

PRIVATE SEWAGE SYSTEM INSPECTION REPORT for Dunn County

Name	Merlyn Jones	
Address	N9296 380 th St.	
City	Boyceville	
State & Zip	WI	54725

PLUMBER:		CST:	
Ed Bergh		Henry Grote	

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Top of iron pipe.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Skaw	1000
Dosing	Skaw	600

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	>100'	41'	24'	
Dosing	>100'	41'	37'	

PUMP/SIPHON INFORMATION

Manuf/Model #	Little Giant 9EH		
Lift 6.77'	Friction Loss .92	System Head 2.5	TDH Ft. 10.19'
Forcemain	Length	Dia.	Dist. to Well

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 6	Length 76'	No. of Trenches 1
Setback	Type of System	P/L	Bldg
Information	mound	>100'	136'
			Well 18'
			Lake/Stream

DISTRIBUTION SYSTEM

Header/Manifold Length 3.0 Dia. 2"	Distribution pipe(s) Length 37' Dia. 1½ Spacing 3.0'	X Hole Size 3/16	X Hole Spacing 2'
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WI FUND: _____ Yes No _____ Maybe
REASON: _____ income & new house

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

9/13/01
Date

COMMENTS:
* Zabel A100 filter installed.

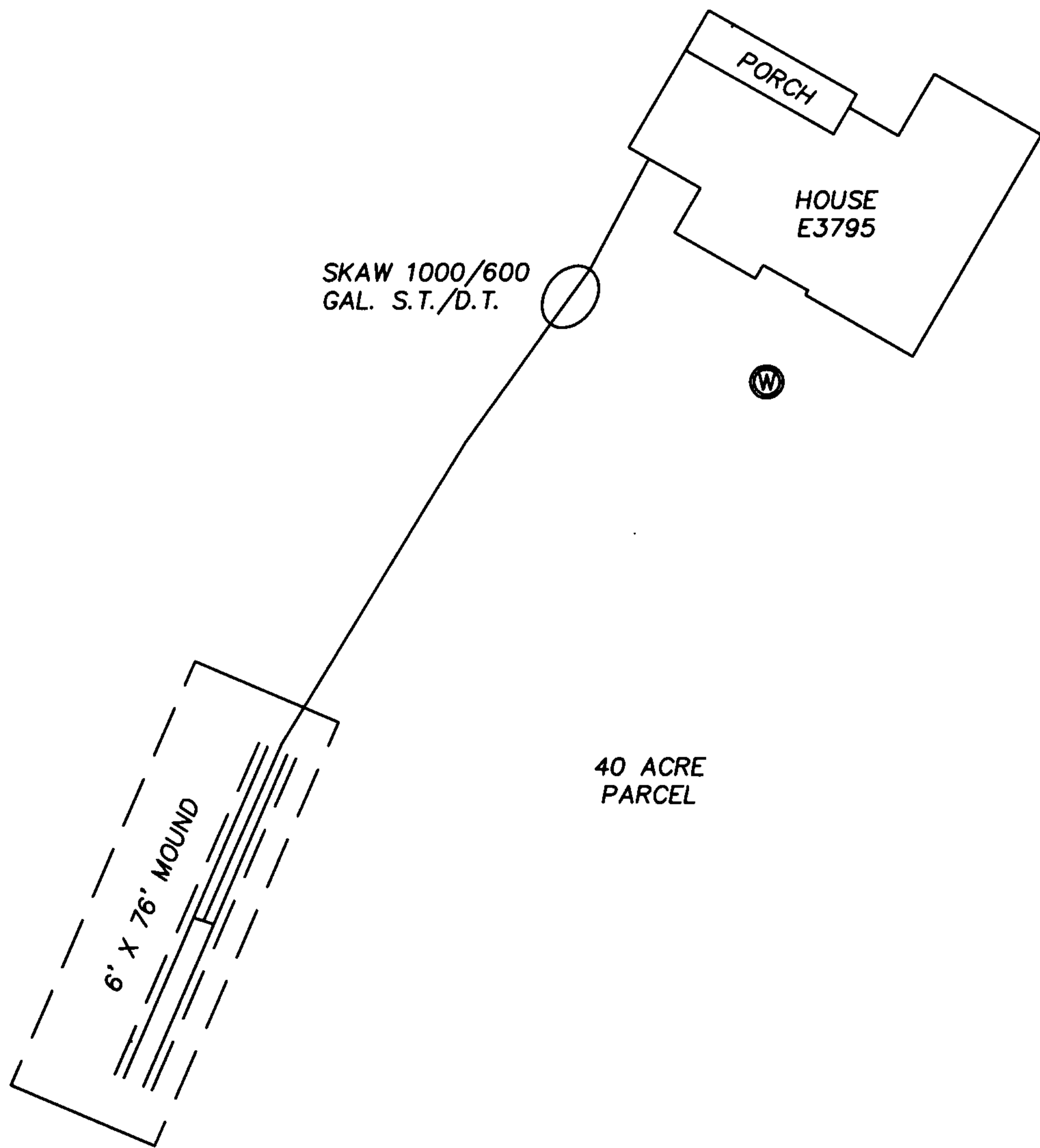
Alex Weisick
Inspector's Signature

5167
~~22178~~
Cert. No.

Property Address/City	E3795 940 th Ave. Boyceville, WI 54725
Town of	Sherman
Legal	NW-NW 9-29-13
Subdivision	
CSM #	
Sanitary permit #	392707
State Plan ID #	657621
Parcel tax #	291309.2020 ²
Computer #	032-1023-08-010

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well		106.92
Bldg. Sewer		99.21
St/Ht Inlet		98.94
St/Ht Outlet		98.86
Dt. Inlet		
Dt. Bottom		95.51
Header/Man.		102.26
Dist. Pipe		
Bottom system		101.59
SW lateral		102.27
NW lateral		102.28
NE lateral		102.24
SE lateral		102.21



SKAW 1000/600
GAL. S.T./D.T.

W

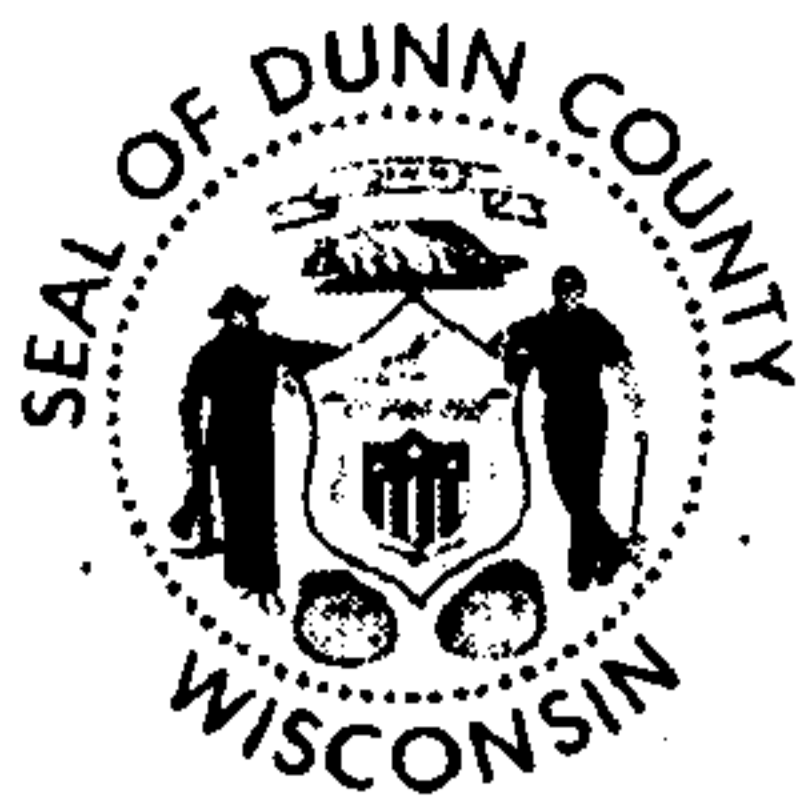
40 ACRE
PARCEL

6' X 76' MOUND

⊕ B.M. TOP OF IRON
PIPE - ELEV. 100'



SCALE: 1" = 40'



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 Nye 5/550 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
392707 032 291309.202

**Year of installation
or replacement**
2001

Lot/CSM/Sub. & Parcel Address

KIM L
DEAN
E3795 940TH AVE
BOYCEVILLE WI 54725

E3795 940TH AVE

DUNN COUNTY

Parcel # 291309.20201

Comp. # 032-1023-08

Address E 37th St, 940th Ave

SANITARY PERMIT

No. 392707

NEW

OWNER MERLYN JONES, N9296 380TH ST., BOYCEVILLE, WI

PLUMBER ED BERGH LICENSE # 221889

TOWN OF SHERMAN LOCATED NW-NW

SECTION 9 T 29 N - R 13 W

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION _____

Janet Riedel _____ AUTHORIZED ISSUING OFFICER - DATE 7/16/01

THIS PERMIT EXPIRES 7/16/03 UNLESS RENEWED BEFORE THAT DATE

(TWO YEARS FROM THE ORIGINAL DATE OF ISSUANCE)

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

SBD-6499(R. 08/92)

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.



Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707 - 7162

County Dunn
Site Address

Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

Sanitary Permit Number
 Check if Revision 392707

I. Application Information - Please Print All Information

State Plan I.D. Number
657621

Property Owner's Name
Merclyn Jones

Parcel Number
291309.202

Property Owner's Mailing Address
N 9296 380th St

Property Location
NW 1/4 NW 1/4 S 9 T 29 N R 13 E

City, State Zip Code Phone Number
Boyceville Wi 54725

Lot Number Block Number
Subdivision Name CSM Number

II. Type of Building (check all that apply)
 1 or 2 Family Dwelling - Number of Bedrooms 3
 Public/Commercial - Describe Use
 State Owned

City
 Village
 Township Sherman
Nearest Road

III. Type of Permit: (Check only one box on line A (numbering scheme for internal use). Complete line B if applicable)

A. 1 New System 2 Replacement System 3 Replacement of Tank Only 6 Addition to Existing System For County use

B. Check if Sanitary Permit Previously Issued Permit Number Date Issued

IV. Type of Permit: (Check all that apply)(numbering scheme is for internal use)

44 Non -Pressurized In-Ground 21 Mound 47 Sand Filter 50 Constructed Wetland
22 Pressurized In-Ground 41 Holding Tank 48 Single Pass 51 Drip Line
45 At-Grade 46 Aerobic Treatment Unit 49 Recirculating 30 Other

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Dispersal Area Required	Dispersal Area Proposed	Soil Application Rate(Gals./Days/Sq.Ft.)	Percolation Rate (Min./Inch)	System Elevation	Final Grade Elevation
<u>450</u>	<u>450</u>	<u>456</u>	<u>50.2 .5</u>		<u>101.4</u>	<u>103.2</u>

VI. Tank Info	Capacity in Gallons		Total Gallons	Number of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	<u>1</u>		<u>1600</u>	<u>1</u>	<u>SKAW</u>	<input checked="" type="checkbox"/>				
Dosing Chamber			<u>Combo</u>							

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

Plumber's Name (Print) Ed Bergh Plumber's Signature [Signature] MP/MPRS Number 221889 Business Phone Number 8346194

Plumber's Address (Street, City, State, Zip Code)
1422 Prairie Ln Eau Claire Wi 54703

VIII. County/Department Use Only

Approved Disapproved
 Owner Given Initial Adverse Determination
Sanitary Permit Fee (includes Groundwater Surcharge Fee) 300 + 30 Date Issued 7-14-01 Issuing Agent Signature (No Stamps) [Signature]

IX. Conditions of Approval/Reasons for Disapproval

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

032-1023-08

July 08, 2001

CUST ID No.227819

ATTN: POWTS Inspector

WILLIAM J BERGH
2667 113TH ST
CHIPPEWA FALLS WI 54729-6575

ZONING OFFICE
DUNN COUNTY SPIA
800 WILSON AVE
MENOMONIE WI 54751

**CONDITIONAL APPROVAL
PLAN APPROVAL EXPIRES: 07/09/2003**

SITE:

MERLYN JONES
380TH ST
TOWN OF SHERMAN
DUNN COUNTY
NW1/4, NW1/4, S9, T29N, R13W

FOR:

DESCRIPTION: MOUND SYSTEM FOR MERLYN JONES
OBJECT TYPE: POWT SYSTEM REGULATED OBJECT ID NO.: 800664

Identification Numbers
Transaction ID No. 657621
Site ID No. 632436
Please refer to both identification numbers, above, in all correspondence with the agency.

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**. The owner, as defined in chapter 101.01(10), Wisconsin Statutes, is responsible for compliance with all code requirements.

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.

In granting this approval the Division of Safety & Buildings reserves the right to require changes or additions should conditions arise making them necessary for code compliance. As per state stats 101.12(2), nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure, or component.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

Sincerely,



KEITH A WILKINSON
POWTS PLAN REVIEWER, INTEGRATED SERVICES
(715) 524-3630, FAX: (715) 524-3633, M-F 7 AM - 3:45 PM
KWILKINSON@COMMERCE.STATE.WI.US

FEE REQUIRED \$	175.00
FEE RECEIVED \$	175.00
BALANCE DUE \$	0.00

WiSMART code: 7633

cc: MERLYN JONES

Cover Sheet

MERLYN JONES

N9296 380th Street – Boyceville, WI 54725

MOUND COMPONENT

COPY

Reference Component Manuals

Mound Component Manual **SBD-10572-P-P(R.6/99)**

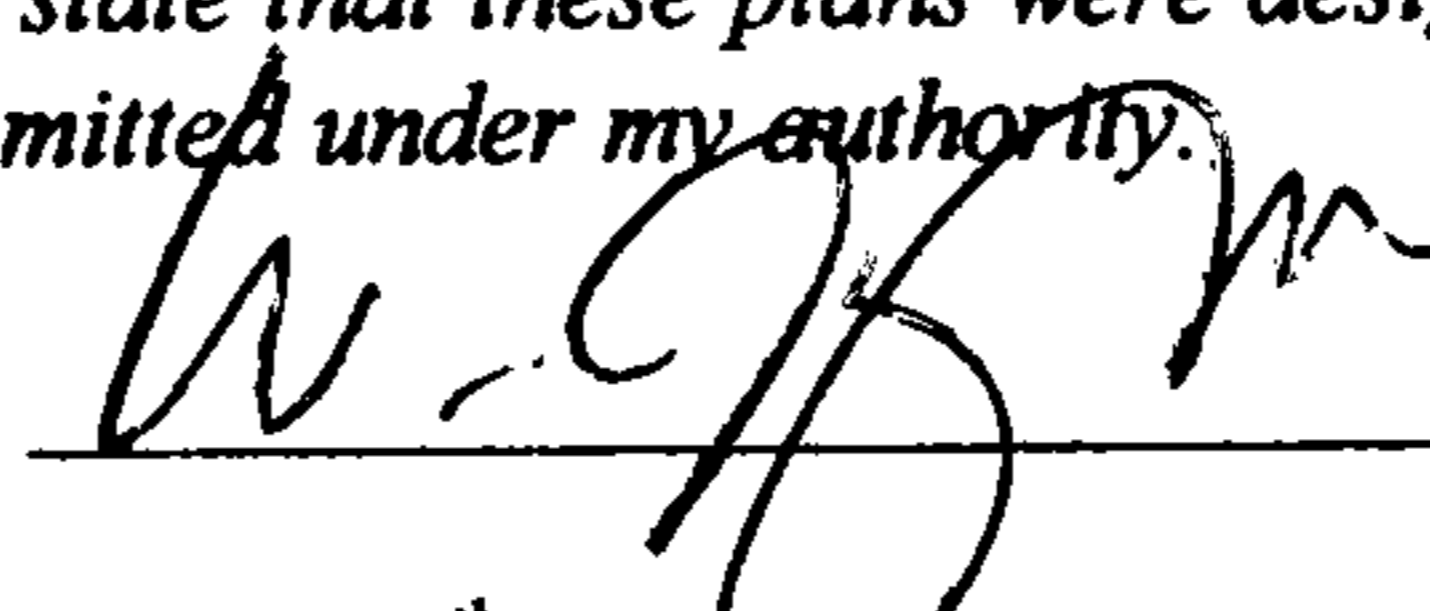
Pressure Distribution Component Manual **SBD-10573-P (R.6/99)**

Job Location: NW ¼, NW ¼, Sec. 09, T29N, R13W
Town: Sherman
County: Dunn

Designer's name and license #: William J. Bergh (License No. 1577-007)

*I the undersigned state that these plans were designed
and submitted under my authority.*

Designer's signature:

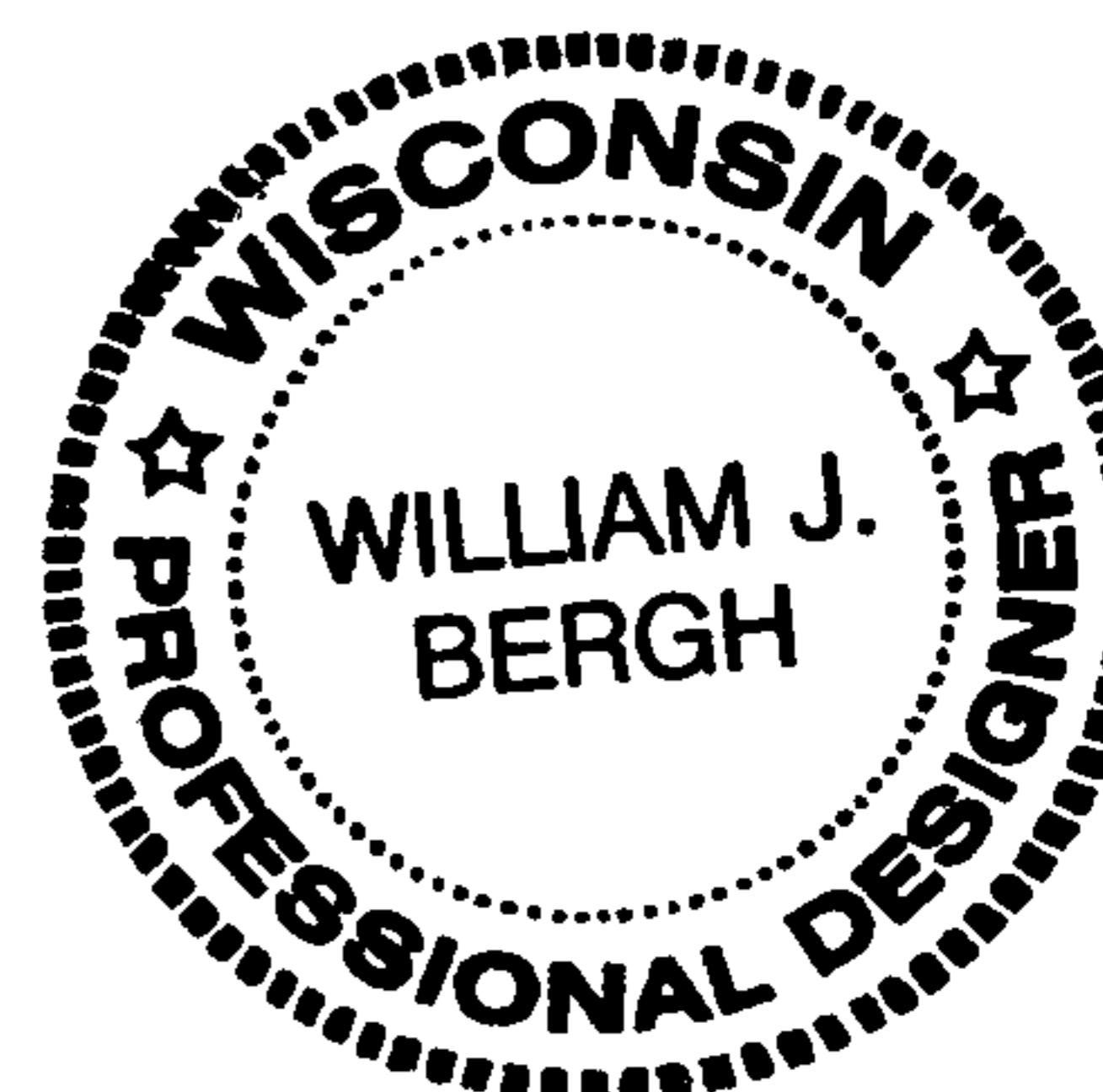


Designer's address:

2667 113th Street
Chippewa Falls, WI 54729

Designer's phone number:

715-723-5555 voice
715-723-7535 fax
715-559-4839 cellular



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- Page 1-cover sheet
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- Page 4- cross section of mound component
- Page 5- plan view of mound component & distribution lateral schematics
- Page 6- septic & pump chamber schematics
- Page 7- pump curve
- Page 8-maintenance & contingency plan

P.O.W.T.S.
Conditionally
APPROVED
DEPARTMENT OF COMMERCE
DIVISION OF SAFETY AND BUILDINGS
Keith A. Wilkinson
SEE CORRESPONDENCE

657621

JUN 21 2001
SAFETY & BLDGS. DIV.

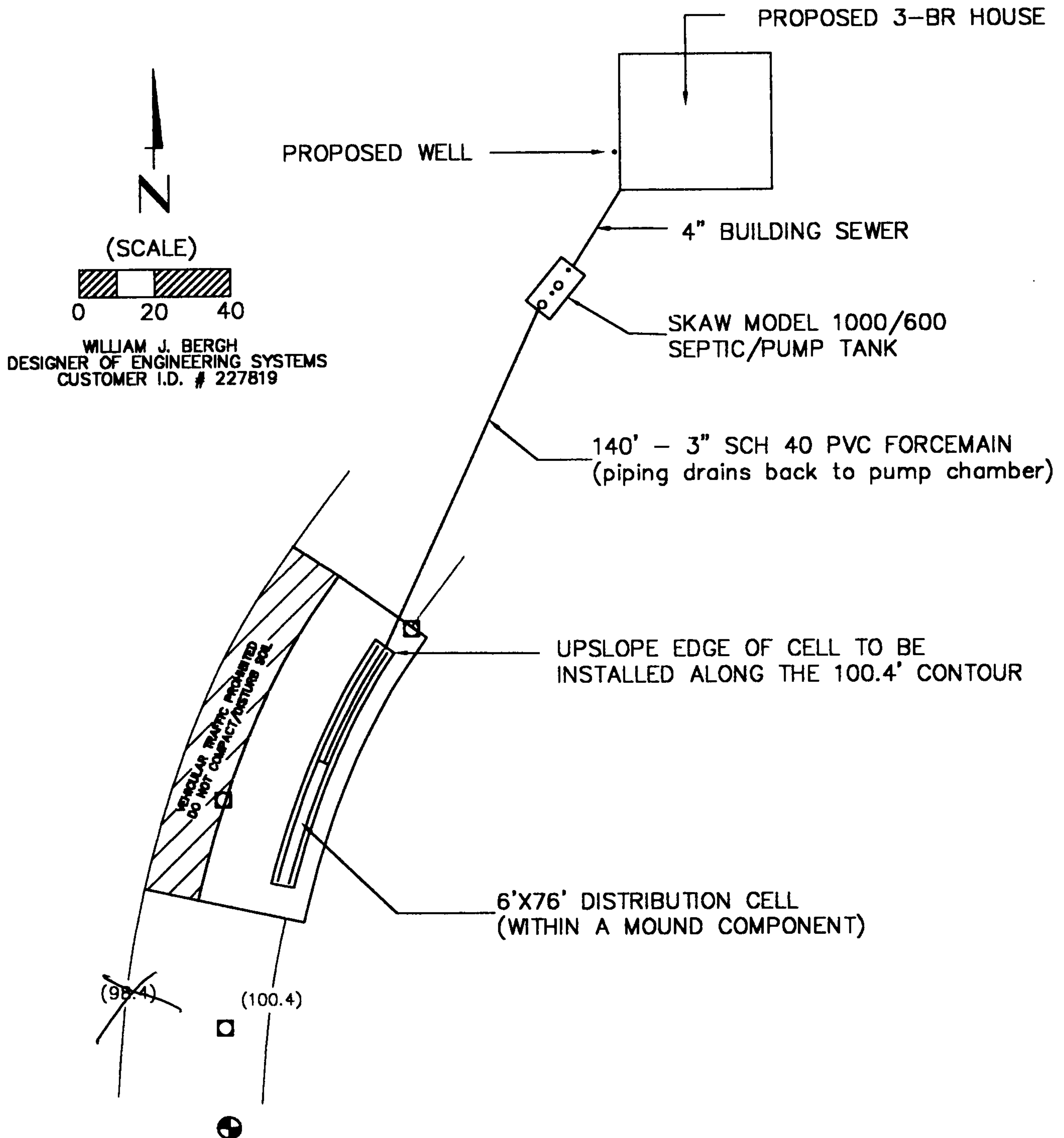
SYSTEM CALCULATIONS USING SKAW COMBINATION TANKS

<u>one or two family dwelling with total of</u>	<u>3</u>	<u>bedrooms calculated at</u>	<u>450</u>	<u>gpd design wastewater flow</u>
<u>linear loading rate - LLR</u>	<u>6.0</u>	<u>gal/day/ft</u>		
<u>design loading rate -DLR</u>	<u>0.5</u>	<u>gal/sqft/day</u>	<u>900.0</u>	<u>Basal minimum aggregate area</u>
<u>depth to limiting factor</u>	<u>24</u>	<u>inches</u>		
<u>approximate system area cross slope</u>	<u>~15%</u>	<u>percent</u>		
<u>total length of forcemain</u>	<u>140</u>	<u>feet using</u>	<u>3</u>	<u>inch - SCH 40 PVC</u>
<u>manifold and/or header length</u>	<u>3</u>	<u>feet using</u>	<u>2</u>	<u>inch - SCH 40 PVC</u>
<u>total volume of forcemain</u>	<u>39.8 51.38</u>	<u>gallons</u>		
<u>length of each lateral</u>	<u>37.00</u>	<u>feet using</u>	<u>1-1/2</u>	<u>inch - SCH 40 PVC</u>
<u>total number of laterals</u>	<u>4</u>	<u>invert elevation</u>	<u>101.9'</u>	<u>(bottom of lateral).</u>
<u>system elevation</u>	<u>101.4'</u>			
<u>orifice diameter</u>	<u>0.1875 = 3/16</u>	<u>tenths/inches</u>		
<u>distance between orifices</u>	<u>24</u>	<u>inches or</u>	<u>2.0</u>	<u>feet</u>
<u>total orifices per lateral</u>	<u>19</u>	<u>total orifices all laterals</u>	<u>76</u>	
<u>lateral volume (each lateral)</u>	<u>2.4 3.4</u>	<u>gallons</u>	<u>12.54</u>	<u>lateral discharge rate</u>
<u>system discharge rate</u>	<u>50.2</u>	<u>gallons calculated at</u>	<u>3.25</u>	<u>distal pressure x 1.3 ft.</u>
<u>vertical lift (pump off to lateral elevation)</u>	<u>7.5</u>	<u>feet</u>		
<u>friction loss in the forcemain</u>	<u>0.41 .92</u>	<u>feet calculated at</u>	<u>50.2</u>	<u>system discharge rate</u>
<u>TDH (total dynamic head)</u>	<u>14.2 11.67</u>	<u>feet</u>		
<u>minimum pump/siphon discharge</u>	<u>50.2</u>	<u>gpm at</u>	<u>11.2</u>	<u>TDH (total dynamic head)</u>
<u>pump manufacturer</u>	<u>L. GIANT</u>	<u>model number</u>	<u>9EH</u>	
<u>approximate dose volume</u>	<u>91.9</u>	<u>gallons</u>	<u>59.1</u>	<u>actual dose</u>
<u>pump/siphon tank model</u>	<u>600</u>	<u>actual tank size</u>	<u>642.33</u>	<u>gallons</u>
<u>septic tank model</u>	<u>1000</u>	<u>actual tank size</u>	<u>1039.35</u>	<u>gallons</u>
<u>manufacturer of treatment tank/s</u>	<u>SKAW.</u>			
<u>pump float on/off measurement</u>	<u>6</u>	<u>inches</u>		
<u>alarm float from bottom of tank</u>	<u>13</u>	<u>inches</u>		

M. JONES SITE PLAN

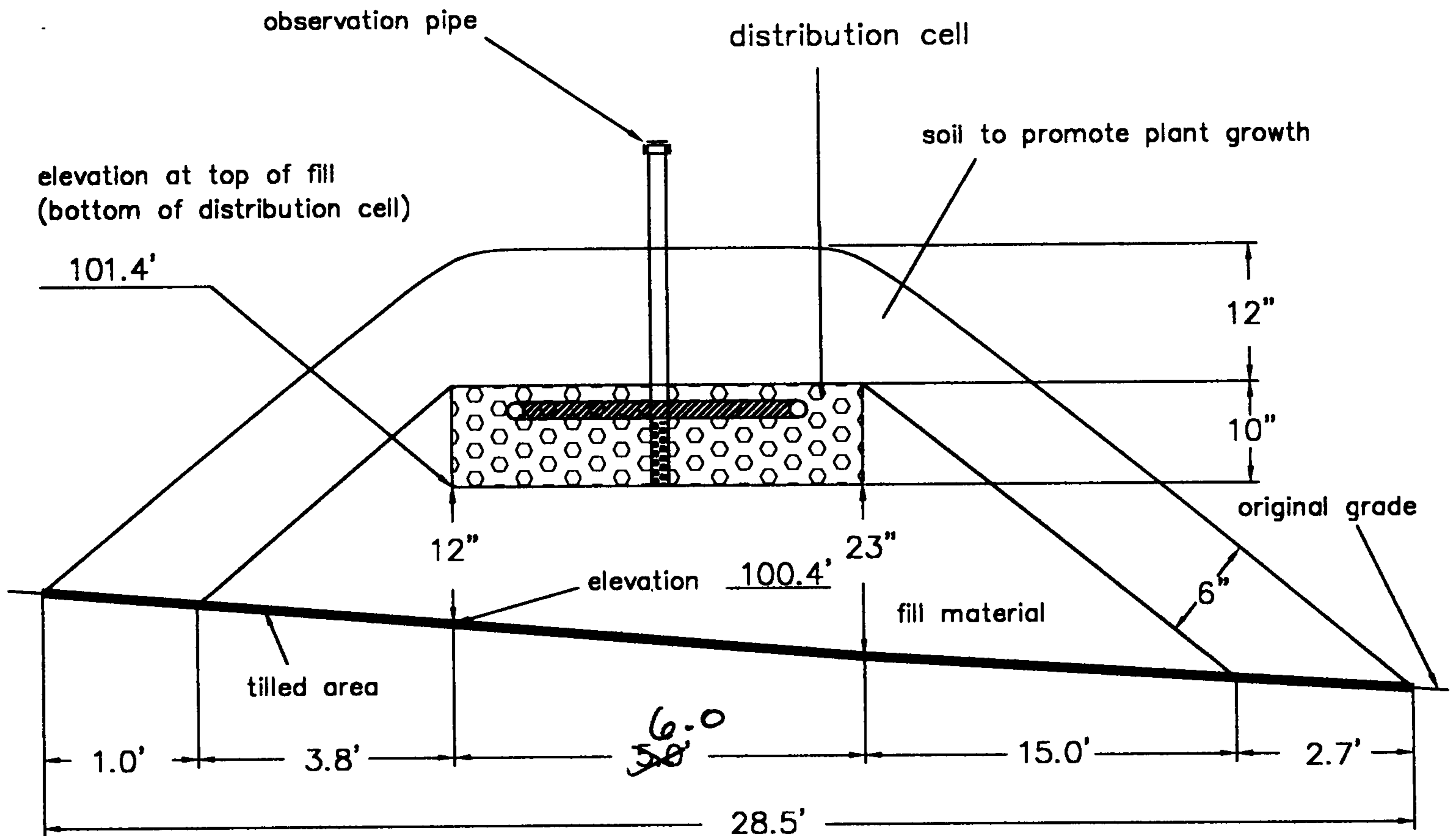
NW-NW-09-29-13W
SHERMAN TOWNSHIP
DUNN COUNTY, WI

- ⊕ BENCHMARK ELEVATION = 100.0'
(top of iron survey pipe)
- LOCATION OF SOIL PITS
- * PARCEL DESCRIBED AS 40 ACRES



MOUND COMPONENT CROSS SECTION

(drawing not to scale)

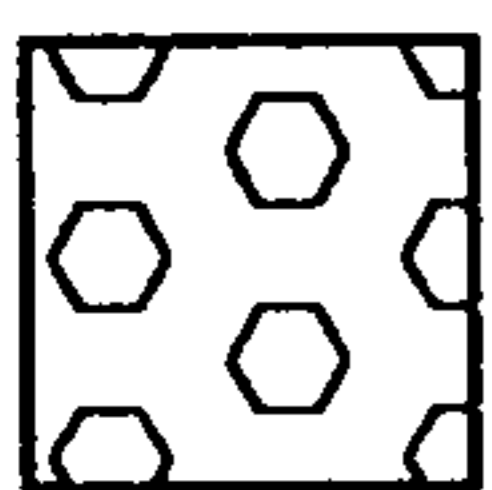


~15 yards of rock required

~105 yards of sand fill required

~15% system area cross slope

1777.5 total basal area (sqft)



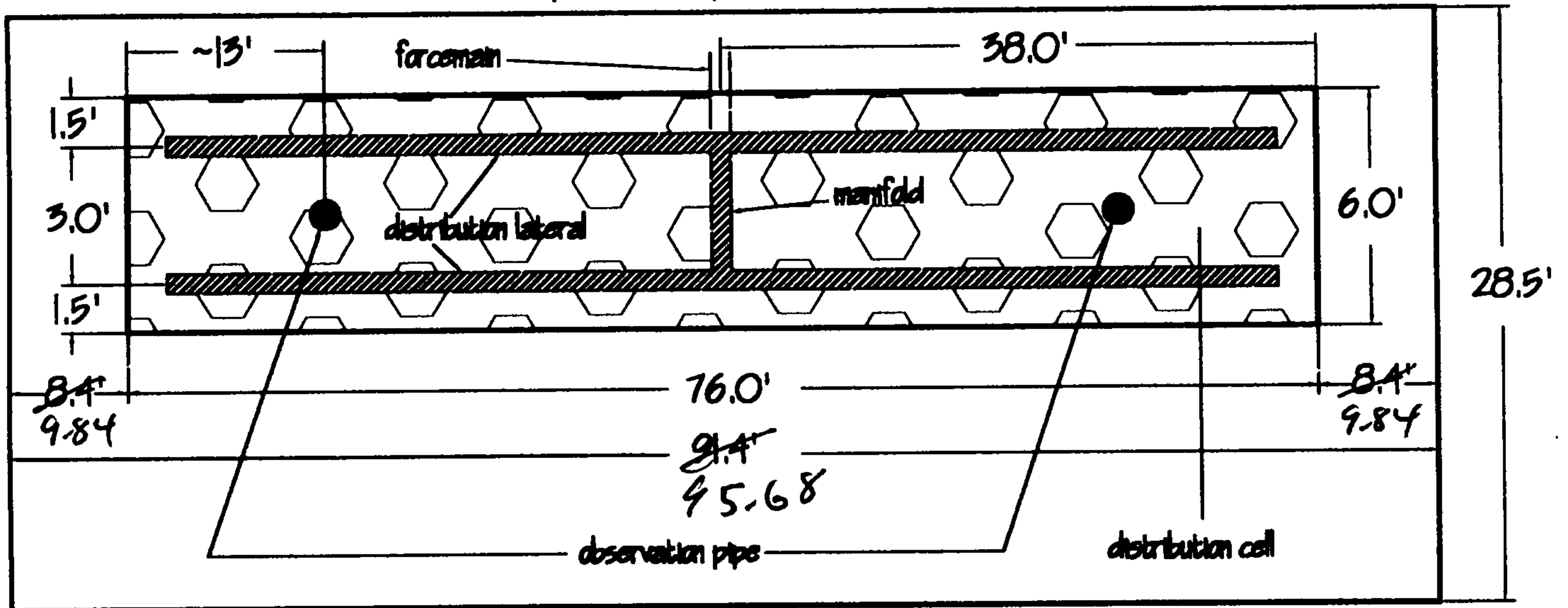
Distribution cell

0.5" - 2.5" washed hard aggregate, 6" below & 2" above the distribution lateral

All material and piping specifications as per the Mound & Pressure Distribution Component Manuals.

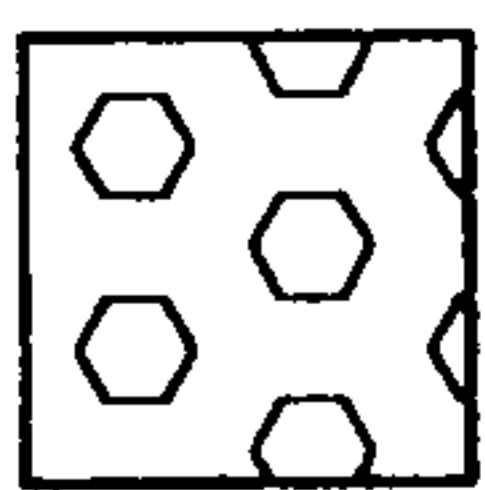
PLAN VIEW OF MOUND COMPONENT

(All material specifications per the Mound Component Manual)



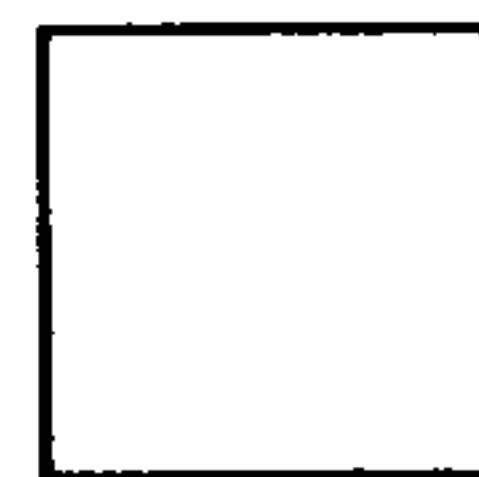
(Limit activities in the area 15' beyond the downslope edge of mound)

Distribution laterals terminate 1.0' from the end of the distribution cell



Effective aggregate area

minimum required sqft 450

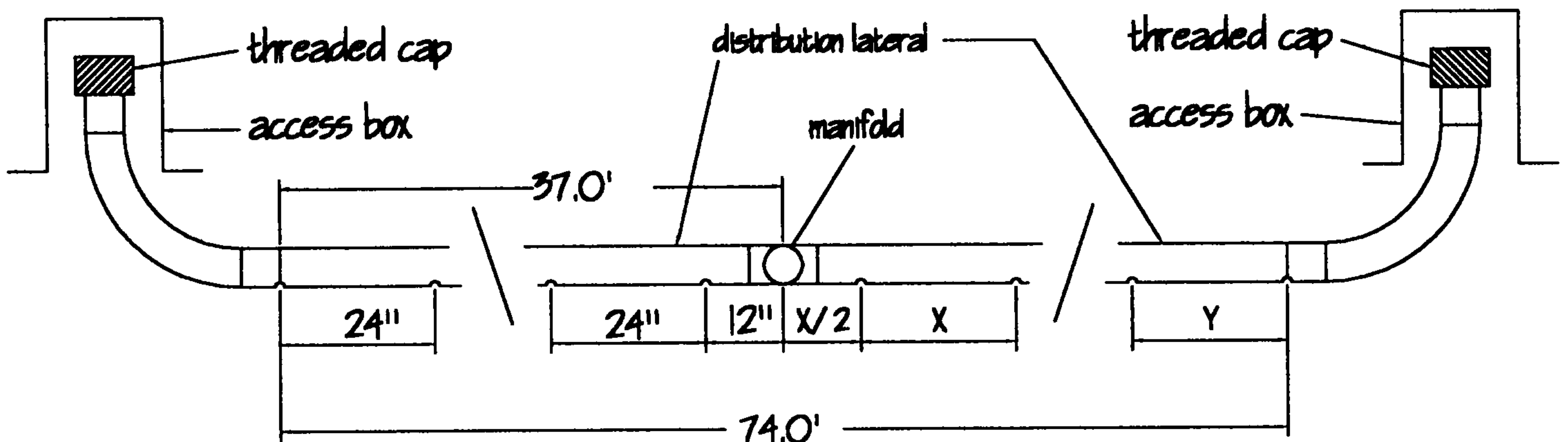


Basal absorption area

minimum required sqft 425

DISTRIBUTION LATERAL (typical)

(all discharge orifices are located on the center bottom line of the distribution lateral)



discharge orifice diameter 3/16"

number of orifices per lateral 19

Total number of orifices (all laterals) 76

X spacing 24"

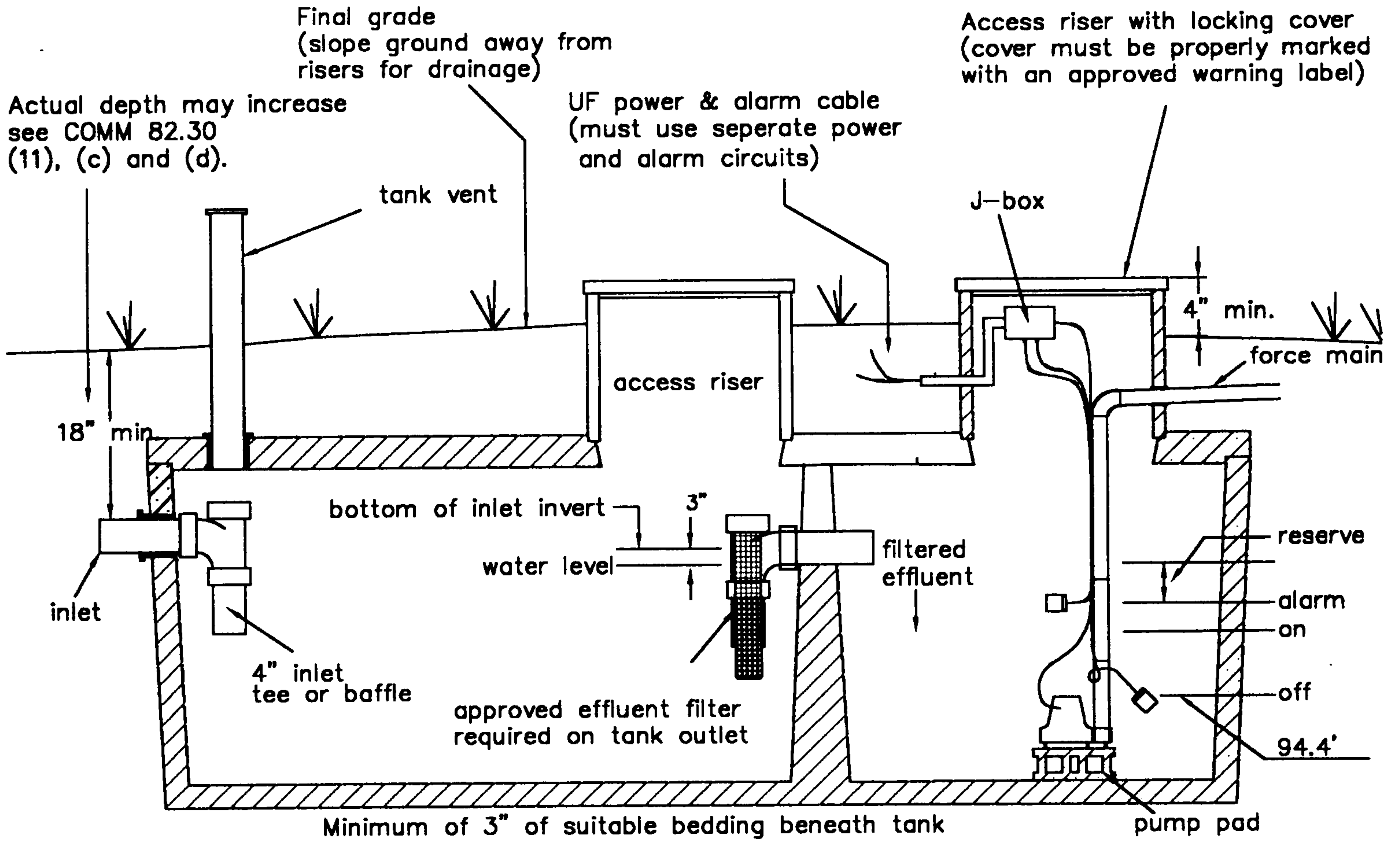
Y spacing 24"

X/2 spacing 12"

(drawing not to scale)

SEPTIC/PUMP CHAMBER CROSS SECTION

(DRAWING NOT TO SCALE)



EFFLUENT FILTER ZABEL A-100 (OR EQUIVALENT)

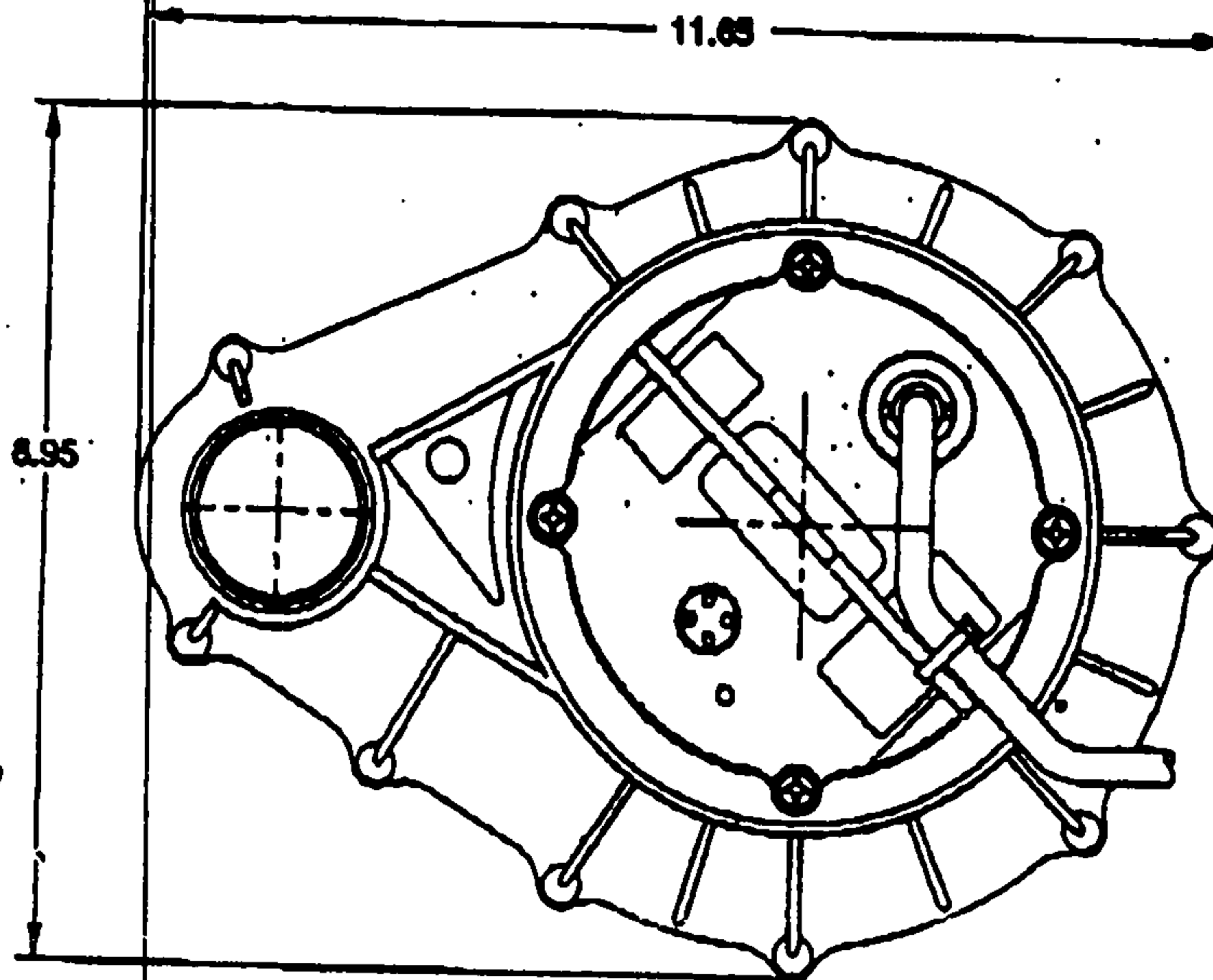
Tank manufacturer	<u>SKAW</u>
septic/pump chamber capacities	<u>1000/600 GALLON</u>
Alarm manufacturer	<u>S.J. ELECTRO (or equivalent)</u>
Alarm model number	<u>HW 101 (or equivalent)</u>
Type of float switch	<u>MERCURY (or equivalent)</u>
Effluent pump manufacturer	<u>LITTLE GIANT (or equivalent)</u>
Effluent pump model number	<u>9EH (or equivalent)</u>
Minimum pump discharge rate (gpm)	<u>50.2</u>
Vertical lift (pump off to lateral elevation)	<u>7.5</u>
System head (distal pressure x 1.3 ft.)	<u>3.25</u>
Friction loss in the force main	<u>0.41 .92</u>
Total Dynamic Head (TDH)	<u>11.2 11.67</u>

DWF (daily wastewater flow)	<u>450</u>
NUMBER OF DAILY DOSES (DWF / actual dose volume)	<u>7.61</u>
FORCE MAIN (gallons)	<u>39.8</u>
ACTUAL DOSE VOLUME (gal) (total dose vol. - forcemain vol.)	<u>59.1</u>
CAPACITIES	
reserve above alarm	<u>24.5</u> inches = <u>428.22</u> gallons
alarm above pump on	<u>2</u> inches = <u>32.95</u> gallons
on/off measurement	<u>7.6</u> inches = <u>98.82</u> gallons
off to tank bottom	<u>5</u> inches = <u>82.35</u> gallons
TOTAL	<u>39</u> inches = <u>642.33</u> gallons

PUMP CHAMBER DIMENSIONS			
length	<u>69.00"</u>	width	<u>55.00"</u>
liquid depth	<u>39.0"</u>	gallons/ inch	<u>16.47</u>

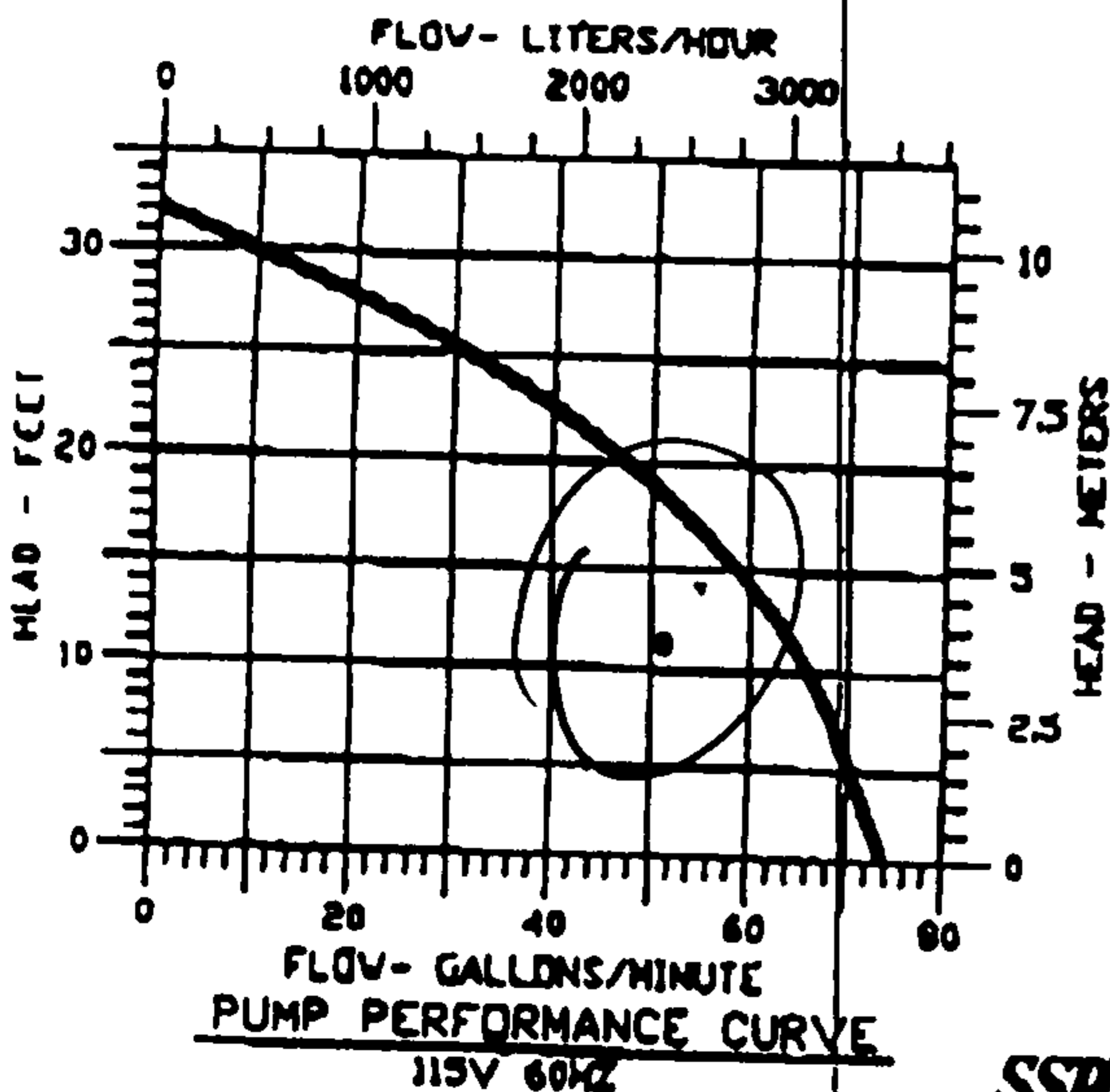
Little Giant Pump Co.

9EH SERIES SUMP/EFFLUENT PUMP



Specifications

MODEL NO.	CAT. NO.	LISTING	HP	VOLTS	SOLIDS SIZE (Dia. In.)	RUNNING AMPS/WATTS	PERFORMANCE (GPM @ HEAD)				SHUTOFF (FL)	P.S.L.	PWR. CORD (FL)	WEIGHT (Lbs.)	DIMENSIONS (H x L x W)
							9'	10'	15'	20'					
9EH-CIM	508330	UL/CSA	4/10	115	3/4	12.0 1000	71	68	60	49	32	13.8	20'	27	9.11 x 11.64 x 8.94
9EH-CIM	508340	UL/CSA	4/10	230	3/4	6.5 1000	71	68	60	49	22	13.8	20'	27	9.11 x 11.64 x 8.94
9EH-CIA-RFS	508350	UL/CSA	4/10	115	3/4	12.0 1000	71	68	60	49	32	13.8	20'	27	9.11 x 11.64 x 8.94
9EH-CIA-RFS	508360	UL/CSA	4/10	230	3/4	6.5 1000	71	68	60	49	22	13.8	20'	27	9.11 x 11.64 x 8.94



Construction

Motor Housing	Epoxy Coated Cast Iron
Impeller Material	Poly Carbonate
Impeller Type	Closed Vane
Volute	ABS
Power Cord	SJTW-A
Mechanical Shaft Seal	Nitrile with carbon and ceramic faces
Fasteners	Stainless Steel
Shaft	Stainless Steel
Bearings	Upper Sleeve and Lower Ball Bearings



OWNER: MERLYN JONES

LEGAL: NW-NW-09-29-13W, SHERMAN TOWNSHIP, DUNN COUNTY

POWTS MAINTAINER: GEO TECH SOIL & SITE EVALUATION - PHONE: 715-723-5555

LOCAL AUTHORITY: DUNN COUNTY ZONING DEPARTMENT - PHONE 715-232-1401

The conditional approval of this POWTS component requires that this management plan be reviewed with the owner or their agent for the building, which it serves. The owner/agent will also be provided with a complete set of the plans including this management plan.

Proper functioning of the POWTS (Private on-site Wastewater Treatment System) or "septic system" is significantly dependent on the quality (i.e. strength of wastewater contaminants) and quantity of wastewater that goes into the system. If you lower the volume and increase the quality of wastewater, the system will function better and last longer. The components of this system include a septic tank to allow for the settling of solids and containment of greases and oils. The tank will incorporate an approved outlet filter to prevent solids larger than 1/8" from flowing through the tank. Also, if necessary a pump tank with a pump and controls, where the clarified wastewater (effluent) from the septic tank accumulates for dosing. The final treatment stage is a distribution component where the effluent is dispersed and recycled in a manner that is meant to protect groundwater quality and public health.

1. The system is designed to accept domestic strength wastewater.
2. Install water-saving appliances whenever and wherever possible.
3. Repair any leaks (no matter how small) as soon as possible.
4. Never pour greases or oils (i.e. contaminants) down any drain or stool.
5. If you do have a garbage disposal use it sparingly.
6. Tissue is the only paper product that should be put into the system.
7. No chemical of any kind should be put into the system.
8. Maintain steady regular flows of water; spread the laundry throughout the week rather than doing it all at once.
9. Avoid all traffic over and around the absorption component - especially during the winter months.
10. Avoid planting deep-rooted plants near the absorption component.

Maintenance Plan

- 1.** A properly licensed person must inspect the septic system every three years. The septic tank must be pumped every three years or when the total amount of solids and scum within the tank exceeds 1/3 of the tank capacity.
- 2.** All pumping must be by a properly licensed individual.
- 3.** The outlet filter on the septic tank requires cleaning. The frequency between cleanings is directly dependent on the amount of solid waste being discharged from the dwelling. Monitor the required length between cleanings and then set a regular cleaning schedule so that slow drainage and possible back-ups can be prevented.
- 4.** The owner (or another individual) should complete periodic observation pipe inspections (i.e. quarterly) of the distribution component. If ponding is observed, increase the frequency of the inspections and if it persists call the installer (or other qualified individual).
- 5.** If this system uses a pump, in the event that it should fail an audible and/or visual alarm will be activated. If this should occur you need to notify the installer immediately. If the alarm is activated immediately minimize the water use and call the installer immediately. The system has a small amount of reserve capacity, but it is very limited and repairs need to be made immediately to prevent possible back-ups or surface discharge.

Contingency Plan

1. Wastewater monitoring of quality and quantity is not a normal requirement for residential systems; however such monitoring may become necessary if problems develop. Any necessary monitoring shall be done in accordance with the requirements of Comm 83.54 (2). During this time pumping and hauling of the wastewater generated on-site may be necessary. Additional testing, designing, reconstructing and/or the relocation and installation of additional treatment components or conversion to a holding tank may be necessary depending on the type of system failure.
2. A possible absorption cell failure is due to an accumulation of solids that may form a "clogging mat" at the in-situ soil/gravel interface. A possible remedy may be to excavate the failing component to remove the clogging material and repair the system. However, it may be necessary to install a new distribution component.

No one should enter a septic tank or other treatment or holding tank for any reason without being in full compliance with OSHA standards for entering a confined space.

ORIGINAL

SOIL EVALUATION REPORT

Wisconsin Department of Commerce
Division of Safety and Buildings

in accordance with Comm 85, 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 percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

County	Dunn
Parcel I.D.	
Reviewed By	Date

Property Owner Jones, Merlyn	Property Location Govt. Lot NW 1/4 NW1/4 S 9 29 NR 13 W		
Property Owner's Mailing Address N 9296 380th St.	Lot #	Block #	Subd. Name or CSM
City State Zip Code Phone Number Boyceville WI 54725 715-643-5554	<input type="checkbox"/> Cit	<input type="checkbox"/> Village	<input type="checkbox"/> Town Nearest Road Sherman 380Th St

New Construction Use: Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD
 Replacement Public or commercial - Describe: _____

Parent material loess over sandstone Flood plain elevation, if applicable NA

General comments and recommendations: install 5' x 91.2' rock unit mound on 100.4 contour as upslope edge of rock w/ 1' sand fill

1 Boring # Boring Pit Ground Surface elev. 100.4 ft. Depth to limiting factor 28 in. Soil Application Rate

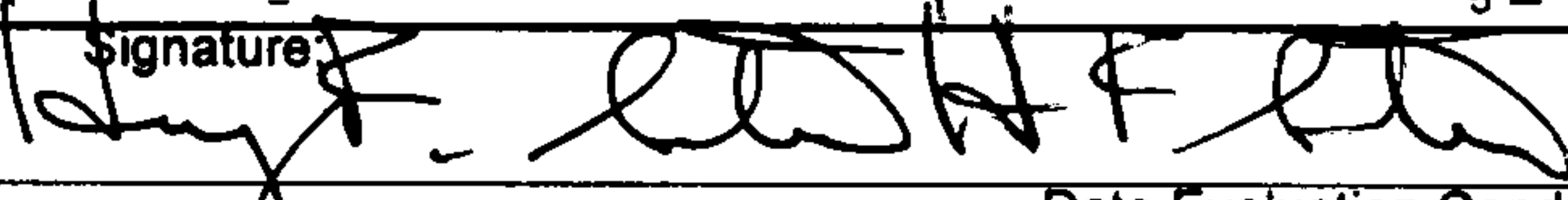
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
1	0-4	10YR 3/3	-	sl	2 m gr	mvfr	cs	1f/m	.5	.9
2	4-9	10YR 3/3	-	sl	2 f sbk	mvfr	cs	1f	.5	.9
3	9-17	10YR 4/4	-	sl	2 f sbk	mvfr	cs	1f	.5	.9
4	17-28	10YR 3/4	-	sl	0 m	mvfr	cs	-	.3	.4
5	28+			SSBR						
some SS gr in horizon 4										

2 Boring # Boring Pit Ground Surface elev. 96.3 ft. Depth to limiting factor 24 in. Soil Application Rate

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
1	0-9	10YR 3/3	-	sl	2 m gr	mvfr	cs	1f/m	.5	.9
2	9-19	10YR 4/4	-	sl	2 f sbk	mvfr	cs	1f	.5	.9
3	19-24	10YR 3/4	-	sl	0 m	mvfr	cs	1f	.3	.4
4	24+			ssbr						
some SS gr in horizons 2 & 3										

* Effluent #1 = BOD₅ > 30 < 220 mg/L and TSS > 30 < 150 mg/L

* Effluent #2 = BOD₅ < 30 mg/L and TSS < 30 mg/L

CST Name (Please Print) Henry F. Grote	Signature 	CST Number 222774
Address Certified Soil Testing E. 4366 353rd Ave., Menomonie, WI 54751	Date Evaluation Conducted 4/30/2001	Telephone Number 715-233-0398

3	Boring #	<input checked="" type="checkbox"/> Boring	Ground Surface elev. <u>98.4</u> ft.	Depth to limiting factor <u>24</u> in.	Soil Application Rate					
		<input checked="" type="checkbox"/> Pit			GPD/ft ²	*Eff#1	*Eff#2			
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots		
1	0-4	10YR 3/3	-	sl	2 m gr	mvfr	cs	1f/m	.5	.9
2	4-9	10YR 3/3	-	sl	2 f sbk	mvfr	cs	1f	.5	.9
3	9-19	10YR 4/4	-	sl	2 f sbik	mvfr	cs	1f	.5	.9
4	19-24	5YR 4/4	-	ls	0 sg	ml	cs	-	.7	1.2
5	24+			SSBR						
some SS gr in horizon 4										

<input type="checkbox"/>	Boring #	<input checked="" type="checkbox"/> Boring	Ground Surface elev. _____ ft.	Depth to limiting factor _____ in.	Soil Application Rate					
		<input checked="" type="checkbox"/> Pit			GPD/ft ²	*Eff#1	*Eff#2			
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots		

<input type="checkbox"/>	Boring #	<input checked="" type="checkbox"/> Boring	Ground Surface elev. _____ ft.	Depth to limiting factor _____ in.	Soil Application Rate					
		<input checked="" type="checkbox"/> Pit			GPD/ft ²	*Eff#1	*Eff#2			
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots		

* Effluent #1 = BOD₅ > 30 < 220 mg/L and TSS > 30 < 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

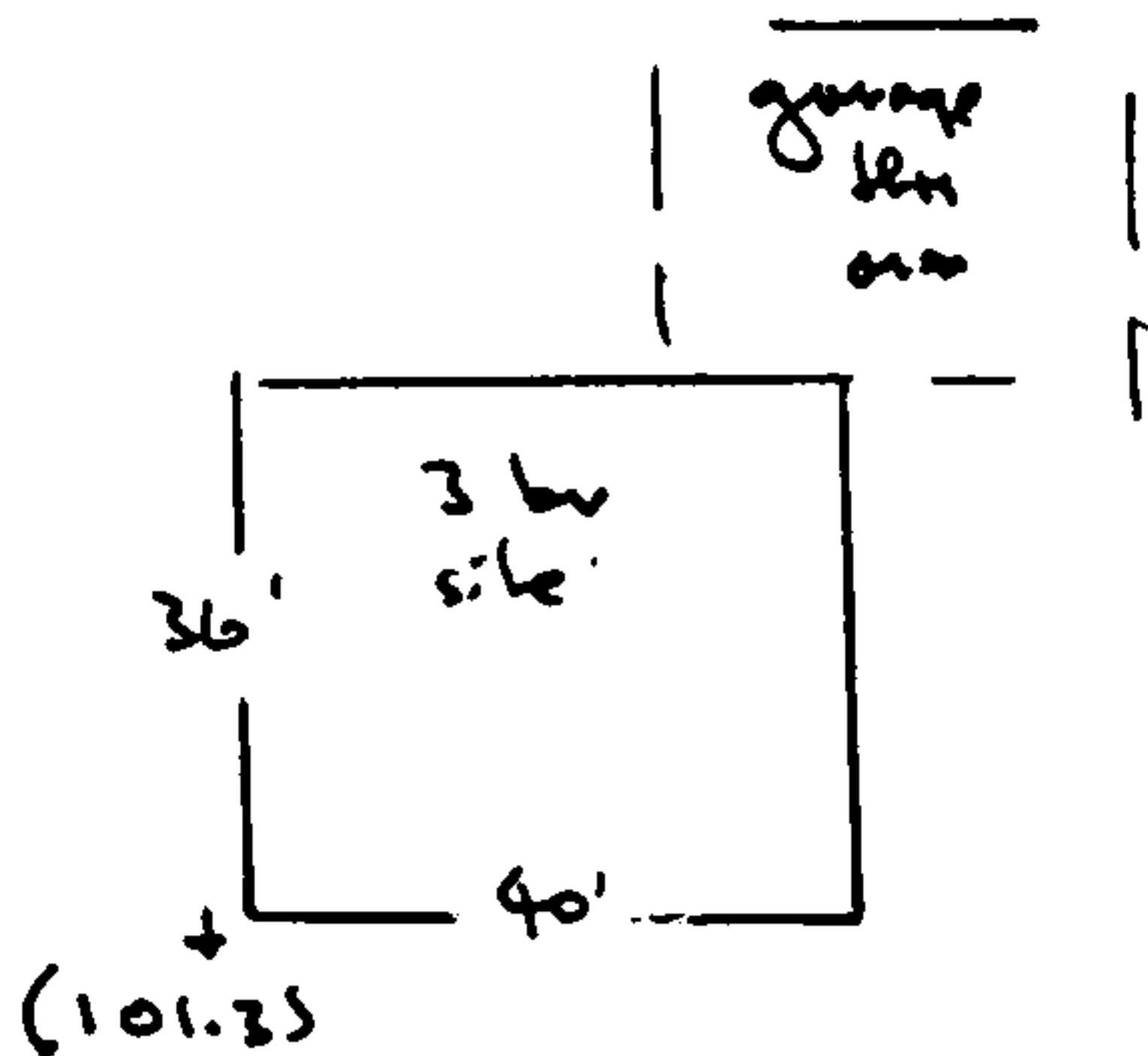
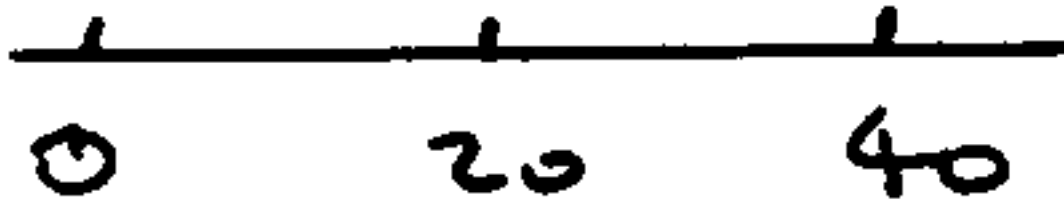
Marilyn Jones - Plot Plan

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



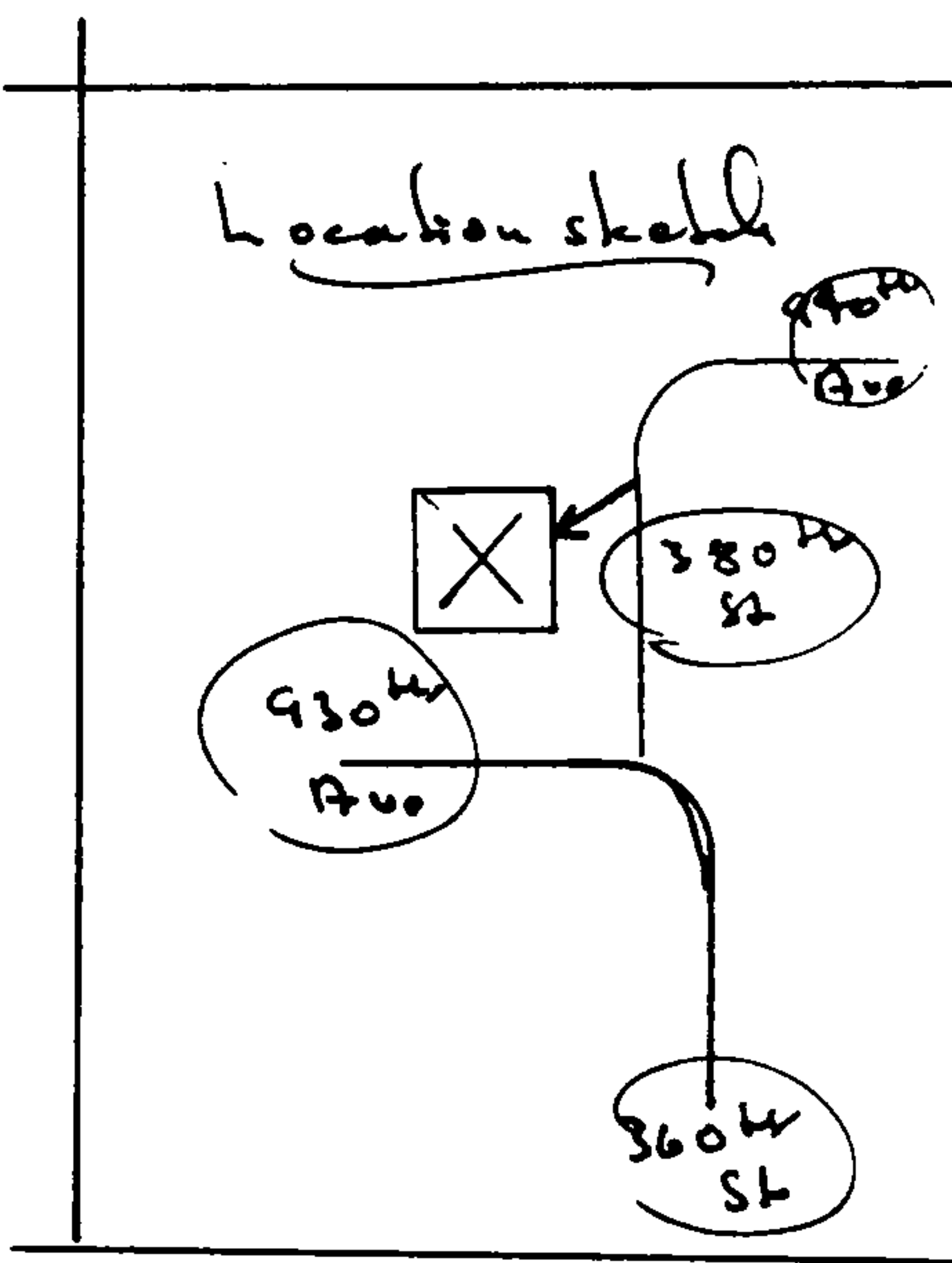
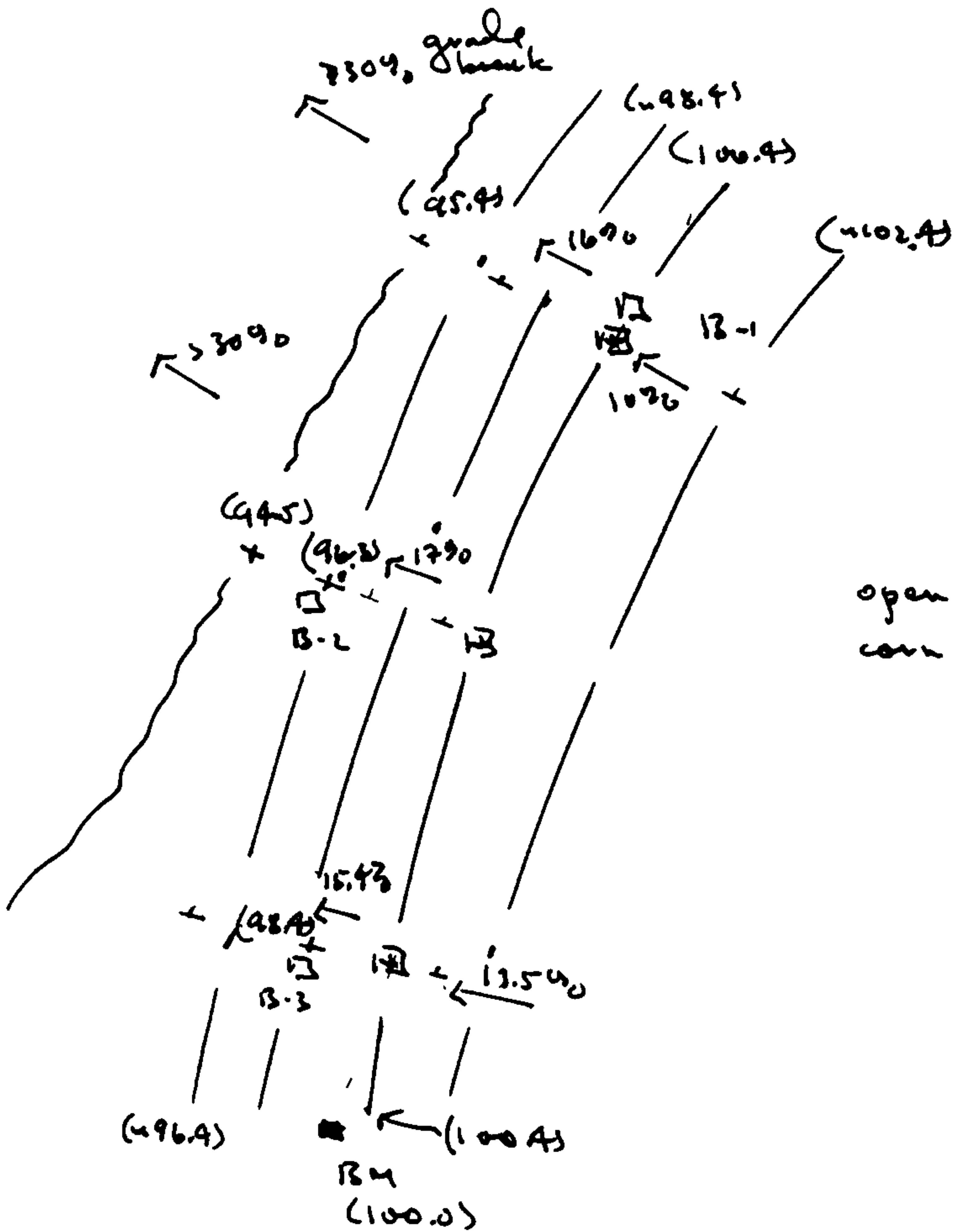
Idyl F. 20
Carn 22277

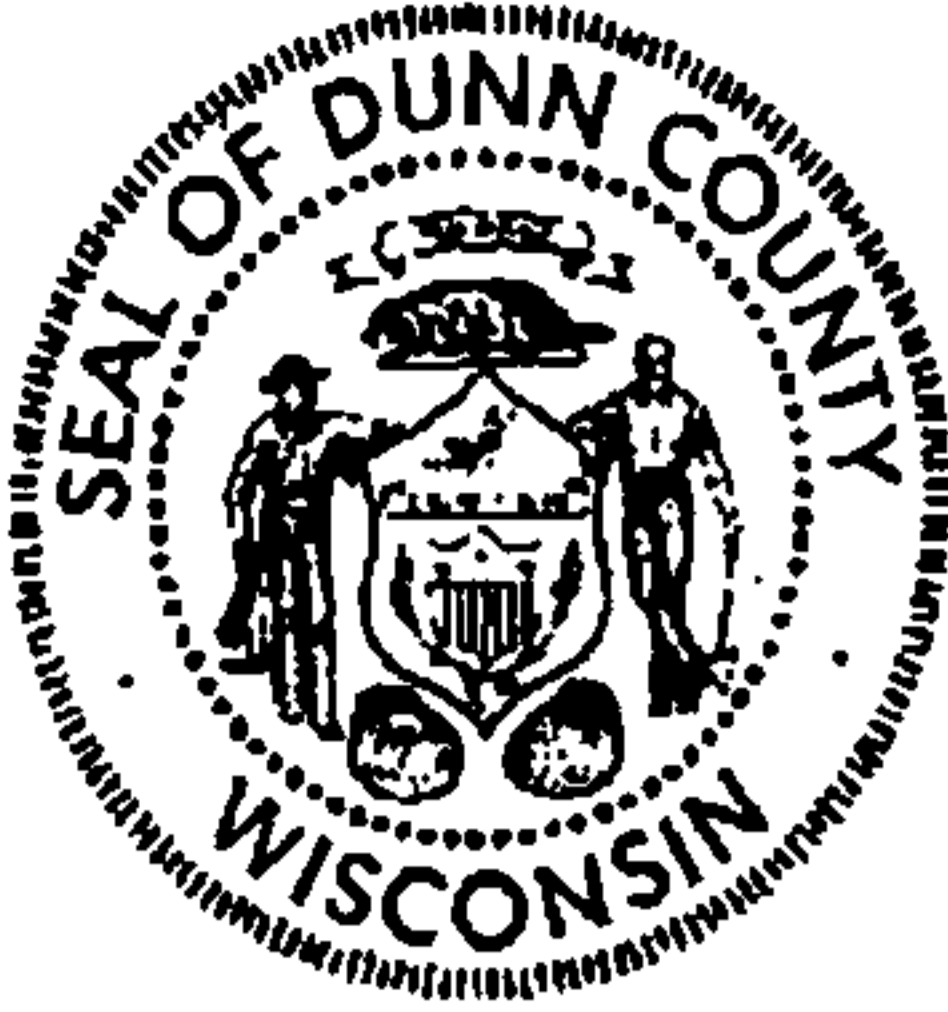
Scale 1" = 40'



service out structure
@ -2' @ (109.9)

■ BM grade @ base of flagged
 steel stake (100.0)
 □ backhoe pit; + roof/transit dew
 ▨ design contour (100.4) flagged
 No 83 setback problems
 All L/Ls > 100'; 40 a. site





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

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

January 15, 2002

Merlyn Jones
N9296 380th St.
Boyceville, WI 54725

RE: Parcel described as part of the NW of the NW, Section 9, T29N-R13W
Town of Sherman, Dunn County, Wisconsin

Septic system installation address/fire number is – E3795 940th Ave.

Dear Private Sewage System Owner:

This past summer, 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 2003 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 black ink that reads "Michael Helgeson". The signature is written in a cursive style with a large, stylized "H" and "S".

Michael Helgeson
Zoning Administrator

MH/jr