

INSPECTION REPORT FOR
PRIVATE SEWAGE SYSTEMS

CONVENTIONAL ALTERNATIVE
 Holding Tank In-Ground Pressure Mound

State Plan I.D. Number:
(If assigned)

27.6 BL-1

NAME OF PERMIT HOLDER: <i>SCOTT LUCAS</i>	ADDRESS OF PERMIT HOLDER: <i>7200 DESOTO</i>	INSPECTION DATE: <i>7-13-83</i>
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN: <i>SEE ATTACHED ELEVATION SHEET</i>		REF. PT. ELEV.: CST REF. PT. ELEV.:
Name of Plumber: <i>DAVE HELKE</i>	MP/APRSW No.: <i>5182</i>	County: <i>VERNON</i>
Sanitary Permit Number: <i>25885</i>		<i>4-83</i>

SEPTIC TANK/HOLDING TANK:

MANUFACTURER: <i>CRIST</i>	LIQUID CAPACITY: <i>750</i>	TANK INLET ELEV.:	TANK OUTLET ELEV.:	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
BEDDING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VENT DIA.: <i>-</i>	VENT MATL.: <i>-</i>	HIGH WATER ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST →	ROAD:
PROPERTY LINE:		WELL:	BUILDING:	VENT TO FRESH AIR INLET:	

DOSING CHAMBER:

MANUFACTURER:	BEDDING: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY:	PUMP MODEL:	PUMP/SIPHON MANUFACTURER:	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)		PUMP AND CONTROLS OPERATIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:
BUILDING:		VENT TO FRESH AIR INLET:				

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH:	LENGTH:	NO. OF TRENCHES	DISTR. PIPE SPACING:	COVER MATERIAL:	PIT	INSIDE DIA	# PITS	LIQUID DEPTH
GRAVEL DEPTH BELOW PIPES.	FILL DEPTH ABOVE COVER	DISTR. PIPE ELEV. INLET	DISTR. PIPE ELEV. END:	DISTR. PIPE MATERIAL:	NO. DISTR. PIPES	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:	BUILDING:
VENT TO FRESH AIR INLET:									

MOUND SYSTEM:

Mound site plowed perpendicular to slope and furrows thrown upslope: <input type="checkbox"/> YES <input type="checkbox"/> NO	Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.	PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.
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SOIL COVER TEXTURE:

PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO				
DEPTH OVER TRENCH/BED CENTER:	DEPTH OVER TRENCH/BED EDGES:	DEPTH OF TOPSOIL:	SODDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MULCHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES:	LATERAL SPACING:	GRAVEL DEPTH BELOW PIPE	FILL DEPTH ABOVE COVER:
ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.	PUMP ELEV.	MANIFOLD DIA	DISTR. PIPE ELEV.	MANIFOLD MATERIAL:	NO. DISTR. PIPES
HOLE SIZE	HOLE SPACING	DRILLED CORRECTLY: <input type="checkbox"/> YES <input type="checkbox"/> NO		COVER MATERIAL:	DISTRIBUTION PIPE MATERIAL & MARKING:	
VERTICAL LIFT CORRESPONDS TO APPROVED PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO						

COMMENTS:

PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:	BUILDING:
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ELEVATIONS, DISTANCES WERE SUBMITTED BY ALLIANCE (SEE ATTACHED SHEET)

Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE: <i>Tom M. [Signature]</i>	TITLE: <i>Sanitarian</i>
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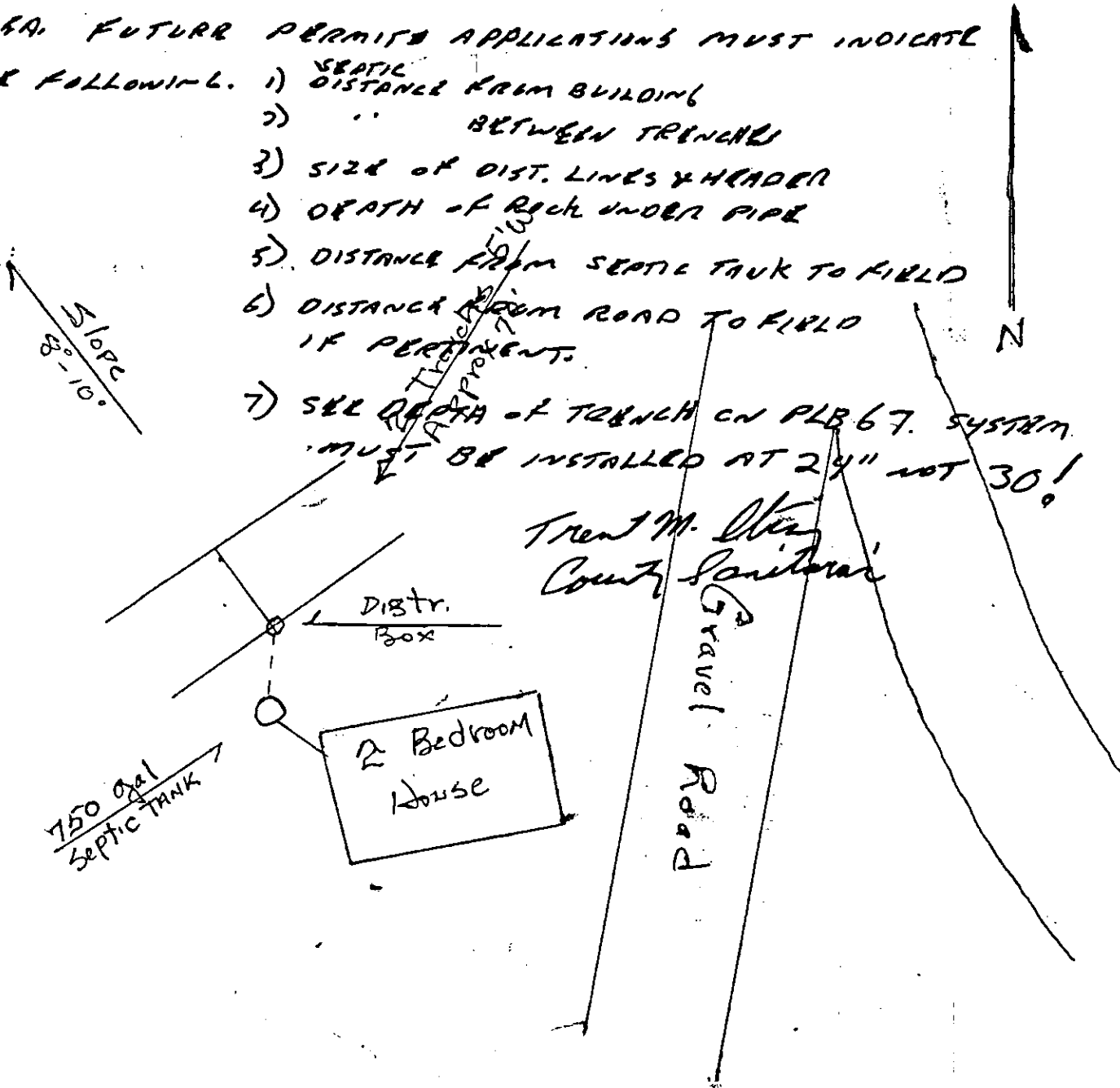
PROPOSED SEPTIC SYSTEM FOR SCOTT LUCAS, RFD, DESOTO, WIS.

NW 1/4 SECTION 10 T 11 N.R. 7 W tnwp WHEATLAND, VERNON, DESOTO.

LOT 6 BLOCK 1 ASPENRIDGE, SUBDIVISION

BACKHOE PITS ARE PRESENT TO MARK LOCATION OF SYSTEM AREA. FUTURE PERMITS APPLICATIONS MUST INDICATE THE FOLLOWING:

- 1) SEPTIC DISTANCE FROM BUILDING
- 2) " BETWEEN TRENCHES
- 3) SIZE OF DIST. LINES & HEADER
- 4) DEPTH OF ROCK UNDER PIPE
- 5) DISTANCE FROM SEPTIC TANK TO FIELD
- 6) DISTANCE FROM ROAD TO FIELD IF PERTINENT.
- 7) SEE DEPTH OF TRENCH ON PLB 67. SYSTEM MUST BE INSTALLED AT 24" NOT 30!"



