



State Permit
Number

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

County Permit
Number

Alan & Evelyn Dimenn
14302 US Hwy 14
P.O.

52028 3531-0000

3522

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

LEGAL DESCRIPTION:
(Sec., Lot, Block) Section 35

Name One: Sylvan CITY Richland Center VILLAGE
TOWNSHIP

B. OWNER OF PROPERTY

Name Christian Arne

MAILING ADDRESS Box 1
(Street, City, Zip Code) Richland Center, WI

C. SEPTIC TANK CAPACITY 1000 Gallons NEW INSTALLATION ☒ REPLACEMENT ☐ ADDITION ☐

MATERIALS: Prefab Concrete ☒ Poured in Place ☐ Steel ☐ Other ☐ No. of Tanks ☐

D. TYPE OF OCCUPANCY

One or Two Family Residence ☐ No. of Bedrooms ☐

Commercial ☐ Industrial ☐ Other ☐ No. of Persons to be Accommodated ☐
(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 ☐ Trench Width ☐ Depth ☐ Number of Lines ☐

Seepage Bed: Length ☒ Width ☒ Depth 18" Tile Size 4" No. Lines 3

Seepage Pit: Inside diameter ☐ Liquid Depth ☐

G. Percent of slope of land 7 % South direction

H. Indicate Slope of Land & direction of slope on sketch I. Tile Depth 18"

PERCOLATION TEST

Indicate Soil map number, 20 And Soil Type Fe

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	
P1	40	8" top 32" clay	25	no	30	3/4	5/8	3/4	43
P2	40	13" 27"	25	no	30	7/8	3/4	3/4	40
P3	40	10" 30"	25	no	30	7/8	3/4	3/4	40

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	
S1	76				20"	8" top 68" clay & gravel
S2	76				20"	13" 63" "
S3	76				20"	10" 66" "

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

Christian Green

Bickel

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 Bayer Walter
(Type or Print)

TITLE 7m. P

REGISTRATION NO. _____ or MASTER PLUMBER LICENSE No. _____

ADDRESS 782 S. Main St., Uroqua Wi 54665

DATE OF TEST 8-14-73

SIGNATURE on original

MASTER PLUMBER MAKING APPLICATION

MP 4174

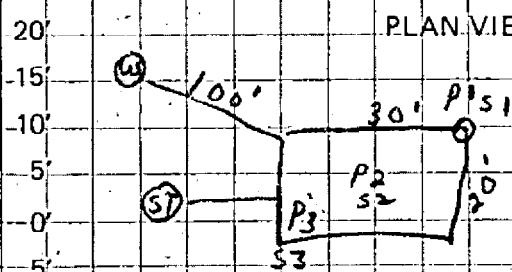
Signature: one original

License Number: MP RSW _____

For: _____
(employer)

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

PLAN VIEW (Locate Percolation Test & Soil Bore Holes)



PROFILE (Indicate Groundwater or bedrock where applicable)

app 20' to bedrock

Note: 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 8-16-23

Fees Paid State

County .

Permit Issued/~~Rejected~~ (date) 8-17-73

Inspection

Ye

No

Issuing Agent Name Clifford Drake

Valid No.

Date Rec'd