

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT**

Scanned

GENERAL INFORMATION S. Dobbs (ATTACH TO PERMIT) CV

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

Permit Holder's Name: Jim Schulte City Village Town of: Whitestown

CST BM Elev.: 100.00 Insp. BM Elev.: 97.92 BM Description: Nail in base of tree with orange tape

County: VERNON

Sanitary Permit No.: 305643 20-98

State Plan ID No.: _____

Parcel Tax No.: 62-42-519

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	CREST	780
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	-2.08	97.92		100.00
Top of airtight Bldg. Sewer			-5.8	
St/Ht Inlet				
St/Ht Outlet			8.79	
Dt Inlet			8.85	
Dt Bottom				
Header/Man.				
Dist. Pipe				
Bot. System			12.33	
Final Grade			9.68	
TRENCH BEG			11.50	
TRENCH END			11.50	
Top of 1st block above windowsill or 6" below top of concrete back wall.			0.00	

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	750	-	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
	5'	100'	1				
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
Type Of System: CV	750	52'	-		NA		Model Number:

DISTRIBUTION SYSTEM

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

SOIL COVER

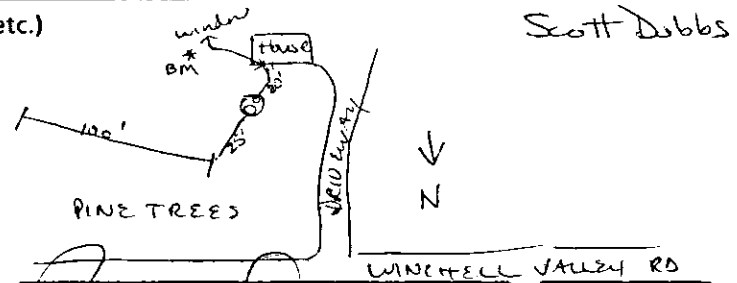
x Pressure Systems Only

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

No well at time of inspection
Manhole covers outlet side of tank



Scott Dobbs

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

5 12 98
Date

Patricia Danielson
Inspector's Signature

71412
Cert. No.

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 <i>Vernon</i>
State Sanitary Permit Number <i>305643 20-98</i>
<input type="checkbox"/> Check if revision to previous application
State Plan I.D. Number _____

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name <i>Jim Schulte</i>			Property Location <i>SW 1/4 NE 1/4, S25 T14 N, R 2 E (or W)</i>		
Property Owner's Mailing Address <i>39419 Mary Lane</i>			Lot Number		Block Number
City, State <i>Oconomowoc WI</i>	Zip Code <i>53066</i>	Phone Number <i>(414) 567 3067</i>	Subdivision Name or CSM Number		

II. TYPE OF BUILDING: (check one) State Owned
 Public 1 or 2 Family Dwelling - No. of bedrooms *2*
 City Village Town OF *Whitestown* Nearest Road *Winchel Valley Rd*

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		

Parcel Tax Number(s)
62-42-59-0000

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 type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input checked="" 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>300</i>	2. Absorp. Area Required (sq. ft.) <i>500</i>	3. Absorp. Area Proposed (sq. ft.) <i>500</i>	4. Loading Rate (Gals/day/sq. ft.) <i>.6</i>	5. Perc. Rate (Min./inch)	6. System Elev. <i>85'7"</i> Feet	7. Final Grade Elevation <i>87'7"</i> 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>780</i>	<i>0</i>	<i>780</i>	<i>1</i>	<i>West</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber	<i>6</i>	<i>0</i>				<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>S. Scott Robbs</i>	Plumber's Signature: (No Stamps) <i>[Signature]</i>	MP/MPRSW No.: <i>3359/226797</i>	Business Phone Number: <i>337-4370</i>
Plumber's Address (Street, City, State, Zip Code): <i>Box 75 Ontario WI 54651</i>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <i>\$200</i>	Date Issued <i>5-4-98</i>	Issuing Agent Signature (No Stamps) <i>[Signature]</i>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

SOIL AND SITE EVALUATION

in accordance with s. ILHR 83.09, 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.

County VERNON
Parcel I.D. # 62-42-519-0000
Reviewed by INS FIELD Date 4-7-98

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 Jim Schulte Property Location Govt. Lot SW 1/4 NE 1/4 S 25 T 14 N, R 2 E (or W)
Property Owner's Mailing Address 39419 MARY LANE Lot # Block # Subd. Name or CSM#
City CONOMOWOC WI State WI Zip Code 53066 Phone Number (414) 567-3067 City Village Town Nearest Road WHITESTOWN W INCHELL VALLEY RD.

New Construction Use: Residential / Number of bedrooms 2 Addition to existing building
 Replacement Public or commercial - Describe:
Code derived daily flow 300 gpd Recommended design loading rate .5 bed, gpd/ft², 6 trench, gpd/ft²
Absorption area required 600 bed, ft², 500 trench, ft² Maximum design loading rate .5 bed, gpd/ft², 6 trench, gpd/ft²
Recommended infiltration surface elevation(s) 81 - 85' 7" ft (as referred to site plan benchmark)
Additional design/site considerations Gravity Flow - Install system @ 2ft - 5' x 100'
Parent material Loess Flood plain elevation, if applicable

S = Suitable for system Conventional S U Mound S U In-Ground Pressure S U AT-Grade S U System in Fill S U Holding Tank S 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/ft ²	
										Bed	Trench
P1 Ground elev. <u>87' 9"</u> Depth to limiting factor <u>66"</u>	1	0-9	10YR 2/2	—	sil	2 m ca.	m/vtr	g/s	3 ft	.5	.6
	2	9-27	10YR 3/6	—	sil	2 m ga.	m/vtr	g/s	1 ft	.5	.6
	3	27-46	10YR 5/6	—	sil	2 m bk	m/vtr	g/s	—	.5	.6
	4	46-66	10YR 5/8	—	sil	2 m bk	m/vtr	g/w	—	.5	.6

Remarks: Few weathered sandstone @ 16"

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
P2 Ground elev. <u>87' 0"</u> Depth to limiting factor <u>129"</u>	1	0-10	10YR 3/3	—	sil	2 m ga.	m/vtr	g/s	3 ft	.5	.6
	2	10-28	10YR 3/6	—	sil	2 m bk	m/vtr	g/s	1 ft	.5	.6
	3	28-48	10YR 4/6	—	sil	2 m bk	m/vtr	g/s	—	.5	.6
	4	48-62	10YR 5/8	—	sil	2 m bk	m/vtr	g/s	—	.5	.6

Remarks: Few weathered sandstone @ 54"

CST Name (Please Print) JAMES HYATT Signature James Hyatt Telephone No. 608 269-5127
Address R 1 BOX 1984 NORWALK WI 54648 Date 4/7/98 CST Number 244811

PARCEL I.D.# _____

Boring #

P3

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	0-12	10YR 3/2	—	sil	2 mic.	mvtr	g/s	3f	.5	.6
2	12-29	10YR 3/6	—	sil	2 m abk	mvtr	g/s	rf	.5	.6
3	29-50	10YR 4/2	—	sil	2 m bk	mvtr	g/w	—	.5	.6
4	50-64	10YR 5/4	—	sil	2 m sbk	mvtr	g/s	—	.5	.6

Ground elev. 86.5"

Depth to limiting factor 64"

Remarks: _____

Boring #

A1

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²
1	0-10	10YR 2/1	—	sil					
2	10-30	10YR 3/3	—	sil					
3	30-45	10YR 4/4	—	sil					
4	45-61	10YR 5/3	—	sil					

Ground elev. 86.5"

Depth to limiting factor 61"

Remarks: _____

Boring #

A2

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	0-11	10YR 3/1	—	sil						
2	11-24	10YR 3/4	—	sil						
3	24-46	10YR 4/3	—	sil						
4	46-62	10YR 5/4	—	sil						

Ground elev. 87.7"

Depth to limiting factor 62"

Remarks: _____

Boring #

Q

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²

Ground elev. _____ ft.

Depth to limiting factor _____ in.

Remarks: _____

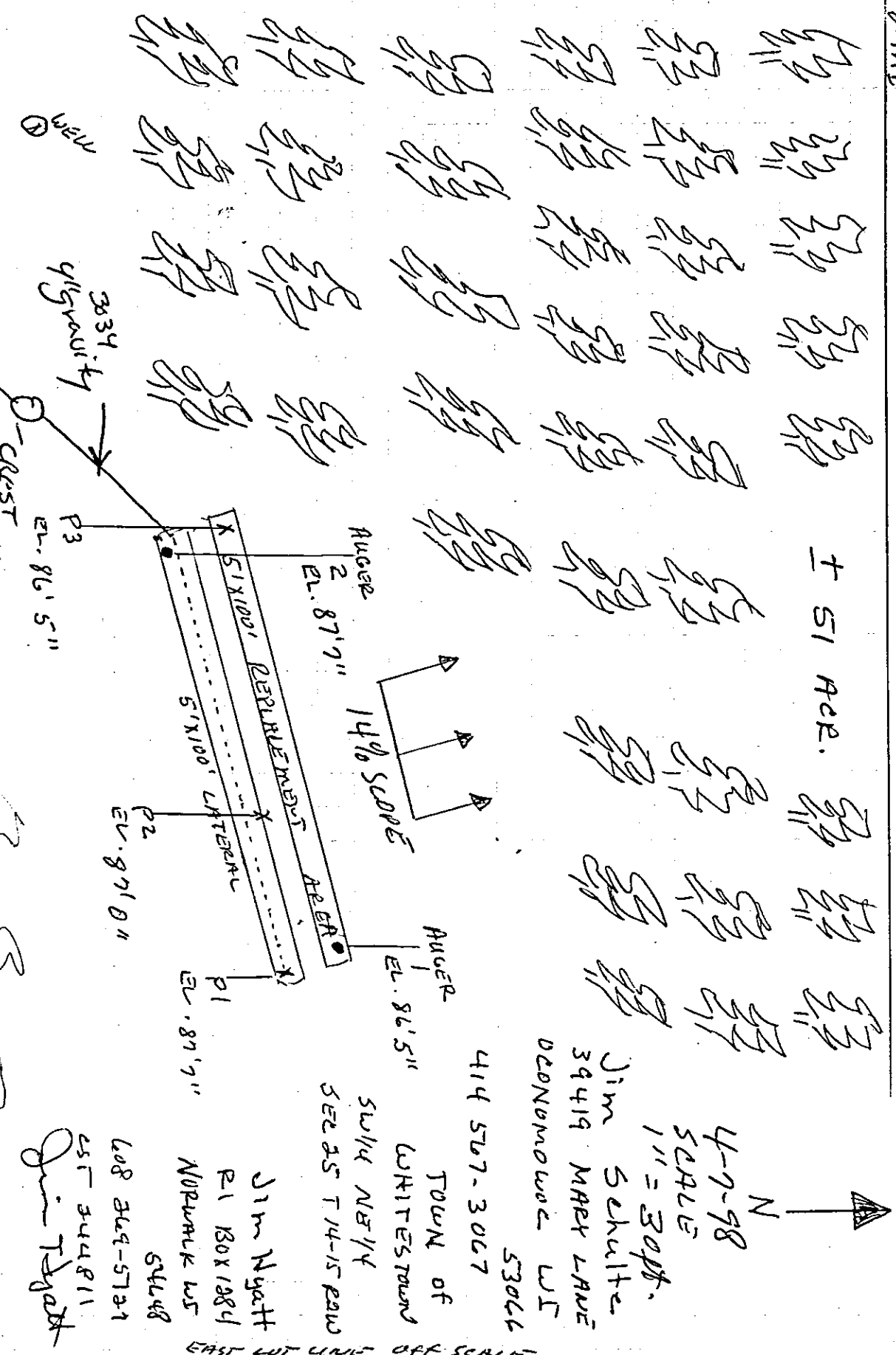
APR 131
2 MI

WINCHELL VALLEY RD.

3 OF 3

DRIVE WAY
325'
NOT TO SCALE

LOT LINE
OFF SCALE



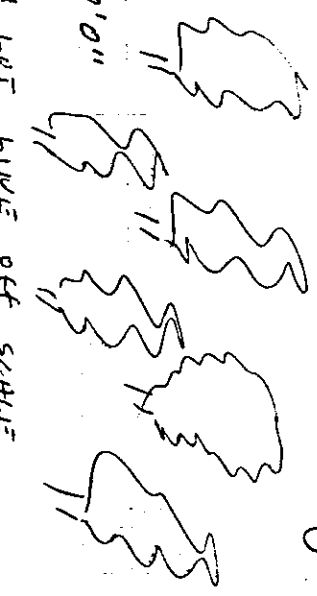
BASEMENT
FLOOR EL.
99' 0"

PROPOSED
2 BR
1 HOUSE

BASEMENT
PLUMBING

BM
NAIL IN BASE OF
EL TREES EL. 100' 0"

SOUTH LOT LINE OFF SCALE



608 364-5731
EST 344811
Jim Nygart

414 577-3067
TOWN OF
WHITES TOWN
SW 1/4 N 1/4
SEE 25 T 14-15 PAR
53066

Jim Schulte
39419 MARL LANE
DEONOMOUC WI

4-7-98
SCALE
1" = 30 FT.



EAST LOT LINE OFF SCALE

SANITARY PERMIT

20-98

No 305643

OWNER SIM SCHULTZ

PLUMBER S SCOTT OBBE LIC. # 226791 ^{MARSH}

TOWN OF WATKINSON LOCATED SW 1/4

R24 SEC 25 T 14 N/R 2

AND/OR LOT --- BLOCK ---

--- SUBDIVISION

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 in force on the date of issue.

(c) The sanitary permit is valid for 2 years from original date of issuance and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.

(d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.

(e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

* If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

T. A. Smith City Clerk AUTHORIZED ISSUING OFFICER - DATE MAY 11 1998

THIS PERMIT EXPIRES MAY 9 2000 UNLESS RENEWED BEFORE THAT DATE
(TWO YEARS FROM ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION