

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT
(ATTACH TO PERMIT)**

N4834 460th St.

County:	Lot 16, Blk.1, Woodland Terr.
Sanitary Permit No.:	152110
State Plan ID No.:	S91-40562 petition
Parcel Tax No.:	<i>271302.20124</i>

GENERAL INFORMATION

Permit Holder's Name: Mike Stein	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: Menomonie	
CST BM Elev.: 100'	Insp. BM Elev.: 100'	BM Description: Bottom of siding

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Existing	
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark				100
Bldg. Sewer				
St/Ht Inlet				
St/Ht Outlet				
Dt Inlet				
Dt Bottom				
Header / Man.				
Dist. Pipe				93.46
Bot. System				92.63
Final Grade				95.26

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

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

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
	12'	90'					
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type Of System: bed	4'	10'	6'			Model Number:

DISTRIBUTION SYSTEM

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

SOIL COVER

<input type="checkbox"/> Pressure Systems Only	<input checked="" type="checkbox"/> Mound Or At-Grade Systems Only			
Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	xx Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No

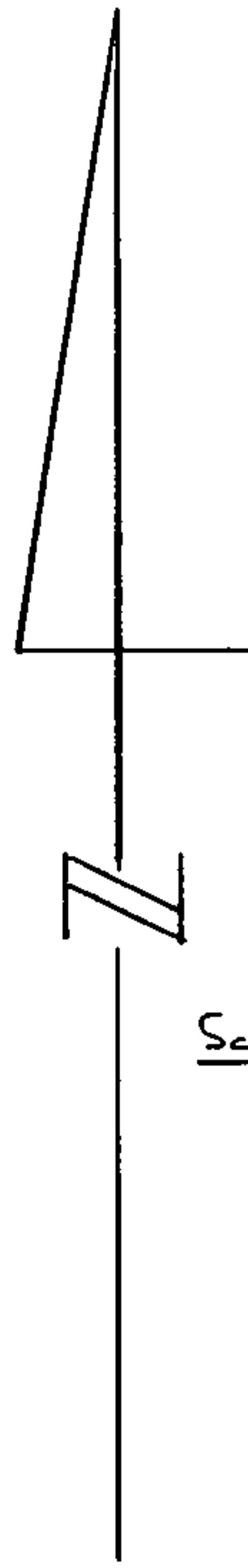
COMMENTS: (Include code discrepancies, persons present, etc.)

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

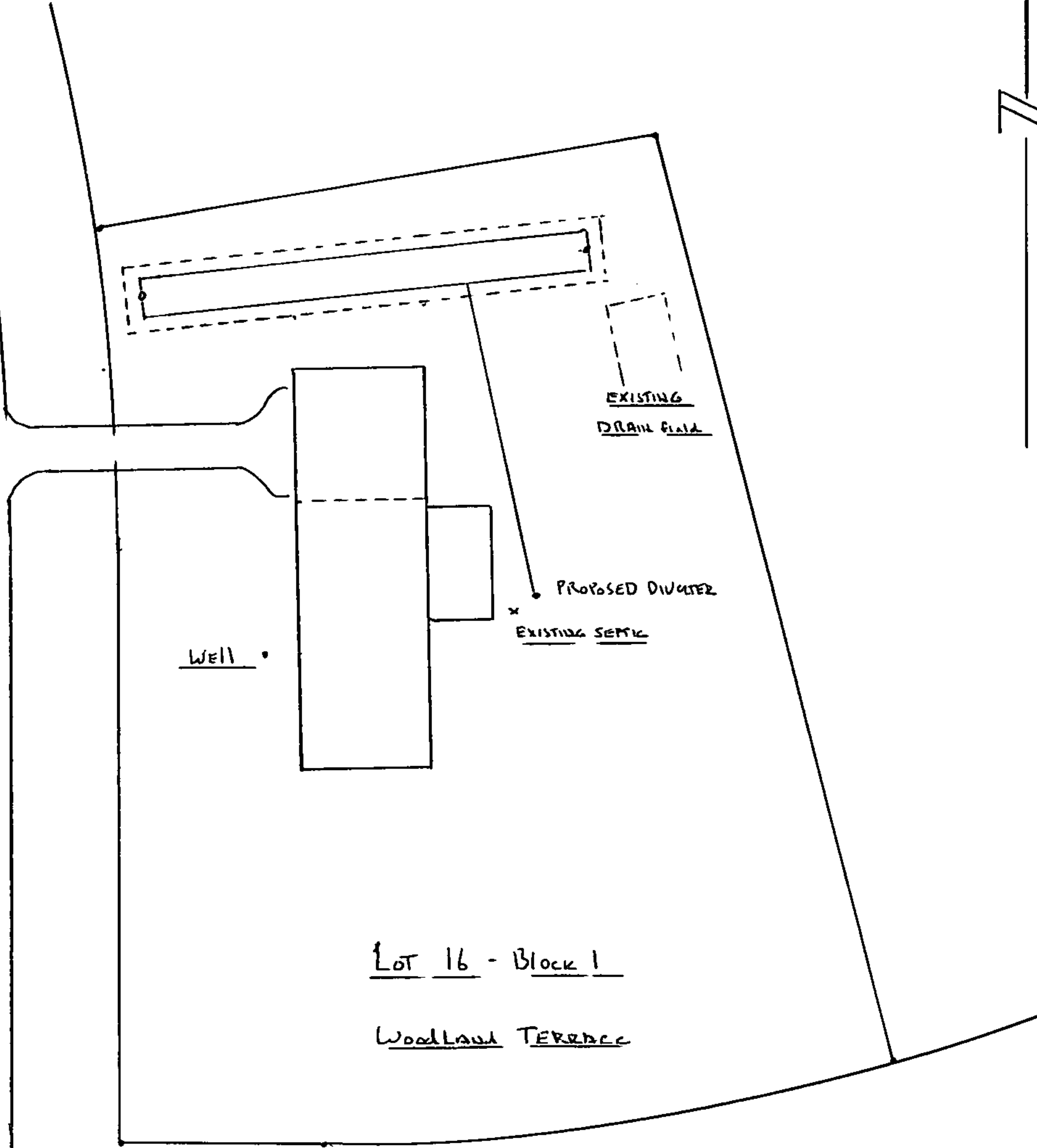
09 03 91
Date

Inspector's Signature

0 0 5 2
Cert No.



Scale: 1" = 40'



Well •

PROPOSED DIVERTER
x
EXISTING SEPTIC

EXISTING
DRAIN FIELD

Lot 16 - Block 1

Woodland Terrace

PLB 68

DUNN

COUNTY

SANITARY PERMIT

No

152110

New or Replacement

replacement

CHAPTER 145.135 WISCONSIN STATUTES

OWNER Mike Stein, 3016 Crestview Rd., Menomonie, WI 57451

PLUMBER Joe Menter LIC. # 5658

TOWN OF Menomonie LOCATED N1/2-NW

SEC 2 T 27 N:R 13 W

AND/OR LOT 16 BLOCK 1

Woodland Terrace SUBDIVISION

Cleo Stringer AUTHORIZED ISSUING OFFICER - DATE August 30, 1991

THIS PERMIT EXPIRES August 30, 1993 UNLESS RENEWED BEFORE THAT DATE

POSTMAN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

(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 in force on the date of issue.

(c) The sanitary permit is valid for 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.



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY	DUNN
STATE SANITARY PERMIT #	152110
<input type="checkbox"/> Check if revision to previous application	
STATE PLAN I.D. NUMBER	591-40562-P

-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.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER Mike STEIN	PROPERTY LOCATION N 1/2 1/4 NW 1/4, S 2 T 27, N, R 13 E (or W)	
PROPERTY OWNER'S MAILING ADDRESS 3016 CRESTVIEW Rd	LOT # 16	BLOCK # 1
CITY, STATE Menomonie, Wis	ZIP CODE 54751	PHONE NUMBER ()
SUBDIVISION NAME OR CSM NUMBER Woodland Terrace		

II. TYPE OF BUILDING: (Check one) State Owned
 Public 1 or 2 Fam. Dwelling - # of bedrooms 3

CITY
 VILLAGE
 TOWN OF: Menomonie NEAREST ROAD: Crestview Rd.
 PARCEL TAX NUMBER(S)

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

1 <input type="checkbox"/> Apt/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 in line A. Check 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 # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

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

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY 450	2. ABSORP. AREA REQUIRED (sq. ft.) 1050	3. ABSORP. AREA PROPOSED (sq. ft.) 1080	4. LOADING RATE (Gals/day/sq. ft.) .41	5. PERC. RATE (Min./inch) .27	6. SYSTEM ELEV. Feet 92.8	7. FINAL GRADE ELEVATION Feet 95.00
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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		X	1000	1	Midwestern Pre-Cast	X					
Lift Pump Tank/Siphon Chamber											

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

Plumber's Name (Print): Joe Menter	Plumber's Signature: (No Stamps) <i>Joe Menter</i>	MP/MPRSW No.: 5658	Business Phone Number: (715) 235-7841
Plumber's Address (Street, City, State, Zip Code): 1120 N. Broadway, Menomonie, Wis. 54751			

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) \$86.00	Date Issued 8-30-91	Issuing Agent Signature (No Stamps) <i>Cleo Steing</i>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> 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 the 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 & 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 in 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 in #1-7.
- VII. Tank information. Fill in the capacity of every new and/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.

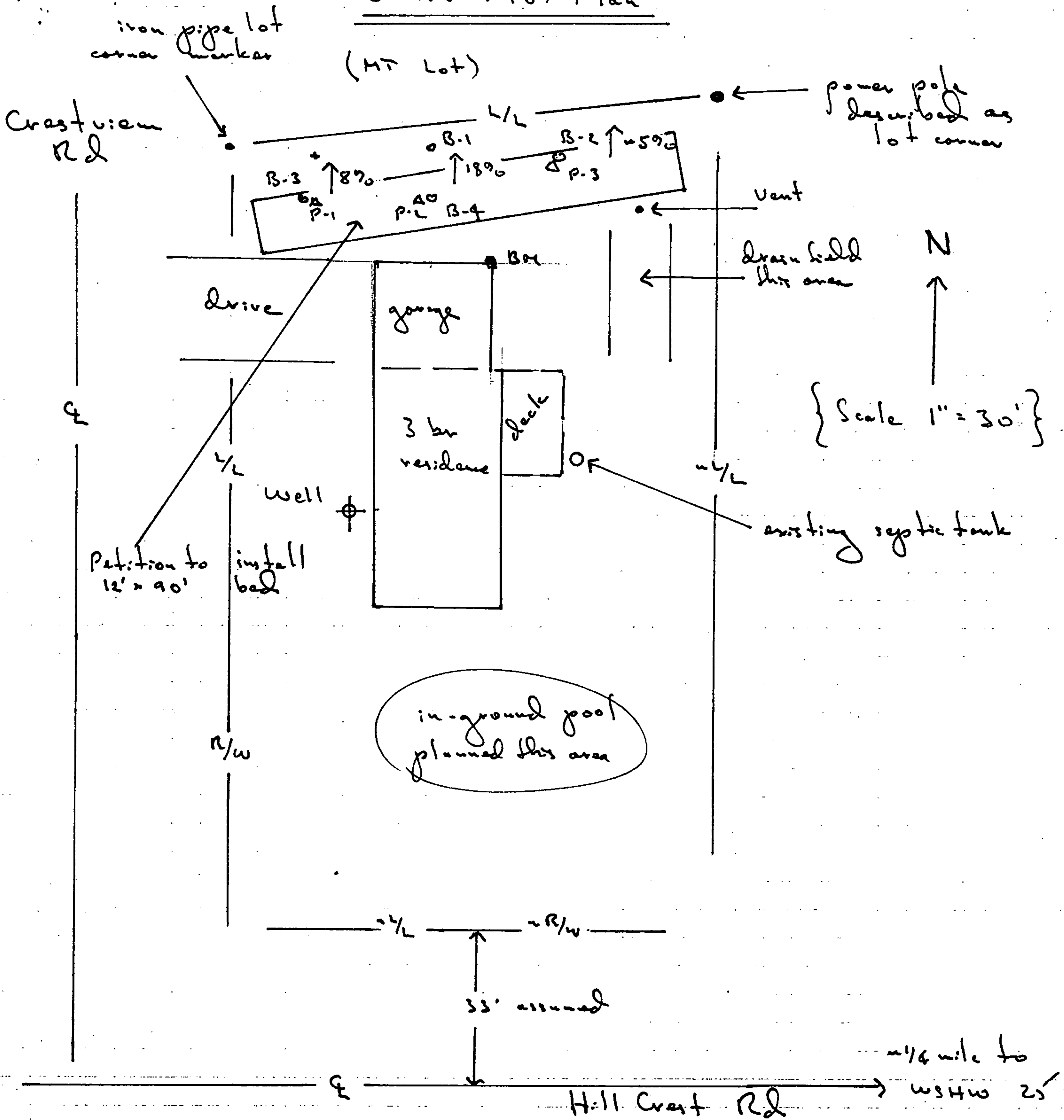
Complete plans and specifications not smaller than 8½ × 11 inches must be submitted to the county. The plans must include the following: A) plot plan, drawn to scale or with complete dimensions, location of holding tank(s), septic tank(s) or other treatment tanks; building sewers; wells; water mains/water 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, groundwater contamination investigations and establishment of standards.

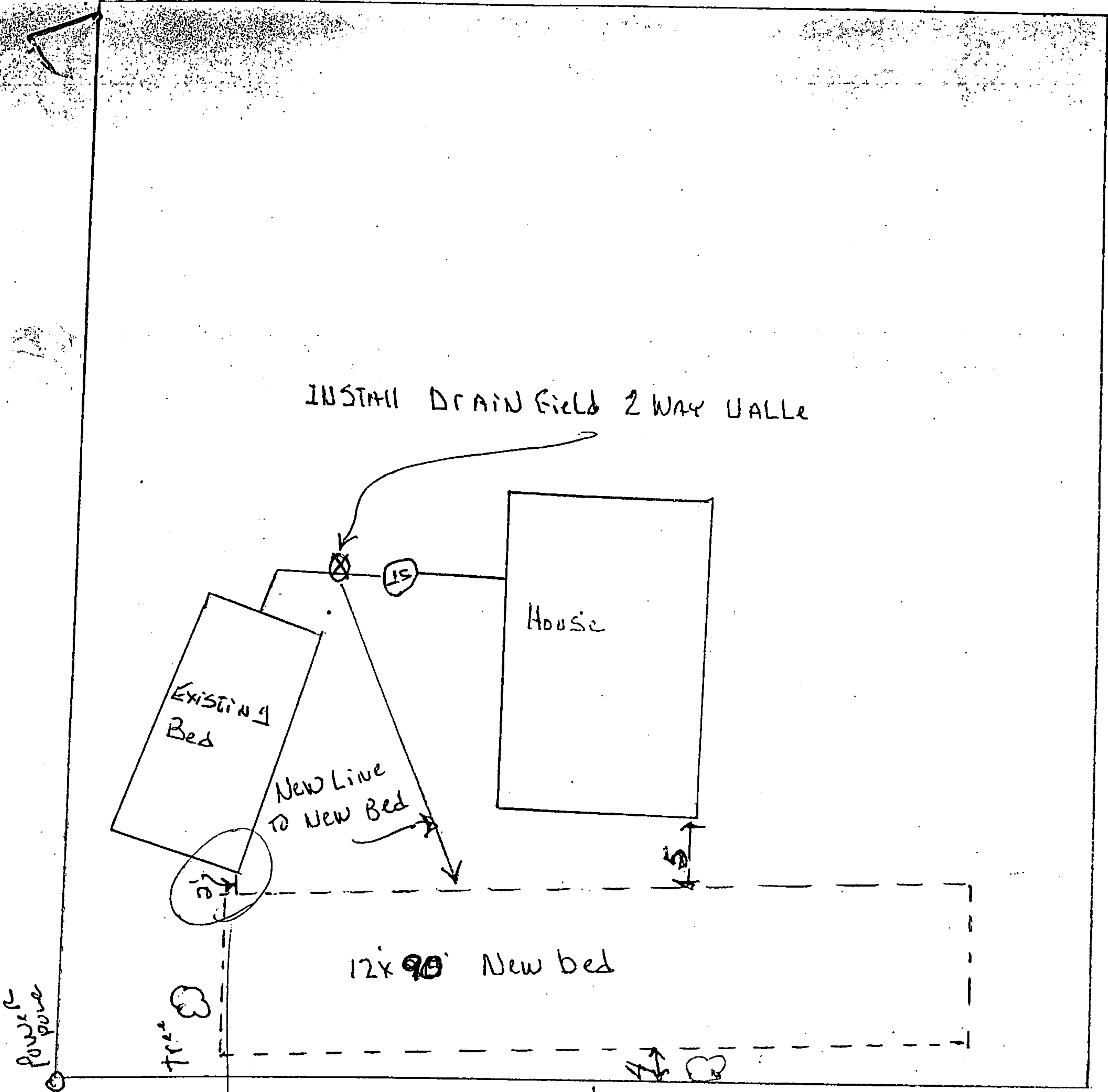
Stein Plot Plan



■ BM elev @ base of siding, 1.6' above grade, (100.0)
 ○ soil boring, a peak hole, + rod/transit elev

Petition required to crowd garage footing setback
 & lot line setback

INSTALL DRAIN FIELD 2 WAY UALLE



Crestview Rd.

Mike Stein
N 1/2 / NW 1/4 S2 T27 N R13W

Twp of Menomonic, Dunn Co.

Aug 30 - 1991

Drawn BY Joe Mentzer

MP-

05658



State of Wisconsin
Department of Industry, Labor and Human Relations

PRIVATE SEWAGE PLAN APPROVAL

Western Regional Office
2226 Rose Street
LaCrosse, Wisconsin 54603

RED CEDAR PLUMBING
1120 NORTH BROADWAY
MENOMONIE WI 54751

Owner: MIKE STEIN
3016 CRESTVIEW ROAD
MENOMONIE WI 54751

RE: Plan Number: S91-40562
Gallons Per Day: 450
Project Name: STEIN - RESIDENCE
Town of MENOMONIE

Date Approved: July 23, 1991
Date Received: July 15, 1991
Location: N,NW,2,27,13W
County: DUNN

The plumbing plans and specifications for this project have been reviewed for compliance with applicable code requirements. This approval is based on Chapter 145, Wisconsin Statutes and the Wisconsin Administrative Code. The plans are stamped 'conditionally approved'. This approval is contingent upon compliance with any stipulations shown on the plans. All items that are noted must be corrected. All permits required by the city, village, township or county shall be obtained prior to construction. The licensed plumber responsible for this installation shall keep one set of plans with the department's approval stamp at the construction site. The installer shall notify the appropriate inspector when inspections can be made.

This approval will expire two years from the date approved or if a sanitary permit is obtained, it will expire the day the initial sanitary permit expires.

The Section of Private Sewage has reviewed these plans for private sewage system code requirements only. These plans have not been reviewed for the code requirements set forth in Section ILHR 82 for general plumbing or in Chapters 50-64 of the Wisconsin Administrative code.

This approval is for the following components only:

- REPLACEMENT PETITION

NOTE: Conditionally Approved. The condition is that plans for the replacement soil absorption system shall be submitted to Dunn County for review and approval.

Inquiries concerning this approval may be made by calling (608) 785-9348.



State of Wisconsin
Department of Industry, Labor and Human Relations

RED CEDAR PLUMBING
Page 2

Sincerely,

A handwritten signature in cursive script, appearing to read "Gerard M. Swim".

GERARD M. SWIM
Section of Private Sewage
Division of Safety and Buildings
PPP039/0009n/25
cc: MIKE STEIN

X Private Sewage Consultant

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(ILHR 83.09(1) & Chapter 145)

235-0110

LOCATION: N 1/2 NW 1/4 2 /T 27 N/R 13 W	SECTION:	TOWNSHIP/MUNICIPALITY: Menomonie	LOT NO.: 16	BLK. NO.: 1	SUBDIVISION NAME: Woodland Terrace
COUNTY: Dunn	MAILING ADDRESS: Mike Stein 3016 Crestview Road, Menomonie, WI 54751				

USE <input checked="" type="checkbox"/> Residence	NO. BEDRMS.: 3	COMMERCIAL DESCRIPTION: NA	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replace	DATES OBSERVATIONS MADE PROFILE DESCRIPTIONS: 6/27/91	PERCOLATION TESTS: 6/28/91
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RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	MOUND: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND-PRESSURE: <input checked="" type="checkbox"/> S <input 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	RECOMMENDED SYSTEM:(optional) Conventional via petition
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If Percolation Tests are NOT required under s. ILHR 83.09(5)(b), indicate:	DESIGN RATE: NA	If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: NA
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PROFILE DESCRIPTIONS

BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
			OBSERVED	EST. HIGHEST	
B-1	66	94.2	No	>66	0-7 10YR 3/3,3/4 lt sl, 7-28 10YR 3/4 lt sl, 28-32 10YR 4/4 ls, 32-59 10YR 4/6 s w/ 1/2" irreg 7.5YR 4/4 lt sl band @ 42 & 2" band @ 49-51, 59-60 7.5YR 4/4 lt sl band, 60-64 mostly 10YR 4/4 sl w/ some mix Bn s & SS frag, 64-66 dense hard hand-digging SS frag/gr & sl
B-2	64	95.0	No	>64	0-2 dk Bn sil fill, 2-4 Bn s fill, 4-8 dk Bn lt sl, 8-33 Bn lt sl, 33-37 7.5YR 4/6 ls, 37-61 10YR 4/6 s w/ occ 1/4-1/8" irreg dk Bn lt sl bands 44-52, 61-62 Bn s/SS gr, 62-64 dense hard hand-digging SS frag/gr/s
B-3	74	95.3	No	>74	0-6 dk Bn sl, 6-12 mix dk Bn & Bn sl, 12-45 10YR 3/4 ls, 45-74 10YR 4/6 s w/ 1/8" irreg dk Bn lt sl band @ 60 & 1/2" band @ 73
B-4	74	96.0	No	>74	0-11 mix dk Bn & Bn sl, 11-23 dk Bn lt sl, 23-45 Bn lt sl, 45-48 Bn ls, 48-74 Bn s w/1/4" irreg dk Bn lt sl bands @ 53 & 56 & w/ 1" band @ 64-65 & 3" band @ 66-69
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-1	30	No	1	2 6/16	1 14/16	1 14/16	< 3
P-2	38	No	2.25	6			< 3
P-3	26	No	5	6/16	4/16	3/16	26.7
P-							
P-							
P-							

PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slope.

SYSTEM ELEVATION

92.8

<p>site is confined between garage & lot line & a petition for variance to crowd the 25' setback from the frost footing of the garage will be required - due to the textural variations encountered at depth CST recommends the installation of an oversized Class II system which will best fit by a slight crowding of the west lot line/road right of way and the existing field</p> <p>perk rate is Class II in P-3 due to relatively shallow depth and sandy loam - other holes perk rapid Class I; minimum size bed allowed is 12' x 78.75' since no other alternatives exist if owner proceeds w/ plans for pool, CST strongly recommends oversize to at least 12' x 90'</p> <p>diverter valve could be installed to obtain some use of existing system at a later date</p> <p>see attached page 2 for plot plan</p>	<p>↑ N</p>
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I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

NAME (print): Henry F. Grote	TESTS WERE COMPLETED ON: 6/28/91
ADDRESS: PO Box 57, Knapp, WI 54749-0057	CERTIFICATION NUMBER: 3065
	PHONE NUMBER (optional): 665-2681
	CST SIGNATURE: <i>Henry F. Grote</i>

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

INSTRUCTIONS FOR COMPLETING FORM 115 - SBD - 6395

To be a complete and accurate soil test, your report must include:

1. Complete legal description;
2. The use section must clearly indicate whether this is a residence or commercial project;
3. MAXIMUM number of bedrooms or commercial use planned;
4. Is this a new or replacement system;
5. Complete the suitability rating boxes. A SITE IS SUITABLE FOR A HOLDING TANK ONLY IF ALL OTHER SYSTEMS ARE RULED OUT BASED ON SOIL CONDITIONS;
6. PLEASE use the abbreviations shown here for writing profile descriptions and completing the plot plan;
7. MAKE A LEGIBLE diagram accurately locating your test locations. Drawing scale is preferred. A separate sheet may be used if desired;
8. Make sure your benchmark and vertical elevation reference point are clearly shown, and are permanent;
9. Complete all appropriate boxes as to dates, names, addresses, flood plain data, percolation test exemption, if appropriate;
10. If the information (such as flood plain, elevation) does not apply, place N.A. in the appropriate box;
11. Sign the form and place your current address and your certification number;
12. Make legible copies and distribute as required. ALL SOIL TESTS MUST BE FILED WITH THE LOCAL AUTHORITY WITHIN 30 DAYS OF COMPLETION.

ABBREVIATIONS FOR CERTIFIED SOIL TESTERS

Soil Separates and Textures

st	—	Stone (over 10")
cob	—	Cobble (3 - 10")
gr	—	Gravel (under 3")
*s	—	Sand
cs	—	Coarse Sand
med s	—	Medium Sand
fs	—	Fine Sand
ls	—	Loamy Sand
*sl	—	Loamy Sand
*l	—	Loam
*sil	—	Silt Loam
si	—	Silt
cl	—	Clay Loam
scl	—	Sandy Clay Loam
sicl	—	Silty Clay Loam
sc	—	Sandy Clay
sic	—	Silty Clay
*c	—	Clay
pt	—	Peat
m	—	Muck

* Six general soil textures
for liquid waste disposal

Other Symbols

BR	—	Bedrock
SS	—	Sandstone
LS	—	Limestone
HGW	—	High Groundwater
Perc	—	Percolation Rate
W	—	Well
Bldg	—	Building
>	—	Greater Than
<	—	Less Than
Bn	—	Brown
Bl	—	Black
Gy	—	Gray
Y	—	Yellow
R	—	Red
mot	—	Mottles
w/	—	with
fff	—	few, fine, faint
cc	—	common, coarse
mm	—	Many, Medium
d	—	distinct
p	—	prominent
HWL	—	High water level, surface water
BM	—	Bench Mark
VRP	—	Vertical Reference Point

TO THE OWNER:

This soil test report is the first step in securing a sanitary permit. The county or the Department may request verification of this soil test in the field prior to permit issuance. A complete set of plans for the private sewage system and a permit application must be submitted to the appropriate local authority in order to obtain a permit. The sanitary permit must be obtained and posted prior to the start of any construction.



SAFETY & BUILDINGS DIVISION

201 E. Washington Avenue
P.O. Box 7969
Madison, Wisconsin 53707

State of Wisconsin
Department of Industry, Labor and Human Relations

July 23, 1991

MIKE STEIN
3016 CRESTVIEW ROAD
MENOMONIE WI 54751

Petition No. S91-40562-P

Dear Mr. Stein:

Re: Mike Stein - Residence
Private Sewage System
N, NW, 2, 27, 13W
Town of Menomonie, Dunn County, WI

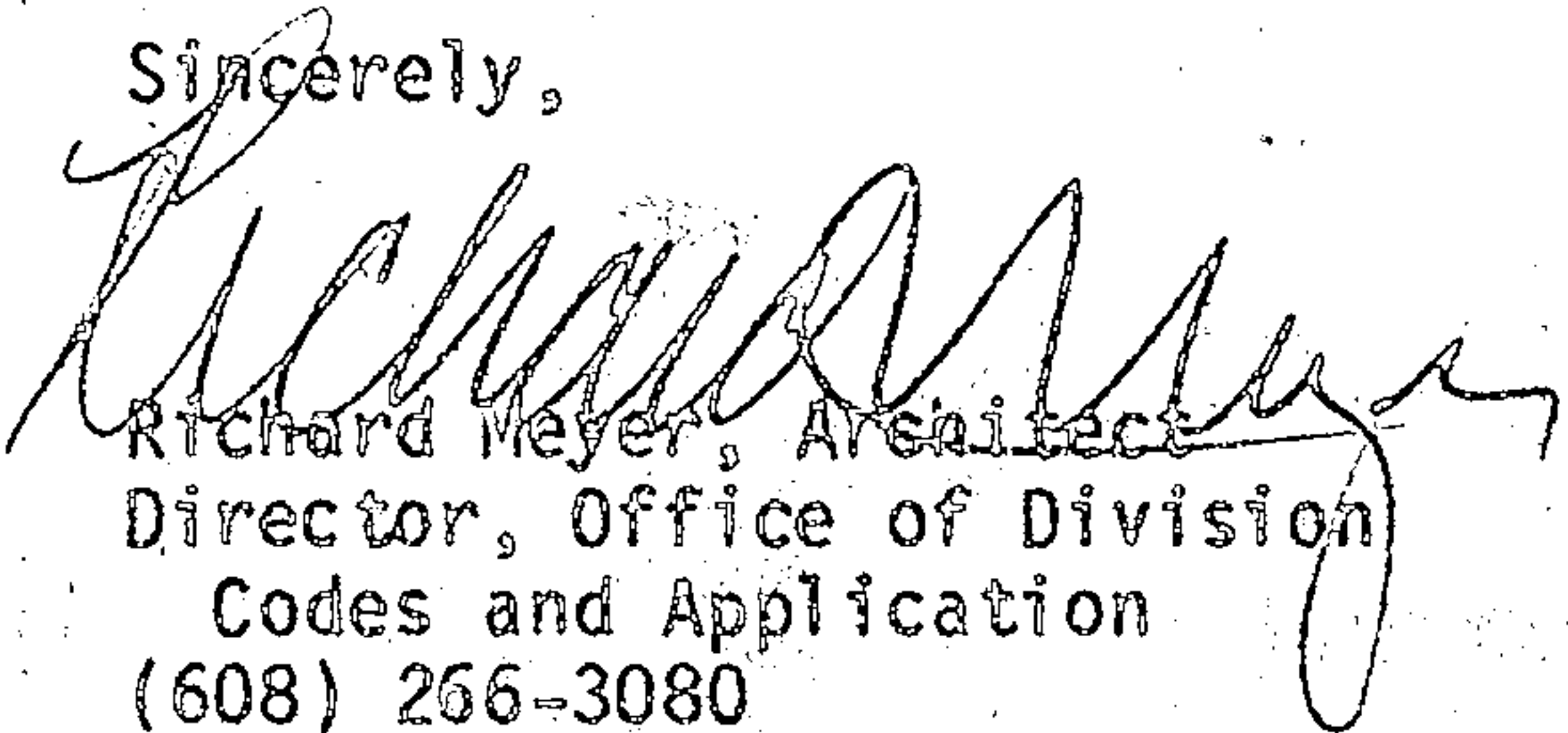
Your petition for a variance to section ILHR 83.10 (1) and 83.13 (1), Wisconsin Administrative Code, has been reviewed. The petition has been conditionally approved. The condition is that plans for the soil absorption system shall be submitted to Dunn County for review and approval.

