years: 1990, 1993, 1996, 1999, or 2002. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **This will be the only contact from this office. Failure to comply with this notice will lead to the filing of a non-compliance form to be attached to the State Sanitary Permit on file in this office. This filing will alert future buyers of this property that required maintenance was not performed.**

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service.

Signature of inspector and license number

Date of inspection _____

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Signature of inspector and license number

Date of inspection _____

As per Com. 83.54(4d) a visual inspection as been made on all components of this system and no leakage problems are apparent.

RETURN TO:
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751
304956 032-1023-07 1998

(To be completed by septic tank pumper only) This system has been pumped.

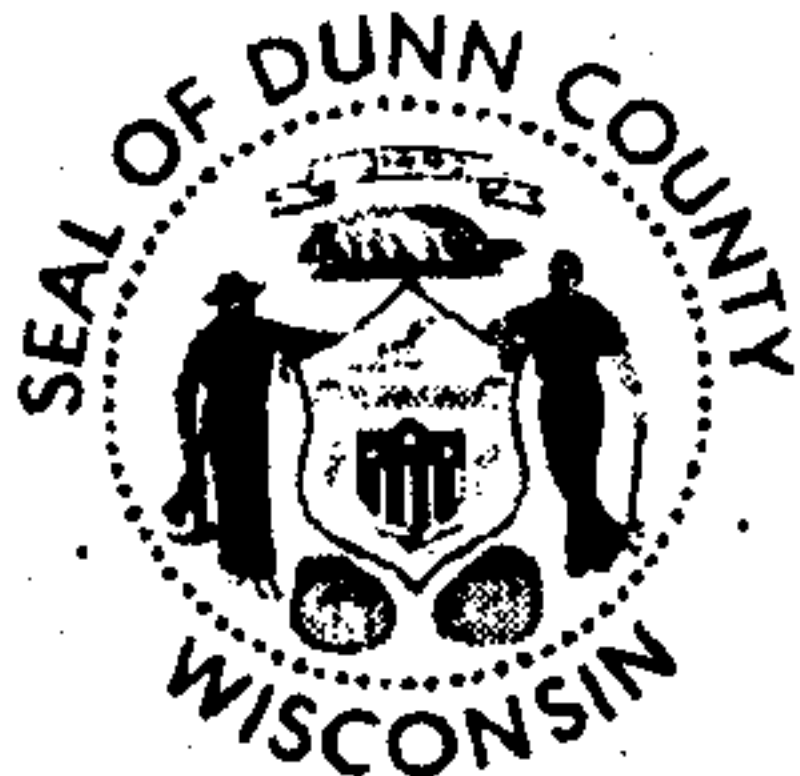
Paul K Kelle #225410
Signature of septic tank pumper and license number

Date of pumping 10-23-04

SHIRLEY A
JONES
E3794 940TH AVE
BOYCEVILLE WI 54725

Lot/CSM/Sub. & Parcel Address

E3794 0940TH AVE



Environmental Services Department
Land Assessment, Land conservation, Planning
Solid waste, Surveying, Zoning

Telephone: 715.231.6521
FAX: 715.232.4099

July 2, 2010

A private sewage system or replacement was installed on property you own during the year listed below. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service.

Date of inspection _____

Signature of inspector and license number _____

I certify that the septic system on the property mentioned below is not ponding on the ground surface or backing up into the structure, and that the septic tank has been visually inspected and pumped. *(To be completed by septic tank pumper only)*

Sub Myer SV550
Signature of septic tank pumper and license number _____

Date of pumping 7/13/10

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Date of inspection _____

Signature of inspector and license number _____

RETURN TO:

Dunn County Zoning Office
390 Red Cedar St. Suite C
Menomonie, Wisconsin 54751

**Year of installation
or replacement**

304956 032 291309.201

1998

Lot/CSM/Sub. & Parcel Address

SHIRLEY A
JONES
E3794 940TH AVE
BOYCEVILLE WI 54725

E3794 940TH AVE

COUNTY OF DUNN
Menomonie, WI 54751



Telephone: 715.231.6521

FAX: 715.232.4099

October 17, 2007

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during one of the following years: 1992, 1995, 1998, 2001 and 2004. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Please contact our office if you plan to have this service done in the spring of 2008 instead of this fall. Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

Inspection of the private septic system components reveal that it does require pumping at this time.
Contact septic pumper for service.

Signature of inspector and license number

Date of inspection _____

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Signature of inspector and license number

Date of inspection _____

As per Com. 83.54(4d) a visual inspection has been made on all components of this system and no leakage problems are apparent.

RETURN TO:

Dunn County Zoning Office
390 Red Cedar St. Suite C

Menomonie, Wisconsin 54751
304956 032-1023-07

1998

(To be completed by septic tank pumper only) This system has been pumped.

Signature of septic tank pumper and license number

Date of pumping _____

11-12-07

SHIRLEY A
JONES
E3794 940TH AVE
BOYCEVILLE WI 54725

Lot/CSM/Sub. & Parcel Address
E3794 940TH AVE

291309.201



Environmental Services Department

Planning and Zoning Division
800 Wilson Avenue, Room 310
Menomonie, WI 54751
Telephone: 715.231.6521
Fax: 715.232.4099

July 2, 2019

According to WI State Statutes and the Dunn County Sanitation Ordinance, all owners of septic systems in the County shall participate in the private onsite waste treatment systems maintenance program. The maintenance program requires all septic tanks to be inspected and/or pumped every three years. As per 145.245(3) Wisconsin State Statutes and the Dunn County Sanitation Ordinance, the Dunn County Zoning Office is hereby informing you of your responsibility to provide maintenance on the system.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be pumped by a licensed septic tank pumper. You may decide to have your septic tank pumped without an initial inspection.