Print not sealed

Comm. well Approx.
500' North

Earl Helke

M.P. 5182



*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required _____ State Plan I.D. # _____

A. OWNER OF PROPERTY SCOTT LUCAS Mailing Address: RFD DeSoto, WI

B. LOCATION: NW 1/4 PART 24, Section 10, T 11 N, R 7 E (or) W Lot # 6 City _____
Subdivision Name, Aspenridge nearest road, lake or landmark Blk # 1 Village _____
Township Wheatland

C. TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family Duplex _____ No. of Bedrooms 2 No. of Persons 2

D. SEPTIC TANK CAPACITY Total gallons _____ No. of tanks 750
HOLDING TANK CAPACITY _____ Total gallons _____ No. of tanks _____
Prefab concrete Poured-in-Place _____ Steel _____ Fiberglass _____ Other (specify) _____
New Installation Replacement _____
Lift Pump Tank or Siphon Chamber _____ Total gallons _____ Prefab concrete _____ Poured-in-Place _____ Other (Specify) _____

E. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 48 Total Absorb Area 660 sq. ft.
New Replacement _____ Alternate (Specify) _____
Seepage Trench: No. of Lineal Ft. 135 Width 5' Depth 30" 224" Tile depth (top) 20" No. of Trenches 2
Seepage Bed: _____ Length _____ Width _____ Depth _____ Tile depth (top) _____ No. of Lines _____
Seepage Pit: _____ Inside diameter _____ Liquid Depth _____ No. of Seepage Pits _____
Percent slope of land 10° Distance from critical slope _____

WATER SUPPLY: Private Joint Community Municipal

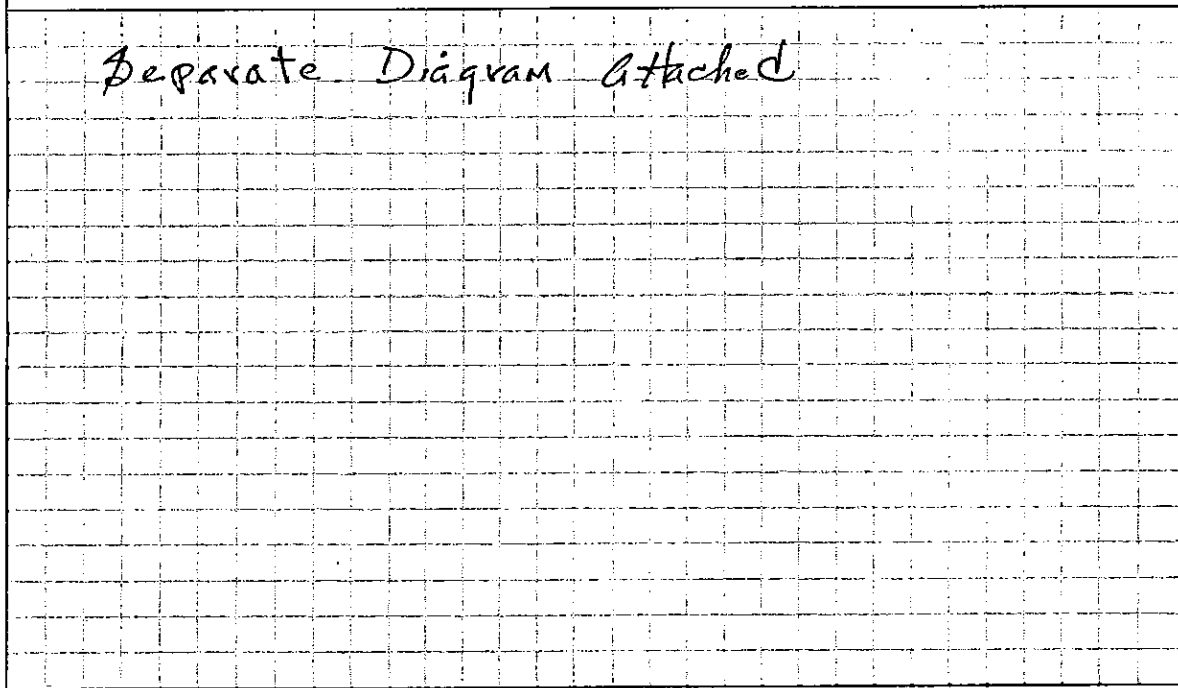
Owners name as listed on EH 115 if other than present owner: _____

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester,

NAME SIGURD E. CHRISTENSEN C.S.T. # 675 and other information obtained from _____ (owner/builder).