The rule being petitioned requires that a soil absorption system shall be located not less than 5 feet from a lot line, 25 feet from the below grade foundation of any occupied or habitable building, and that trench excavations shall be spaced at least 6 feet apart.

The variance requested was to install a replacement soil absorption system 4 feet from a lot line, 5 feet from a below grade foundation of a garage, and 2 feet from the existing soil absorption system.

All of the data and statements submitted on behalf of the petitioner were considered. This variance is specific to the subject petition and cannot be used for any additional modifications.

Sincerely,


Richard Meyer, Architect
Director, Office of Division
Codes and Application
(608) 266-3080

RM:59wpp2

cc: Leroy Jansky, Private Sewage Consultant - District 6, Chippewa Falls
Michael Helgeson, Zoning Administrator - Dunn County

Wisconsin Department of Industry,
Labor and Human Relations
Safety & Buildings Division
Bureau of Building Water Systems

INSPECTION REPORT

Leroy G. Jansky
13 East Spruce Street
Chippewa Falls WI 54729
(715) 726-2549 FAX
(715) 726-2544 Voice

Inspection Date
August 3, 1993

Name of Premises
**Stein
Residence**

Address or Legal Description
**N, NW, 02, 27, 13W
Lot 16, Blk 1, Woodland Terrace**

City/Township
Menomonie

County
Dunn

Master Plumber Name and Address
Joe Menter, MP 5658

Master Plumber Firm Name and Address
**Red Cedar Plumbing
1120 N. Broadway St.
Menomonie, WI 54751**

Plan I.D. NO.
891-40562-P
Sanitary Permit No.
152110

Journeyman Plumber/Soil Tester
Henry F. Grote, CST 3065

Licensed Person's Name(s) and License Number(s)
Present: M. Helgeson

Owner's Name and Address
**Mike Stein
3016 Crestview Rd.
Menomonie, WI 54751**

Design Flow: **450 gpd**
Use: **Replacement Residential**

Onsite inspection at the request of Mike Helgeson, Dunn County Zoning Administrator, to verify the absence or presence of a surface water feature on or near the above referenced property.

The inspection did not reveal any visual signs of a stream, river or lake on or near by this parcel of land. According to the county, the owner has stated that his failing system (surface discharge) was discharging to a surface water.

It is the opinion of this inspector that the private sewage system serving the Stein residence, prior to the replacement system being installed on September 3, 1991, may have been failing by surface discharge to the ground surface only.

If you have any questions regarding this matter, please contact this inspector.

Post-It[®] brand fax transmittal memo 7671 # of pages 1

To MIKE HELGESON	From LEROY JANSKY
Co. DUNN CO.	Co. WI DILHR
Dept. ZONING	Phone #
Fax #	Fax #

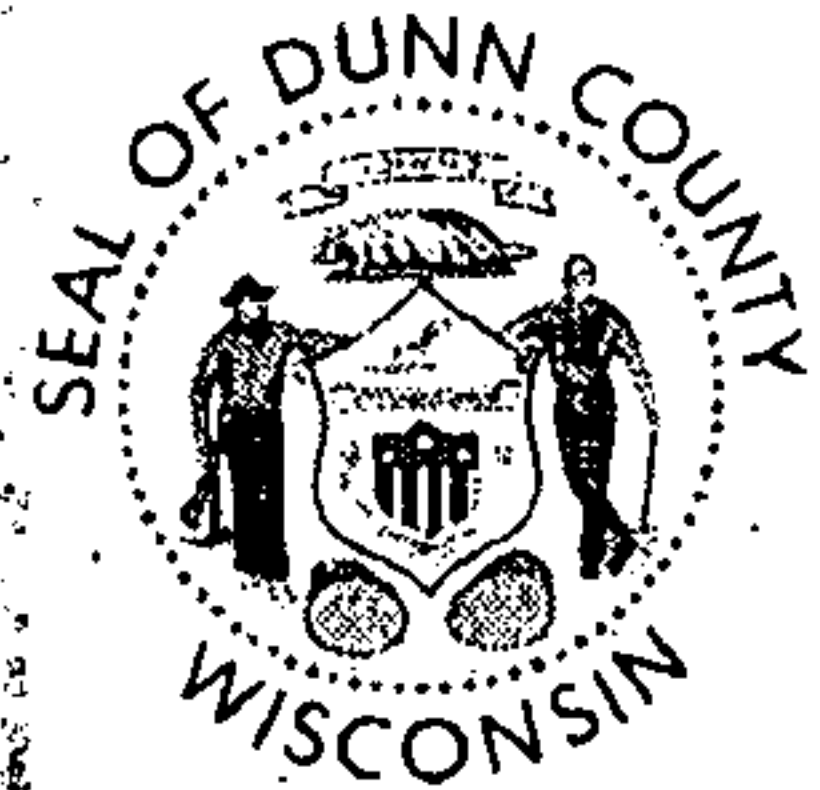
Page 1 of 1

Signature of Responsible Licensed Person (only one needed)

Signature of Plumbing Consultant/Private Sewage Consultant

Leroy G. Jansky

Original: District
Copies to: (Check all that apply)
 DILHR Plumber Owner County/Local Insp Other



Environmental Services Department

Planning & Zoning Division

800 Wilson Ave. Room 310

Menomonie, WI 54751

Telephone: 715.231.6521

FAX: 715.232.4099

July 28, 2016

A private sewage system or replacement was installed on property you own during the year listed below. As per 45.245(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)
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)
Signature of septic tank pumper and license number
Date of pumping 5/5/16
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

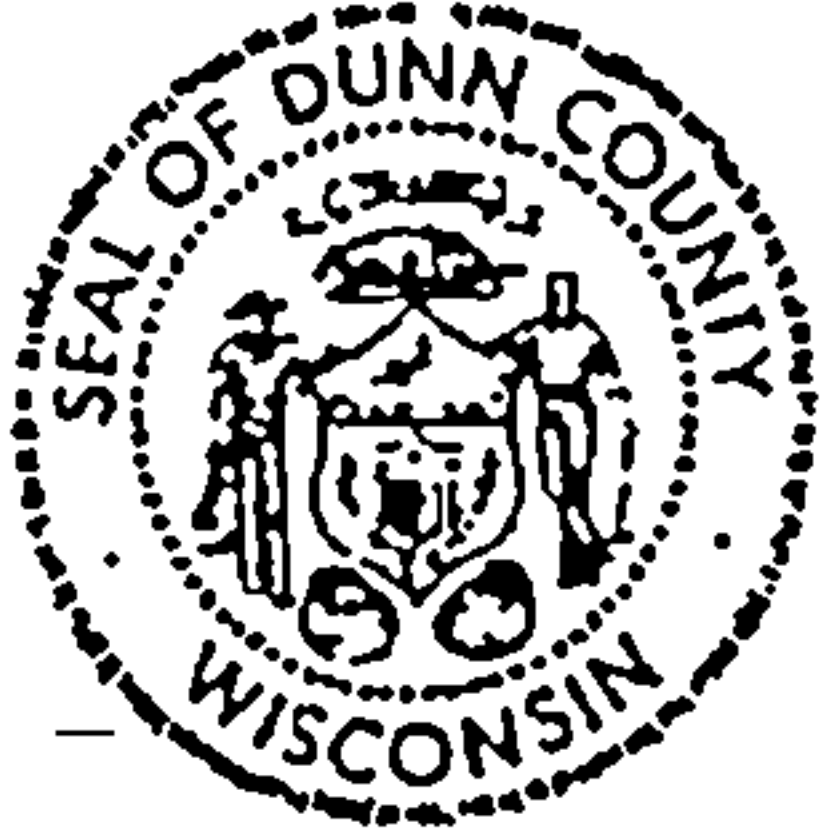
RETURN TO:
Dunn County Zoning Office
800 Wilson Ave. Room 310
Menomonie, Wisconsin 54751

Year of installation
or replacement

152110 016 271302.20124 1991 Lot/CSM/Sub. & Parcel Address

MICHAEL R & KAREN G
STEIN
N4834 460TH ST
MENOMONIE WI 54751

16 WOODLAND TERRACE
N4834 460TH ST



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

Telephone (715) 232-1401

FAX: (715) 232-1324

June 30, 1997

Dear Sir/Madame:

A private sewage system was installed on property you own during the year of 1991 OR 1994. 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 _____

