



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 U: LAS State Sanitary Permit Number 380905 ☒ Check if revision to previous application State Plan I. D. Number

I. Application Information - Please Print all Information

Property Owner Name MARC D'AMOUR Location: SE 1/4 SE 1/4 S 21 T 40 N R 100 (or) W
Property Owner's Mailing Address 5418 Old Middleton Rd Unit #305 Lot Number 459 Block Number
City, State Madison WI Zip Code 53705 Phone Number (608) 253-4116 Subdivision Name or CSM Number OLIVER PARK

II Type of Building: (check one)

☒ 1 or 2 Family Dwelling - No. of Bedrooms: 4 3
☐ Public/Commercial (describe use):
☐ State-owned

III 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. ☐ Addition to Existing System
B) ☐ A Sanitary Permit was previously issued Permit Number Date Issued

IV. Type of POWT System: (Check all that apply)

☒ Non-pressurized In-ground ☐ Mound ☐ Sand Filter ☐ Constructed Wetland
☐ Pressurized In-ground ☐ Holding Tank ☐ Single Pass ☐ Drip Line
☐ At-grade ☐ Aerobic Treatment Unit ☐ Recirculating ☐ Other:

V Dispersal/Treatment Area Information:

1. Design Flow (gpd) 600 2. Dispersal Area Required 857 3. Dispersal Area Proposed 500 ft² 4. Soil Application Rate (Gals./day/sq. ft.) .7 5. Percolation Rate (Min./inch) 92.6 6. System Elevation 92.6 7. Final Grade Elevation 96.0

VI Tank Information	Capacity in Gallons		Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
	New Tanks	Existing Tanks								
<u>Septic A1</u>	<u>1700</u>		<u>1700</u>	<u>1</u>	<u>Concrete Prod.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>A1 #2</u>	<u>800</u>		<u>800</u>	<u>1</u>	<u>CONCRETE Prod.</u>	<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) RANDY RADTKE Plumber's Signature (no stamps): Randy Radtke MP/MPRS No. 7447 Business Phone Number 715-542-3699

Plumber's Address (Street, City, State, Zip Code)


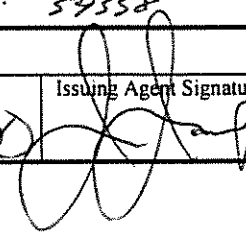
1452 HWY 155 ST GERMAIN WI 54558

VIII County/Department Use Only

☒ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 225 Date Issued 10-16-00 Issuing Agent Signature (No stamps)

IX. Conditions of Approval /Reasons for Disapproval:

RADTKE # 3664

		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 <u>WISCONSIN</u>		State Sanitary Permit Number <u>380905</u>		<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 <u>MARC D'AMOUR</u>					Property Location <u>SE 1/4 SE 1/4, S 21 T 40, N. R 10E (or) W</u>					
Property Owner's Mailing Address <u>5418 Old Middleton Rd Unit #305</u>					Lot Number <u>59</u> Block Number					
City, State <u>Madison WI</u>		Zip Code <u>53705</u>		Phone Number <u>(608) 253-4116</u>		Subdivision Name or CSM Number <u>OLIVER PARK</u>				
II Type of Building: (check one) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: <u>4</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)					Nearest Road <u>McKinley</u>					
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				
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) <u>600</u>	2. Dispersal Area Required <u>857</u>	3. Dispersal Area Proposed <u>500 F1 2</u> <u>1714 300000</u>	4. Soil Application Rate (Gals./day/sq. ft.) <u>.7</u>	5. Percolation Rate (Min./inch)	6. System Elevation <u>92.6</u>	7. Final Grade Elevation <u>96.0</u>				
VI Tank Information		Capacity in Gallons	Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
		New Tanks	Existing Tanks							
<u>Septic A1 #1</u>		<u>1700</u>		<u>1700</u>	<u>1</u>	<u>Concrete Prod.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>A1 #2</u>		<u>800</u>		<u>800</u>	<u>1</u>	<u>CONCRETE Prod.</u>	<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) <u>RANDY RADTKE</u>		Plumber's Signature (no stamps): <u>Randy Radtke</u>			MPMPRS No. <u>7447</u>		Business Phone Number <u>715-542-3699</u>			
Plumber's Address (Street, City, State, Zip Code) <u>1452 NWY 155 ST GERMANTOWN WI 54558</u>										
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) <u>225.00</u>		Date Issued <u>10-16-00</u>		Issuing Agent Signature (No stamps) 		
IX. Conditions of Approval /Reasons for Disapproval: <div style="text-align: right; font-size: 1.2em;"> <u>RADTKE # 3664</u> </div>										

