



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY	Jackson
STATE SANITARY PERMIT #	126482
<input type="checkbox"/> Check if revision to previous application	
STATE PLAN I.D. NUMBER	S89-02705

-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.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER Ron Hayes			PROPERTY LOCATION NW 1/4 SW 1/4, S 14 T 20, N, R 3 E (or) W		
PROPERTY OWNER'S MAILING ADDRESS 631 East Sherman			LOT # na	BLOCK # na	
CITY, STATE Oconomowoc, WI	ZIP CODE 53066	PHONE NUMBER () na	SUBDIVISION NAME OR CSM NUMBER na		
II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned			NEAREST ROAD Old Co. "I"		
<input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Fam. Dwelling - # of bedrooms 2			TOWN OF: Manchester		
III. BUILDING USE: (If building type is public, check all that apply)			PARCEL TAX NUMBER(S) 032-0219.0000		

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		

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. <input checked="" type="checkbox"/> New System	2. <input type="checkbox"/> Replacement System	3. <input type="checkbox"/> Replacement of Tank Only	4. <input type="checkbox"/> Reconnection of Existing System	5. <input type="checkbox"/> Repair of an Existing System
B) <input type="checkbox"/> 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 checked="" type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure	at-grade	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 300	2. ABSORP. AREA REQUIRED (sq. ft.) 500	3. ABSORP. AREA PROPOSED (sq. ft.) 500	4. LOADING RATE (Gals/day/sq. ft.) 0.6	5. PERC. RATE (Min./inch) na	6. SYSTEM ELEV. 100.0 Feet	7. FINAL GRADE ELEVATION 101.8 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	1000	-	1000	1	Crest Precast	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber	600	-	600	1	" "	<input checked="" 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): Halverson Plumbing	Plumber's Signature: (No Stamps) <i>Rich Halverson</i>	MP/MPRSW No.: MP 6216	Business Phone Number: (715) 284-2556
Plumber's Address (Street, City, State, Zip Code): 180 Gebhardt Rd., Black River Falls, WI 54615			

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 176.00	Date Issued 10/20/89	Issuing Agent Signature (No Stamps) <i>Mal</i>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:

Wisconsin Department of Industry,
Labor and Human Relations
Safety & Buildings Division
Bureau of Plumbing

INSPECTION REPORT

D.I.L.H.R.
Dennis Sorenson, P.S.C.
2226 Rose St.
LaCrosse, WI 54603
608-785-9336

Inspection Date 9-6-89		City/Township East Port Manchester		County Jackson
Name of Premises		Address or Legal Description NW SW 14-20-3W		
Master Plumber Name and Address		Master Plumber Firm Name and Address		Plan I.D. No.
				Sanitary Permit No.
Journeyman Plumber/Soil Tester Richard Halverson 180 Gebhardt Rd BR Falls SH615		Licensed Person's Name(s) and License Number(s) Persons Present: R. Halverson owners		
Owner's Name and Address Ron Hayes 631 E. Sherman Oconomowoc, WI 53066				

This report concerns findings at soil verification inspection. The site is not suitable for a below grade type private sewage system. Either a mound design or experimental at grade can be used here.

Profile reported on attached Soil Description Form

Rough sketch

10 ACRE PARCEL

AREA IS
NEARLY LEVEL
CLEARING IN
WOODS



Signature of Responsible Licensed Person (only one needed)

Signature of Plumbing Consultant/Private Sewage Consultant

Original: District
Copies to: (Check all that apply)
☒ DILHR
☐ Plumber
☐ Owner
☒ County/Local Insp.
☒ Other CST

Halverson

Plumbing

180 Gebhardt Rd.
Black River Falls, WI 54615
Phone (715) 284-2556

AT-GRADE SYSTEM FOR MR. & MRS. RON HAYES

Page 1 -----title sheet
Page 2 -----plot plan
Page 3 -----top view
Page 4 -----end view, hole spaces
Page 5 -----tank construction detail
Page 6 -----dosing chamber
Page 7 -----pump specs and calcs

ONSITE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
Robert E. Fagel
SEE CORRESPONDENCE

S 89-02705

NW, SW, Sec 14, T20N, R3W

Town of Manchester, Jackson Co

Rich Halverson

MP 6216

Sept. 28, 1989

Plumbing

lot line

S 89 - 02705

10 acre parcel, only lot line close to system is the west lot line

100.0' T3

← 0.1%

100.0' T2

1000/600 Crest

NOTE: BM = top of 2" pvc
BM = 100.0'

insulate per DILHE'

propane

proposed well--- 0

proposed access

scale 1" = 25'

