



Sanitary Permit Application
 In accord with Comm 83.21, Wis. Adm. Code
 See reverse side for instructions for completing this application
 Personal information you provide may be used for secondary purposes
 [Privacy Law. s. 15.04(1)(m)]

Safety & Buildings Division
 201 W. Washington Ave.
 PO Box 7302
 Madison, WI 53707-7302
 (Submit completed form to county if not
 state owned.)

Attach complete plans (to the county copy only) for the system, on paper not less than 8-1/2 x 11 inches in size.

County	State Sanitary Permit Number	<input type="checkbox"/> Check if revision to previous application	State Plan I. D. Number
Wisconsin	380705		

I. Application Information - Please Print all Information

Property Owner Name	Location:	
Marc D'AMOUR	Property Location	

Property Owner's Mailing Address	Lot Number	
5418 Old Middleton Rd Unit # 305	Block Number	

City, State	Zip Code	Phone Number	Subdivision Name or CSM Number
Madison WI	53705	(608) 253-4116	OLIVER PARK

II Type of Building: (check one)	<input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: <u>4 3</u>	<input type="checkbox"/> Public/Commercial (describe use): _____	<input type="checkbox"/> State-owned	<input type="checkbox"/> City
				<input type="checkbox"/> Village
				<input checked="" type="checkbox"/> Town of <u>Lincoln</u>

III Type of Permit: (Check only one box on line A. Check box on line B if applicable)	<input checked="" type="checkbox"/> A) 1. <input checked="" type="checkbox"/> New System	<input type="checkbox"/> 2. <input type="checkbox"/> Replacement System	<input type="checkbox"/> 3. <input type="checkbox"/> Replacement of Tank Only	<input type="checkbox"/> 4. <input type="checkbox"/> Addition to Existing System	Nearest Road <u>McKinley</u>
					Parcel Tax Number(s) <u>14-935-01</u>
	<input type="checkbox"/> B) A Sanitary Permit was previously issued				Date Issued

IV. Type of POWT System: (Check all that apply)	<input checked="" type="checkbox"/> Non-pressurized In-ground	<input type="checkbox"/> Mound	<input type="checkbox"/> Sand Filter	<input type="checkbox"/> Constructed Wetland
	<input type="checkbox"/> Pressurized In-ground	<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Single Pass	<input type="checkbox"/> Drip Line
	<input type="checkbox"/> At-grade	<input type="checkbox"/> Aerobic Treatment Unit	<input type="checkbox"/> Recirculating	<input type="checkbox"/> Other:

V Dispersal/Treatment Area Information: <u>22 units - High caps</u>										
1. Design Flow (gpd)	2. Dispersal Area Required	3. Dispersal Area Proposed	4. Soil Application Rate (Gals./day/sq. ft.)	5. Percolation Rate (Min./inch)	6. System Elevation	7. Final Grade Elevation				
600	857	500 FT ² 17.14 units	.7		92.6	96.0				
VI Tank Information		Capacity in Gallons		# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
		New Tanks	Existing Tanks							
Septic #1		1700	1700	1	Concrete Prod.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B/H #2		800	800	1	CONCRETE Prod.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII Responsibility Statement

I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (print)	Plumber's Signature (no stamps):	<input checked="" type="checkbox"/> MPRS No. <u>7447</u>	Business Phone Number <u>715-542-3698</u>
Ronny Radtke	Ronny Radtke		

Plumber's Address (Street, City, State, Zip Code)	<u>1452 NW 155 ST BERNARD WI 54558</u>		
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VIII County/Department Use Only

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>225.00</u>	Date Issued <u>10/16/00</u>	Issuing Agent Signature (No stamps) <u>RADTKE # 3664</u>
	<input type="checkbox"/> Owner Given Initial Adverse Determination			

IX. Conditions of Approval /Reasons for Disapproval:



Sanitary Permit Application
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 201 W. Washington Ave.
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 (Submit completed form to county if not state owned.)

Attach complete plans (to the county copy only) for the system, on paper not less than 8-1/2 x 11 inches in size.

County <i>WI: 1AS</i>	State Sanitary Permit Number <i>380705</i>			<input type="checkbox"/> Check if revision to previous application	State Plan I. D. Number				
I. Application Information - Please Print all Information					Location:				
Property Owner Name <i>Marc D'AMOUR</i>					Property Location <i>SE 1/4 SE 1/4, S 21 T 40 N, R 00 (or W)</i>				
Property Owner's Mailing Address <i>5418 Old Middleton Rd Unit #305</i>					Lot Number <i>04759</i>	Block Number			
City, State <i>Madison WI</i>		Zip Code <i>53705</i>	Phone Number <i>(608) 253-4116</i>		Subdivision Name or CSM Number <i>OLIVER PARK</i>				
II Type of Building: (check one) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: <i>4</i> <input type="checkbox"/> Public/Commercial (describe use): _____ <input type="checkbox"/> State-owned					<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of <i>LINCOLN</i>				
III Type of Permit: (Check only one box on line A. Check box on line B if applicable)					Nearest Road <i>Mc KINLEY</i>				
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"/> Addition to Existing System	Parcel Tax Number(s) <i>14-935</i>				
B) <input type="checkbox"/> A Sanitary Permit was previously issued		Permit Number			Date Issued				
IV. Type of POWT System: (Check all that apply)									
<input checked="" type="checkbox"/> Non-pressurized In-ground <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> At-grade				<input type="checkbox"/> Mound <input type="checkbox"/> Holding Tank <input type="checkbox"/> Aerobic Treatment Unit	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Single Pass <input type="checkbox"/> Recirculating	<input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Drip Line <input type="checkbox"/> Other:			
V Dispersal/Treatment Area Information:									
1. Design Flow (gpd) <i>600</i>	2. Dispersal Area Required <i>857</i>	3. Dispersal Area Proposed <i>500 ft x 1714 ft unit</i>	4. Soil Application Rate (Gals./day/sq. ft.) <i>.7</i>	5. Percolation Rate (Min./inch)	6. System Elevation <i>92.6</i>	7. Final Grade Elevation <i>96.0</i>			
VI Tank Information		Capacity in Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
		New Tanks <i>1700</i>							
<i>Septic Bid #1</i>		<i>1700</i>	<i>1</i>	<i>Concrete Prod.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bid #2</i>		<i>800</i>	<i>1</i>	<i>CONCRETE Prod.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII Responsibility Statement									
I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.									
Plumber's Name (print) <i>Randy Rottke</i>	Plumber's Signature (no stamps): <i>Randy Rottke</i>			MPRS No. <i>7447</i>		Business Phone Number <i>715-542-8699</i>			
Plumber's Address (Street, City, State, Zip Code) <i>1452 NWY 155 ST BERNARD WI 54558</i>									
VIII County/Department Use Only									
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <i>225.00</i>	Date Issued <i>10/16/00</i>	Issuing Agent Signature (No stamps) <i>[Signature]</i>					
IX. Conditions of Approval /Reasons for Disapproval: <i>RADTKE # 3664</i>									

Randy Radtke
1452 Hwy. 155
Saint Germain, WI 54558
715-542-3699

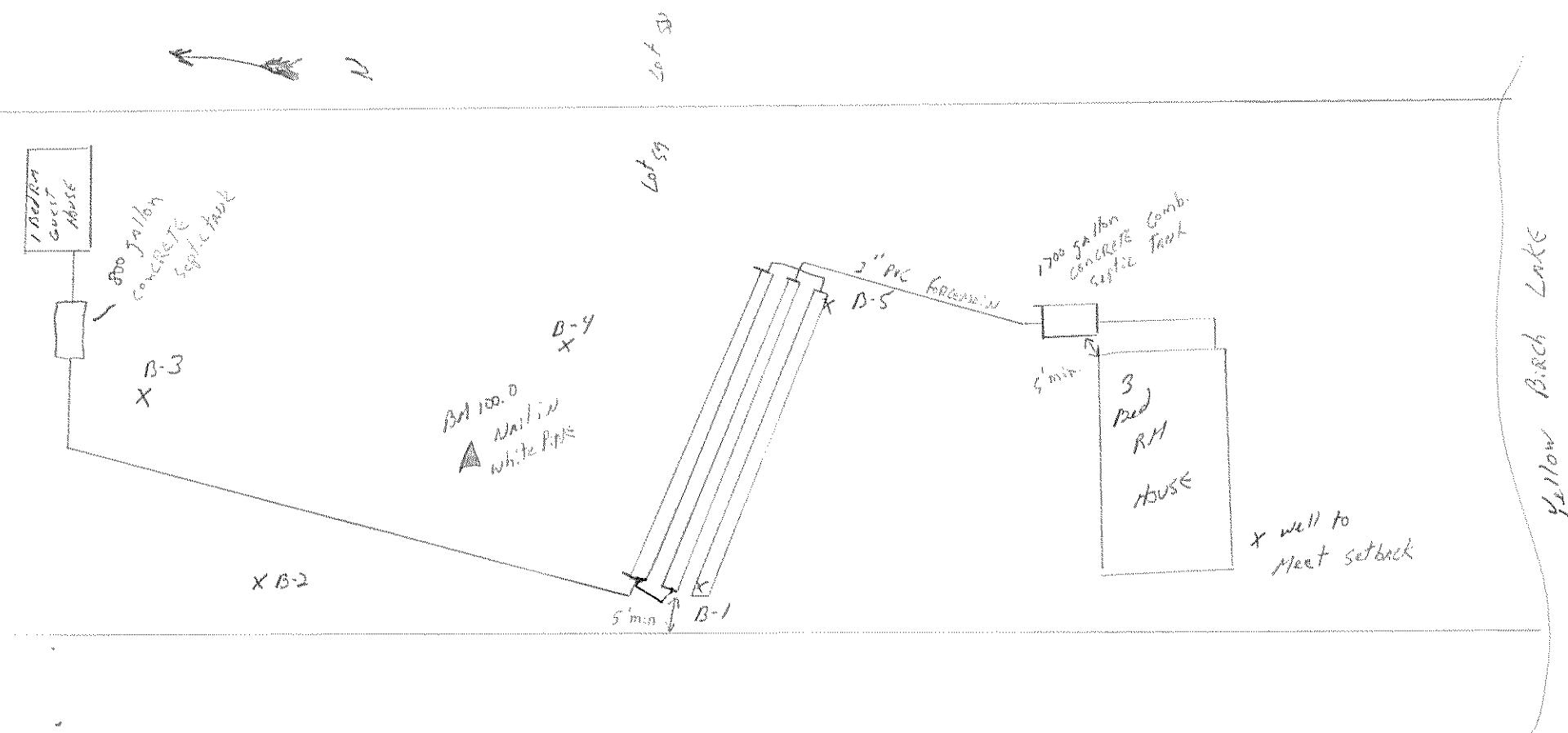
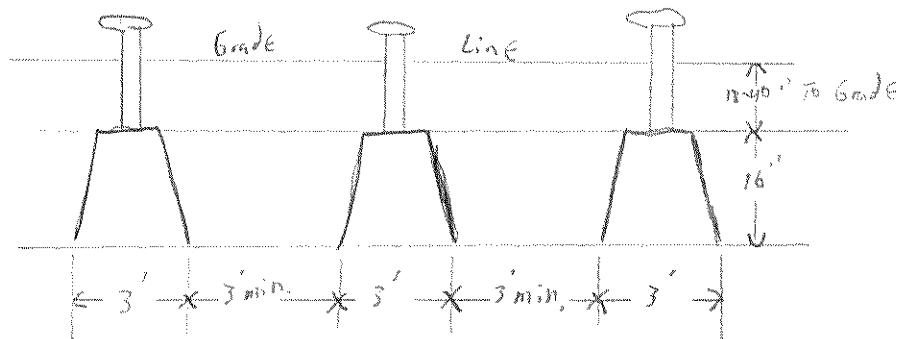
Andy Ruths MR# 74407

PLATE P' AMOUR SYSTEM

Scale 1" = 30'

System Elec 92.6

System 30 High capacity sidewinder
infiltrator Chambers



in accordance with Comm 85, 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.