In either case, return this letter **within 90 days** with the appropriate signature. Septic tank maintenance ensures maximum service life of your private sewage system and may avoid premature failure and very costly replacement.

As per SPS 383.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

As per NR 113.07(1)(b)2 Waste removed from septic systems due to a routine pumping may not be land applied during months when the ground is frozen or snow covered. Waste removed in these pumping situations shall be taken to a publicly owned wastewater treatment work (POTW).

Dunn County Sanitary Maintenance Certification Form

*(Please have your pumper/inspector **check off the boxes and complete** remainder of form)

- ☒ The septic tank was recently pumped by a licensed septic tank pumper.
- ☒ The septic tank was inspected and is less than 1/3 full of sludge and scum.
- ☐ The effluent filter has been inspected and/or cleaned. *Note – All systems approved after July 1, 2000 were required to have an effluent filter installed in the septic tank.*
- ☒ The drainfield was visually inspected, and there is no ponding/surfacing.
- ☒ The private sewage disposal system is in proper operating condition.

Comments: _____

The undersigned certify that the system was inspected and is functioning properly.

Pumper/Inspector Signature

Company

License No.

Date of Pump/Insp.

RETURN TO:

Dunn County Zoning Office
800 Wilson Ave. Room 310
Menomonie, WI 54751

Permit # & Parcel

Permit#:304956

Parcel #: 1703222913092100001

Year of Installation/Replacement

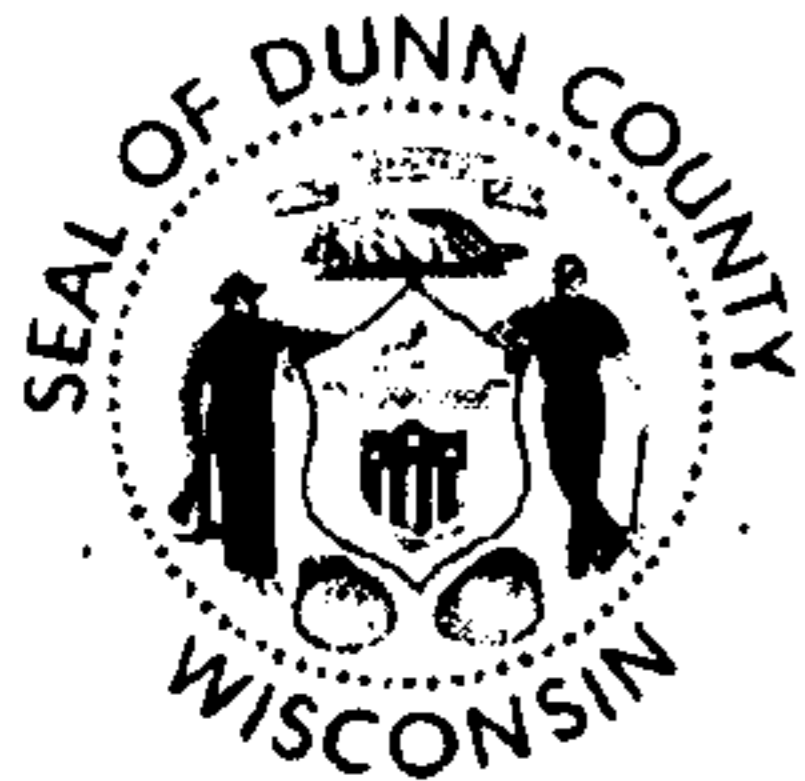
07/01/1998

Lot/CSM/Sub. & Parcel Address

NE NW

E3794 940TH AVE

MERLYN L & SHIRLEY ANN JONES REVOCABLE TRUST
E3794 940TH AVE,
BOYCEVILLE WI 54725



Environmental Services Department

Planning & Zoning Division

800 Wilson Ave. Room 310

Menomonie, WI 54751

Telephone: 715.231.6521

FAX: 715.232.4099

September 8, 2016

A private sewage system or replacement was installed on property you own during the year listed below. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (6.9.02), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

As per NR113.07(1)(b)2. Waste removed from septic systems due to a routine pumping may not be land applied during months when the ground is frozen or snow covered. Waste removed in these pumping situations shall be taken to a publicly owned wastewater treatment work (POTW).

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service. (PLEASE INDICATE IF PUMPING WAS COMPLETED BEFORE MAILING BACK THIS FORM)

Signature of inspector and license number

Date of inspection

I certify that the septic system on the property mentioned below is not ponding on the ground surface or backing up into the structure, and that the septic tank has been visually inspected and pumped. (To be completed by septic tank pumper only)

Signature of septic tank pumper and license number

Date of pumping

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Signature of inspector and license number

Date of inspection

RETURN TO:

Dunn County Zoning Office

800 Wilson Ave. Room 310

Menomonie, Wisconsin 54751

Year of installation
or replacement

Pumped 9-26-16

304956

032 291309.201

1998

Lot/CSM/Sub. & Parcel Address

SHIRLEY A & MERLYN L
JONES REVOCABLE TRUST
E3794 940TH AVE
BOYCEVILLE WI 54725

E3794 940TH AVE