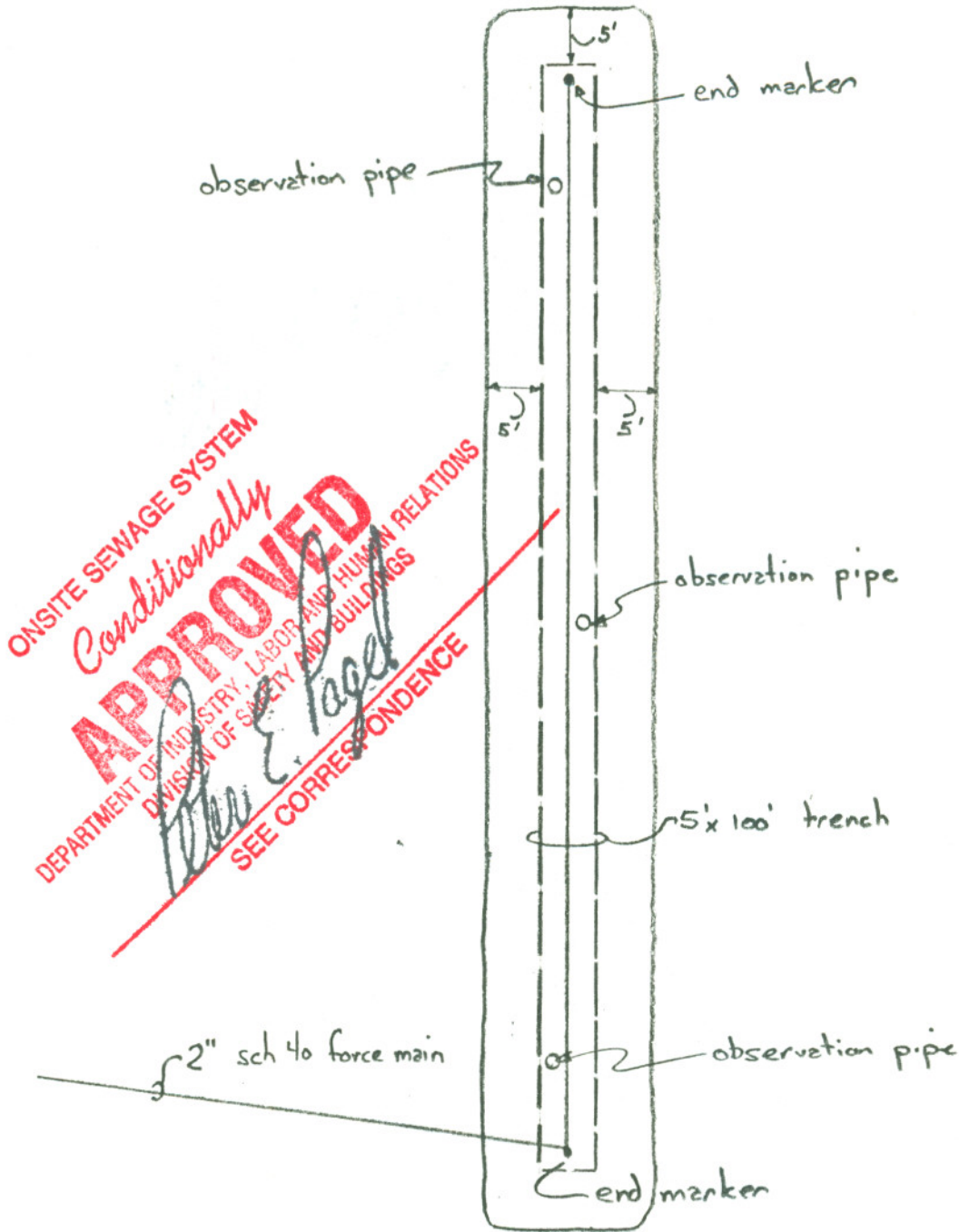
ON-SITE SEWAGE SYSTEM
Conditional

SITE SEWAGE SYS
 Conditionally
APPROVED
 DEPARTMENT OF INDUSTRY, LABOUR AND HUMAN RELATIONS
 DIVISION OF SAFETY AND BUILDINGS
 R. E. Paged
 SEE CORRESPONDENCE

2 bed room mobile home

Plot Plan for Mr. Ron Hayer

S 89-02705



180 Gebhardt Rd.
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Phone (715) 284-2556

Halverson

Plumbing

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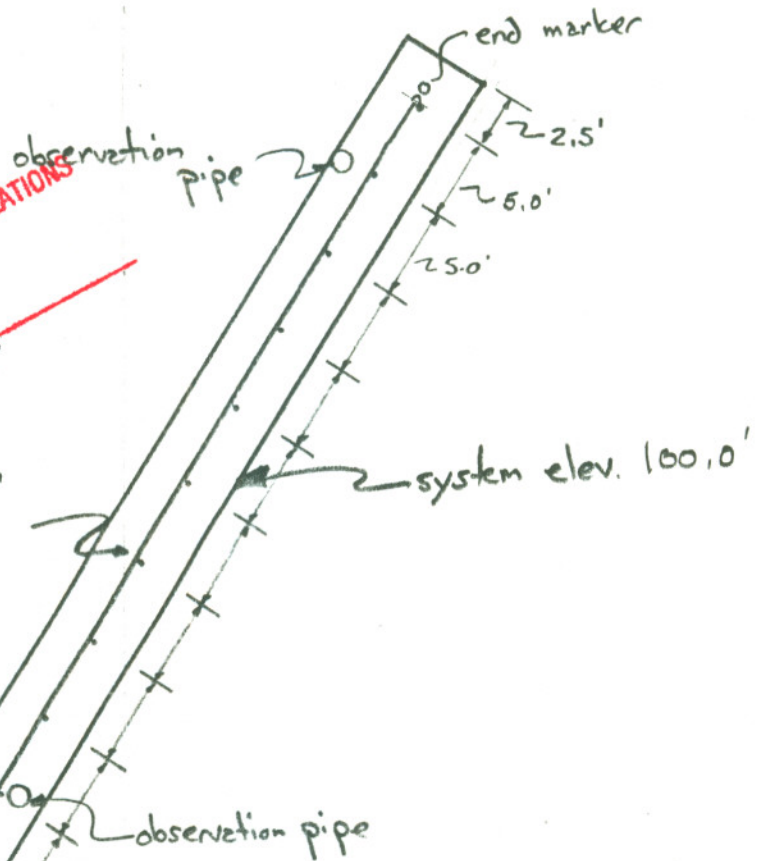
ON-SITE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
Robert E. Fagel
SEE CORRESPONDENCE
pipe elev 100.5'

20- 1/4" holes 5' apart
1.17 GPM per hole = 23.4'

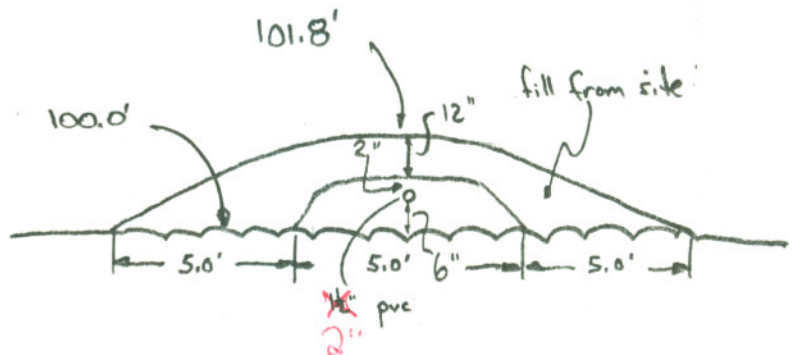
~~1 1/2"~~ 2"
sch 40
pvc

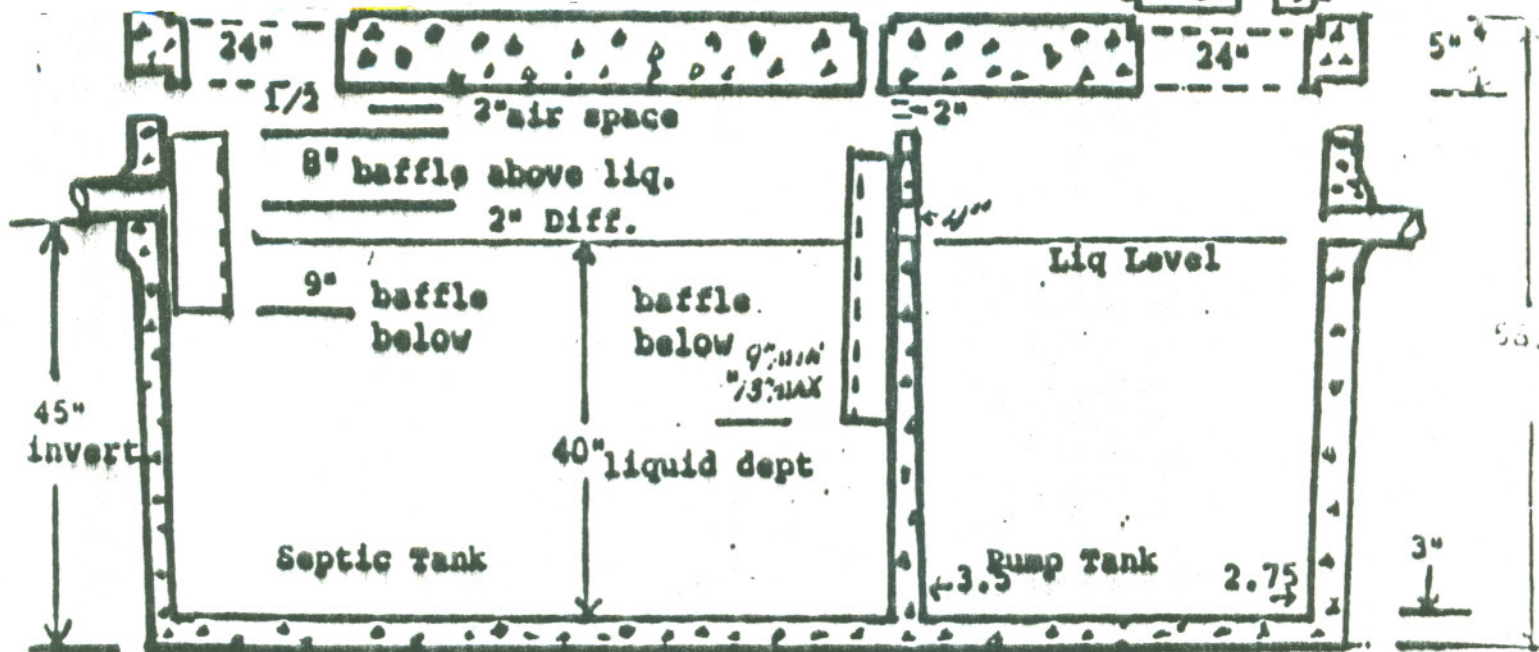
obs
pipe 20

end
marker



S 89-02705





40" + 8" + 2" + 1/2" + 3" bottom + 5" Cover

TANK SIZE SEPTIC : 1,000
PUMP CHAMBER : 600

PLUMBING

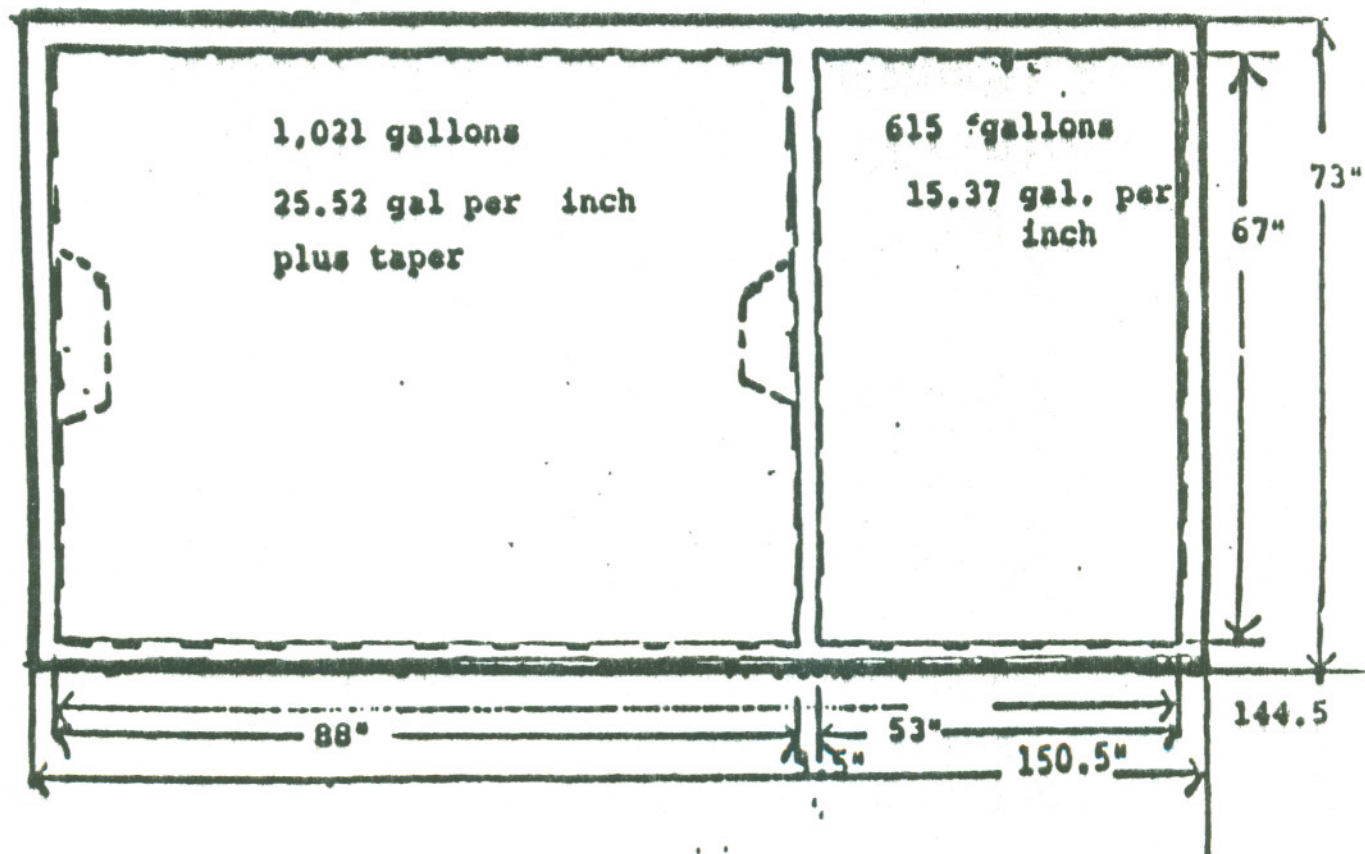
Conditionally

APPROVED

DEPARTMENT OF INDUSTRIAL RELATIONS

Donald H. Knepper
PLUMBING

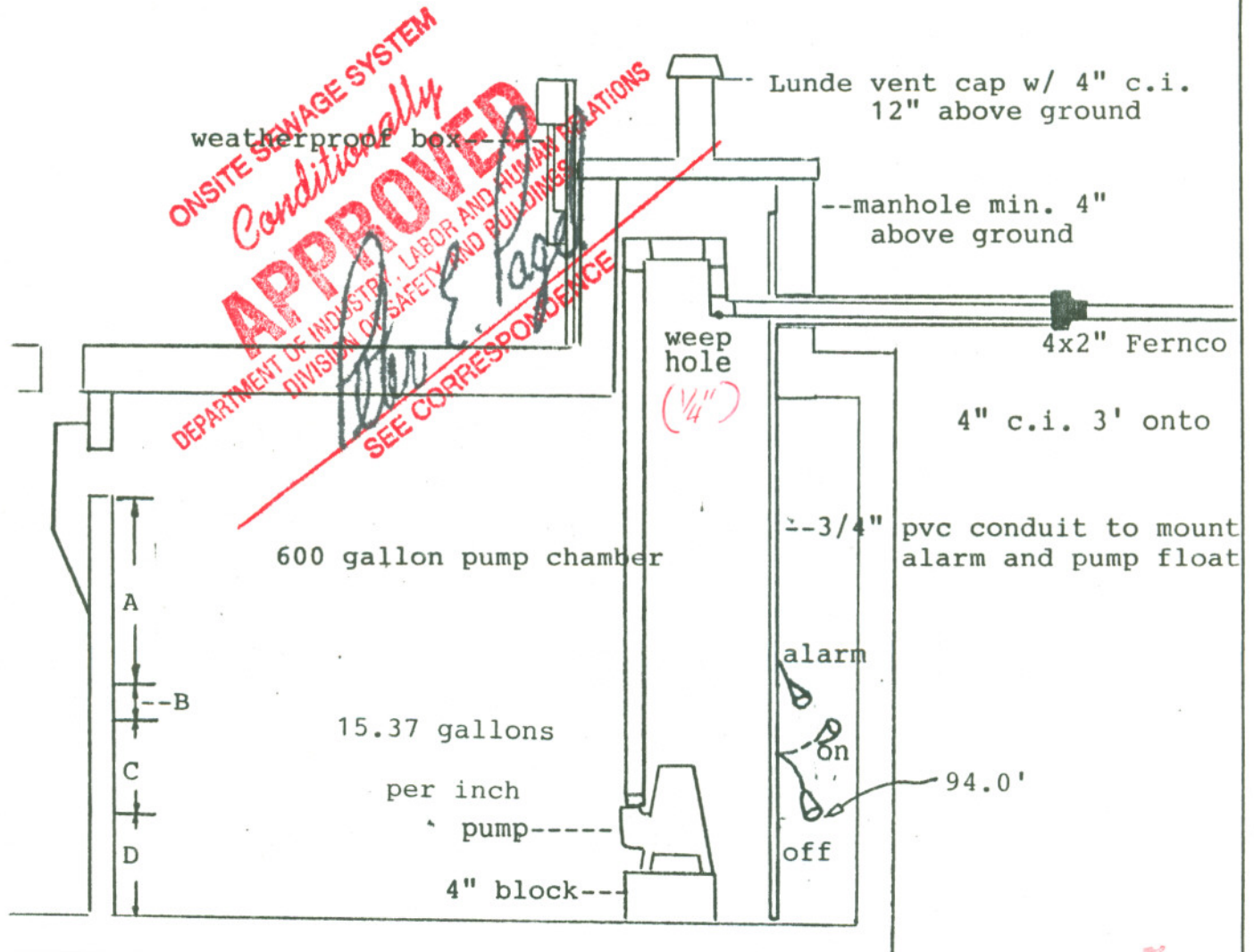
S 89-02705



Halverson

Plumbing

180 Gebhardt Rd.
Black River Falls, WI 54615
Phone (715) 284-2556



S 89-02705

Tank Size-----1000/600

Tank Manufacturer-----Crest

Alarm-----SJ Electro

Pump-----Goulds EP0411

Vert. Lift-----6.5'

End Pressure-----2.5'

Friction Loss-----.04

Total Dynamic Head 9.04'

Doses per day---2

Dose Volume----170 gals

A= 20" or 310 gals

B= 2" or 31 gals

C= 11" or 170 gals

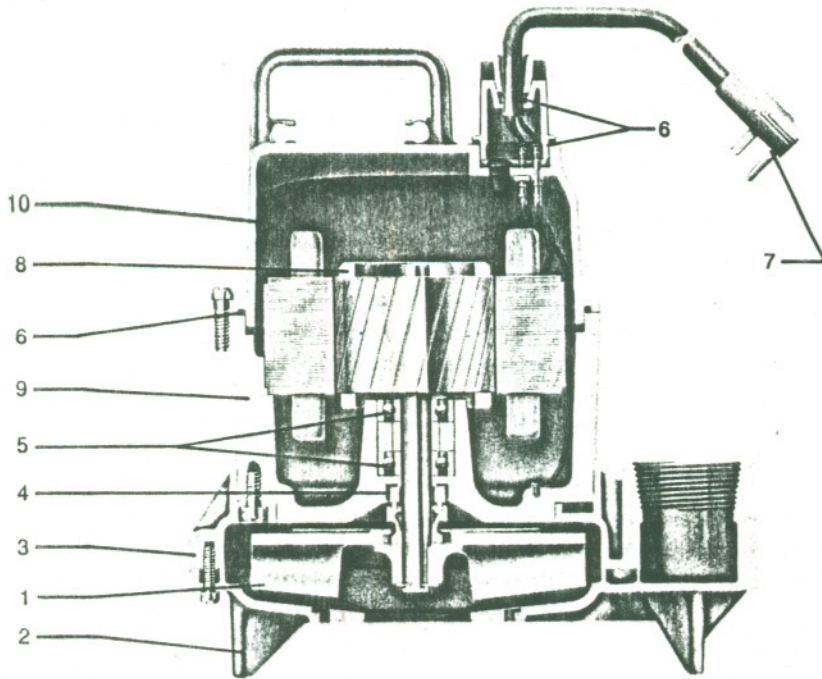
D= 7" or 108 gals

Goulds Submersible Effluent Pumps

MODEL



3871

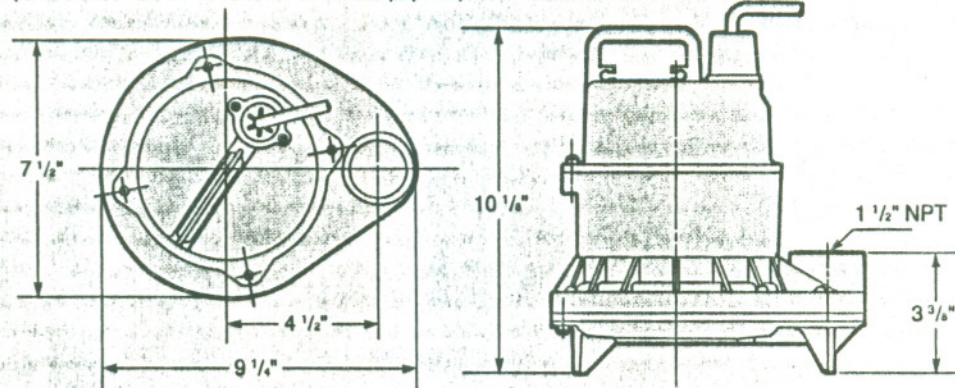


PARTS

1. Impeller
2. Rugged Xenoy® thermoplastic base
3. Rugged Xenoy® thermoplastic pump casing
4. Mechanical seal
5. Ball bearings
6. O-Rings
7. Power cord
8. Oil filled motor
9. Cast iron motor housing/stator assembly
10. Glass filled polyester motor cover

DIMENSIONS

(All dimensions in inches. Do not use for construction purposes.)



PERFORMANCE RATINGS

Total Head (FT of Water)	Gallons Per Minute
5	53
10	46
15	36
20	21
24	0

MODELS

Series	HP	Volts	Phase	Max. Amps	RPM	Solids Handling	Power Cord Length	Wts. (lbs.)
EP0411		115		10.6			10'	20
EP0412		230		5.3			10'	
EP0411A	1/4	115	1	10.6	1550	3/4"	10'	21
EP0411C		115		10.6			20'	20
EP0412C		230		5.3			20'	20
EP0411CA		115		10.6			20'	21

889-92705

SOIL DESCRIPTION FORM
(Attach Soil Profile Location Map On a Separate Sheet)

AT GRADE - NEW

CLIENT: Ron Hayes 631 E. Sherman, Oconomowoc 53066

LINEAR LOADING RATE:

PURPOSE:

SLOPE: 2.0%

DESCRIPTION BY: PSC DRS

ASPECT: —

DATE: 7/6/89

CURRENT LAND USE: Wooded

COUNTY/STATE: Jackson

VEGETATIVE COVER: Grass, trees & shrubs

LOT DESCRIPTION:

DRAINAGE CLASS: mwd

LOCATION: NW SW 14-20-3W 10 ACRES

GALLONS PER SQ. FT. PER DAY: 0.6

PARENT MATERIAL(s)/DEPTH: ss

SOIL SERIES:

PHYSIOGRAPHY:

SOIL CLASSIFICATION:


HORIZON	DEPTH (in.)	MATRIX COLORS (moist)	MOTTLES	TEXTURE	STRUCTURE Gr. Sz. Shp.	CONSISTENCE	CLAYSKINS/ COATINGS	PORES	ROOTS	PH	BOUNDARY	REMARKS
A	0-7	10YR 3/2	—	sl	1 f abk	mv fr	—	3ft	3ft	—	as	
B	7-26	10YR 4/4	—	ls	1 m abk	mv fr	—	2ft	3ft		gs	
	26-36	10YR 5/6	—	fs	sg	mt	—	1ft	1m		gs	
	36-42	10YR 5/6	C2P 2.5YR 4/8 C3P 5YR 5/8	fs	sg	mt	—	—	1c		ai	
C	42+	2.5Y 1/2 Variegated	1d 2.5Y 4/8 1/3	weak ss	—	f/v fr						

owners here: P. H. Hanson

OTHER SITE FEATURES/NOTES:

HGW 36" over 2.4'

LIMITING FACTORS/DEPTH:


Signature

7/6/89
Date

2348
CST #



State of Wisconsin \

Department of Industry, Labor and Human Relations

SAFETY & BUILDINGS DIVISION

ONSITE VERIFICATION REPORT

201 E. Washington Avenue
P.O. Box 7969
Madison, Wisconsin 53707

1. Are the soil and landscape features accurately reported on the Soil Description form?

☒ YES ☐ NO

If no, provide further description.

SEE STATE PROFILE REPORT

2. If for new construction, could the development occur without an at-grade system?

☒ YES ☐ NO

If yes, what other type of sewage disposal system could be used?

Sanitary Mound or Holding Tank

3a. State the name of the installing plumber:

Richard Halverson

b. Has this installer received written directives or orders regarding previous construction of at-grade or mound type systems?

☐ YES ☒ NO

If yes proceed to 3d.

c. If this installer has not previously constructed at-grade or mound type systems, have they attended a University of Wisconsin training session on at-grade systems?

☒ YES ☐ NO

d. If the answer to 3b is yes, or if the answer to 3c is no, the installer must include a written agreement to attend a preconstruction meeting with DILHR and county staff, and receive onsite construction supervision by DILHR and county staff. Fees for this supervision will be charged in accord with s. Ind 69.14 (1), Wisconsin Administrative Code. This supervision may also be required for subsequent installations.

Dennis R. Johnson

County Official Signature

DILHR PSC

9-6-89

Date

NW 5W 14-20-3W

Property Location and Owners Name

Ron Hayes

ENVIRONMENTAL HEALTH & ZONING DIVISION

SOIL TEST REPORT 115 REVIEW

File #02-20-03-14-31
Date 3-16-84

Owner's Name Tom Locke Address Box 146, Beloit, WI 53511
CST's Name Tom E Theiler No. 30-70 Address Rt 4 Osseo, WI 54758

Your EH 115 has been:

☐ Accepted as submitted.
No site verification.

☐ Rejected. See below.

☒ Accepted. Field verified.

☐ Returned for modification. See below.

=====

<input type="checkbox"/> This report is illegible. Redraft the report.	<input type="checkbox"/> Type of use.
<input checked="" type="checkbox"/> Locational data in error or missing <u>(cross out municipality)</u>	<input type="checkbox"/> Observation dates.
<input type="checkbox"/> Owner's name and address with zip code.	<input checked="" type="checkbox"/> Suitability errors. <i>is suitable for ground water.</i>
<input type="checkbox"/> Floodplain not designated.	<input type="checkbox"/> Design rate incorrect.
<input checked="" type="checkbox"/> Profile descriptions incorrect. <u>(LS) is Limestone not loamy sand.</u>	<u>see soil descriptions.</u>
<input type="checkbox"/> Data not complete to 3 feet below percolation tests.	
<input type="checkbox"/> Estimated high ground water incorrect or missing.	
<input type="checkbox"/> Depth to bedrock (> 50% hardrock or weakly cemented sandstone).	
<input type="checkbox"/> Data indicates test holes not properly presoaked.	
<input type="checkbox"/> Test time incorrect. Interval to be 30 minutes or 10 minutes or less.	
<input type="checkbox"/> Percolation tests not 3 feet above limiting factor.	
<input type="checkbox"/> Location or number of test holes incorrect.	
<input type="checkbox"/> Percolation tests not correct due to > 6 inches of water in the hole.	
<input type="checkbox"/> Measurements to be to the nearest 1/16th inch.	
<input type="checkbox"/> Percolation rates are incorrectly calculated.	
<input type="checkbox"/> Percolation rates do not correlate with soil texture.	
<input checked="" type="checkbox"/> Site plan must be referenced to a road intersection or other landmark.	
<input type="checkbox"/> Site plan must be to scale or all distances shown.	
<input type="checkbox"/> Horizontal reference point inadequate.	
<input type="checkbox"/> Vertical reference point inadequate.	
<input type="checkbox"/> Horizontal measurements to the test holes not correct or missing.	
<input type="checkbox"/> Vertical references in error.	
<input type="checkbox"/> Show location of all existing improvements, wells, etc.	
<input type="checkbox"/> Site limitations not accurately depicted.	
<input type="checkbox"/> Direction and % of slope.	
<input type="checkbox"/> Signature or number of CST.	

Detach And Return Upper Portion Of This Form With Any Return Correspondence



STATE OF WISCONSIN DILHR ⁵⁰²
DIVISION OF SAFETY & BUILDINGS
BUREAU OF PLUMBING
201 E. WASHINGTON AVE. RM 178
P.O. BOX 7969
MADISON, WI 53707
608-266-3815

DATE: 03/20/84

Halverson Plumbing

Route 5
Black River Falls, WI 54615

PROJECT:

Locke, Tom - Residence
4b()
NE, SW, 14, 20, 3W
Tn Manchester
Jackson WI

PLAN ID. # 84-01086

DETACH HERE

PROJECT NAME Locke, Tom - Residence PLAN ID. # 84-01086

This is to acknowledge receipt of your plans and specifications for the above-indicated project.

Preliminary review indicates the required fee is \$ 60.00 Fee Received is \$ 60.00

- | | |
|---|---|
| <input type="checkbox"/> Underpayment — Please submit the additional fee. | <input type="checkbox"/> Overpayment — Refund forthcoming. |
| <input type="checkbox"/> Plan accepted for review. | <input type="checkbox"/> Plans being returned. |
| <input type="checkbox"/> No fee has been remitted. Plans submitted with no fees will be held in abeyance. | <input checked="" type="checkbox"/> Additional information required. SEE BELOW. |

I. Plan Submission

- ☐ Additional information shall be submitted in duplicate unless specifically noted.
- ☐ Plans not clear, legible or permanent.
- ☐ All information submitted shall be signed, dated and sealed or stamped in accord with Section H 63.08(2)(a) Wisconsin Administrative Code. ☐ Affidavit enclosed.

II. Pressurize Distribution Systems (Mound or In Ground Pressure)

- ☐ Application for use of an alternative system signed by owner and notarized. (1 copy)
- ☐ County onsite required (1 copy). ☐ Design calculations for pressurize distribution. ☐ Soil boring & percolation test data.
- ☐ Cross section of system. ☐ Pipe lateral layout.
- ☐ Plan view of system. ☐ Plot plan.
- ☒ Verification of Exception Status Form by County. (1 copy)

III. Private Sewage Disposal Systems

- ☐ Ground slope with 2' contours in entire area of soil absorption system extending 25' on all sides.
- ☐ Elevation of permanent reference point (benchmark).
- ☐ Location of area suitable for replacement system - provide soil data.
- ☐ Plot plan showing lot size and all lateral distances from sewage disposal system to buildings, lot lines, well, water course, swimming pools, water service piping, Etc.
- ☐ Construction detail of septic, holding or lift pump tank if site constructed or tank manufacturer if precast.
- ☐ Construction detail and cross-section of soil absorption system.
- ☐ Soil boring and percolation test on 115 completed by certified soil tester (1 Copy).

- ☐ Complete data relative to anticipated use of bldg.
 - ☐ 2 copies of PLB 60 enclosed.
- ☐ Deed restriction required (1 copy).
- ☐ Condominium declaration. (1 copy)

IV. Holding Tanks

- ☐ Profile of holding tank showing vent, manhole alarm and manufacturer if precast. Complete construction details if site constructed.
- ☐ Holding tank agreement signed by owner and local unit of government (sample enclosed).
- ☐ Reason for installing holding tank. Soil test or statement from county (1 copy).
- ☐ Plot plan showing location of holding tank with lateral distances to any building, wells, water service piping, water course, lot lines, swimming pools, all weather service road, Etc. Provide benchmark with elevation reference point.

V. Lift Pump

- ☐ Calculations for total lift pump discharge, head and gallons pumped per cycle.
- ☐ Size, length & depth of force main.
- ☐ Detail & model of pump or automatic siphons including size, pump curves, drawdown and average flow rate GPM.
- ☐ Cross section of lift pump tank showing pump(s) or siphon(s).

VI. Systems In Fill (Fill must be placed prior to plan submission)

- ☐ Total area filled (fill to extend 20' beyond edge of trench before side slope begin).
- ☐ Depth and type of fill.
- ☐ Copy of onsite report by county or district staff.

JACKSON COUNTY PUBLIC HEALTH DEPARTMENT

Karen Byrns, R.N., Administrator
221 MAIN, P.O. BOX 227
Black River Falls, WI 54615
(715) 284-4301

Verification of Soil Test

Owner- Tom Locke, Box 146 Beloit, WI 53511

File 02-20-03-14-31

CST- Tom Theiler, Route 4, Osseo, WI 54758

Field verification of this soil test resulted in accepting the test as submitted. Some errors were noted in the completion of the form but the site conditions are accurately shown.

The soils are as listed based on my soil boring taken on 3-16-84. The EH115 review form is attached. The soil boring location is shown on the back of the form. The LS on the soil test is not limestone and the soil is actually med s.

B- 3-16-84 - 0-9" Bn, sl; 9-24" Y Bn, med s; 24-49" Y med s;
49-72" weakly cemented SS BR mot water at 68"

Errors noted and CST instructed on correction of these.



Steven H Raith, Director
Environmental Health and Zoning

WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY & BUILDINGS, BUREAU OF PLUMBING
P.O. BOX 7969, MADISON, WISCONSIN 53707

Verification of Exception Status for an Alternative Private Sewage System
In the County of Jackson

Location NE 1/4, SW 1/4, Sec. 14, T 20 N, R 3 E (or) W

Town or ~~Municipality~~ Manchester Street Address _____

Lot No. _____, Block _____, Subdivision _____

Landowner's Name: Tom Locke, Box 146, Beloit, WI 53511

The application for this site is for:

☒ new construction use.

☐ replacement system use.

If this is NEW CONSTRUCTION USE, the alternative private sewage system is:

☒ to have one of the first five approvals guaranteed for this year. This is number 27 - 01 - 5 of those applications. (Use one of the first five quota numbers issued to you.)

☐ one of the applications needing a quota number. The quota number assigned to this application is _____ - _____ - _____.

☐ for one additional homesite on a farm to be occupied by a parent, child, grandchild, sibling, niece, nephew, or first cousin.

☐ for an individual lot for which a sanitary permit was issued but was later ruled unsuitable due to new or changed soil criteria established by the department.

☐ for an application on file prior to February 1, 1980.

☐ for a lot that meets the criteria for a conventional private sewage system.

If this is a REPLACEMENT SYSTEM USE, the alternative private sewage system is replacing:

☐ a failing conventional soil absorption system.

☐ a holding tank that was installed and in use prior to February 1, 1980.

☐ a privy that was installed and in use prior to February 1, 1980.

If this is a REPLACEMENT SYSTEM USE and the lot meets the criteria for a conventional private sewage system, check here. ☐

I certify that the above information is true and accurate to the best of my knowledge.

Name Steven H. Raith Signature Steven H. Raith
(County Official)

Title Director, Environmental Health & Zoning Date April 4, 1984
Division _____

REPORT ON SOIL BORINGS AND
PERCOLATION TESTS (115)

LOCATION: NE 1/4 W 1/4	SECTION: 14 / T 20N/R 3E (of) W	TOWNSHIP/MUNICIPALITY: MANCHESTER	LOT NO.: 2	BLK. NO.:	SUBDIVISION NAME:
COUNTY: JACKSON	OWNER'S/BUYER'S NAME: Tom Locke	MAILING ADDRESS: Box 146 Beloit, Wis. 53511			
USE: <input checked="" type="checkbox"/> Residence	NO. BEDRMS.: 2	COMMERCIAL DESCRIPTION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Replace	DATES OBSERVATIONS MADE: OCT 24, 83		

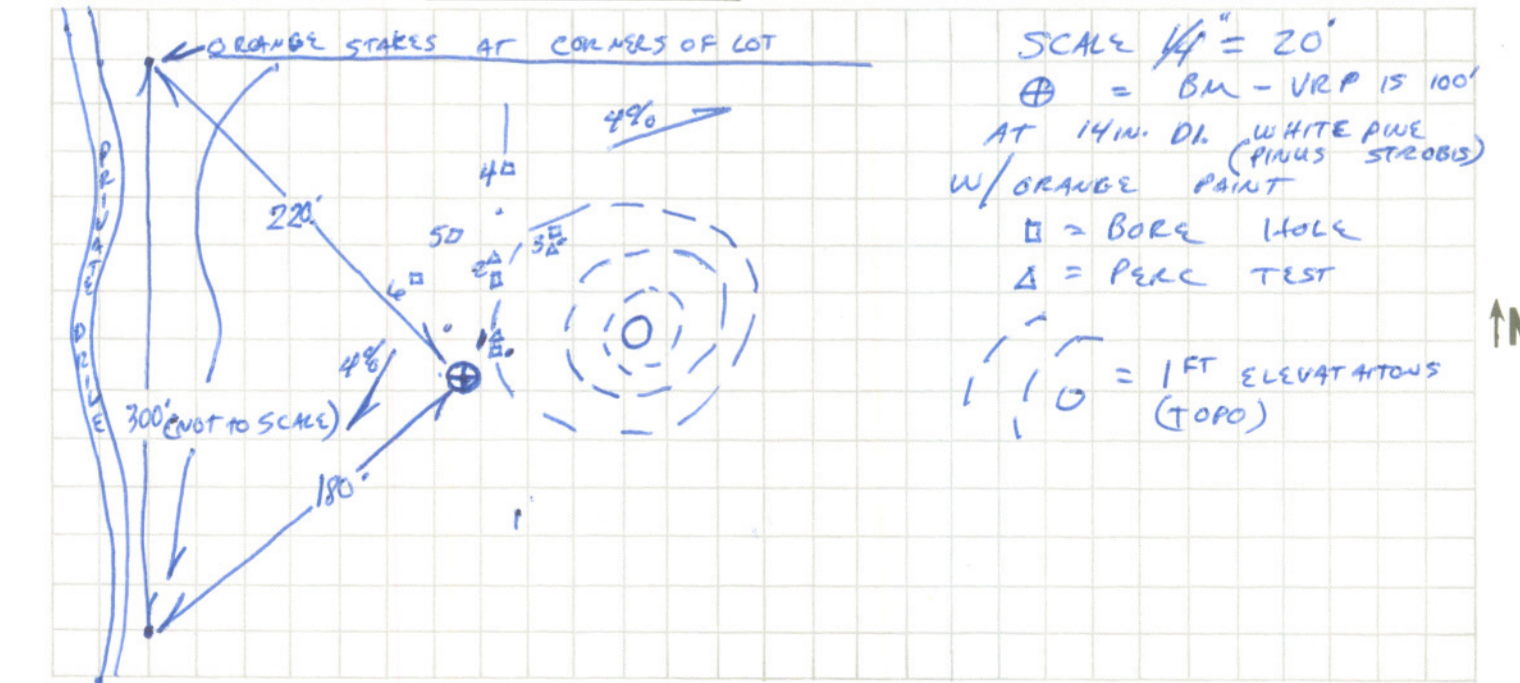
RATING: S= Site suitable for system U= Site unsuitable for system	CONVENTIONAL: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	MOUND: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	IN-GROUND-PRESSURE: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	SYSTEM-IN-FILL: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	HOLDING TANK: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	RECOMMENDED SYSTEM:(optional) IN GROUND PRESSURE
If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:		DESIGN RATE:SYSTEM ELEV.		If any portion of the lot is in the Floodplain, indicate Floodplain elevation:		

BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
			OBSERVED	EST. HIGHEST	
B-1	72	99'8"	NONE	>72	0-12" DK. BN. SL; 12-28" BN. LS; 28-60" Y.MED.S. 60-72" WKLY CEN SS BR.
B-2	72	99'9"	NONE	>72	0-12" DK. BN. SL; 12-30" BN. LS; 30-54" Y.MED.S. 54-72" WKLY CEN SS BR.
B-3	72	99'8"	NONE	>72	0-12" DK. BN. SL; 12-26" BN. LS; 26-54" Y.MED.S. 54-72" WKLY CEN SS BR.
B-4	72	100'2"	NONE	>72	0-12" DK. BN. SL; 12-24" BN. LS; 24-52" Y.MED.S. 52-72" WKLY CEN SS BR.
B-5	72	100'4"	NONE	>72	0-12" DK. BN. SL; 12-24" BN. LS; 24-50" Y.MED.S. 50-72" WKLY CEN SS BR.
B-6	72	100'4"	NONE	>72	0-12" DK. BN. SL; 12-24" BN. LS; 24-50" Y.MED.S. 50-72" WKLY CEN SS BR.

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-1	15	NONE	10	2.1	2.1	2.1	4.7
P-2	16	NONE	10	2.3	2.3	2.3	4.3
P-3	15	NONE	10	3.2	3.2	3.2	3.0
P-							
P-							
P-							

PLAN VIEW: 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 slop.

SYSTEM ELEVATION



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures 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): Tom E Thelge	TESTS WERE COMPLETED ON: OCT 24, 1983
ADDRESS: Rt 4 OSSCO, WIS 54758	CERTIFICATION NUMBER: PHONE NUMBER(optional): CST 30-70 597-3674
CST SIGNATURE: Tom E Thelge	