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DUNN COUNTY OFFICE OF THE ZONING ADMINISTRATOR
APPLICATION FOR A SANITARY PERMIT

No. 1401 Owner Richard Heitkamp

Town of Sherman Lot size 375' x 675' x 810'

SE 1/4 SE 1/4, Sec. 35, T. 29 N., R. 13 W.

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

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

Signature [Signature]

Permit Issued 4/22/75 Permit Denied _____ for following

RECORD

Appealed to Board of Adjustment _____ Notice published _____

Copy of Notice to Division of Resource Development _____

Appeal Heard _____ Decision _____

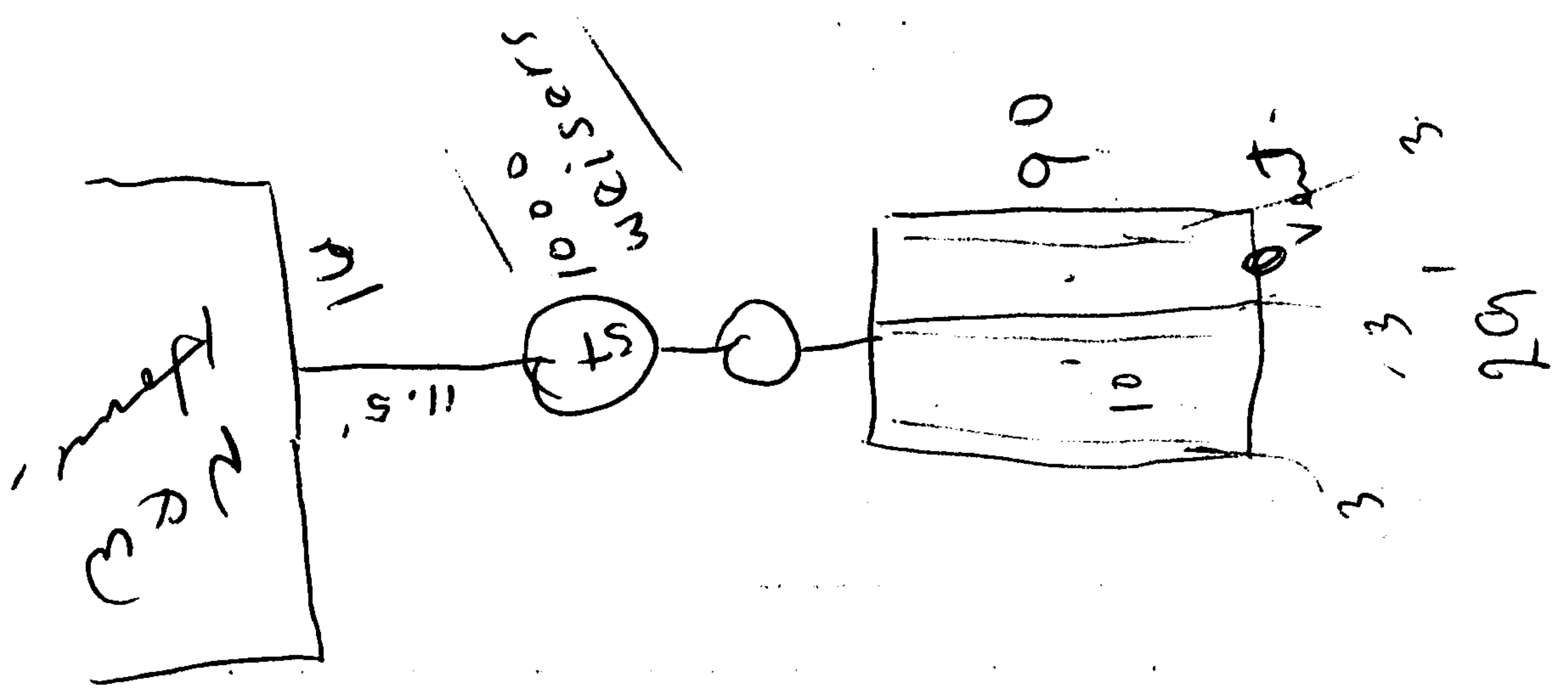
Copy of Decision of Division of Resource Development _____

INSPECTION

Date, Inspector, and Remarks.

4/24/75 - H.R.K.

Plumber on job.



PLB. 68
FEE \$1.00

(1 Permit per Tank)

Date Issued 4/22/75

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Health
P.O. Box 309
Madison, Wisconsin 53701

NO. **11495**

Tank Size 1000 gal.



Private Res. X

Public _____

STATE SEPTIC TANK PERMIT

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

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

Owner's Name Richard Heitkamp		Owner's Address R#4 Menomonie Wis. 54751	
Location (Legal Description) of Property Where Tank Will be Installed SE1/4-SE1/4 Sec 35, T29N R13W			County Dunn
Plumber's Name Clarence Dehn	License No. MP 5201	Address Menomonie, Wis. 54751	
Signature of Person Obtaining Permit 	Address if Other Than Owner Menomonie, Wis. 54751		
Address of Issuing Agent (Town, Village, City) Court House Menomonie Wis. 54751			County Dunn
Title: Planning & Zoning Administrator	Signature 		



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

State Permit Number _____

County Permit Number _____

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

LEGAL DESCRIPTION: (Sec., Lot, Block) SE 1/4 SE 1/4 SEC 35
T29N R13W

Name One: _____ CITY _____ VILLAGE _____
SHERMAN TOWNSHIP

B. OWNER OF PROPERTY Name RICHARD HEITKAMP MAILING ADDRESS (Street, City, Zip Code) R# 4 MENOMONIE, WISC

C. SEPTIC TANK CAPACITY 1000 Gallons NEW INSTALLATION REPLACEMENT _____ ADDITION _____
MATERIALS: Prefab Concrete Poured in Place _____ Steel _____ Other _____; No. of Tanks 1

D. TYPE OF OCCUPANCY One or Two Family Residence No. of Bedrooms 5
Commercial _____ Industrial _____ Other _____ No. of Persons to be Accommodated 3
(specify)

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

F. EFFLUENT DISPOSAL SYSTEM NEW EXTENSION _____ ADDITION _____ REPLACEMENT _____
Seepage Trenches: No. Lin. Feet 300' Trench Width 3' Depth 3' Number of Lines 3
Seepage Bed: Length _____ Width _____ Depth _____ Tile Size _____ No. Lines _____
Seepage Pit: Inside diameter _____ Liquid Depth _____

G. Percent of slope of land NONE % _____ direction

H. Indicate Slope of Land & direction of slope on sketch I. Tile Depth 24"

PERCOLATION TEST

Indicate Soil map number _____ And Soil Type _____

Test Number	Depth Inches	Character of Soil Thickness in Inches	Hours Since Hole 1st Wetted	Water in Hole Overnight	Test Time Interval in Minutes	Drop in Water Level Inches			Minutes To Fall One Inch
						Second to Last Period	Next to Last Period	Last Period	

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

SOIL BORINGS - Minimum 36" Below Proposed Absorption System

Boring Number	Total Depth Inches	Depth to Ground Water		Depth to Bedrock		Character of Soil with Thickness in Inches
		Observed	Estimated	Observed	Estimated	

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

Name of Owner RICHARD HEITKAMPT County DUNN Permit No. _____

PERCOLATION TESTS

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

NAME _____ TITLE _____
 (Type or Print)

REGISTRATION NO. _____ or MASTER PLUMBER LICENSE No. _____

ADDRESS _____

DATE OF TEST _____ SIGNATURE _____

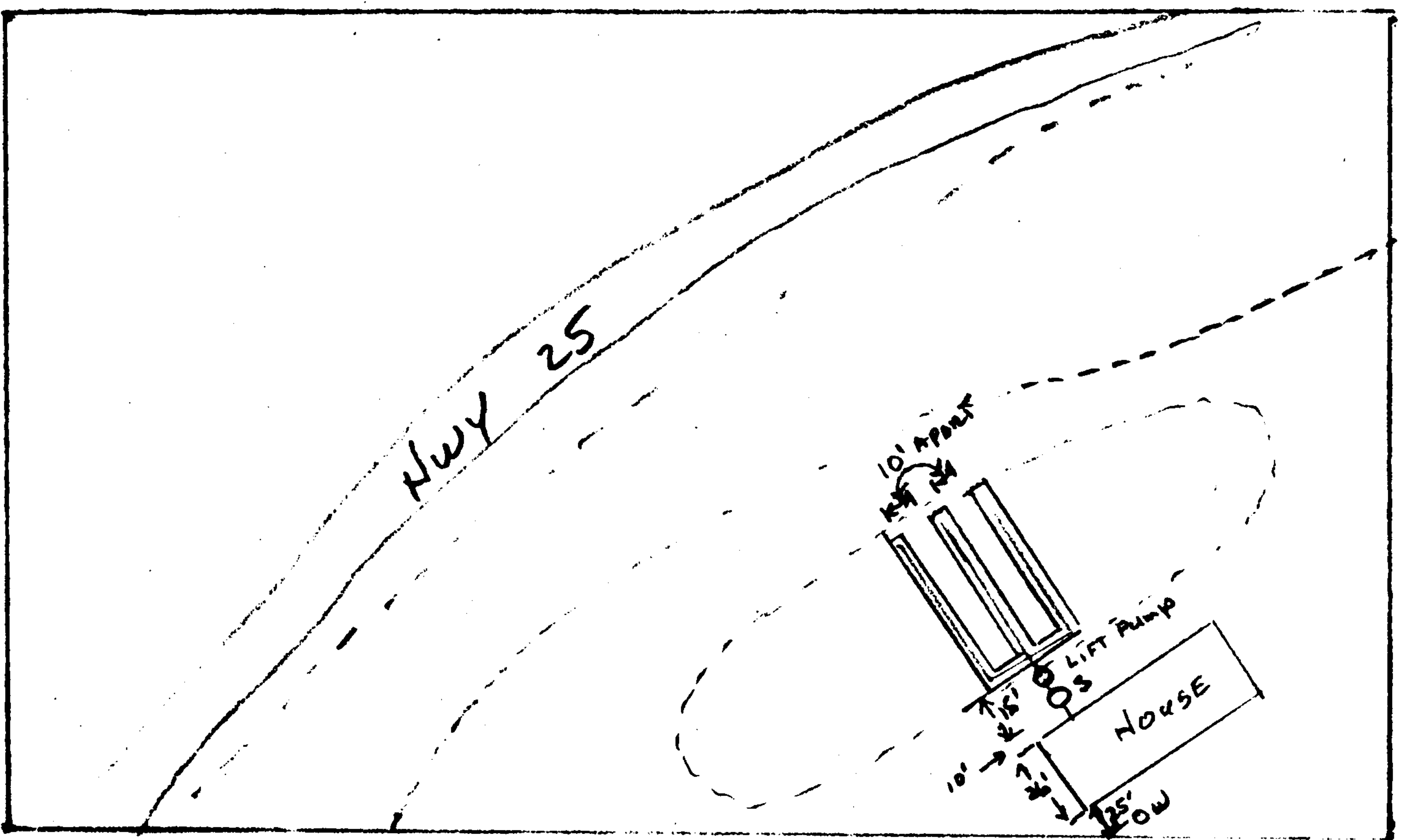
MASTER PLUMBER MAKING APPLICATION

Signature: Clarence Dorn License Number: MP 5201

For: HALVERSON BROS INC (employer) License Number: MP RSW _____

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

20' _____
 15' _____
PLAN VIEW (Locate Percolation Test & Soil Bore Holes)



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

Do not write in space below – FOR DEPARTMENT USE ONLY

Date of Application _____ Fees Paid State _____ County _____
 Permit Issued/Rejected (date) _____ Inspection Yes _____ No _____
 Issuing Agent Name _____ Valid No. _____ Date Rec'd _____

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
 P.O. BOX 309
 MADISON, WISCONSIN 53701

REPORT ON SOIL BORINGS AND PERCOLATION TESTS

LOCATION: SE 1/4, SE 1/4, Section 35, T24N, R13E (or W), Township or Municipality SHERMAN
 Lot No. _____, Block No. _____, Subdivision Name _____ County DUNN
 Owner's Name: Richard A. Heitman
 Mailing Address: R.R. #4 MENOMONIE, WISC.
 TYPE OF OCCUPANCY: Residence X No. of Bedrooms 3 Other _____
 EFFLUENT DISPOSAL SYSTEM: NEW X ADDITION _____ REPLACEMENT _____
 DATES OBSERVATIONS MADE: SOIL BORINGS 4-16-75 PERCOLATION TESTS 4-17-75
 SOIL MAP SHEET BRT-3-53 SOIL TYPE stony silt loam

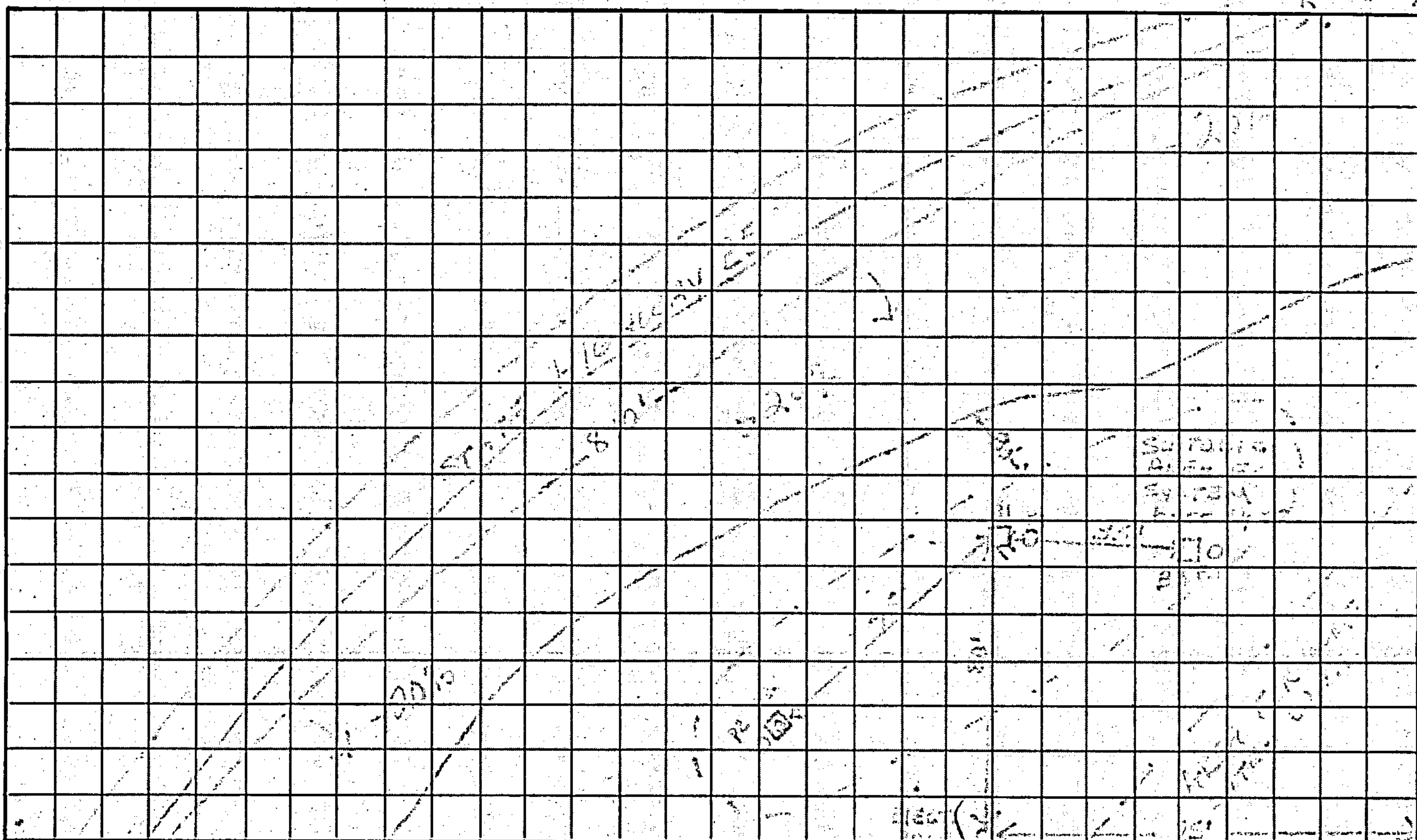
PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	CHARACTER OF SOIL THICKNESS IN INCHES	HOURS SINCE HOLE 1ST WETTED	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL IN MINUTES	DROP IN WATER LEVEL, INCHES			RATE MIN/IN
						PERIOD 1	PERIOD 2	PERIOD 3	
P-1	36"	8" BITS, 28" CI	18	NO	30	1/4	1/8	1	30
P-2	36"	8" BITS, 28" CI	18	NO	30	1 3/16	1 1/16	7/8	24.3
P-3	36"	8" BITS, 28" CI	18	NO	30	1 1/2	1 3/16	1 1/16	28.5

SOIL BORING TESTS

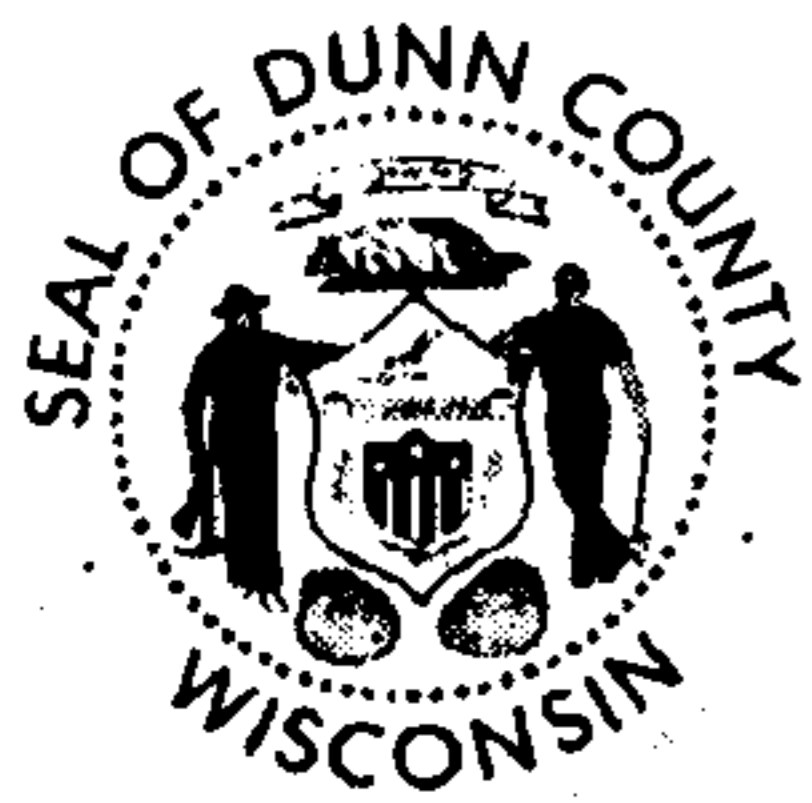
TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, INCHES (DEPTH TO BEDROCK IF OBSERVED)
		OBSERVED	ESTIMATED HIGHEST	
B-1	72		772"	8" BITS, 64 CI, SIC
B-2	72		772"	" " " "
B-3	72		772"	" " " "

PLAN VIEW (Locate percolation tests, soil bore holes and suitable soil areas.)
 Indicate on the plan the location and square feet of suitable areas. Indicate number of square feet of absorption area needed for building type and occupancy. _____ Indicate scale or distances. Give reference point. Indicate slope.



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 location of test holes are correct to the best of my knowledge and belief.

Name (print) Wayne R. Smith Signature Wayne R. Smith
 Certification No. 55-572
 Name of installer if known W. R. Smith



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 8, 2014

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)*

Ray Dept 82637

Date of pumping Aug 28 2014

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

1230 032 291335.40403

Year of installation

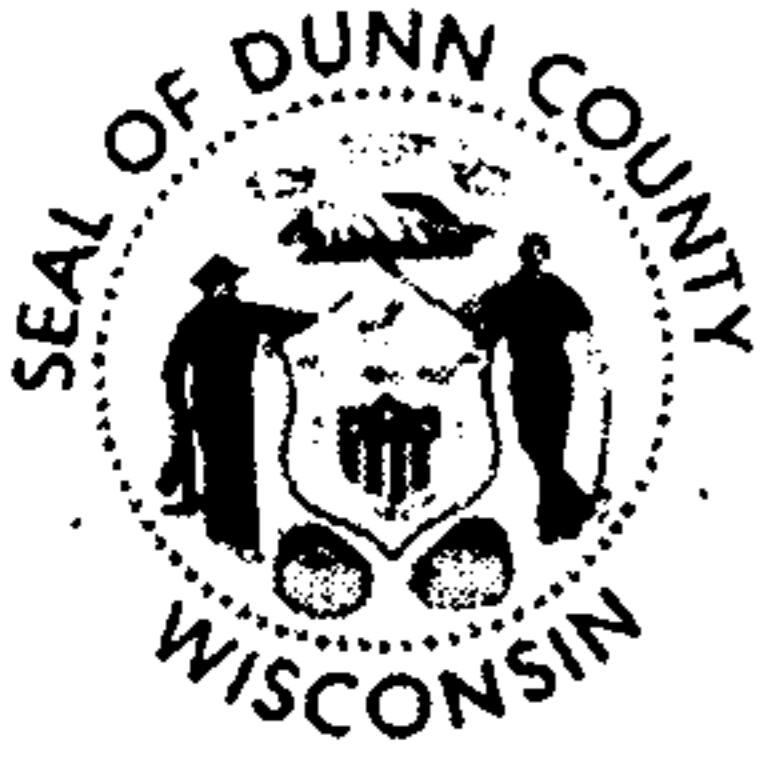
or replacement

1975

Lot/CSM/Sub. & Parcel Address

DAVID E & PATRICIA
PRESTON
N7302 STATE RD 25
MENOMONIE WI 54751

N7302 STATE RD 25



Environmental Services Department

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

October 11, 2017

According to State Statutes and Chapter 6 of the Dunn County Code of Ordinances, all owners of septic systems in the County shall participate in the private onsite waste treatment systems maintenance program. The maintenance program requires all septic tanks to be inspected and/or pumped every three years. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Code of Ordinances, you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system.

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

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

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

Dunn County Sanitary Maintenance Certification Form

(Have your pumper/inspector complete remainder of form)

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

Comments: _____

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

T. L. SINZ PLUMBING, INC.

E5609 708th AVE.

MENOMONIE, WI 54751

83502

License Number

11/13/18 ✓

Date of Pumping/Inspection

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

Year of installation
or replacement

1230 032 291335.40403

1975

Lot/CSM/Sub. & Parcel Address

DAVID E & PATRICIA
PRESTON
N7302 STATE RD. 25
MENOMONIE WI 54751

N7302 STATE RD 25



Environmental Services Department

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

October 18, 2017

According to State Statutes and Chapter 6 of the Dunn County Code of Ordinances, all owners of septic systems in the County shall participate in the private onsite waste treatment systems maintenance program. The maintenance program requires all septic tanks to be inspected and/or pumped every three years. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Code of Ordinances, you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system.

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In either case, return this letter **within 60 days** with the appropriate signature. Septic tank maintenance ensures maximum service life of your private sewage system and may avoid premature failure and very costly replacement.

As per 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.

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Dunn County Sanitary Maintenance Certification Form

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- The drainfield was visually inspected, and there is no ponding/surfacing.
- The private sewage disposal system is in proper operating condition.

Comments: _____

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

	<u>82637</u>	<u>5 - 18 - 18</u>
Pumper/Inspector Signature	License Number	Date of Pumping/Inspection

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

Year of installation
or replacement

1230	032 291335.40403	1975	Lot/CSM/Sub. & Parcel Address
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PRESTON
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MENOMONIE WI 54751

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