Plumber's Signature Earl Helke MP/MSR # 5182 Phone # 78-80472
Plumber's Address R3 RFD DeSoto Waupaca Wis

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20. Well location shall be included on the sketch. Indicate or dimension location of all wells on the property or neighbors property. If well has not been drilled please indicate.



REPORT ON SOIL BORINGS AND PERCOLATION TESTS
 WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 P.O. BOX 309, MADISON, WISCONSIN 53701

LOCATION: NW 1/4, Part Section 10, T. 11 N. R. 7 E (or) W, Township or Municipality Wheatland
 Lot No. 6, Block No. 1, Aspenridge Subdivision Name County VERNON
 Owner's/Buyers Name: Scott Lucas
 Mailing Address: De Soto Wis
 TYPE OF OCCUPANCY: Residence No. of Bedrooms 2 COMMERCIAL _____
 EFFLUENT DISPOSAL SYSTEM: NEW REPLACEMENT _____ ALTERNATE SYSTEM _____ OTHER _____
 DATES OBSERVATIONS MADE: SOIL BORINGS 9/23/80 PERCOLATION TESTS 9/24/80
 SOIL MAP SHEET 127 NAME OF SOIL MAP UNIT Fu D2

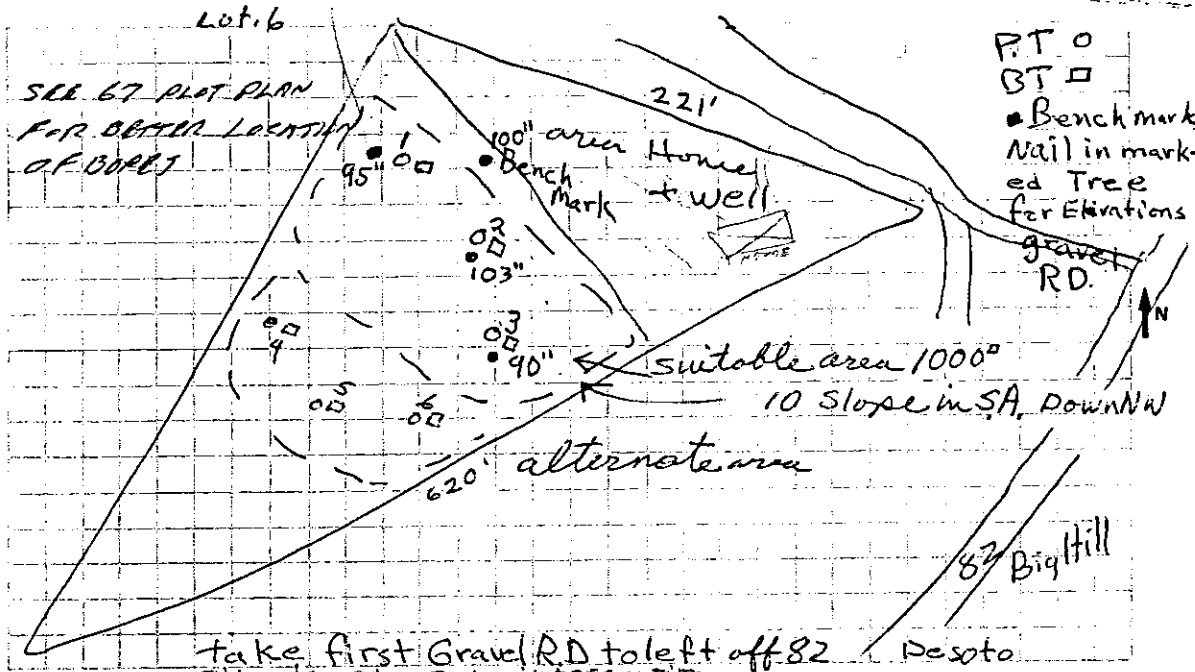
PERCOLATION TESTS

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	24	See Bore Hole Data	24	No	30	5/8	5/8	5/8	48
P-2	22	"	"	"	"	5/8	5/8	5/8	48
P-3	24	"	"	"	"	3/4	3/4	3/4	40
P-4	22	"	"	"	"	5/8	5/8	5/8	48
P-5	24	"	"	"	"	5/8	5/8	5/8	48
P-6	24	"	"	"	"	3/4	5/8	5/8	48

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, MOTTLING AND DEPTH TO BEDROCK IF OBSERVED IN INCHES
		OBSERVED	ESTIMATED HIGHEST	
B-1	72"	NO	> 72"	12" Bu Ts 24 sicl, 36 sic > 72"
B-2	"	"	"	12 Bu Ts 24 sicl, 36 sic
B-3	"	"	"	12 Bu Ts 24 sicl, 36 sic
B-4	"	"	"	12 Bu Ts 36 sicl, 24 sic
B-5	"	"	"	12 Bu Ts 36 sicl, 24 sic
B-6	"	"	"	12 Bu Ts 36 sicl, 24 sic

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 660. Indicate scale or distances. Give horizontal and vertical reference points. Indicate slope.



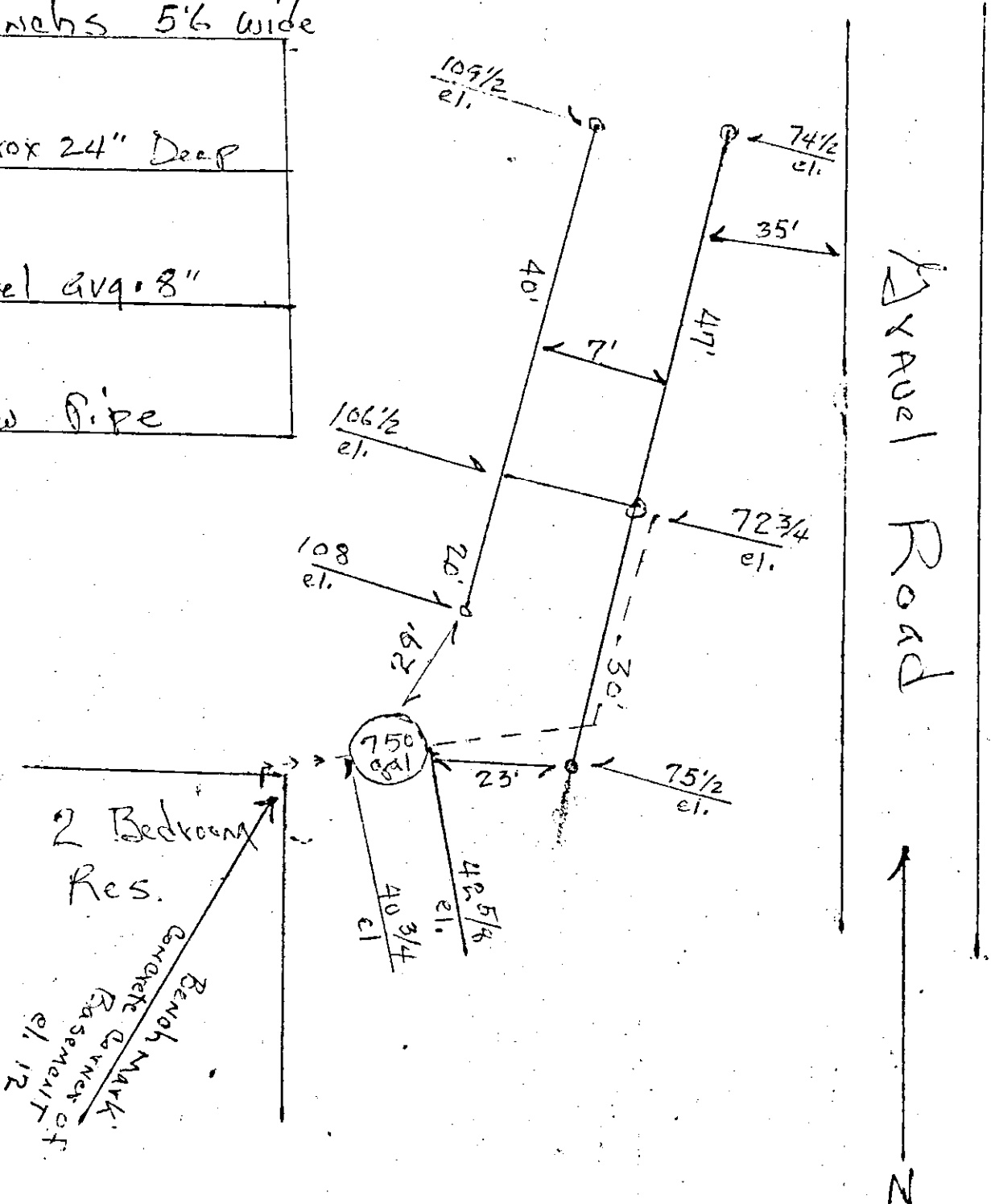
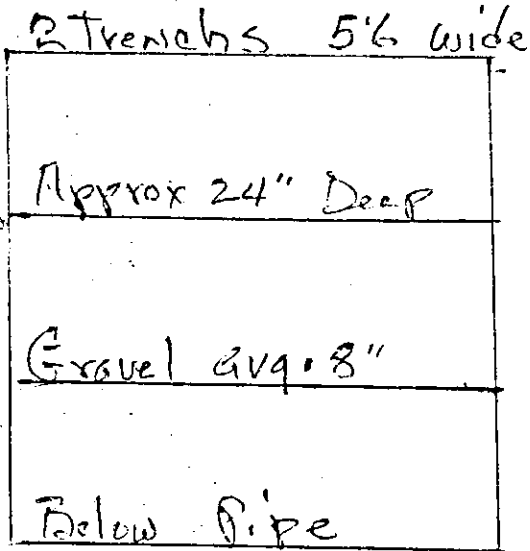
I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and location of test holes are correct to the best of my knowledge and belief.

Name (print) Sigurd E Chestelson Certification No. 675
 Address Gay's Mills, Wis.
 Name of installer if known _____

Signature: S. Chestelson

Amended Plan for Scott Lucas Septic System NW 1/4 Sec 10 T 11 N. R. 7 W TWP - Lot 6 Wheatland, Wernon, DeSoto, WI

* Well Approx. 500FT No.

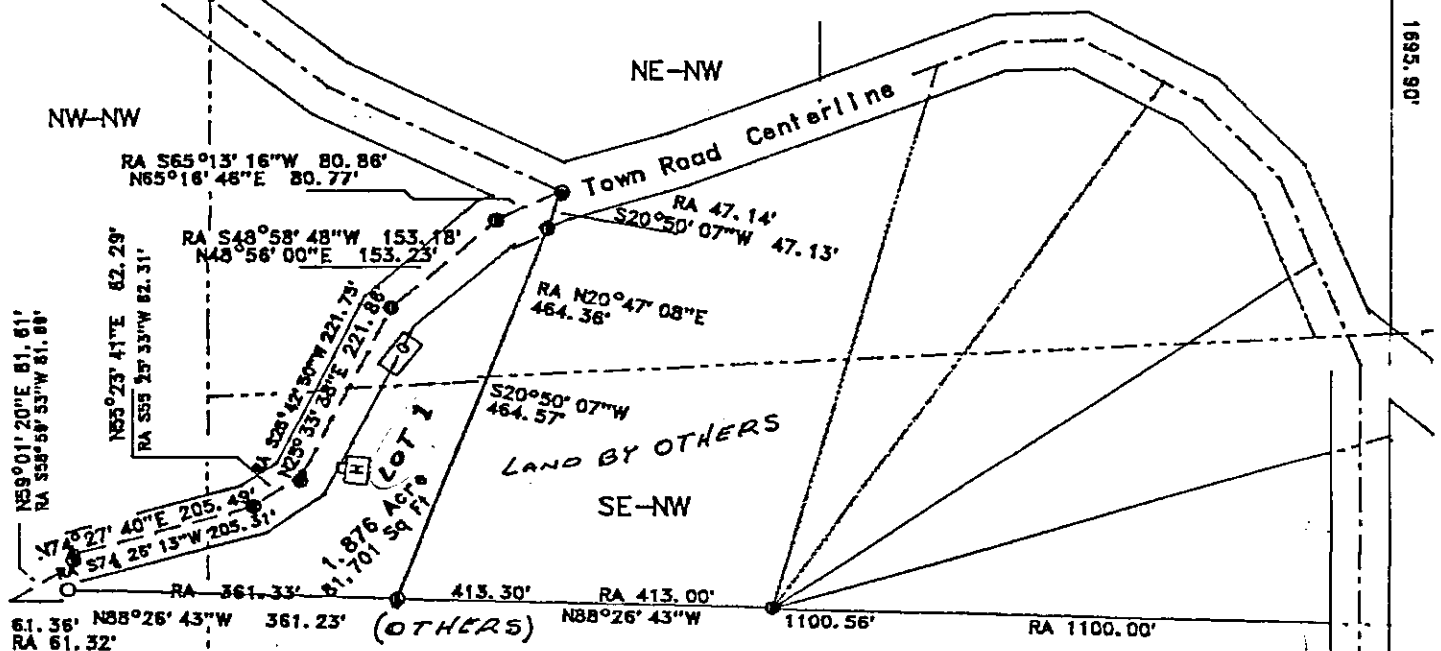


332850

1-1/4" Iron Pipe
North 1/4 Cor
Sec 10-11-7

I, F. Curtis Crook, Registered Land Surveyor, hereby certify: that at the direction of James and Sandra Bivens I have surveyed and mapped this Certified Survey Map in compliance with Chapter 236 and other applicable laws of the State of Wisconsin; that this map and description is a correct and true representation thereof, to the best of my knowledge and belief; that this and is located in the E1/2 NW1/4, and in the SW1/4 NW1/4 of Section 10, T11N R7W, Town of Wheatland, Vernon County, W., and is described as follows:

commencing at the North 1/4 corner of said Section 10, thence S 00°13'38"W 1895.90' along the east line of the NW1/4; thence N88°26'49"W 1100.57' to a 1" square iron bar, the