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 _____

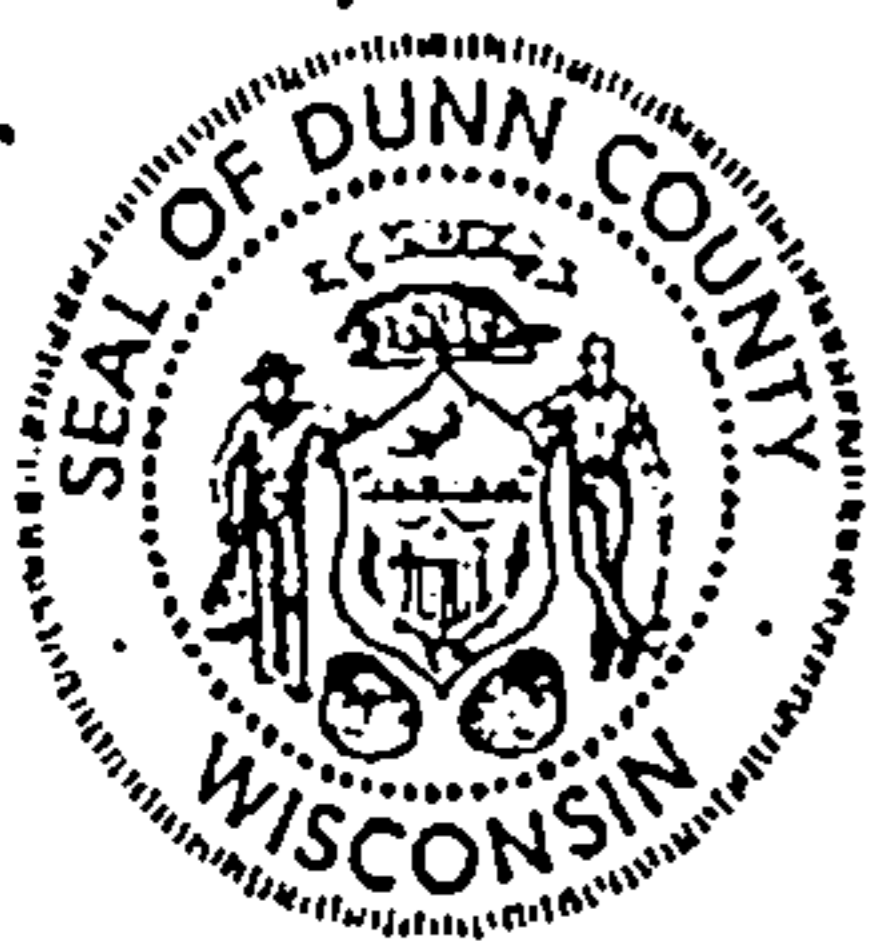
Date of inspection _____

0101131000
 MICHAEL R & KAREN G
 STEIN
 N4834 0-150TH ST
 MENOMONIE, WI 54751-0000

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

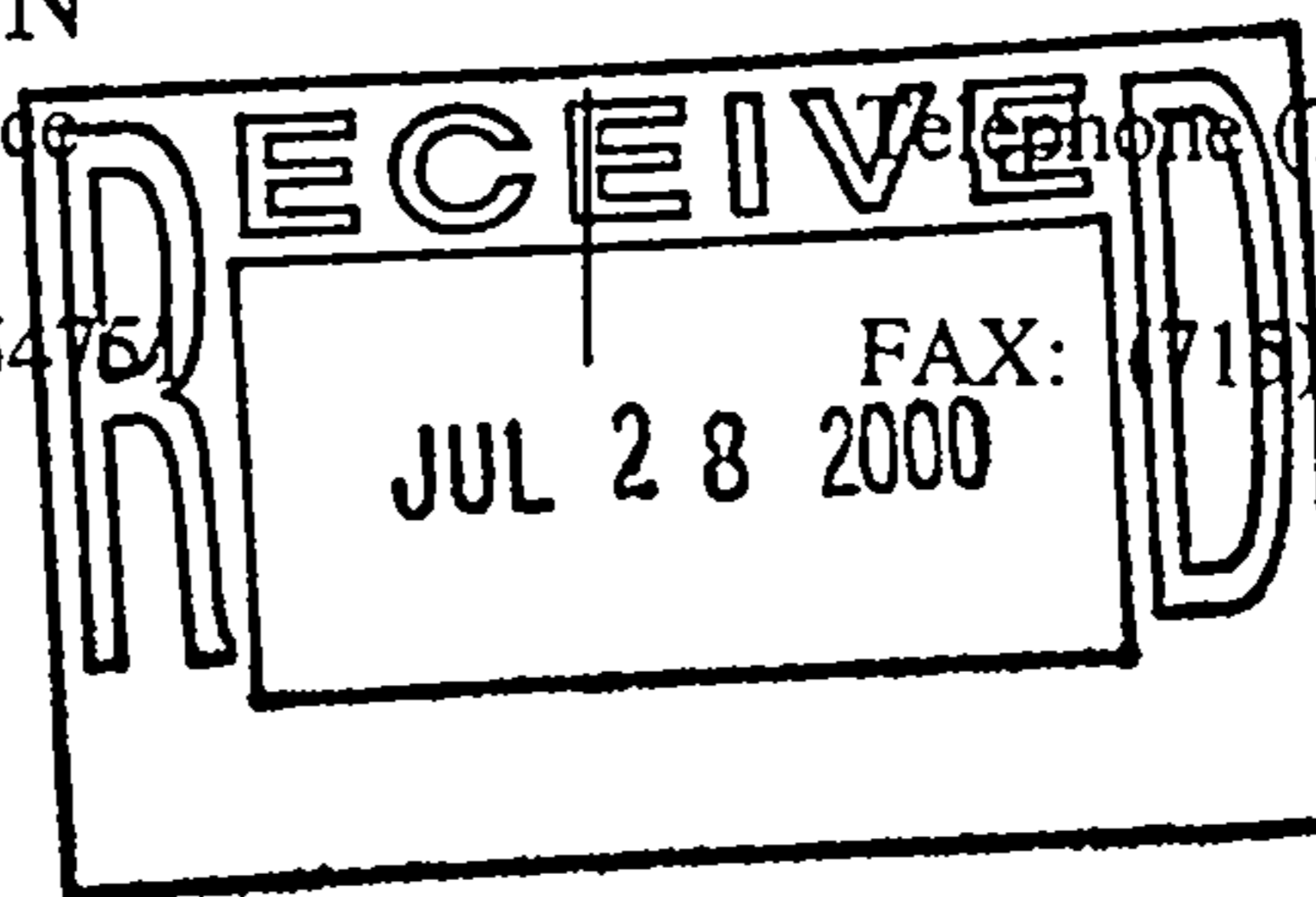
Signature of septic tank pumper and license number _____

Date of pumping 4-15-97



COUNTY OF DUNN

Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751



Telephone (715) 232-1401

FAX: (715) 232-4099

JUNE 2000

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during the year of 1991, 1994 or 1997. 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 _____

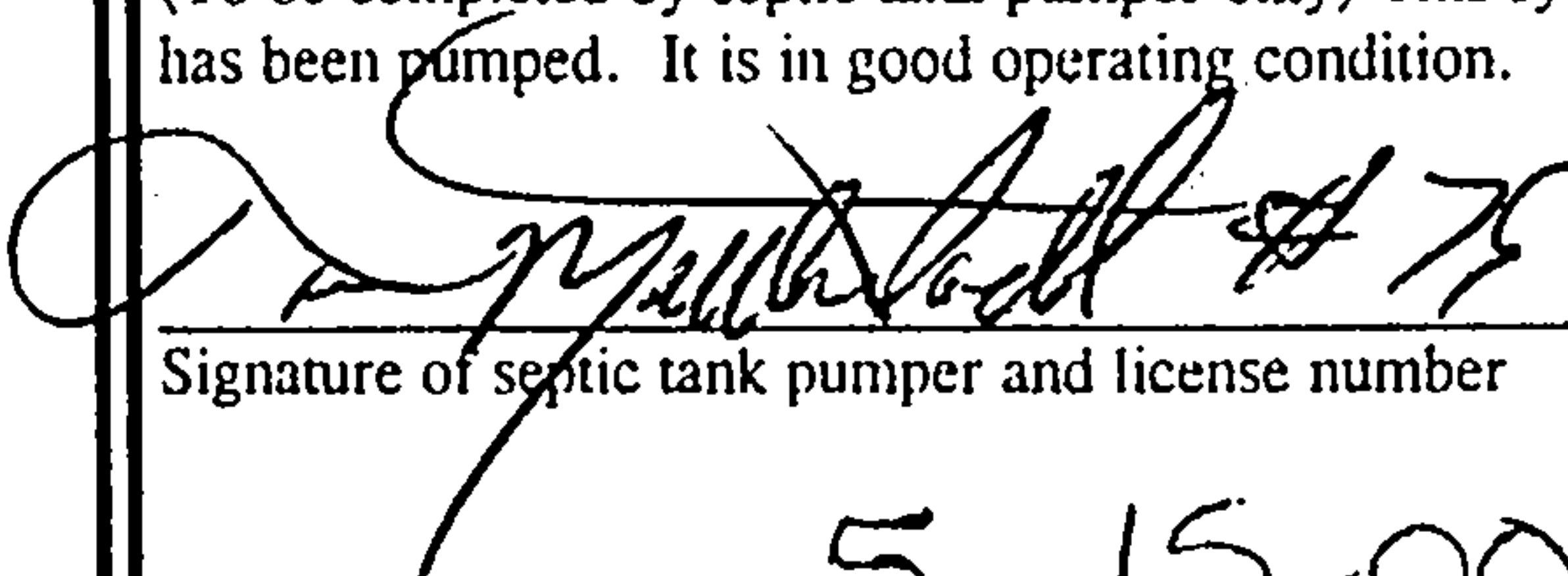
152110 016-1181-08-000 1991
 MICHAEL R & KAREN G
 STEIN
 N4834 460TH ST
 MENOMONIE WI 54751

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.



Signature of septic tank pumper and license number

Date of pumping 5-15-00



JUNE 2003

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during the year of 1990, 1993, 1996, or 1999. 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

<p>Inspection of the private septic system components reveal that it <u>does</u> require pumping at this time. Contact septic pumper for service.</p> <p>_____ Signature of inspector and license number</p> <p>_____ Date of inspection</p>
--

<p>Inspection of the private septic system components reveal that the system <u>does not</u> require pumping at this time.</p> <p>_____ Signature of inspector and license number</p> <p>_____ Date of inspection</p>

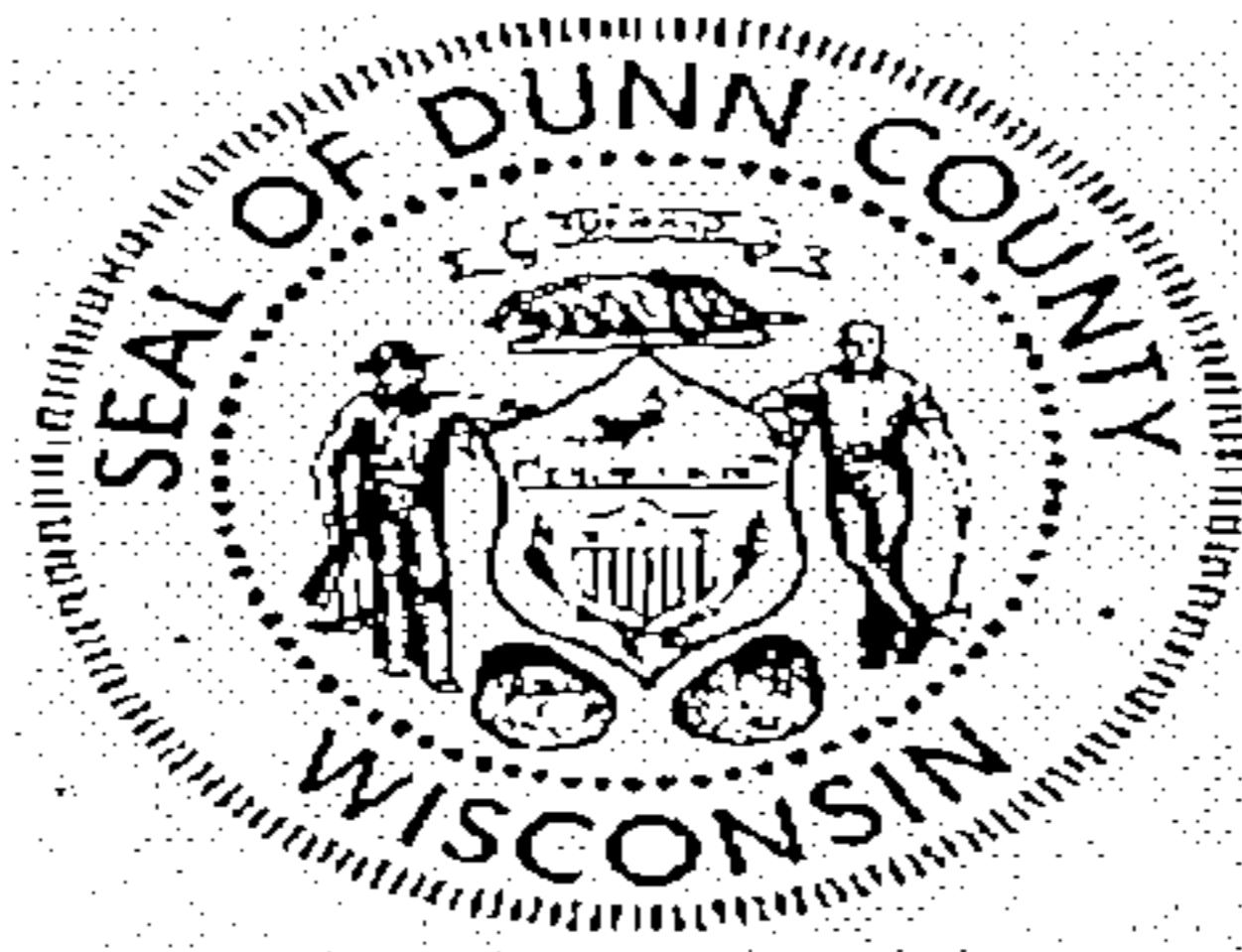
RETURN TO:
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

<p>(To be completed by septic tank pumper only) This system has been pumped.</p> <p><i>[Signature]</i> _____ Signature of septic tank pumper and license number</p> <p>_____ Date of pumping: 6-15-03</p>

152110 016-1181-08 1991

MICHAEL R & KAREN G
STEIN
N4834 460TH ST
MENOMONIE WI 54751

COUNTY OF DUNN
Menomonie, WI 54751



Telephone: 715.232.1401
FAX: 715.232.4099

May 22, 2006

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during one of the following years: 1991, 1994, 1997, 2000, or 2003. 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
152110 016-1181-08 1991

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

[Handwritten Signature] 2387
Signature of septic tank pumper and license number _____

Date of pumping 6-11-06

MICHAEL R & KAREN G
STEIN
N4834 460TH ST
MENOMONIE WI 54751

Lot/CSM/Sub. & Parcel Address
16 WOODLAND TERRACE
N4834 460TH ST

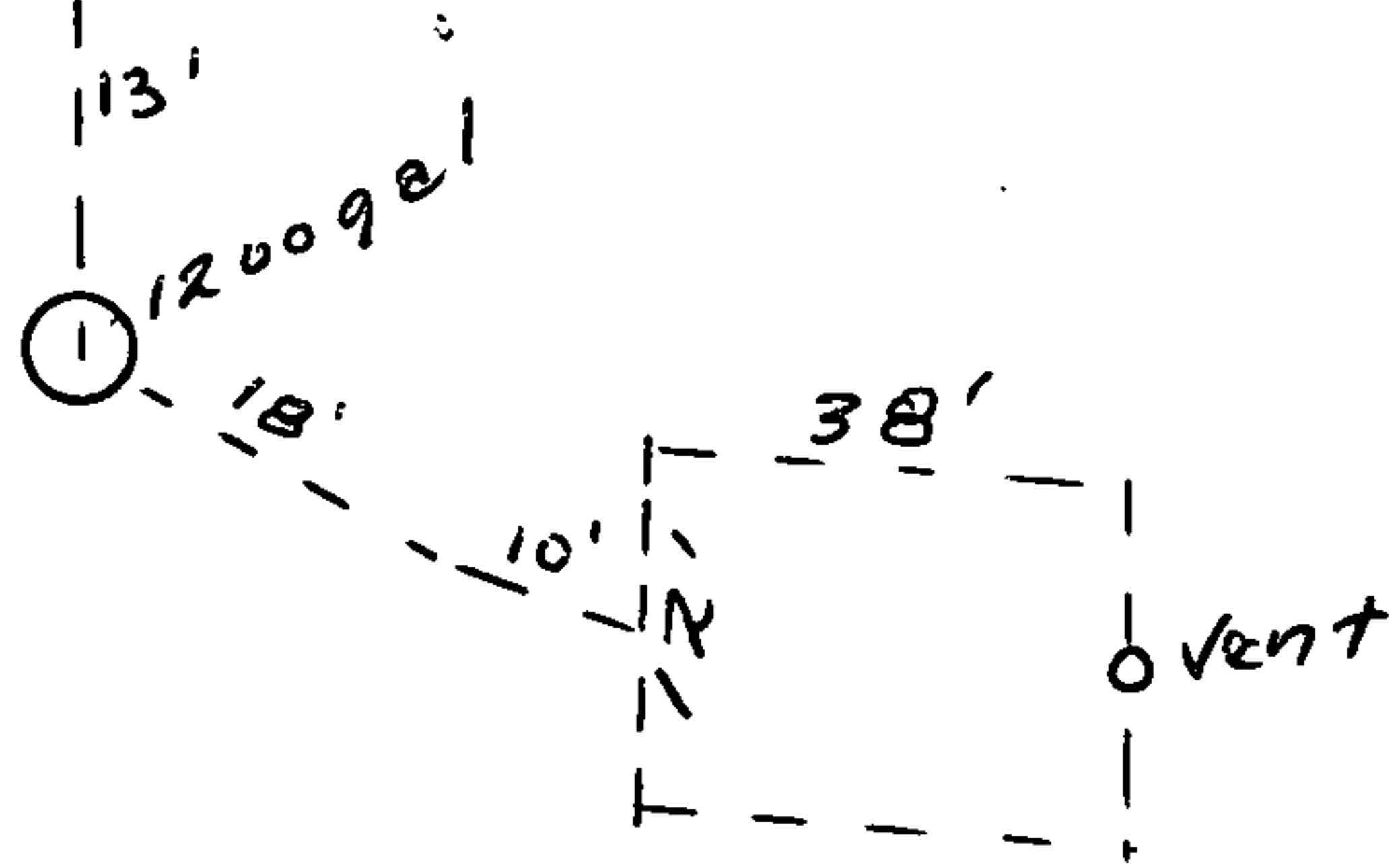
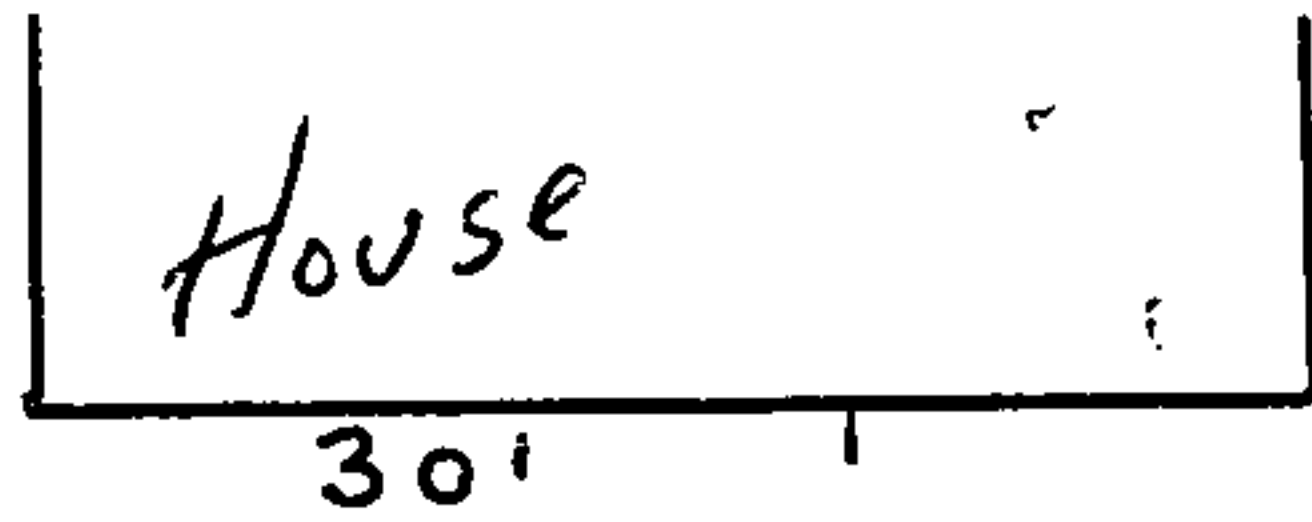
OWNER Jerry Smith TOWN Menomonie

NE 1/4 NW 1/4, Section 2, T. 27 N., R. 13 W.

To Owner: Your new private on site sewerage disposal system was installed this date 6-24-74. The plumber was Menomonie Plumbing. If you have any questions regarding your new system, contact the County Zoning Administrator, Howard R. Kruse, Court House, Menomonie, Wisconsin. Phone: 235-0022. You should —

1. Have the Septic Tank pumped each 3-4 years.
2. You should not drive over the absorption field.
3. Plant it to grass and keep it in lawn.

Your new system is diagramed on the reverse of this card — keep this for reference.



Card sent

DUNN COUNTY OFFICE OF THE ZONING ADMINISTRATOR

APPLICATION FOR A SANITARY PERMIT

704
701

No. 861 Owner Ed. Meyers ~~Thomas Brooks~~ Jerry Smith

Town of Menomonie Lot size Plotted lot in Woodland Terrace

1 way

NE 1/4 NW 1/4, Sec. 2, T. 27 N., R. 13 W.

Use--Family home X, or Mobile home _____, or Public _____.

To the County Zoning Administrator: The undersigned hereby makes application for a Sanitary Permit for the premises described on the attached PLB 67 form. The undersigned agrees that all work performed and equipment installed shall be in accordance with the Sanitary Code of Dunn County as contained in the County Shoreland Zoning Ordinance and with all applicable laws and regulations of the State of Wisconsin.

Signature _____

Permit Issued ~~10-5-73~~ 10-5-73 Permit Denied _____ for following

RECORD

Appealed to Board of Adjustment _____ Notice published _____

Copy of Notice to Division of Resource Development _____

Appeal Heard _____ Decision _____

Copy of Decision of Division of Resource Development _____

INSPECTION

Date, Inspector, and Remarks.

~~12/11/73~~ - 6/24/74 - D.R.K.

sand

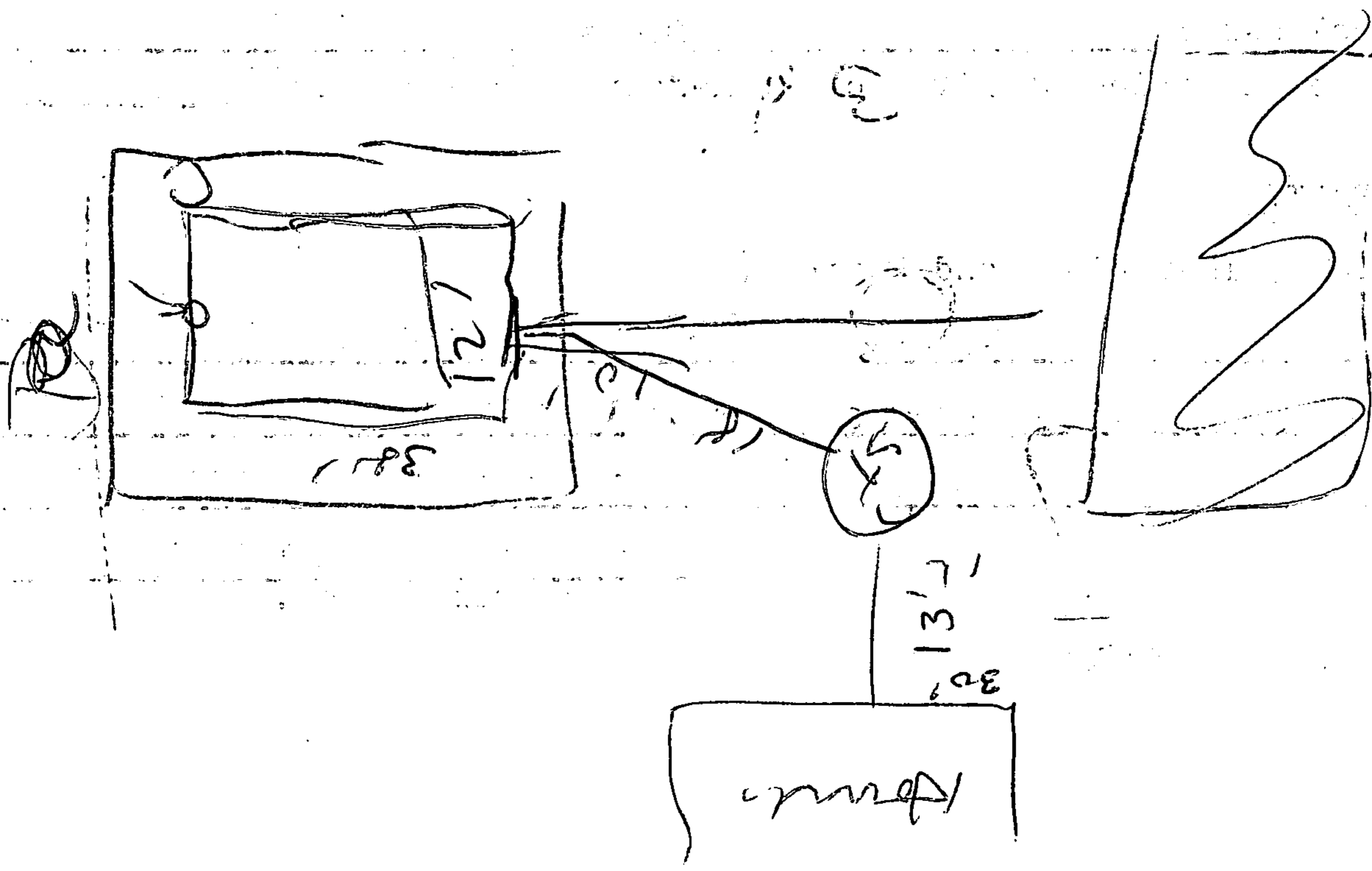
271302.20124

Plumber on job.

N4834

460th St.

River ground



PLB. 68

FEE \$1.00

(1 Permit per Tank)

Date Issued

~~8-3-73~~ 10-5-73

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Health

P.O. Box 309

Madison, Wisconsin 53701

NO.

3777

Tank Size 1200 gal.

Private Res. X

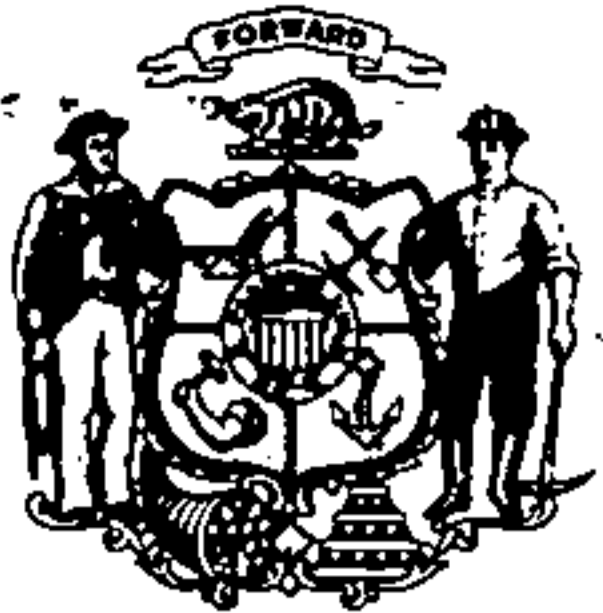
Public _____

STATE SEPTIC TANK PERMIT

This permit is for purchase of septic tank only and does not exempt installation from state or local approval and/or permits.

Copies:
(White)-Property Owner
(Blue)-Tank Retailer
(Canary)-Division of Health
(Pink)-Issuing Agent

Owner's Name Ed. Meyers		Owner's Address R.R. 1 Menomonie, Wisconsin	
Location (Legal Description) of Property Where Tank Will be Installed NE$\frac{1}{4}$ NW$\frac{1}{4}$ Sec. 2 T.27N R.13W			County Dunn
Plumber's Name John R. Ubel	License No. EP RSW 1625	Address 515 E. 2nd. St. Menomonie, Wis.	
Signature of Person Obtaining Permit <i>William W. [unclear]</i>	Address if Other Than Owner		
Address of Issuing Agent (Town, Village, City) Dunn County Court House, Menomonie, Wisconsin			County Dunn
Title: Zoning Administrator	Signature <i>W R [unclear]</i>		



State of Wisconsin and County
Uniform Permit Application
for Private Domestic Sewage Systems

State Permit Number 3777

County Permit Number 861

A. LOCATION OF PREMISE WHERE SYSTEM WILL BE CONSTRUCTED, ALTERED OR EXTENDED

LEGAL DESCRIPTION: (Sec., Lot, Block) N.E 1/4 of NW 1/4 of sect 2, T27N R-13W Name One: _____ CITY _____ VILLAGE _____
Medomonié TOWNSHIP

B. OWNER OF PROPERTY Name Ed Meyers MAILING ADDRESS (Street, City, Zip Code) RTE. 1, Medomonié

C. SEPTIC TANK CAPACITY 1200 Gallons NEW INSTALLATION REPLACEMENT _____ ADDITION _____
MATERIALS: Prefab Concrete Poured in Place _____ Steel _____ Other _____; No. of Tanks _____

D. TYPE OF OCCUPANCY One or Two Family Residence one family No. of Bedrooms 3
Commercial _____ Industrial _____ Other _____ No. of Persons to be Accommodated _____
(specify)

E. APPLIANCES, ETC.: Food Waste Grinder _____ YES _____ NO Automatic Clothes Washer YES _____ NO
Dishwasher YES _____ NO Other (Specify) _____

F. EFFLUENT DISPOSAL SYSTEM NEW _____ EXTENSION _____ ADDITION _____ REPLACEMENT _____
Seepage Trenches: No. Lin. Feet _____ Trench Width _____ Depth _____ Number of Lines _____
Seepage Bed: Length 50 Width 9' Depth 2' Tile Size 4" No. Lines 2
Seepage Pit: Inside diameter _____ Liquid Depth _____

G. Percent of slope of land _____% _____ direction

H. Indicate Slope of Land & direction of slope on sketch I. Tile Depth 12"

PERCOLATION TEST
Indicate Soil map number BRT-3-47 And Soil Type 44. Plainfield loamy sand

Test Number	Depth Inches	Character of Soil Thickness in Inches	Hours Since Hole 1st Wetted	Water in Hole Overnight	Test Time Interval in Minutes	Drop in Water Level Inches			Minutes To Fall One Inch
						Second to Last Period	Next to Last Period	Last Period	
1	24	T.S. 10" s.l. 14	24	No	10	5	3	3	2.8
2	"	"	"	"	10	4	3	2	3.2
3	"	"	"	"	10	5	4	3	2.5

RECORD DATA FROM MINIMUM OF 3 TEST HOLES IN THE AREA IN WHICH THE SYSTEM IS TO BE INSTALLED

SOIL BORINGS - Minimum 36" Below Proposed Absorption System

Boring Number	Total Depth Inches	Depth to Ground Water		Depth to Bedrock		Character of Soil with Thickness in Inches
		Observed	Estimated	Observed	Estimated	
1	60					T.S. 10" sand loam 50"
2	60					Unknown Unknown
3	60					

RECORD DATA FROM MINIMUM OF 3 BORE HOLES IN THE AREA IN WHICH THE SYSTEM IS TO BE INSTALLED
(COMPLETE OTHER SIDE)

Name of Owner Ed. Meyers

County Dunn

Permit No. 861

PERCOLATION TESTS

I, the undersigned, hereby certify that the Percolation Tests reported on this form were made by me or under my supervision in accord with the procedures and method specified in Section H 62.20 (3), Wisconsin Administrative Code, and that the data recorded and location of test holes are correct to the best of my knowledge and belief.

NAME John R. WBel TITLE M.P.
(Type or Print)

REGISTRATION NO. _____ or MASTER PLUMBER LICENSE No. 1625

ADDRESS 575 E. 2nd ST.

DATE OF TEST 8-26-73 SIGNATURE John R WBel

MASTER PLUMBER MAKING APPLICATION

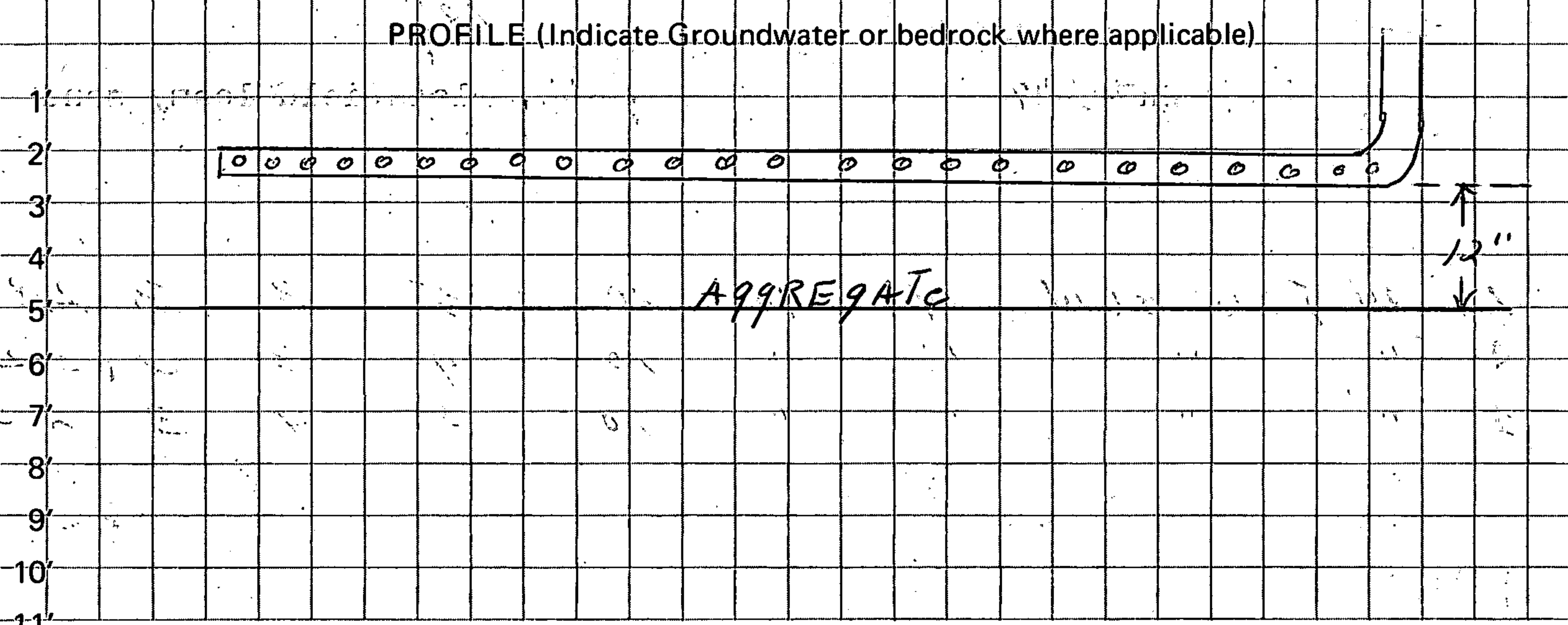
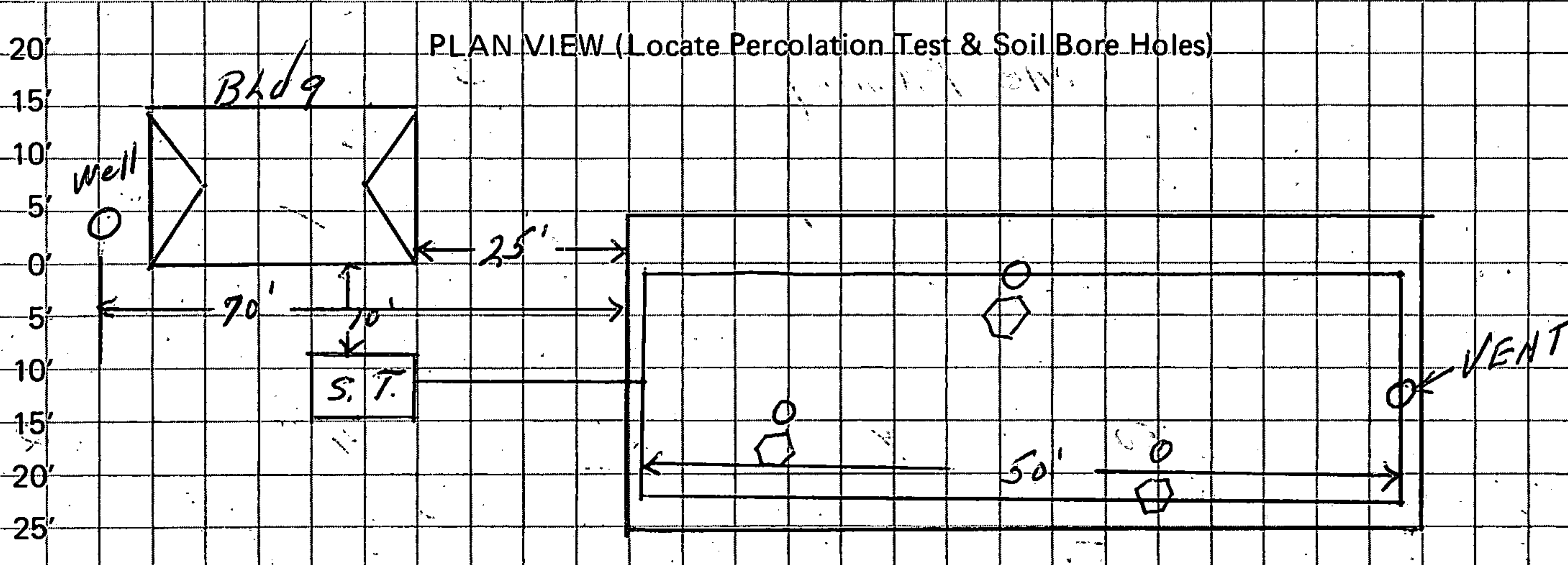
Signature: John R WBel

MP _____

License Number: MP RSW 1625

For: Memomnie Plg. & HTg
(employer)

Provide sketch below of system
(Include direction and percent of slope and all applicable distances)



Note: The application cannot be considered for filing until all of the above questions are answered and the fee paid.

Do not write in space below – FOR DEPARTMENT USE ONLY

Date of Application 8-3-73 Fees Paid State 1.00 County Dunn

Permit Issued/Rejected (date) 8-3-73 Inspection Yes _____ No _____

Issuing Agent Name Howard R. Kruse Valid No. _____ Date Rec'd _____

Action _ Date 123101 Year OLD TAX020V VALUATIONS _ DATE 101105
 Comp # 016-1181-08-000 Class Acres Land Improve.
 PIN 17016-2-271302-210-0024 G1 00.000 000015000 000116200
 Parcel 271302.20124 Map 511 -0

Name-First MICHAEL R & KAREN G
 Last STEIN

Address N4834 460TH ST
 City MENOMONIE
 State WI Zip 54751 -

LEGAL DESCRIPTION

- 1 WOODLAND TERRACE
- 2 LOT 16 BLK.1
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14

-----Parcel Address Information-----

Street# N 04834
 Street 0492 0460TH ST
 City MENOMONIE
 Zipcode 54751-0000

History 379/76
 Document# Old Comp#

Print 0 School 3444 Zone R1 - -
 Tot Acre 00.000 Sec/Twn/Rg 02/27/13
 Lend 00 Lottery 01 Flag Sup 11-

Display complete. Enter Action & Comp # or PIN, press ENTER



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

Telephone: 715.231.6521
FAX: 715.232.4099

July 23, 2009

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.

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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)
Signature of septic tank pumper and license number #2387
Date of pumping 10/11/2008

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

152110 016 271302.20124 1991

Lot/CSM/Sub. & Parcel Address

MICHAEL R & KAREN G
STEIN
N4834 460TH ST
MENOMONIE WI 54751

16 WOODLAND TERRACE
N4834 460TH ST