Please print all information.

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

County	Vilas	
Parcel I.D.	14-935	
Reviewed by	JAT 12-16-00	
Date		

Property Owner	Property Location					
MARC D'AMOUR	Govt. Lot	SE 1/4 SE 1/4 S 21 T 40 N R 10 (E) (or W)				
Property Owner's Mailing Address	Lot #	Block # Subd. Name or CSM#				
611232 Hillside Dr	5940	Oliver Park				
City	State	Zip Code	Phone Number	963-4415	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road
WI	Dells	WI	1539651 (608)	253-4116		Lincoln McKinley

<input type="checkbox"/> New Construction	Use: <input checked="" type="checkbox"/> Residential / Number of bedrooms 4	Code derived design flow rate 600 - GPD
<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Public or commercial - Describe: _____	-
Parent material outwash plain - sandy	Flood Plain elevation if applicable N.A. ft.	
General comments and recommendations: All Boring's Consistent Place Cells Along Contours at a Depth of 24 - 30" Below grade - System Elevation to Be Determined By Designer A lot of Options + Locations. Pump chamber Required.	9210 using #1-5-4	

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	5yr 2/1		LS	Imbsk	mfr	CW	y	.7	1.2
2	2-6	5yr 3/4		LS	Imbsk	mfr	GW	y	.7	1.2
3	6-16	5yr 3/4		Lcoss	Imbsk	mfr	CW	x	.7	1.2
4	16-21	5yr 4/4		Lcoss	Osg	ml	GW	/	.7	1.2
5	21-30	5yr 4/6		coss	Osg	ml	CW		.7	1.2
6	30-98	7.5yr 5/6		coss	Osg	ml			.7	1.2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	5yr 2/1		LS	Imbsk	mfr	CW	y	.7	1.2
2	2-8	5yr 3/4		LS	Imbsk	mfr	GW	y	.7	1.2
3	8-20	5yr 4/4		Lcoss	Osg	ml	GW	y	.7	1.2
4	20-32	5yr 4/6		coss	Osg	ml	GW	/	.7	1.2
5	32-100	7.5yr 5/6		coss	Osg	ml			.7	1.2

* Effluent #1 = $BOD_5 > 30 \leq 220$ mg/L and $TSS > 30 \leq 150$ mg/L* Effluent #2 = $BOD_5 \leq 30$ mg/L and $TSS \leq 30$ mg/L

CST Name (Please Print)	Signature	CST Number
DOWN TO EARTH SOIL TESTING INC.		224007-
Address	Date Evaluation Conducted	Telephone Number
4480 Church Road Conover, WI 54519	7/22/00	715-479-2295

Property Owner D Amour

Parcel ID # _____

Page 2 of 3

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	Imgr	mfr	CW	Y	.7	1.2
2	2-6	5YR 3/4		LS	Imshk	mfr	CW	Y	.7	1.2
3	6-18	5YR 4/4		Lcoss	Osg	ml	CW	Y	.7	1.2
4	18-30	5YR 4/6		Coss	Osg	ml	CW	Y	.7	1.2
5	30-98	7.5YR 5/6		Coss	Osg	ml			.7	1.2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	Imgr	mfr	CW	Y	.7	1.2
2	2-8	5YR 3/4		LS	Imshk	mfr	CW	Y	.7	1.2
3	8-20	5YR 4/4		Lcoss	Osg	ml	CW	Y	.7	1.2
4	20-32	5YR 4/6		Coss	Osg	ml	CW	Y	.7	1.2
5	32-100	5YR 5/6		Coss	Osg	ml			.7	1.2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	Imgr	mfr	CW	Y	.7	1.2
2	2-7	5YR 3/4		LS	Imshk	mfr	CW	Y	.7	1.2
3	7-19	5YR 4/4		Lcoss	Osg	ml	CW	Y	.7	1.2
4	19-32	5YR 4/6		Coss	Osg	ml	CW	Y	.7	1.2
5	32-100	7.5YR 5/6		Coss	Osg	ml			.7	1.2

* Effluent #1 = $BOD_5 > 30 \leq 220$ mg/L and $TSS > 30 \leq 150$ mg/L* Effluent #2 = $BOD_5 \leq 30$ mg/L and $TSS \leq 30$ mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

Down to Earth Soil Testing, Inc.

4480 Church Road

Conover, WI 54519

(715) 479-2295

Karl Jenrich CSTM 224007

Mary Rasmussen CSTM 224836

Soil Test Plot Plan

Owner Myrc P Amour

SE 1/4 SE 1/4 Sec. 21 T 40 N, R 10 E

County WILSONTownship LINCOLNTax # 14-935Date 7/22/00

:: water supply (well) For

in is on Lot #58

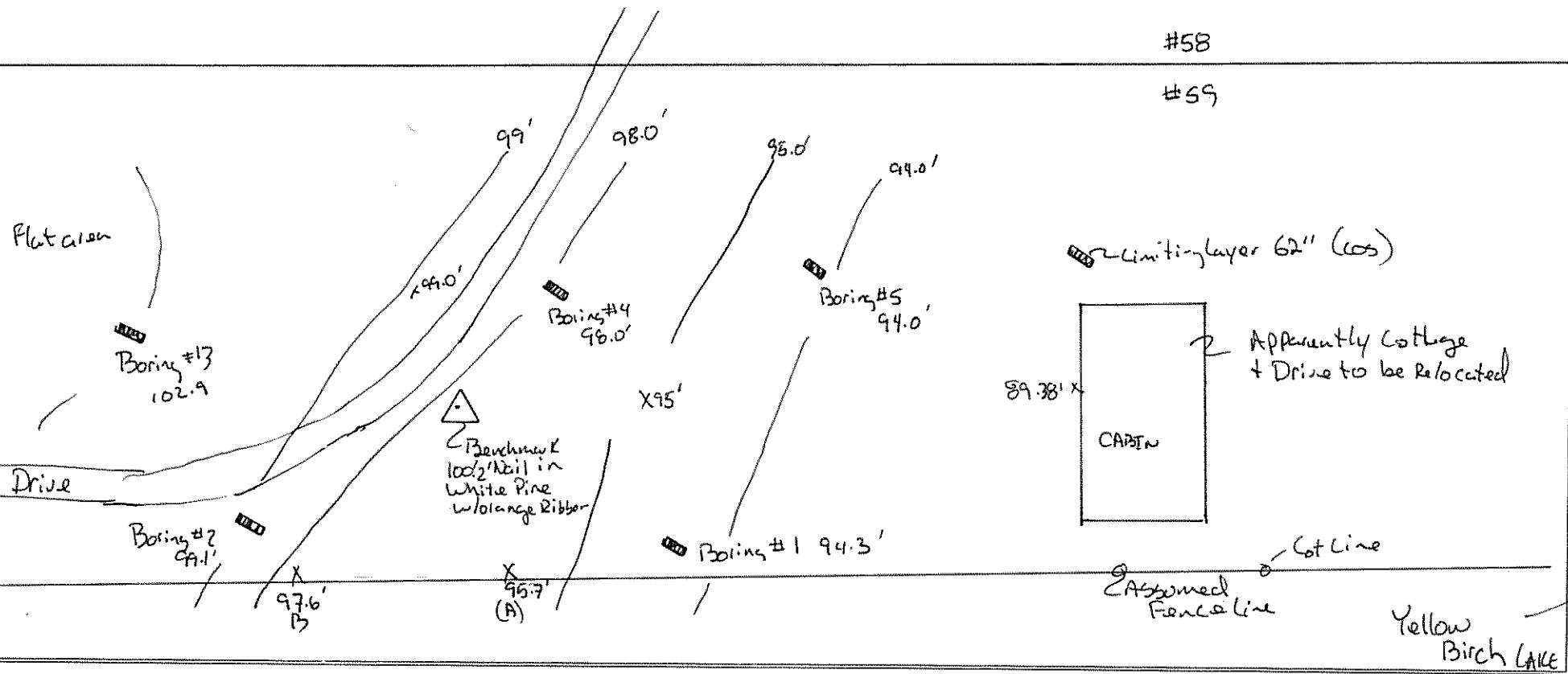
:: Place cells on contours!

Requirements pursuant to Comm 85.50 have been reviewed. County staff has not completed a review of potential design options for this site. This report appears to be acceptable for onsite, wastewater holding, treatment or dispersal. System design and review shall be completed by a properly licensed individual when applying for a sanitary permit. The county reserves the rights to require additional information upon design review should this report prove insufficient for sanitary permit issuance.

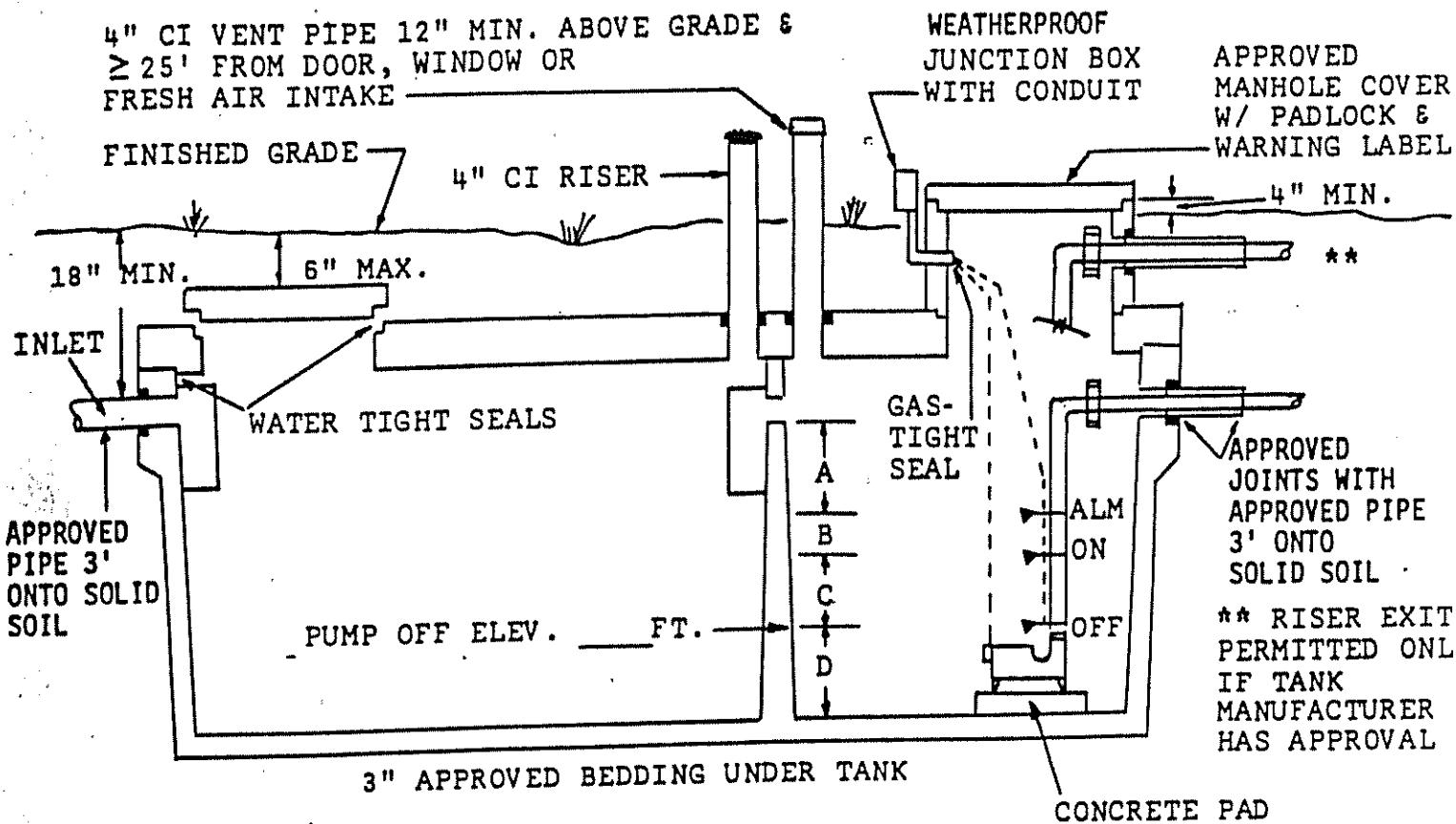
1" = 30'
Scale

*Ken J. Jenrich
7/22/00*

McKinley BLVD



SEPTIC TANK & PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS



SPECIFICATIONS

SEPTIC / DOSE
TANK MANUFACTURER: concrete products

NUMBER DOSES PER DAY: 4

TANK SIZES: SEPTIC 1000 GAL.
DOSE 200 GAL.

DOSE VOLUME INCLUDING FLOWBACK: 129 GAL.

ALARM MANUFACTURER: SJ Electronics
MODEL NUMBER: 101
SWITCH TYPE: SPDT

CAPACITIES: A = 19 INCHES = 362 GAL.

PUMP MANUFACTURER: Goulds
MODEL NUMBER: WEQ 3112
SWITCH TYPE: NOVELTY

B = 2 INCHES = 36 GAL.

REQUIRED DISCHARGE RATE 30 GPM

PUMP & ALARM WIRING AS PER ILHR 16.23 WAC

INTERNAL DIMENSIONS OF PUMP TANK: LENGTH 55; WIDTH 67; DIAMETER 18' 6"
LIQUID DEPTH 38 1/2.

SIGNED:

LICENSE NUMBER: 118-2447 DATE:

VILAS COUNTY
ZONING AND PLANNING

330 COURT STREET
EAGLE RIVER, WI 54521

VILAS SANITARY DEPT.
Primary Number: (715) 479-3623
Facsimile: (715) 479-3752

Property Owner: Marc D'Amour

Legal Description: SE 1/4 - 40 - 10

Parcel Identifier: 14-935

Plumber/Designer Name (MP/MPRS): Randy Rautke MP 7447

Plumber/Designer Signature: R. Rautke

Cred # / Date: 1

SANITARY PERMIT CHECKLIST

RE Check each box and indicate page number

- Soil evaluation Report-Original (Copy OK if original on file)
- Sanitary Permit Application
- Site Vicinity Map (to be attached)
- Plot plan (to be attached)
- Plan View (to be attached)
- Narrative Description of System (application page 1)
- System Components and Specifications (application page 2)
- Designer calculations & assumptions (application page 1)
- Contingency Plan (application page 1)
- Maintenance & Management Plan (application page 1)
- Dispersal Cell Cross Section (to be attached)
- Observation Pipe Detail (to be attached)
- Copy of Users Manual (to be attached)
- Pump Tank Cross Section (to be attached)
- Calculations for Pump Tank (to be attached)
- Pump Curve (to be attached)
- Deed Restrictions (to be attached)
 - Specify _____
- Easement Documents (to be attached)
 - Specify _____
- County Onsite Form (to be attached)
 - Specify _____
- POWTS Plan Approval Letter & Plans
- Private Interceptor Plan Approval

x required for all installations.
a/n required as per installation requirements.

Narrative Description of System: (Provide flow description from structure)

1700 combo tank

zabul filter A 1500

30 Ni-Cap S. devindex

Building # 2

800 gallon concrete septic tank

zabul filter A 1500

MANAGEMENT PLAN

NOTE: Check one box per category. For "Other" responses provide detailed Management Plan for each.

Anaerobic Treatment Tanks (Septic Tank)

- Inspect tank annually after three years of operation or annually after three years upon pumping tank.
- Pump tank every three years after initial year of operation.
- Inspect/pump tank on different interval. (Provide specific details with attachment)
- Other. (Attach Management Plan for Anaerobic Treatment Tanks)

In-Tank Filters

- Clean Filter after initial six months of operation.
Then clean filter once per year thereafter.
- Clean Filter after initial month of operation.
Then clean filter after three months of operation.
Then clean filter on annual basis.
- Other. (Attach Management Plan for In-Tank Filter)

Dispersal Cells (Absorption Fields)

- Visually observe effluent accumulation in dispersal cell in all observation pipes at same interval as filter and treatment tanks.
Visually observe wetness or ponding on ground in the area near or around the dispersal cell.
- Other. (Attach Management Plan for Dispersal Cells)

Pump Tanks/Lift Stations

- Visually observe on/off and alarm switches and confirm that switches operate properly including alarm signal.
Visually observe manhole and tank for surface/groundwater infiltration.
Pump effluent from pump tank if septic tank is pumped.
- Other. (Attach Management Plan for Pump Tank/Lift Stations.)

Other Components

- Attach Management Plan for All Other Components

Contingency Plan (check appropriate box)

- Alternate Area provided as evidenced w/ additional pits and borings
 - In-Ground System
 - At-Grade System
 - Mound System
- Alternate Dispersal Area does not exist as evidenced by additional pits and borings. Replacement with In-Ground system, At-Grade system or Mound system not permitted. Holding Tank is allowed. (may required onsite.)
- Alternate Dispersal Area does not exist as evidenced by lack of available area. Replacement with In-Ground system, At-Grade system or Mound system not permitted. Holding Tank is allowed. (may required onsite.)
- Mound system replacement within existing mound location.
- Other. (Detailed Contingency plan attached.)

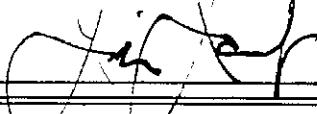
System Components & Specifications

SYSTEM COMPONENTS & SPECIFICATIONS	Manufacturer	Model/Size/Type/Mat/#	Manufacturer	Model/Size/Type/Mat/#
PRE-SYSTEM COMPONENT				
<input type="checkbox"/> Ejector Pump & Basin				
<input type="checkbox"/> Basin				
<input type="checkbox"/> Pump(s)				
<input type="checkbox"/> Switch				
<input type="checkbox"/> Alarm				
TREATMENT TANKS				
<input checked="" type="checkbox"/> Septic Tank(s)				
<input checked="" type="checkbox"/> Septic Tank 1	<i>FEFP Concrete Products</i>	1700 combo	<i>Goulds</i>	WEQ 311C
<input checked="" type="checkbox"/> Septic Tank 2			<i>SJ Electro 1</i>	
<input type="checkbox"/> Septic Tank 3			<i>SJ Electro 1</i>	Alw 101
<input type="checkbox"/> Septic Tank 4				
<input type="checkbox"/> Other Treatment Components				
<input type="checkbox"/> Single Pass Sand Filter				
<input type="checkbox"/> Recirculating Sand Filter				
<input type="checkbox"/> Aerobic Treatment Unit				
<input type="checkbox"/> Other				
WATER METERING DEVICES				
<input type="checkbox"/> Water Meter				
<input type="checkbox"/> Event Counter				
HOLDING TANKS				
Holding Tank Components				
<input type="checkbox"/> Holding Tank 1				
<input type="checkbox"/> Holding Tank 2				
<input type="checkbox"/> Holding Tank 3				
<input type="checkbox"/> Alarm				
<input type="checkbox"/> Alarm Switch				
SEWAGE APPARATUS				
Filters				
<input checked="" type="checkbox"/> In-Tank Filter	<i>zabel</i>	N 1500	<i>INFiltmator</i>	<i>Nir-Cap Sidewinder</i>
<input type="checkbox"/> Basin				
<input type="checkbox"/> Out of Tank Filter				
<input type="checkbox"/> Pressurized Filter				
PUMP TANKS				
<input type="checkbox"/> Lift Stations & Dose Tanks				
<input checked="" type="checkbox"/> Pump(s)				
<input checked="" type="checkbox"/> Double Float Switch(es)				
<input type="checkbox"/> Alarm Float				
<input type="checkbox"/> Alarm				
<input type="checkbox"/> Duplex Controller				
<input checked="" type="checkbox"/> Electrical Junction Box				
<input checked="" type="checkbox"/> Force main Piping Material				
DISPERSAL COMP & CELLS				
<input type="checkbox"/> Distribution Method				
<input type="checkbox"/> Distribution Box(es)				
<input type="checkbox"/> Diverter Valve(s)				
<input checked="" type="checkbox"/> Header/Manifold				
<input type="checkbox"/> Observation Pipes				
<input type="checkbox"/> Closet collar method				
<input type="checkbox"/> Rebar method				
<input checked="" type="checkbox"/> Leaching chamber method				
<input checked="" type="checkbox"/> Dispersal Cells				
<input checked="" type="checkbox"/> In-Ground Non-Pressurized				
<input type="checkbox"/> In-Ground Pressurized				
<input type="checkbox"/> At-Grade				
<input type="checkbox"/> Mound				
<input type="checkbox"/> Drip Line				
<input type="checkbox"/> Dispersal Cell Material				
<input checked="" type="checkbox"/> Leaching Chambers				
<input type="checkbox"/> Distribution Piping				
OTHER				
<input type="checkbox"/> Sampling Ports				
<input type="checkbox"/> Other (describe)				
<input type="checkbox"/> Attach additional sheets as necessary				

Directions: Check ALL appropriate boxes and list manufacturer. Provide model, size, type, material and number as requested.

SANITARY PERMIT

No 380905

OWNER MARC D'AMOURPLUMBER Randy Radtke LIC. # 7447TOWN OF Lincoln LOCATED SE 1/4SE 1/4 SEC 21 T YO NR 10 EAND/OR LOT #59 BLOCK C. Oliver Park SUBDIVISION

AUTHORIZED ISSUING OFFICER - DATE

10/6/03

THIS PERMIT EXPIRES 10/6/03 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

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.

PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)

County	Vilas
Sanitary Permit No:	380905
State Plan Transaction ID#:	
Parcel Tax No:	
014-935	

GENERAL INFORMATION

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

Permit Holder's Name:	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town of:
Marc D'Amour	Washington		
CST BM Elev:	Insp BM Elev:	BM Description:	
100.0'	100.0'	Nail in	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	TB1	(1450) combo
Dosing		
Aeration	Filter-Zabel - 1800	
Holding		

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	91	36'	7'	10+	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer	Goulds	Demand		
Model Number	WE0311M	30 GPM		
TDH, ft. Lift	Friction Loss	System Head		
Forcemain	Length 40'	Dia 2"	Dist. To Well	36'

DISPERSAL CELL INFORMATION (11 units ea)

DIMENSIONS	Width 31'	Length		No of Cells 2
SETBACK INFORMATION	P/L	Bldg	Well	OHWM of Nav Waters
CELL TO	6'	83'	100'	100'

DISTRIBUTION SYSTEM

Header / Manifold Length	Dia 4"	Distribution Pipe(s) (cell) Length	Dia	Spac 3'	X Hole Size	X Hole Spacing	Observation Pipes
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SOIL COVER

Depth Over Cell Center	Depth Over Cell Edges	20" average	Depth of Topsoil	Seeded / Sodded	Mulched
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Randy Rattke # 225639 was present.
System installed out of the soil tested area. Plumber provided new soil report. Change in # of bedrooms - owner did not add 1 bedroom cottage to system so it was sized for 3 bed.

Plan revision required: Yes No

7	12	02	Ashleen Karp	6	7	1	1	07
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Use other side for additional information

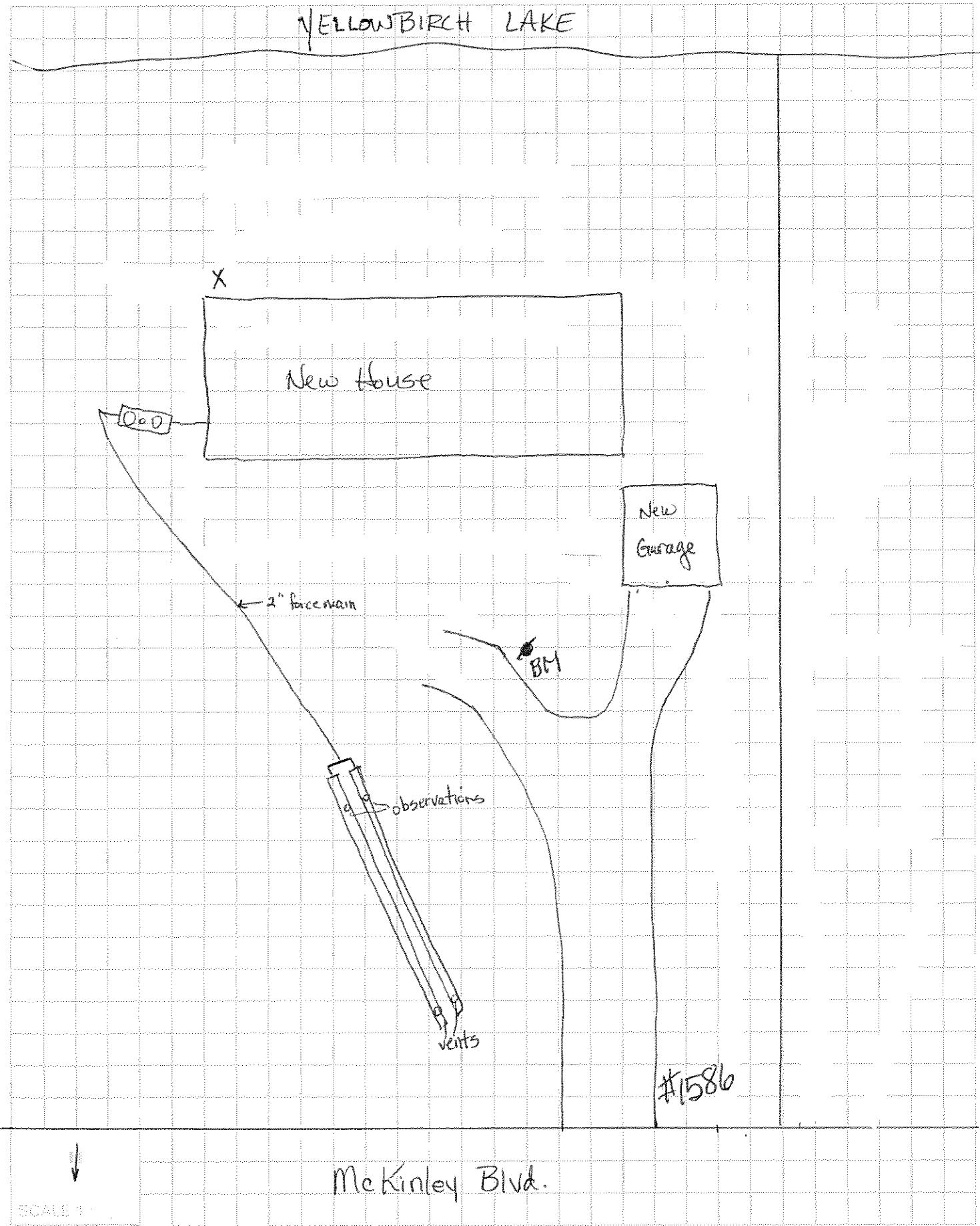
Date

POWTS Inspector's Signature

Cert No

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 380905



SOIL EVALUATION REPORT

Page 1 of 3

in accordance with Comm 85, 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.

Please print all Information.

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

County	W.I.A.S
Parcel I.D.	14-935
Reviewed by	Date

Property Owner		Property Location		
MArc D'Amour		Govt. Lot 56 1/4 S 6-1/4 S 21 T 46 N R 10 E (or) W		
Property Owner's Mailing Address		Lot #	Block #	Subd. Name or CSM#
C-11232 Hillside Dr		59+56		Oliver Park
City	State	Zip Code	Phone Number	Nearest Road
WT Dells WI		1539651	(608) 963-4455	11586 mckinley

<input type="checkbox"/> New Construction	Use: <input checked="" type="checkbox"/> Residential / Number of bedrooms <u>3</u>	Code derived design flow rate <u>450</u>	GPD
<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Public or commercial - Describe: <u>W.A.</u>		
Parent material	<u>outwash</u>	Flood Plain elevation if applicable <u>N.A.</u>	ft.
General comments and recommendations: 643 ft required 7 cfd/ft ² (orderly Rate - Clean outwash). System Elevation: 101' - 100.1' Please Note: I did Soil Test on 7/22/00 at a different location			

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-4	7.5-23/2	-	lo	1fg	mr	cu	ys	.7	1.2
2	4-18	5-23/3	-	lo	1fgbk	mfr	cu	1	.7	1.2
3	18-24	5-23/4	-	s	0sg	ml	cu	1	.7	1.2
4	24-41	7-25/4	-	cos	0sg	1	di	wo	.7	1.2
5	41-84	7-25/4	-	s	0sg	1	-	wo	.7	1.2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-2	7-23/2	-	lo	1fg	mfr	cu	ys	.7	1.2
2	2-13	5-23/3	-	lo	1fgbk	1	cu	1	.7	1.2
3	13-21	5-23/4	-	s	0sg	ml	cu	1	.7	1.2
4	21-84	7-25/4	-	s	0sg	1	-	wo	.7	1.2

* Effluent #1 = BOD₅ > 30 mg/L and TSS > 30 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	Signature	CST Number
Down to Earth Soil Testing, Inc.		224007
Address	Date Evaluation Conducted	Telephone Number
4480 Church (Loft)	7/10/02	715-479-2295

Property Owner D'AmourParcel ID # 14-935Page 2 of 33 Boring PitGround surface elev. 104.1' ft.Depth to limiting factor 84 in.

Soil Application Rate

GPD/ft²

*Eff#1

*Eff#2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
1	0-4	7.5-2 3/4	—	lo	1f gr	mfr	cw	ts	.7	
2	4-6	5-2 3/4	—	lo	1f grik	1	cw	1	.7	
3	6-13	7.5-2 3/4	—	s	osy	ml	cw	1	.7	
4	13-21	7.5-2 4/4	—	s	osy	1	cw	no	.7	
5	21-84	7.5-2 5/4	—	s	osy	1	cw	—	.7	
								:		

 Boring Pit

Ground surface elev. _____ ft.

Depth to limiting factor _____ in.

Soil Application Rate

GPD/ft²

*Eff#1

*Eff#2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	

 Boring Pit

Ground surface elev. _____ ft.

Depth to limiting factor _____ in.

Soil Application Rate

GPD/ft²

*Eff#1

*Eff#2

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	
									.7	

* Effluent #1 = $BOD_5 > 30 \leq 220$ mg/L and $TSS > 30 \leq 150$ mg/L* Effluent #2 = $BOD_5 \leq 30$ mg/L and $TSS \leq 30$ mg/L

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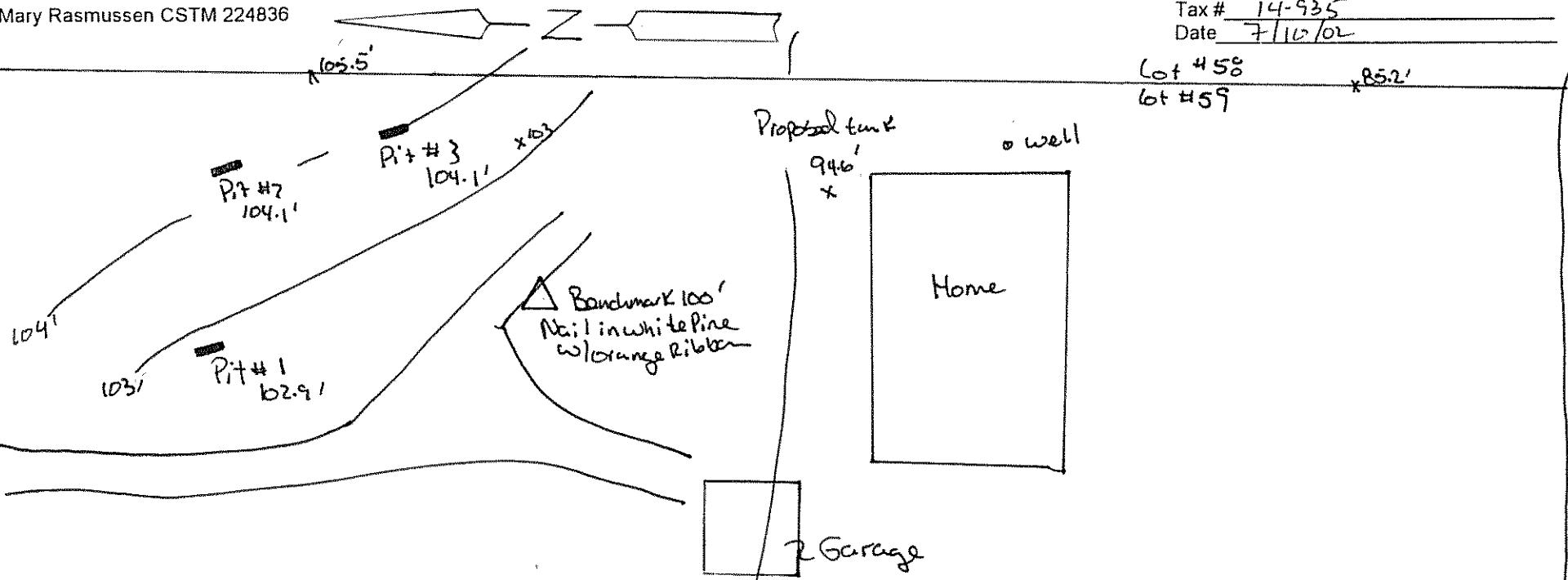
Down to Earth Soil Testing, Inc.
4480 Church Road
Conover, WI 54519
(715) 479-2295
Karl Jennrich CSTM 224007
Mary Rasmussen CSTM 224836

Soil Test Plot Plan

Page 3 of 3

1' = 40'
Scale

Owner D J Amour
SE 1/4 SE 1/4 S 21, T 46N, R 10 E
County WISCONSIN
Township LINCOLN
Tax # 14-935
Date 7/10/02



95'

John
CSTM 224007
7/10/02

Yellow Birch Lake

Note: Lot lines shown are approximate. This is not a survey map. Lot lines shall be verified by owner prior to installation.