point of beginning, Thence continuing N 88°26'49"W 361.23' to a 3/4" iron bar; at the easterly right of way line of a Town road; thence continuing N 88°26'49"W 61.36' to the centerline of said road; thence the following courses and distances along said centerline: N 59°01'20"E 81.61' to a 1" Iron pipe; N 74°27'40"E 205.49' to a 1" Iron pipe; N 55°23'41"E 62.29' to a 1" Iron pipe; N 25°33'38"E 221.88' to a 1" Iron pipe; N 48°56'00"E 153.23' to a 1" Iron pipe; and N 65°18'44"E 80.77' to a 1" Iron pipe; thence S 20°50'07"W 47.13' to a 1-1/4" Iron pipe at the southerly right of way line of the Town road; thence continuing S 20°50'07"W 464.57' to the point of beginning. Said parcel contains 1.876 acre of land, including that portion subject to existing Town road right of way.



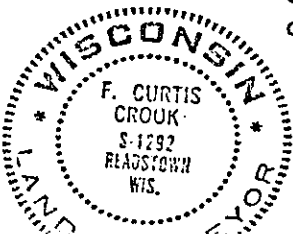
Note: The Bivens have obtained an easement from the Town of Wheatland regarding the encroachment into the road right of way; see Vol. 366, Page 174

Bearings are of a Record Basis

SW-NW

- Iron Monument Found
- 3/4" X 24" Iron Bar Set

Scale: 1" = 200'



Register's Office
Vernon Co. Wis.
Rec'd for record

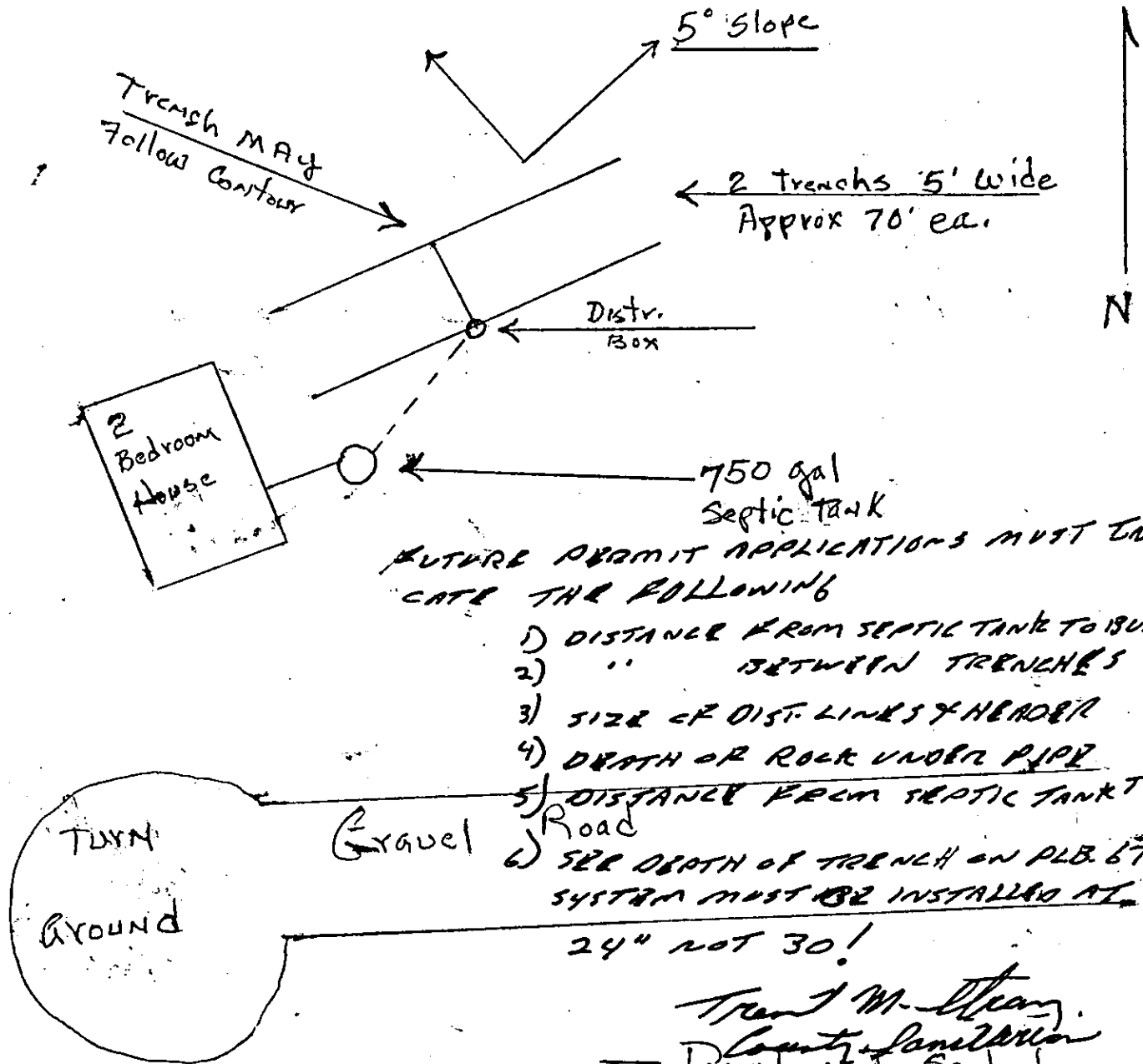
22 July



PROPOSED SEPTIC SYSTEM FOR SCOTT BUCAS, RFD, DESOTO, WI.

NW 1/4 PARTS SECTION 9 T 11 7 W twnp of Wheatland, VERNON, DESOTO

5 ACRES N 1/2 OF E 20 AC GOVT. LOT 7



FUTURE PERMIT APPLICATIONS MUST INDICATE THE FOLLOWING

- 1) DISTANCE FROM SEPTIC TANK TO BUILDING
 - 2) " BETWEEN TRENCHES
 - 3) SIZE OF DIST. LINES & HEADER
 - 4) DEPTH OR ROCK UNDER PIPE
 - 5) DISTANCE FROM SEPTIC TANK TO FIELD
 - 6) SEE DEPTH OF TRENCH ON PLB. 67.
- SYSTEM MUST BE INSTALLED AT 24" NOT 30!

Tracy M. Stearns
County Sanitation
PRINT NOT SEALED

Comm. Well Approx. 1500'
So. East.

Earl Helke

M.P. 5182

PLB 68

VERNON

COUNTY

SANITARY PERMIT

4-83

No 25885

ISSUED TO SCOTT LUCAS

PLUMBER EARL HELM LIC. # MP5182

TOWN OF WHEATLAND LOCATED NW 1/4

SEC 10 T 11 N/R 7

AND/OR LOT 6 BLOCK 1

ASPINRIDGE SUBDIVISION

CHAPTER 145.185 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 in force on the date of issue.

(c) The sanitary permit is valid for 2 years 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.

Trent M. Olson, County Sanitarian AUTHORIZED ISSUING OFFICER - DATE APRIL 13, 1983

THIS PERMIT EXPIRES APRIL 13, 1985 UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION