



Environmental Services Department

Planning & Zoning Division

800 Wilson Ave. Room 310

Menomonie, WI 54751

Telephone: 715.231.6521

Fax: 715.232.4099

October 25, 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 35 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. (Completed by septic tank pumper)

Ray Sept 82637

Signature of septic tank pumper and license number

Date of pumping Sept 9 2017

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 _____

Lot/CSM/Sub. & Parcel Address

305095

016 271312.30302

1998

BRADLEY
HOYT
N4156 490TH ST
MENOMONIE WI 54751

2 #1612
N4156 490TH ST

NOTE! If your pumper is unable to fit you into their schedule this fall due to weather conditions, please contact our office.

PRIVATE SEWAGE SYSTEM INSPECTION REPORT for Dunn County

Name	Brian Gutch	
Address	N4156 490 th St.	
City	Menomonie	
State & Zip	WI	54751

PLUMBER:	CST:
Ed Berg	Bill Berg

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Base of steel stake.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Skaw	1000
Dosing	Comb	600

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	105	294	35	
Dosing	105	294	35	40

PUMP/SIPHON INFORMATION

Manuf/Model #	Zoeller #98		
Lift 13.52	Friction Loss	System Head	TDH Ft.
Force/main	Length	Dia.	Dist. to Well

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 5	Length 75	No. of Trenches	
Setback	Type of System	Bldg	Well	Lake/Stream
Information	Mound	192	64	320

DISTRIBUTION SYSTEM

Header/Manifold Length Dia.	Distribution pipe(s) Length 73.5 Dia. 2" Spacing	X Hole Size 1/4	X Hole Spacing 48"
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COMMENTS:

WI FUND ___ Yes ___ No X Maybe

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

6-20-98
date

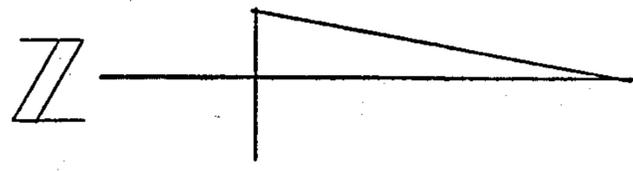
M. Helgeson
Inspector's Signature

0052
Cert. No.

Property Address/City	N4156 490 th St. Menomonie, WI 54751
Town of	Menomonie
Legal	SW-SW 12 27-13
Subdivision	
CSM #	Lot 2 CSM #1612
Sanitary permit #	305095
State Plan ID #	112348
Parcel tax #	271312.30302
Computer #	016-1049-01

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well		98.46
Bldg. Sewer		92.30
St/Ht Inlet		91.87
St/Ht Outlet		
Dt. inlet		
Dt. Bottom		88.30
Header/Man.		101.82
Dist. Pipe		101.75
Bottom system		101.07



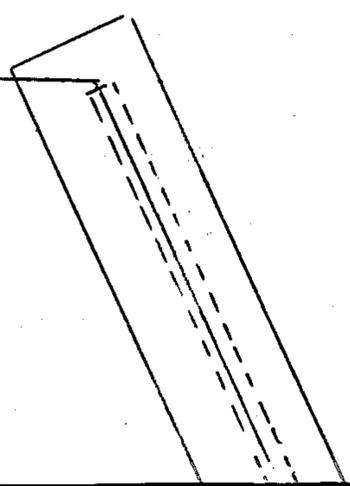
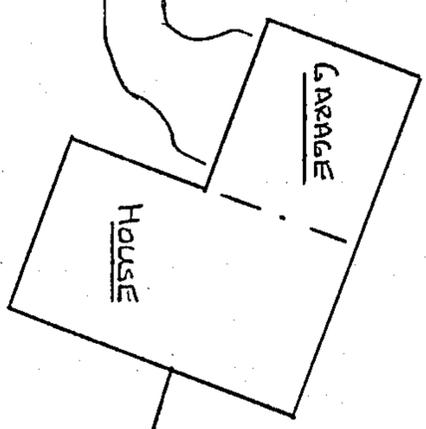
Scale : 1" = 40'

Lot 2 Csm # 1612

5.11 Acres

EXISTING WELL

Survey Lot Line



SANITARY PERMIT

No. 305095

New

OWNER Brian Gutch, N4156 490th St., Menomonie, WI

PLUMBER Ed Bergh LICENSE # 3464

TOWN OF Menomonie LOCATED SW-SW

SECTION 12 T 27 N - R 13 W

AND/OR LOT _____ BLOCK _____

_____ DIVISION _____

Janet Riedel AUTHORIZED ISSUING OFFICER - DATE 9/10/98

THIS PERMIT EXPIRES 9/10/00 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

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.



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
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	Dunn
State Sanitary Permit Number	305095
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	112348

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name Brain Gutsch			Property Location SW 1/4 SW 1/4, S 12 T 27, N, R 13 E (or) <input checked="" type="radio"/>		
Property Owner's Mailing Address N 4156 490th			Lot Number	Block Number	
City, State Menomonie	Zip Code 54751	Phone Number ()	Subdivision Name or CSM Number		

II. TYPE OF BUILDING: (check one) State Owned
 Public 1 or 2 Family Dwelling - No. of bedrooms 3
 City Village Town OF Menomonie Nearest Road 490th St.

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

<input type="checkbox"/> 1 Apartment / Condo	<input type="checkbox"/> 6 Medical Facility / Nursing Home	<input type="checkbox"/> 10 Outdoor Recreational Facility
<input type="checkbox"/> 2 Assembly Hall	<input type="checkbox"/> 7 Merchandise: Sales / Repairs	<input type="checkbox"/> 11 Restaurant / Bar / Dining
<input type="checkbox"/> 3 Campground	<input type="checkbox"/> 8 Mobile Home Park	<input type="checkbox"/> 12 Service Station / Car Wash
<input type="checkbox"/> 4 Church / School	<input type="checkbox"/> 9 Office / Factory	<input type="checkbox"/> 13 Other: specify _____
<input type="checkbox"/> 5 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 450	2. Absorp. Area Required (sq. ft.) 375	3. Absorp. Area Proposed (sq. ft.) 375	4. Loading Rate (Gals/day/sq. ft.)	5. Perc. Rate (Min./inch)	6. System Elev. 101.0 Feet	7. Final Grade Elevation 103.2 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.
Septic Tank or Holding Tank	1600	1	SKAW	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Lift Pump Tank / Siphon Chamber				<input 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) ED BERGH	Plumber's Signature: (No Stamps) <i>Ed Bergh</i>	MP/MPSW No.: 3464	Business Phone Number: (715) 834-6194
Plumber's Address (Street, City, State, Zip Code): 1422 Prairie Ln Eau Claire Wis 54703			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 250.00	Date Issued 9.10.98	Issuing Agent Signature (No Stamps) <i>[Signature]</i>
<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, 608-266-3151.

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.

August 26, 1998

CUST ID No.252324

ATTN: POWTS INSPECTOR

BERGH CONTRACTORS INC
1422 PRAIRIE LN
EAU CLAIRE WI 54703

**RE: CONDITIONAL APPROVAL
APPROVAL EXPIRES: 08/26/2000**

SITE:

Site ID: 13463
Dunn County, Town of Menomonie
SW1/4, SW1/4, S12, T27N, R13W
Brian Gutsch

FOR:

Description: Mound
Object Type: POWT System Regulated Object ID No.: 28252

Identification Numbers
Transaction ID No. 112348 Site ID No. 13463
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 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.

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 08/25/1998
FEE REQUIRED \$ 180.00
FEE RECEIVED \$ 180.00
BALANCE DUE \$ 0.00

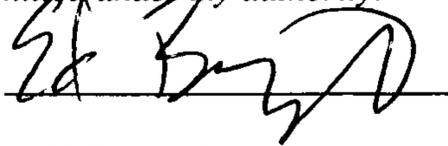
BRIAN GUTSCH
N4156 490th St. Menomonie, WI 54751
MOUND SYSTEM

RECEIVED
AUG 25 1998
SAFETY & BLDGS. DIV

Transaction #: 112348
Location: SW1/4, SW1/4, Sec. 12, T27N, R13W
Town: Menomonie
County: Dunn
Review date: August 26, 1998
Plumber's name and license #: Edward Bergh MPRS (221889)

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

Plumber's signature:



Plumber's address:

1422 Prairie Lane
Eau Claire, WI 54703

Plumber's phone number:

715/834-6194

Attachments:

private sewage system review application
soil & site evaluation w/plot plan (copy)
application fee

Page 1 cover sheet
Page 2 system calculations
Page 3 detailed plot plan
Page 4 cross section (end view schematic)
Page 5 plan view & lateral schematics
Page 6 pump/siphon chamber schematic
Page 7 pump/siphon curve

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

SEE CORRESPONDENCE

SYSTEM CALCULATIONS (3 bdrm dose/combo)

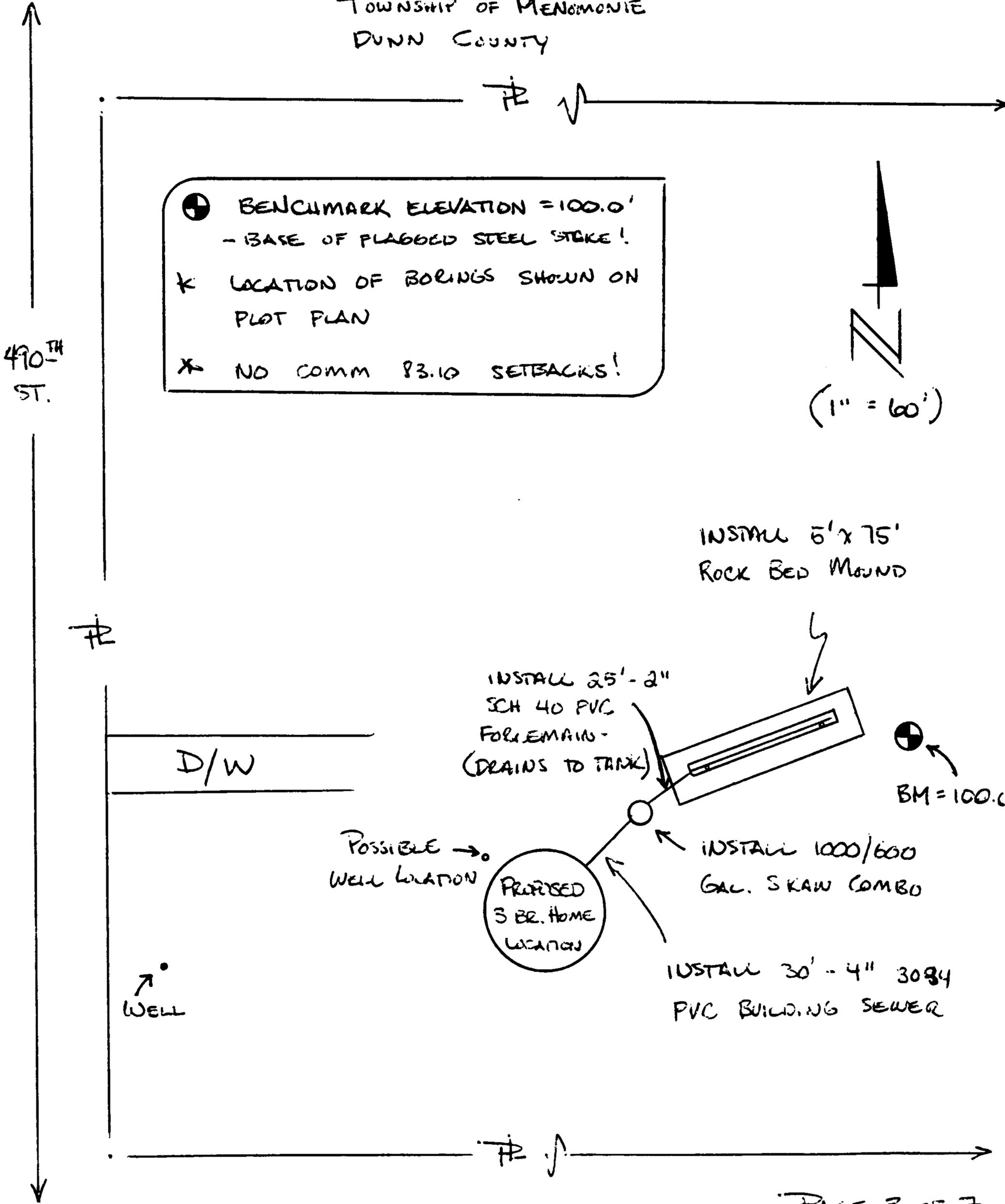
ONE FAMILY RESIDENCE WITH	<u>3</u>	BEDROOMS AT	<u>450</u>	GPD.
DESIGN LOADING RATE	<u>1.2</u>	GAL/SQ FT/DAY.		
BASAL AREA DESIGN RATE	<u>0.4</u>	GAL/SQ FT/DAY.	<u>1125</u>	MINIMUM SQFT.
DEPTH TO BEDROCK	<u>>24</u>	INCHES.		
DEPTH TO GROUND WATER	<u>>24</u>	INCHES.		
SYSTEM AREA CROSS SLOPE	<u>4</u>	PERCENT.		
FORCE MAIN LENGTH	<u>25</u>	FEET OF	<u>2</u>	INCH SCH 40 PVC.
MANIFOLD/HEADER LENGTH	<u>N/A</u>	FEET OF	<u>N/A</u>	INCH SCH 40 PVC.
FORCE MAIN VOLUME	<u>4.1</u>	GALLONS.		
LATERAL LENGTH	<u>73</u>	FEET OF	<u>2</u>	INCH SCH 40 PVC.
NUMBER OF LATERALS	<u>1</u>	ELEVATION	<u>98.5'</u>	(bottom of lateral).
LATERAL HOLE SIZE	<u>0.25</u>	INCHES.		
LATERAL HOLE SPACING	<u>48</u>	INCHES OR	<u>4.0</u>	FEET.
HOLES PER LATERAL	19 18	TOTAL HOLES	18 19	
TOTAL LATERAL VOLUME	<u>11.972</u>	GALLONS.		
LATERAL DISCHARGE RATE 22.23	21.06	GALLONS AT	<u>2.5</u>	FEET OF HEAD.
ELEVATION DIFFERENCE	<u>7.0</u>	FEET.		
FORCEMAIN FRICTION LOSS	<u>0.22</u>	FEET AT	<u>21.1</u>	calculated gpm.
TOTAL DYNAMIC HEAD	<u>9.72</u>	FEET.		
PUMP/SIPHON 22.23	21.06	GPM AT	<u>9.72</u>	FEET OF HEAD.
PUMP MANUFACTURER	<u>ZOELLER</u>	MODEL	<u>98</u>	
DOSE VOLUME	<u>126.82</u>	GALLONS.		
PUMP/SIPHON TANK	<u>600</u>	GALLONS.		
SEPTIC TANK	<u>1000</u>	GALLONS.		
MANUFACTURER OF TANKS	<u>SKAW.</u>			
PUMP MEASUREMENT ON/OFF	<u>7.7</u>	INCHES.		
ALARM FROM TANK BOTTOM	<u>14.7</u>	INCHES.		
DOSE TANK RESERVE CAPACITY	<u>400.22</u>	GALLONS.		

Brian Gutsch
transaction # 112348

BRIAN GUTSCH SITE PLAN

N4156 490TH ST
MENDOMONIE, WI
5475

SW - SW - 12 - 27 - 13 W
TOWNSHIP OF MENOMONIE
DUNN COUNTY



⊕ BENCHMARK ELEVATION = 100.0'
- BASE OF FLAGGED STEEL STAKE!
* LOCATION OF BORINGS SHOWN ON PLOT PLAN
* NO COMM 83.10 SETBACKS!

INSTALL 5' x 75'
ROCK BED MOUND

INSTALL 25' - 2"
SCH 40 PVC
FOREMAIN -
(DRAINS TO TANK)

INSTALL 1000/600
GAL. SKAW COMBO

INSTALL 30' - 4" 3084
PVC BUILDING SEWER

PROPOSED
3 BR. HOME
LOCATION

POSSIBLE
WELL LOCATION

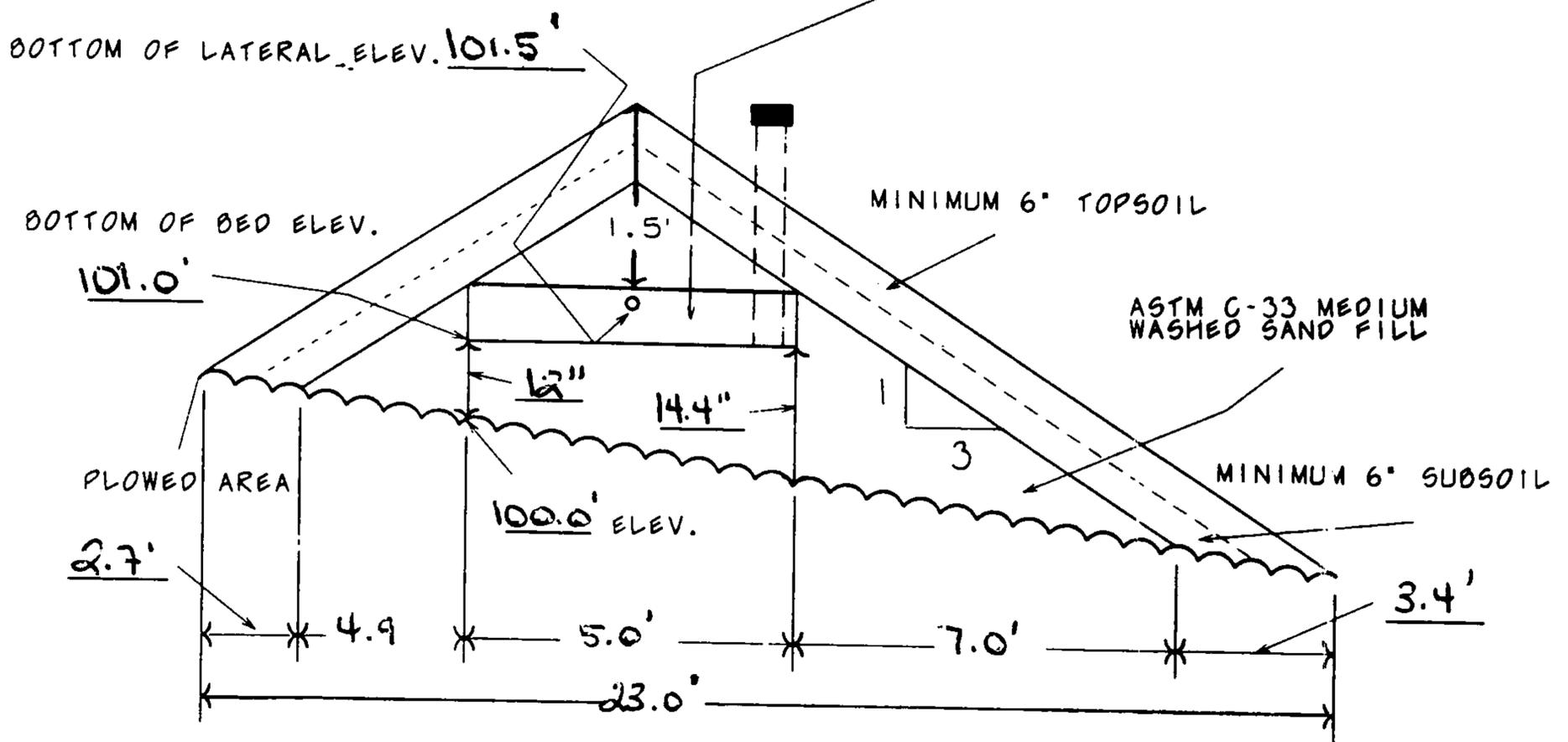
WELL

D/W

BM = 100.0

SYSTEM CROSS SECTION

1/2" - 2 1/2" WASHED HARD AGGREGATE
 6" BELOW & 2" ABOVE THE LATERAL.
 * TO BE COVERED BY TYPAR OR EQUIV.



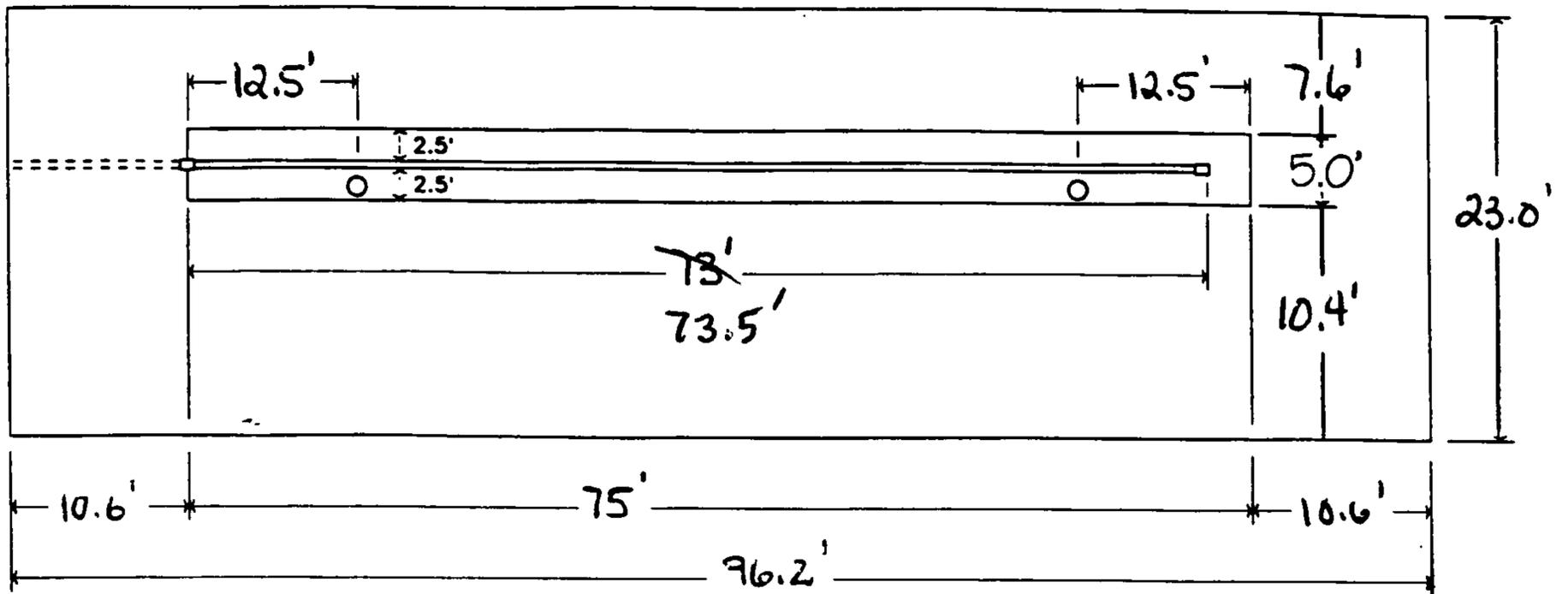
≈ 12 YARDS OF ROCK REQUIRED.

≈ 55 YARDS OF SAND REQUIRED.

4 % SYSTEM CROSS SLOPE.

BRIAN GUTSCH	
BERGH CONTRACTORS INC.	NOT TO SCALE
PLAN NO. 112348	PAGE 4 OF 7

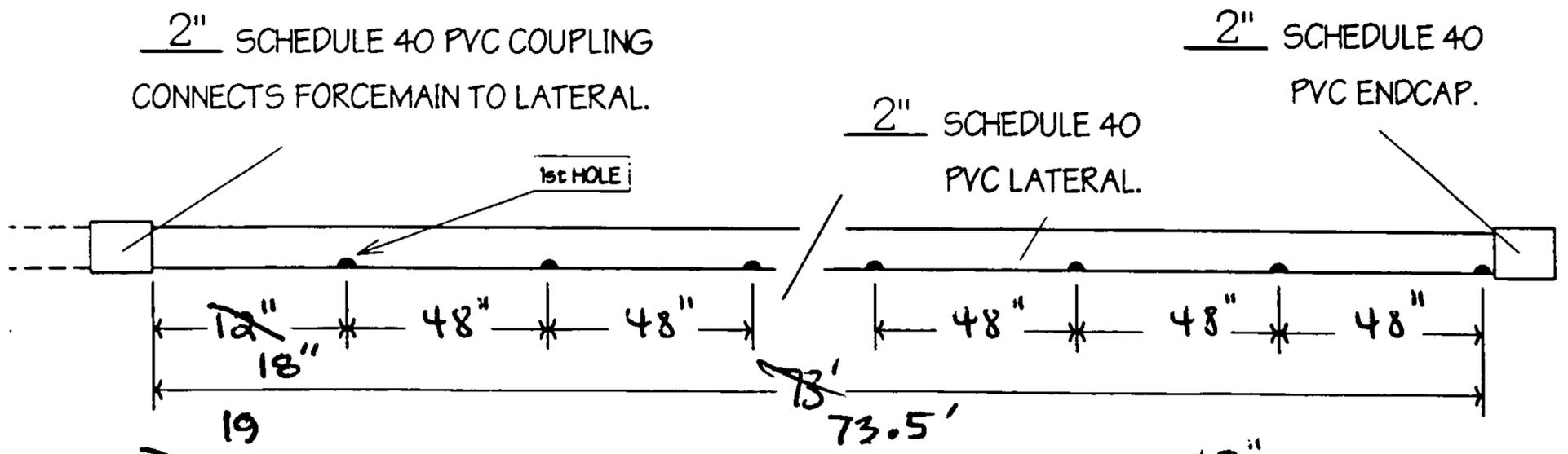
PLAN VIEW



NOTE: LATERAL TERMINATES 2.0' FROM END OF ROCK BED/TRENCH.

○ 4" CAPPED PVC OBSERVATION WELLS
ANCHORED TO BOTTOM OF ROCK BED/TRENCH.

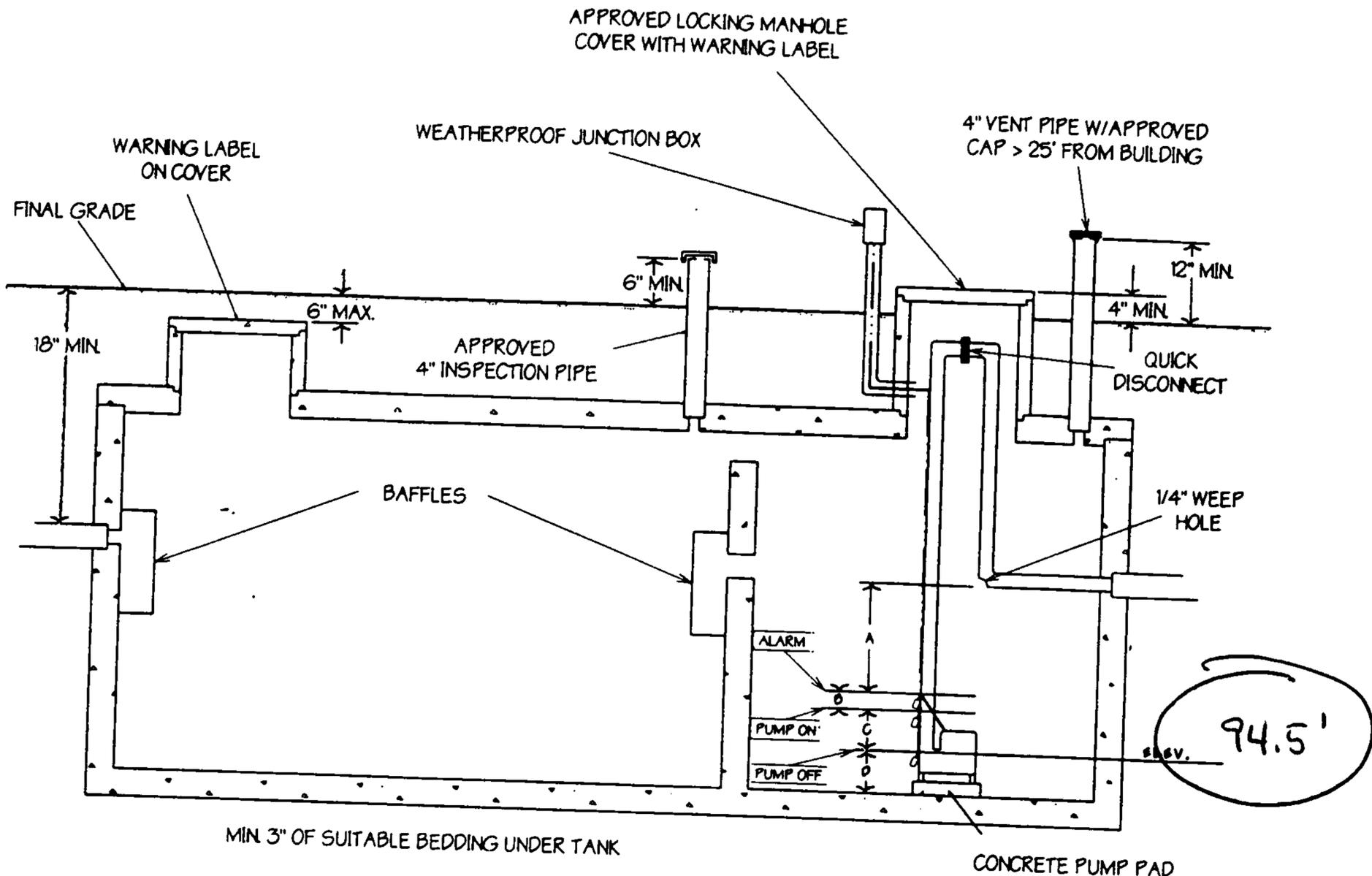
LATERAL DETAIL



~~18~~ HOLES ON CENTER OF LATERAL BOTTOM LINE AT 48" APART.

BRIAN GURSCH	
BERGH CONTRACTORS INC.	NOT TO SCALE
PLAN NO. 112348	PAGE 5 OF 7

COMBINATION SEPTIC TANK/PUMP CHAMBER



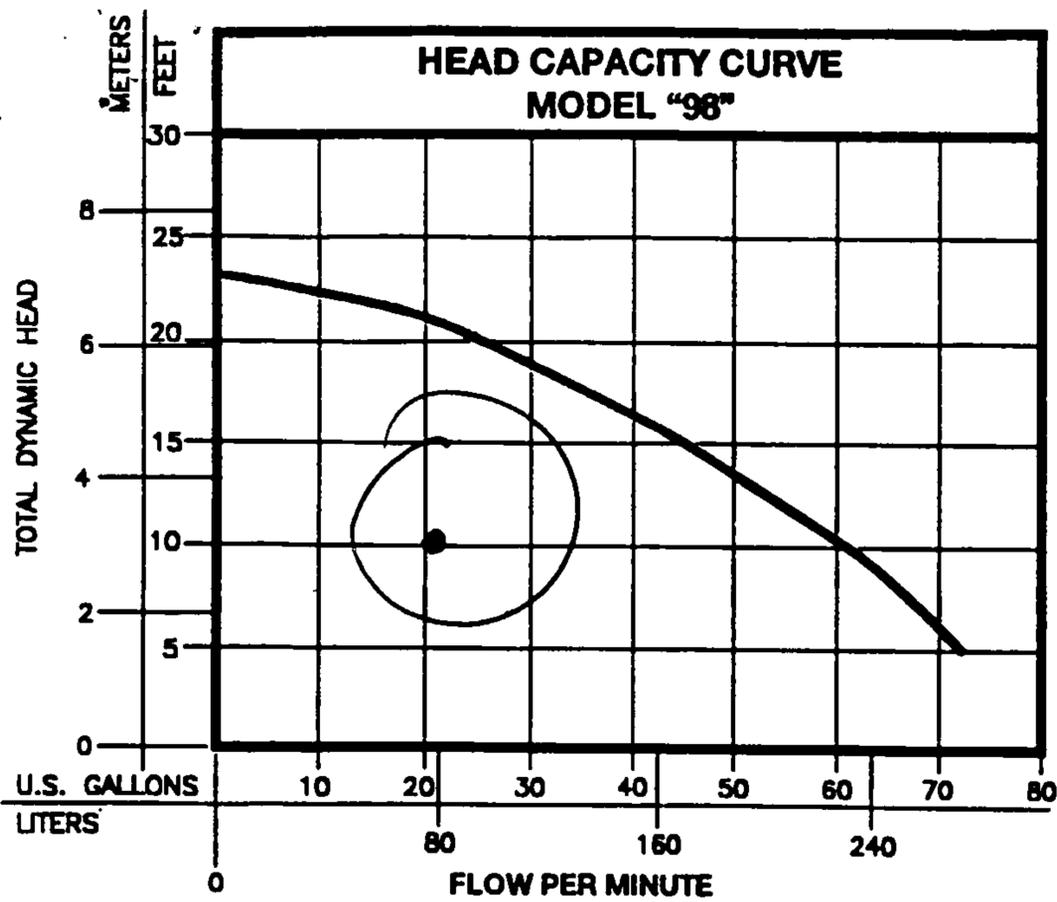
TANK MANUFACTURER: SKAW
 TANK SIZE-SEPTIC/PUMP 1000/600
 ALARM MANUFACTURER: S.J. ELECTRO
 MODEL NUMBER: HW 101
 SWITCH TYPE: MERCURY
 PUMP MANUFACTURER: ZOELLER
 MODEL NUMBER: 98
 MINIMUM DISCHARGE RATE: 21.06
22.23

NUMBER OF DOSES 3.7 PER DAY
 GALLONS PER DAY/NO. OF DOSES 122.7 GALLONS
 VOLUME OF BACKFLOW: 4.1 GALLONS
 TOTAL DOSE VOLUME: 126.8 GALLONS
CAPACITIES:
 A 24.3 INCHES OR 400.2 GALLONS
 + B 2 INCHES OR 32.9 GALLONS
 + C 7.7 INCHES OR 126.8 GALLONS
 + D 5 INCHES OR 82.4 GALLONS
 TOTAL = 39 INCHES OR 642.3 GALLONS

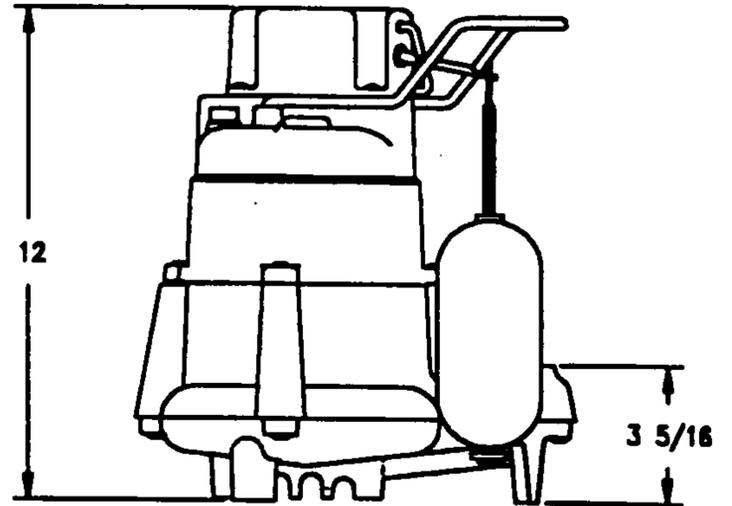
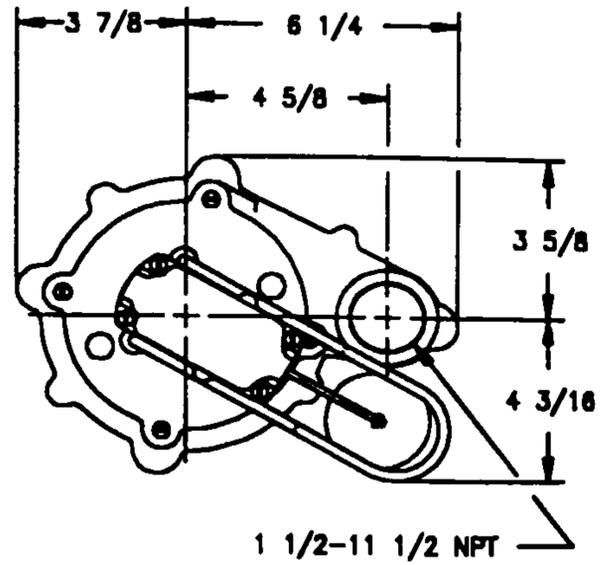
VERTICAL DIFFERENCE BETWEEN PUMP OFF AND LATERAL ELEVATION: 7.0 FEET
 MINIMUM REQUIRED SUPPLY PRESSURE: 2.5 FEET
25 FEET OF FORCE MAIN * 0.88 FRICTION FACTOR/100 FEET: 0.22 FEET
2 INCH DIAMETER FORCE MAIN
 TOTAL DYNAMIC HEAD: 9.72 FEET

INTERNAL TANK DIMENSIONS:
 LENGTH: 69"
 WIDTH: 54"
 LIQUID DEPTH: 39"
 PUMP CHAMBER 16.47 GALLONS/INCH
 PUMP AND ALARM MUST BE ON SEPARATE CIRCUITS!

BRIAN GUTSCH	
BERGH CONTRACTORS INC.	NOT TO SCALE
PLAN NO. 112348	PAGE 6 OF 7



TOTAL DYNAMIC HEAD/FLOW PER MINUTE EFFLUENT AND DEWATERING			
HEAD		CAPACITY UNITS/MIN	
FEET	METERS	GALS	LTRS
5	1.52	72	273
10	3.05	61	231
15	4.57	45	170
20	6.10	25	95
Lock Valve			23'



CONSULT FACTORY FOR SPECIAL APPLICATIONS

- Electrical alternators, for duplex systems, are available and supplied with an alarm.
- Mechanical alternators, for duplex systems, are available with or without alarm switches.

- Mercury float switches are available for controlling single and three phase systems.
- Double piggyback mercury float switches are available for variable level long cycle controls.

Standard all models - Weight 39 lbs. - 1/2 H.P.

Model	98 Series			Control Selection		
	Volts-Ph	Mode	Amps	Simplex	Duplex	
M98	115	1	Auto	9.4	1 or 1 & 7	—
N98	115	1	Non	9.4	2 or 2 & 6	3 or 4 & 5
D98	230	1	Auto	4.7	1 or 1 & 7	—
E98	230	1	Non	4.7	2 or 2 & 6	3 or 4 & 5

SELECTION GUIDE

1. Integral float operated 2 pole mechanical switch, no external control required.
2. Single piggyback mercury float switch or double piggyback mercury float switch. Refer to FM0477.
3. Mechanical alternator 10-0072 or 10-0075.
4. See FM0712, for correct model of Electrical Alternator, "E-Pak".
5. Mercury sensor float switch 10-0225 used as a control activator, specify duplex (3) or (4) float system.
6. Four (4) hole "J-Pak", junction box, for watertight connection or wired-in simplex or duplex operation, 10-0002.
7. Two (2) hole "J-Pak", for watertight connection or splice.

For information on additional Zoeller products refer to catalog on Combination Starter, FM0514; Piggyback Mercury Switches, FM0477; Electrical Alternator, FM0488; Mechanical Alternator, FM0495; Alarm Package, FM0513; Sump/Sewage Basins, FM0487; and Simplex Control Box, FM0732.

CAUTION

All installation of controls, protection devices and wiring should be done by a qualified licensed electrician. All electrical and safety codes should be followed including the most recent National Electric Code (NEC) and the Occupational Safety and Health Act (OSHA).

RESERVE POWERED DESIGN

For unusual conditions a reserve safety factor is engineered into the design of every Zoeller pump.



MAIL TO: P.O. BOX 16347
Louisville, KY 40256-0347
SHIP TO: 3280 Old Millers Lane
Louisville, KY 40216
(502) 778-2731 • 1 (800) 928-PUMP
FAX (502) 774-3624

Manufacturers of ...

Quality Pumps Since 1939

Page 7 of 7

Attach complete site plan on paper not less than 8½ 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.

County	Dunn
Parcel I.D.#	
Reviewed By	Date

APPLICANT INFORMATION - Please print all information.

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

Property Owner Gutsch, Brian	Property Location Govt. Lot n/a SW 1/4 SW 1/4 S 12 T 27 N,R 13 W
Property Owner's Mailing Address N4156 490th St.	Lot # n/a Block # n/a Subd. Name or CSM# None Proposed
City Menomonie State WI Zip Code 54751 Phone Number 715/235-9449	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town Nearest Road Menomonie 490Th 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 1.2 bed, gpd/ft² 1.2 trench, gpd/ft²
Absorption area required 375 bed, ft² 375 trench, ft² Maximum design loading rate 1.2 bed, gpd/ft² 1.2 trench, gpd/ft²
Recommended infiltration surface elevation(s) 101.0' ft (as referred to site plan benchmark)
Additional design / site consideration Install a 1000/600 gal. combination tank and a 5'x 75' rock bed mound with the upslope rock edge along the flagged 100.0' contour. (ref. site plan).
Parent materia loess over sandstone bedrock Flood plain elevation, if applicable n/a 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
--	--	---	--	--	--	--

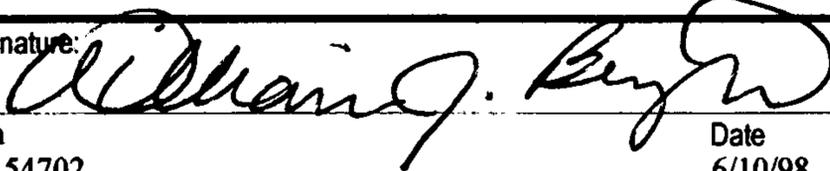
SOIL DESCRIPTION REPORT

Boring#	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft²	
										Bed	Trench
1	1	0-8	10YR3/3	none	loam	1 m sbk	ds	gs	2vf	0.4	0.5
	2	8-16	10YR4/4	none	sil	2 m sbk	ds-sh	gs	1vf-f	0.5	0.6
	3	16-28	10YR3/6	none	sicl	2-3 m sbk	dh	gw	1vf	0.4	0.5
	4	28-	10YR7/4	none	ssbr	--	cemented	--	--	NP ^{5,6}	NP ^{5,6}
Ground elev		100.0' ft									
Depth to limiting factor		28"									

Remarks: _____

2	1	0-9	10YR3/3	none	loam	1-2 m sbk	ds	gs	2vf	0.4	0.5
	2	9-15	10YR4/4	none	sil	2 m sbk	dsh	gs	1vf-f	0.5	0.6
	3	15-27	10YR3/6	none	sicl	2 m sbk	dh	gw	1vf	0.4	0.5
	4	27-	10YR7/4	none	ssbr	--	cemented	--	--	NP ^{5,6}	NP ^{5,6}
Ground elev		100.0' ft									
Depth to limiting factor		27"									

Remarks: _____

CST Name (Please Print) William J. Bergh	Signature: 	Telephone No. 715-836-7372
Address Geo Tech Soil & Site Evaluation P.O. Box 1102, Eau Claire, WI 54702	Date 6/10/98	CST Number 227819 Ref # 98043

PARCEL LD.#

3
Ground elev
99.0' 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	0-10	10YR 3/2	none	loam					0.4	0.5
2	10-20	10YR 4/4	none	sil					0.5	0.6
3	20-30	10YR 4/6	none	sicl					0.4	0.5
4	30-	10YR 7/4	none	ssbr					NP ^{5,6}	NP ^{5,6}

Remarks: boring conducted with a hand auger.

Ground elev
Depth to limiting factor

Remarks:

Ground elev
Depth to limiting factor

Remarks:

Ground elev
Depth to limiting factor

Remarks:

BRIAN GUTSCH Plot Plan

SW-SW-12-27-13W
 TOWN OF MEMORONIE
 DUNN COUNTY

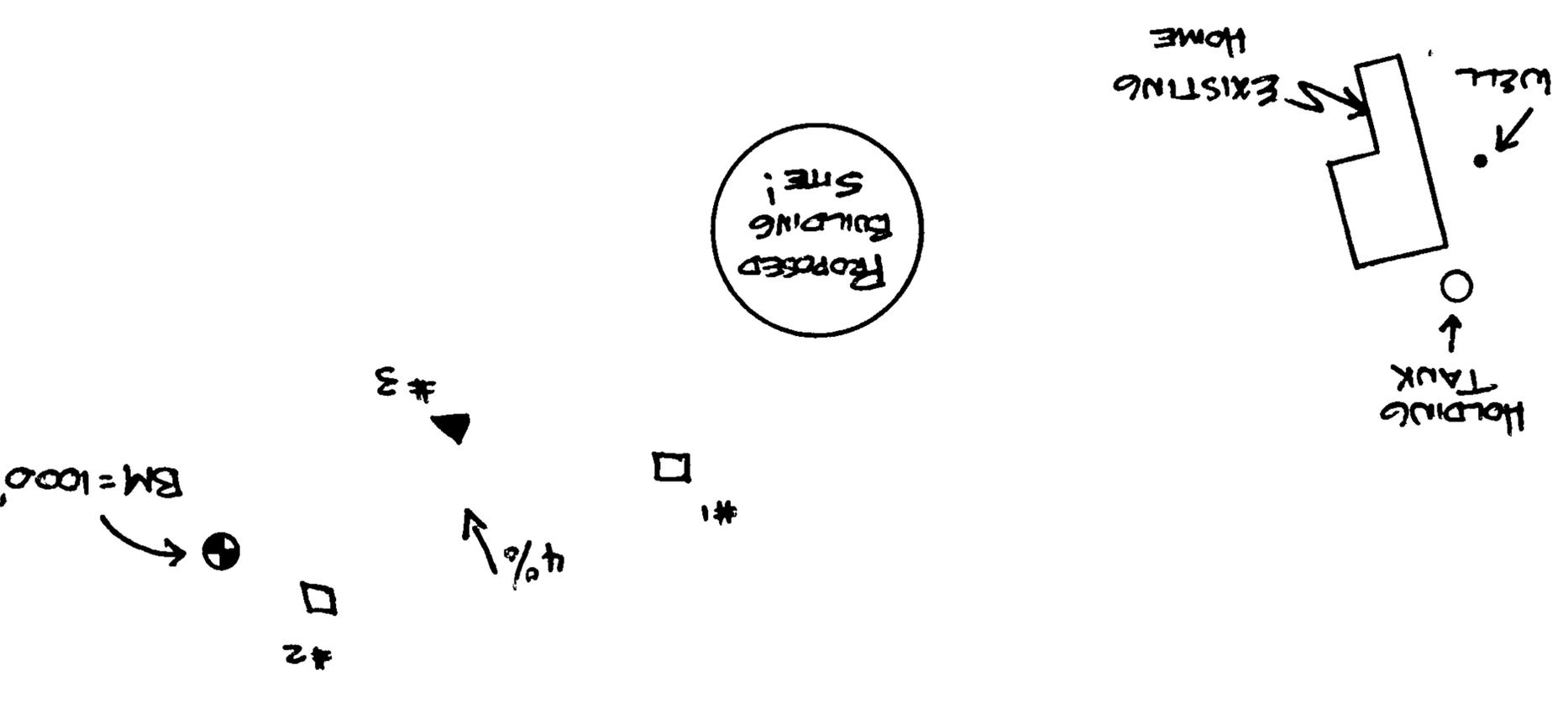
N4156 490TH ST.
 MEMORONIE, WI
 54761

- ⊕ BENCHMARK ELEVATION = 100.0'
- BASE OF FLAGGED STEEL STAKE!
- LOCATION OF BACKHOE PITS (w/ELEV.)
- ▼ LOCATION OF HAND BORING (w/ELEV.)
- * NO COMM B3.10 SETBACKS!

(1" = 60')



William J. Gutsch
 619198



490TH ST.



#1612

FORM NO. 985-A

RECORDED: VOL. 6 SURVEY MAPS PAGE 162
DUNN COUNTY, REG' OF DEEDS, DUNN CO. WI.

Stock No. 26273

DUNN CO. SURVEYOR
DUNN CO. REAL PROPERTY
DATE 6/5/96

APPROVED
YES NO

33023

CERTIFIED SURVEY MAP NO. 1612

VOLUME 6

PAGE 162

LOCATED IN THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 12, TOWNSHIP 27 NORTH, RANGE 13 WEST, TOWN OF MENOMONIE, DUNN COUNTY, WISCONSIN.

PREPARED FOR: Donald Whinnery

PREPARED BY: Lee Villeneuve, R.L.S.

N6977 - 430th Street

Menomonie, WI 54751

LEGEND

☉ - DUNN COUNTY ALUMINUM MONUMENT FOUND.

○ = 3/4 INCH x 24 INCH IRON RE-ROD WEIGHING 1.502 POUNDS PER LINEAL FOOT SET.

= 1" IRON PIPE FOUND.

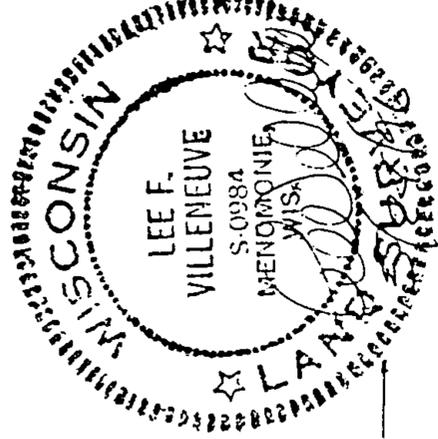
☉ - BERNTSEN CAST ALUMINUM MONUMENT FOUND.

Approved by Dunn County Zoning Office this 7th day of June, 1996.

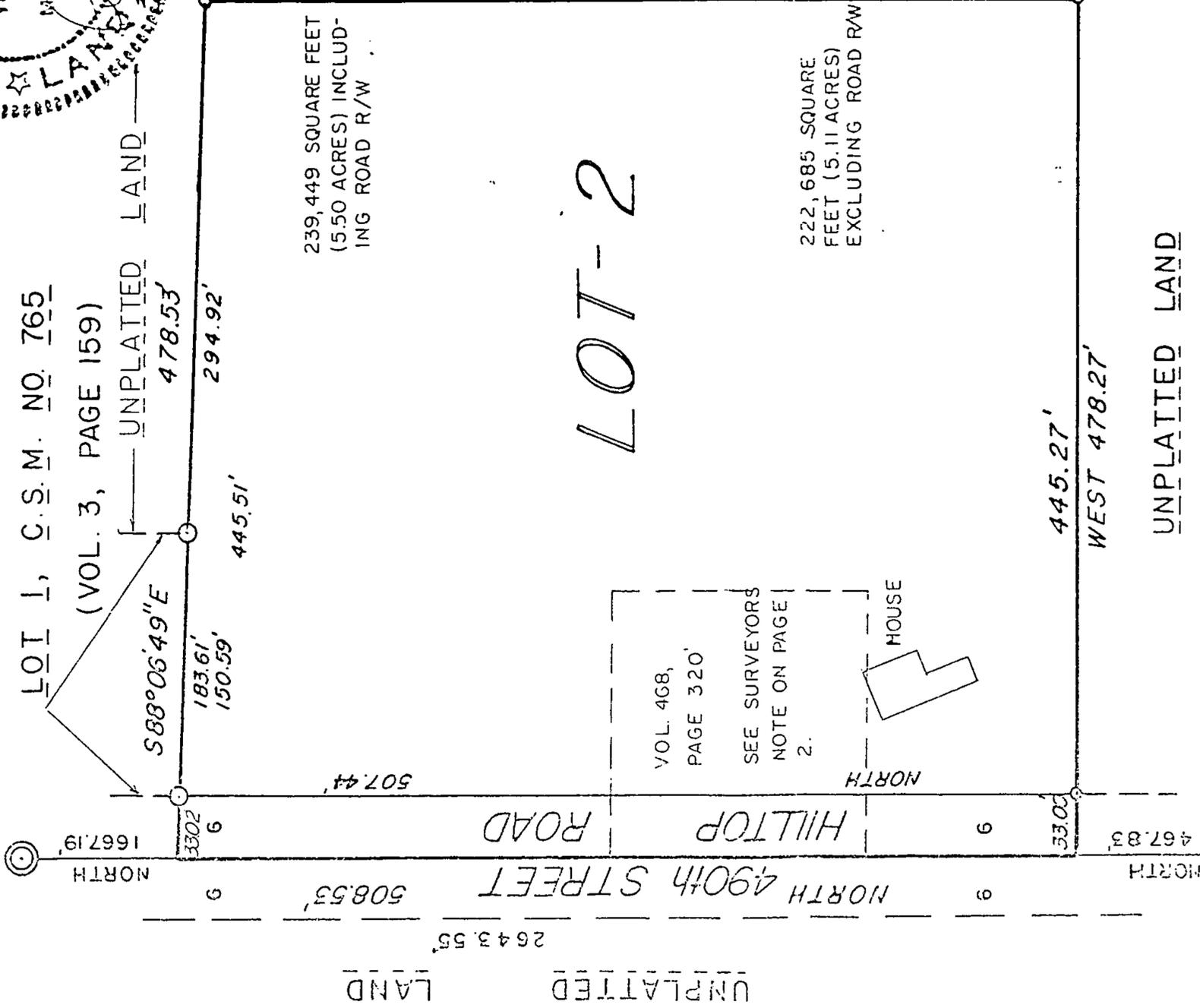
(Signature)
Cleo Stringer, Assistant Zoning Administrator

NORTH IS REFERENCED TO THE EAST LINE OF THE S.W. 1/4 OF SECTION 12, T27N, R13 W, WHICH IS ASSUMED TO BEAR NORTH.

SCALE: 1" = 100'



WEST 1/4 CORNER OF SECTION 12, T27N, R13W



LOT-2

#1612

SW CORNER OF SECTION 12, T27N, R13W



COUNTY OF DUNN

Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

Telephone (715) 232-1401

FAX: (715) 232-1324

November 5, 1998

Brian Gutch
N4156 490th St.
Menomonie, WI 54751

RE: Parcel described as part of the SW¹/₄-SW¹/₄, Section 12, T27N-R13W
Town of Menomonie, Dunn County, Wisconsin

Septic system installation address/fire number is – N4156 490th St.
Menomonie, WI 54751

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 black ink that reads "Michael Helgeson Jr." with a small "JR" at the bottom right of the signature.

Michael Helgeson
Zoning Administrator

MH/jr

85



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

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

JULY 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

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.

Paul R. [Signature] MP 228418

Signature of septic tank pumper and license number

Date of pumping 9-28-01

COUNTY OF DUNN
Menomonie, WI 54751



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

September 7, 2004

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during the year of 1992, 1995, 1998, or 2001. 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 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
305095 016-1049-01 1998

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

Paul H. Koch #205410

Signature of septic tank pumper and license number

Date of pumping 11-18-04

BRIAN G & VICTORIA L
GUTSCH & GRANICA
N4156 490TH ST
MENOMONIE WI 54751

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

County: SW SW 12-27-13
Sanitary Permit No.: 161617
State Plan ID No.: S92-40962
Parcel Tax No.: 271312.30302

GENERAL INFORMATION

Permit Holder's Name: <u>Brian Gutsen</u> <u>Jason Simonson</u>	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: <u>Victoria Granica</u> <u>Menomonie</u>	
CST BM Elev.: 100'	Insp. BM Elev.: 100'	BM Description: Top of well

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Huffcutt	2000
Dosing		
Aeration		
Holding		

ELEVATION DATA 016-1049-01

STATION	BS	HI	FS	ELEV.
Benchmark				100
Bldg. Sewer				98.10
St/Ht Inlet				97.40
St/Ht Outlet				
Dt Inlet				
Dt Bottom				
Header / Man.				
Dist. Pipe				
Bot. System				
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	>20'	>25'	14'	20'	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
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type Of System:						Model Number:

DISTRIBUTION SYSTEM

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

Pressure Systems Only

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.
SBD-6710 (R 05/91)

10 15 92
Date

Inspector's Signature

0052
Cert. No.

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: _____



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY <i>Dunn</i>
STATE SANITARY PERMIT # <i>161617</i> <input type="checkbox"/> Check if revision to previous application
STATE PLAN I.D. NUMBER <i>592-40962</i>

-Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER <i>JASON SIMONSON</i>			PROPERTY LOCATION <i>SW ¼ SW ¼, S 12 T 27, N, R 13 (or) W</i>		
PROPERTY OWNER'S MAILING ADDRESS <i>Rt. 4 Box 109</i>			LOT # —	BLOCK # —	
CITY, STATE <i>Menomonie, WI</i>	ZIP CODE <i>54751</i>	PHONE NUMBER <i>(715) 235-2400</i>	SUBDIVISION NAME OR CSM NUMBER		

II. TYPE OF BUILDING: (Check one) State Owned

Public 1 or 2 Fam. Dwelling - # of bedrooms *2*

CITY: VILLAGE: *Menomonie* NEAREST ROAD *Hilltop Road*
 TOWN OF:

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		

PARCEL TAX NUMBER(S)
016-1049-01

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 type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type _____	41 <input checked="" 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 <i>500</i>	2. ABSORP. AREA REQUIRED (sq. ft.) —	3. ABSORP. AREA PROPOSED (sq. ft.) —	4. LOADING RATE (Gals/day/sq. ft.) —	5. PERC. RATE (Min./inch) —	6. SYSTEM ELEV. Feet —	7. FINAL GRADE ELEVATION 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	<i>2000</i>		<i>2000</i>	<i>1</i>	<i>HUFFCUTT Inc.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Lift Pump Tank/Siphon Chamber						<input 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): <i>HEASANT POLKO</i>	Plumber's Signature: (No Stamps) <i>Paul Polko</i>	MP/MPROW No.: <i>6327</i>	Business Phone Number: <i>(715) 672-5266</i>
Plumber's Address (Street, City, State, Zip Code): <i>HC-63 Box 32 Dunn WI 54736</i>			

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <i>\$86.00</i>	Date Issued <i>10-6-92</i>	Issuing Agent Signature (No Stamps) <i>Cleo Stringer</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 all the provisions of law and any new ordinances 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 (S.D. 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 pumpier 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, 608-266-3315.

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.

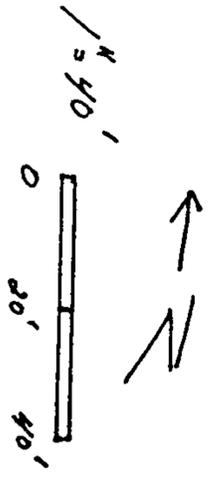
Complete plans and specifications not smaller than 8½ x 11 inches must be submitted to the county. The plans must include the following: A) plot plan, drawn to scale or with complete dimensions, location of holding tank(s), septic tank(s) or other treatment tanks; building sewers; wells; water mains/water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

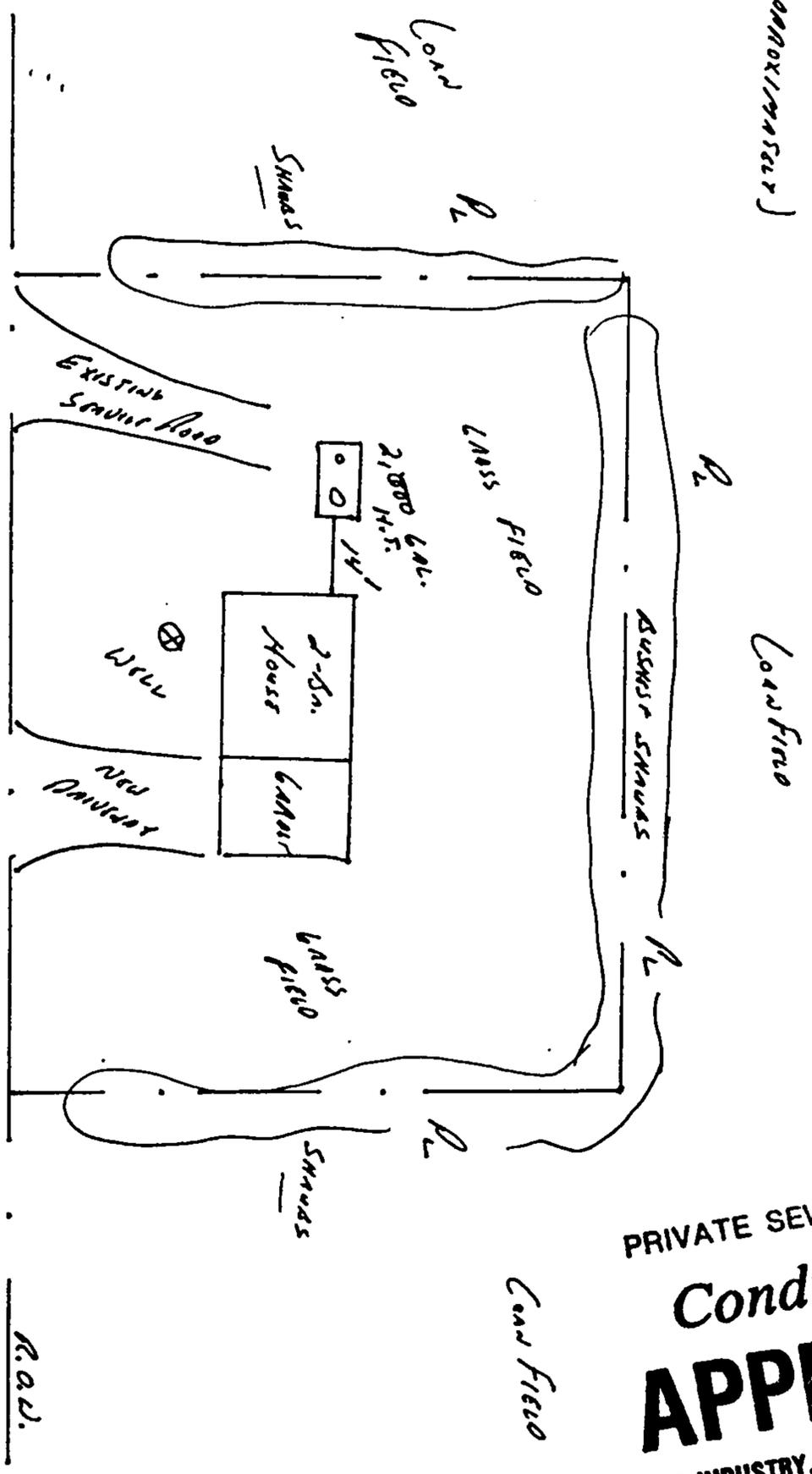
The monies collected through these surcharges are used for monitoring groundwater, groundwater contamination investigations and establishment of standards.

PROJECT NAME: JASON SYMPSON
 PROJECT LOCATION: 545 SW 18 222 1361
Y. OF HONORARY BLVD. Co.
 M.P. LICENSE #: 6527-ATTEMPT PERM
 SIGNATURE: [Signature]
 DATE: 8-16-52



⊗ = S.M. - 100' TOP OF WELL
 . L ACNE (APPROXIMATE)

← 1/10 MILE TO
 CANOE IN ROAD



← 1/10 MILE TO
 CANOE IN ROAD

→ TO E. HILTON RD.
 1/8 MILE

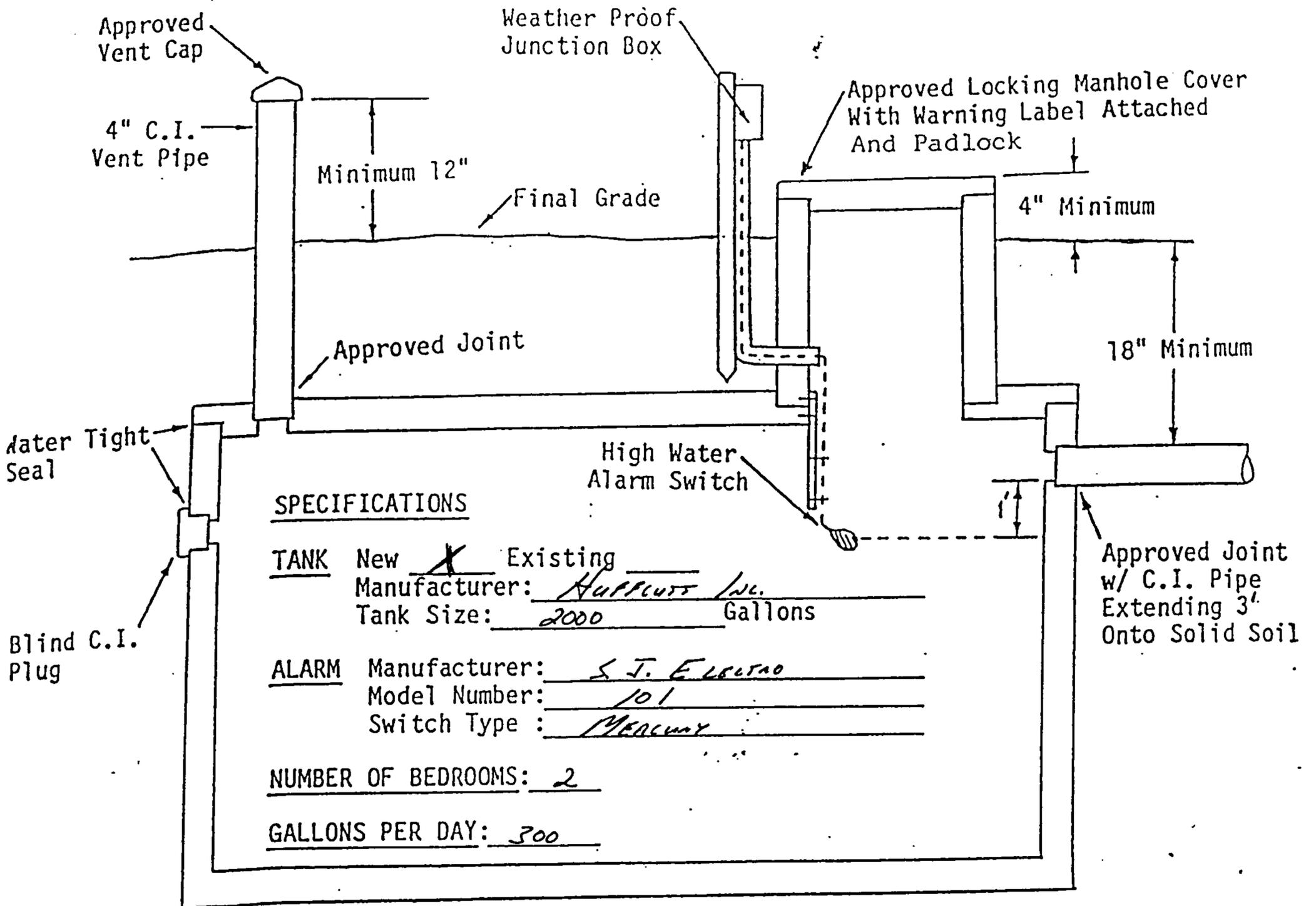
PRIVATE SEWAGE SYSTEM

**Conditionally
 APPROVED**

DEPT. OF INDUSTRY, LABOR & HUMAN RELATIONS
 DIVISION OF SAFETY AND BUILDINGS

[Signature]
 SEE CORRESPONDENCE

HOLDING TANK CROSS-SECTION



SPECIFICATIONS

TANK New Existing
 Manufacturer: HUFFCUTT INC.
 Tank Size: 2000 Gallons

ALARM Manufacturer: S. J. ELECTRO
 Model Number: 101
 Switch Type: MERCURY

NUMBER OF BEDROOMS: 2

GALLONS PER DAY: 300

3" of Bedding Under Tank

Owner's Name: JASON SIMANSON
 Address: Box 4, Box 109, MENOMONIE, WI 54751
 Legal Description: SW, SW, 12, 27N, 13 W
 Township/Municipality: MENOMONIE
 County: Dunn

PLUMBER/DESIGNER

Signature: [Handwritten Signature]
 License Number: 6327 - HENRY PERKINS
 Date: 9-16-92

PRIVATE SEWAGE SYSTEM

Conditionally

APPROVED

DEPT. OF INDUSTRY, LABOR & HUMAN RELATIONS
 DIVISION OF SAFETY AND BUILDINGS

[Handwritten Signature]
 SEE CORRESPONDENCE

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

LOCATION: SECTION: SW 1/4 1/4 TOWNSHIP: MENOMONEE COUNTY: Dane OWNER'S NAME: Tison Soudan MAILING ADDRESS: Rt. 4 BOX 109 LOT NO.: — BLK. NO.: — SUBDIVISION NAME: —

USE: Residence NO. BEDRMS.: 2 COMMERCIAL DESCRIPTION: NA New Replace DATES OBSERVATIONS MADE: 7-7-92 PROFILE DESCRIPTIONS: PERCOLATION TESTS: none Failed

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL: MOUND: S U S U S U S U S U S U

IN-GROUND-PRESSURE: S U S U S U S U

HOLDING TANK: S U S U S U

RECOMMENDED SYSTEM: (optional) Volume Tank

If Percolation Tests are NOT required under s. H63.09(5)(b), indicate: — DESIGN RATE: —

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: —

PROFILE DESCRIPTIONS

BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-OBSERVED	EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
BH-1	32	—	none	18"	0-4 10% 4/2, 4-8 10% 4/2, 8-18 10% 4/4 w/ gravel, 18-32 10% 4/4 s/ w/ 20% rock fragments s.s.
BH-2	32	—	none	21"	0-5 10% 4/2, 5-5 10% 4/3, 5-21 10% 4/4 s/ w/ gravel, 21-32 10% 4/4 s/ w/ 60-70% rock fragments s.s.
BH-3	32	—	none	20"	SAME AS #2
B.					
B.					
B.					

PERCOLATION TESTS

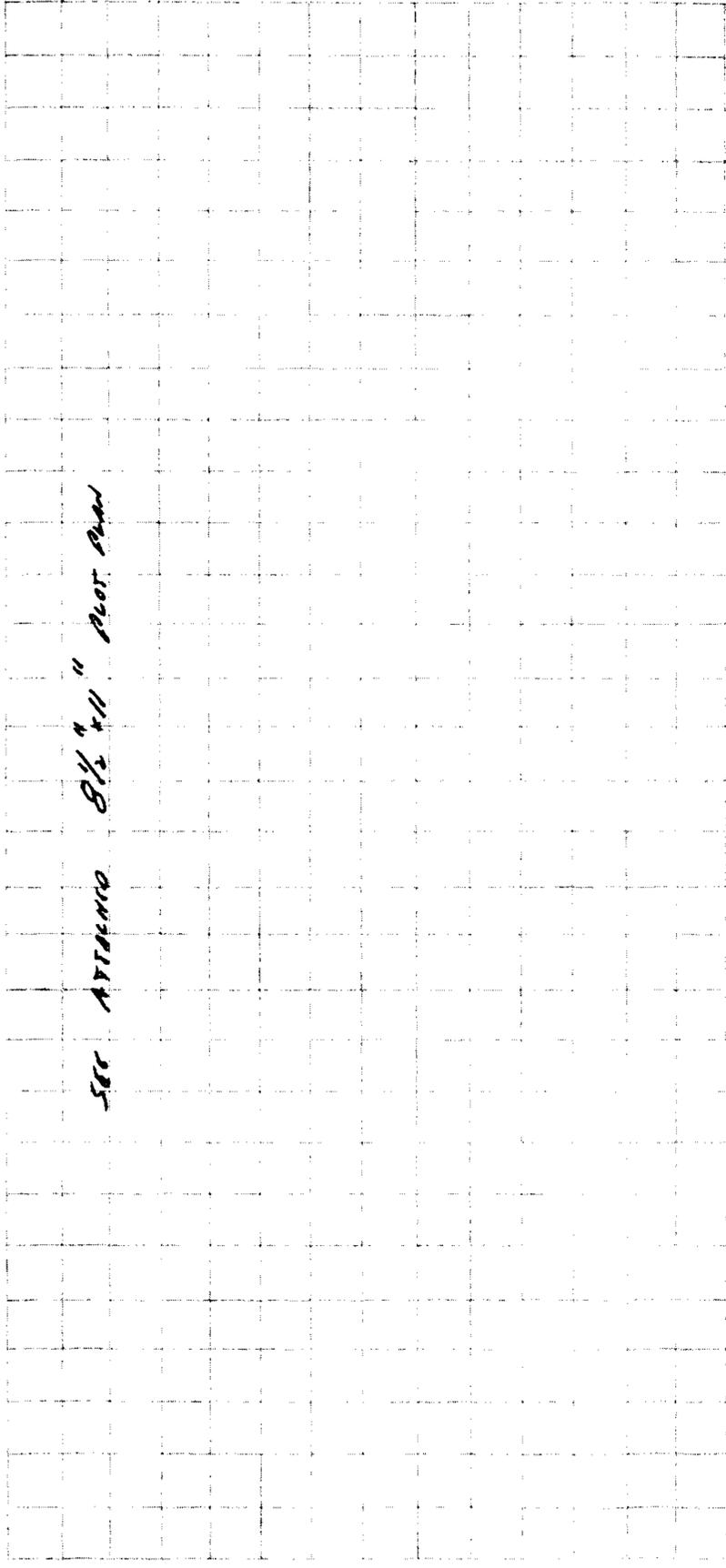
TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P.							
P.		none	TAKEN - NO DISPOSAL SYSTEM				
P.							
P.							
P.							
P.							

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

NA

SEE ATTACHED 8 1/2" x 11" PLOT PLAN



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): MUNAR, J. MARIE TESTS WERE COMPLETED ON: —

ADDRESS: 1503 FAUNY ST, FAUNY, WI 53401 CERTIFICATION NUMBER: 715 834-860

CST SIGNATURE: [Signature]

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 to 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	Other Symbols
st — Stone (over 10")	BR — Bedrock
cob — Cobble (3 - 10")	SS — Sandstone
gr — Gravel (under 3")	LS — Limestone
*s — Sand	HGW — High Groundwater
cs — Coarse Sand	Perc — Percolation Rate
med s — Medium Sand	W — Well
fs — Fine Sand	Bldg — Building
ls — Loamy Sand	> — Greater Than
*sl — Sandy Loam	< — Less Than
*l — Loam	Bn — Brown
*sil — Silt Loam	Bl — Black
si — Silt	Gy — Gray
*cl — Clay Loam	Y — Yellow
scl — Sandy Clay Loam	R — Red
sicl — Silty Clay Loam	mot — Mottles
sc — Sandy Clay	w/ — with
sic — Silty Clay	fff — few, fine, faint
*c — Clay	cc — common, coarse
pt — Peat	mm — Many, medium
m — Muck	d = distinct
	p — prominent
	HWL — High water level,
	surface water
	BM — Bench Mark
	VRP — Vertical Reference Point

* Six general soil textures for liquid waste disposal

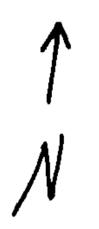
TO THE OWNER:

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.

PLOT PLAN

PROJECT NAME: Town Sewer
PROJECT LOCATION: 545 S. 13, 22nd, 18th
D. of Machinery, Down Co.
C.S.T. LICENSE #: 3266 - William T. Wilson
SIGNATURE: [Signature]
DATE: 7-7-52

NOTE: SITS ALSO TO AS OLD SCHOOL SITE
PROPERTY ABANDONED THIS AID
EXISTING WELLS 15 DRAINAGE CASES WILL

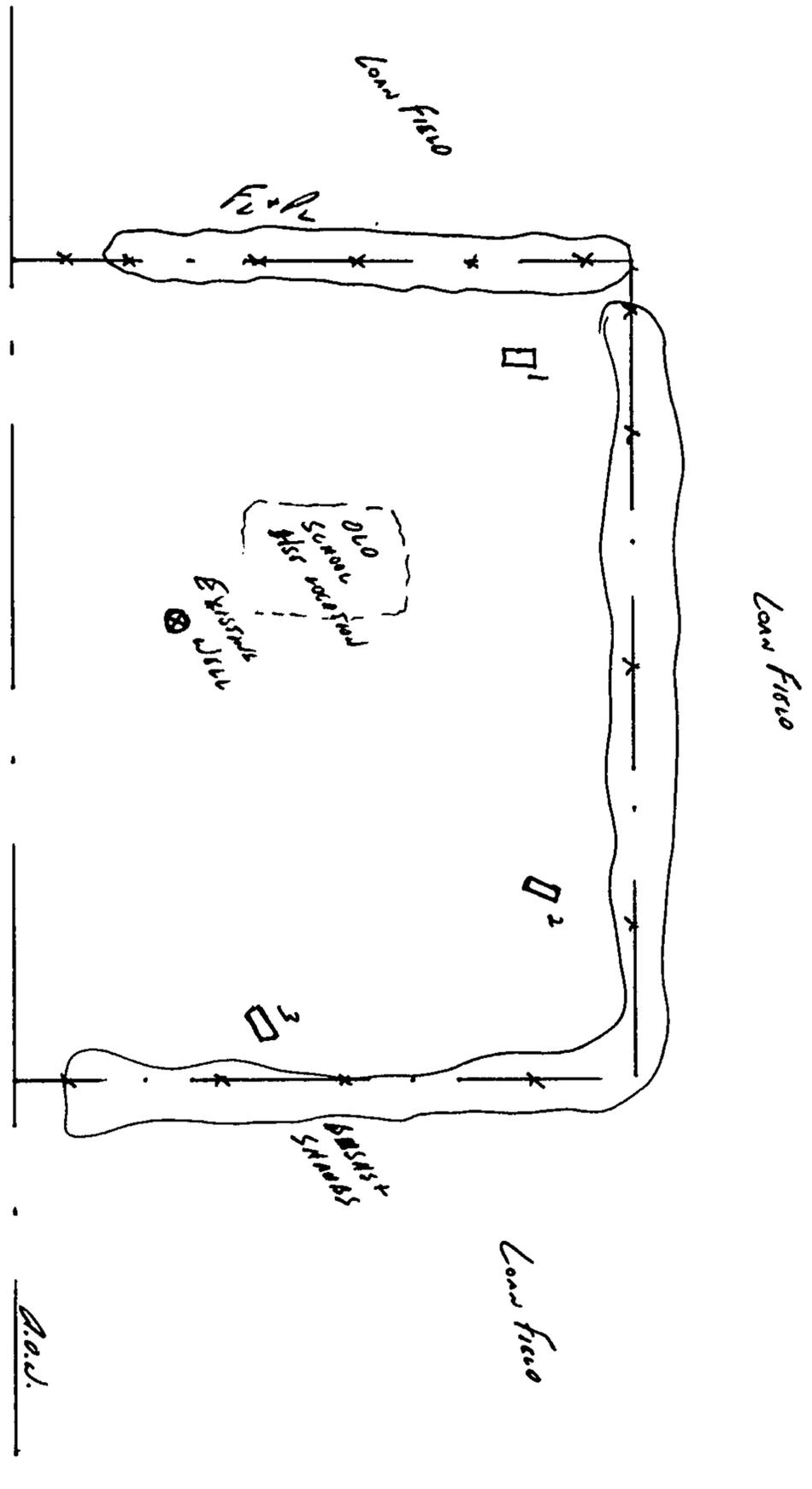


1" = 40'
0 20' 40'

☐ = BACKHOLE PITS

⊙ = 8.75' - 100' - 500' OF WELL

APPROX. LOT SIZE IS .6 ACRES



← Willson Road →

1/10 MILE TO
CROSS IN ROAD

TO E. WILLSON RD.
1/8 MILE

A.S.D.

HOLDING TANK SERVICING CONTRACT

\$ 92 - 40962

Contract Date

This contract is made between the

Holding Tank Owner(s) Name(s)	and	Pumper's Name
JASON SIMANSON		Wald Septic Service

We acknowledge the installation of (a) holding tank(s) on the following property: (Provide legal description:)

SW, SW, 12, 27N, 13W TOWN OF MENOMONIE, PULASKI CO.

1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required in Ch. ILHR 83.18 (4) (b), Wis. Adm. Code and with the County of Pulaski
2. The owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.
3. The pumper agrees to submit to the municipality which has signed the pumping agreement required by s. ILHR 83.18 (4) (b), Wis. Adm. Code, and to the county, a report for the servicing of the holding tank(s) on a semiannual basis. The pumper further agrees to include the following in the semiannual report:
 - a. The name and address of the person responsible for servicing the holding tank;
 - b. The name of the owner of the holding tank;
 - c. The location of the property on which the holding tank is installed;
 - d. The sanitary permit number issued for the holding tank;
 - e. The dates on which the holding tank was serviced;
 - f. The volumes in gallons of the contents pumped from the holding tank for each servicing;
 - g. The disposal sites to which the contents from the holding tank were delivered.
4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the municipality and the County named above within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) (Print) <u>JASON SIMANSON</u>	Owner's Signature(s) <u>x Jason Simanson</u>	Subscribed and sworn to before me on this date: <u>21st Sept. 1992</u> <u>Marion B. Anderson</u> Notary Public My commission expires: <u>May 12, 1996</u>
Pumper's Name (Print) <u>x Wald Septic Ser.</u>	Pumper's Signature <u>x [Signature]</u>	
Pumper's Registration Number <u>x 57891</u>		