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

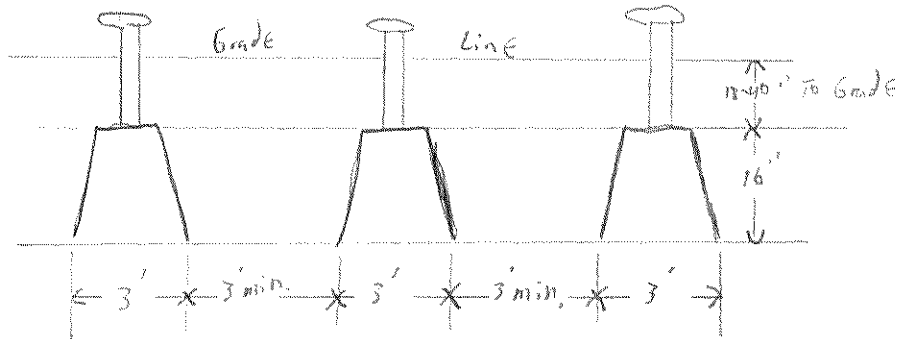
Randy Radtke MP # 74477

ARC P' AMOUR system

SCALE 1" = 30'

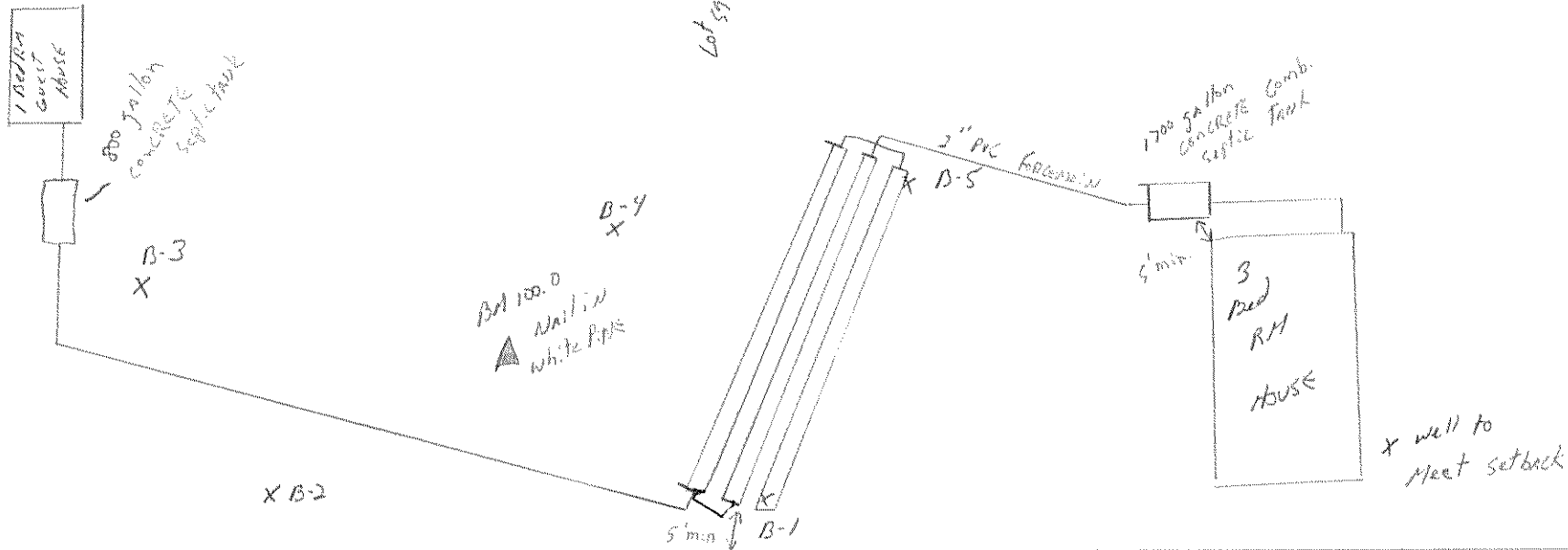
System ELEV 72.6'

System 30 High Capacity sidewinder
infiltrator chambers



Lot 50

Lot 50



Yellow Birch Lake

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)).

Property Owner MARC D'AMOUR		Property Location Govt. Lot SE 1/4 SE 1/4 S 21 T 40 N R 10 E (or) W	
Property Owner's Mailing Address E11232 Hillside DR		Lot # 594	Block # Oliver Park
City WI Ellis	State WI	Zip Code 53565	Phone Number 963-4415
		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road Lincoln McKinley

☐ New Construction Use: ☒ Residential / Number of bedrooms 4 Code derived design flow rate 600 - GPD

☒ Replacement ☐ Public or commercial - Describe: _____

Parent material outwash plain - sandy Flood Plain elevation if applicable N.A. ft.

General comments and recommendations: All Borings 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.

9216 using #1-5-4

1 Boring # ☒ Boring ☐ Pit Ground surface elev. 94.3' ft. Depth to limiting factor 98 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	5yr 2/1		LS	1msbk	mfr	cw	y	.7	1.2
2	2-6	5yr 3/4		LS	1msbk	mfr	gw	y	.7	1.2
3	6-16	5yr 3/4		LcosS	1msbk	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

2 Boring # ☒ Boring ☐ Pit Ground surface elev. 99.1' ft. Depth to limiting factor 100 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	5yr 2/1		LS	1msbk	mfr	cw	y	.7	1.2
2	2-8	5yr 3/4		LS	1msbk	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 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

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

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

Property Owner D Amour

Parcel ID # _____

Page 2 of 3

3 Boring # ☐ Boring ☒ Pit Ground surface elev. 102.9 ft. Depth to limiting factor 98 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	1mgr	mfr	cw	y	.7	1.2
2	2-6	5YR 3/4		LS	1msbk	mfr	gw	y	.7	1.2
3	6-18	5YR 4/4		LcosS	Osg	ml	gw	y	.7	1.2
4	18-30	5YR 4/6		cosS	Osg	ml	gw		.7	1.2
5	30-98	7.5YR 5/6		cosS	Osg	ml			.7	1.2

4 Boring # ☐ Boring ☒ Pit Ground surface elev. 98.0 ft. Depth to limiting factor 100 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	1mgr	mfr	cw	y	.7	1.2
2	2-8	5YR 3/4		LS	1msbk	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	5YR 5/6		cosS	Osg	ml			.7	1.2

5 Boring # ☐ Boring ☒ Pit Ground surface elev. 94.0 ft. Depth to limiting factor 100 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	5YR 2/1		LS	1mgr	mfr	cw	y	.7	1.2
2	2-7	5YR 3/4		LS	1msbk	mfr	gw	y	.7	1.2
3	7-19	5YR 4/4		LcosS	Osg	ml	gw	y	.7	1.2
4	19-32	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 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 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.

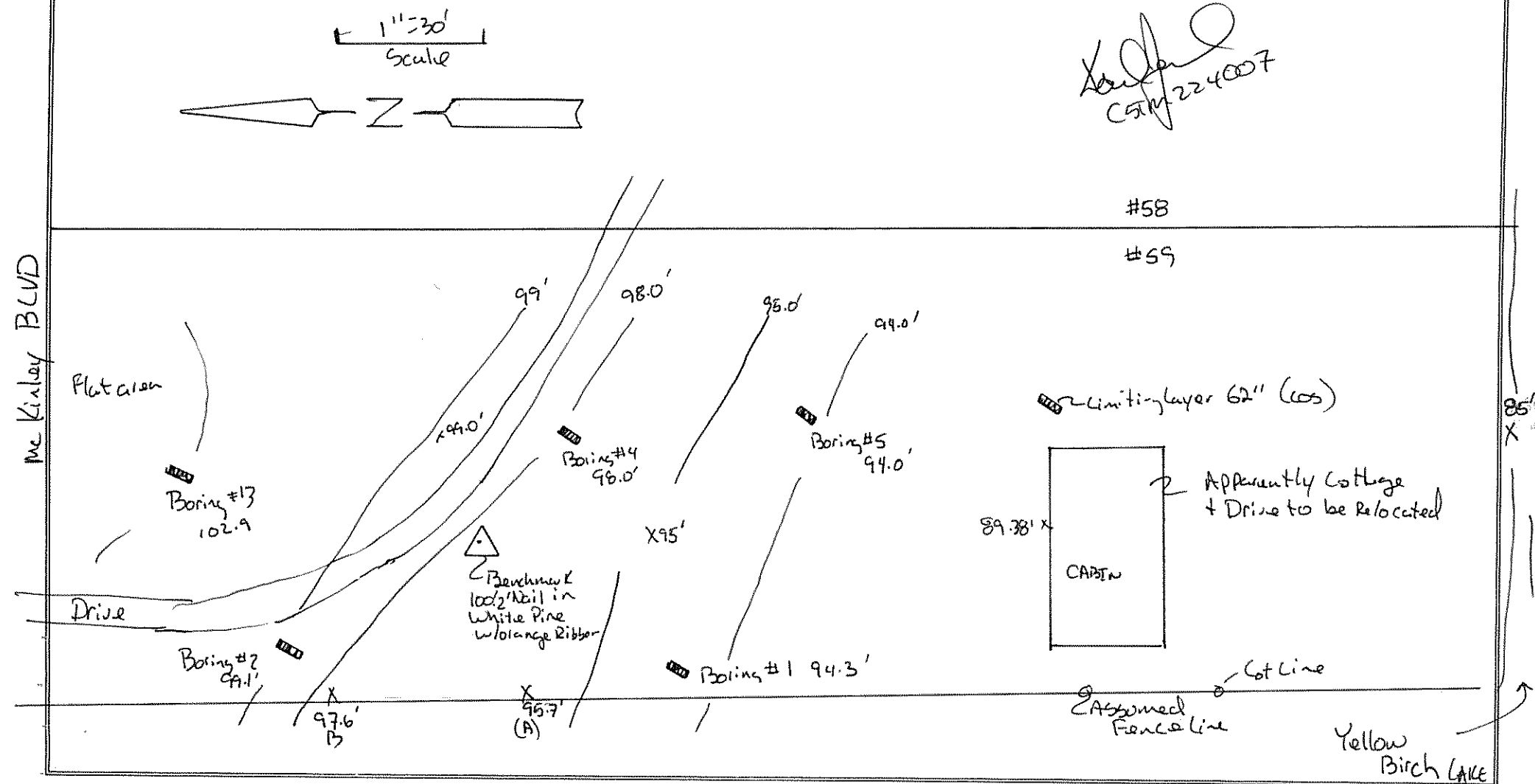
4480 Church Road
Conover, WI 54519
(715) 479-2295
Karl Jenrich CSTM 224007
Mary Rasmussen CSTM 224836

Owner MARC P. AMOS
 SE 1/4 SE 1/4 Sec. 21 T 4N, R 10E
 County VILAS
 Township LINCOLN
 Tax # 14-935
 Date 7/22/00

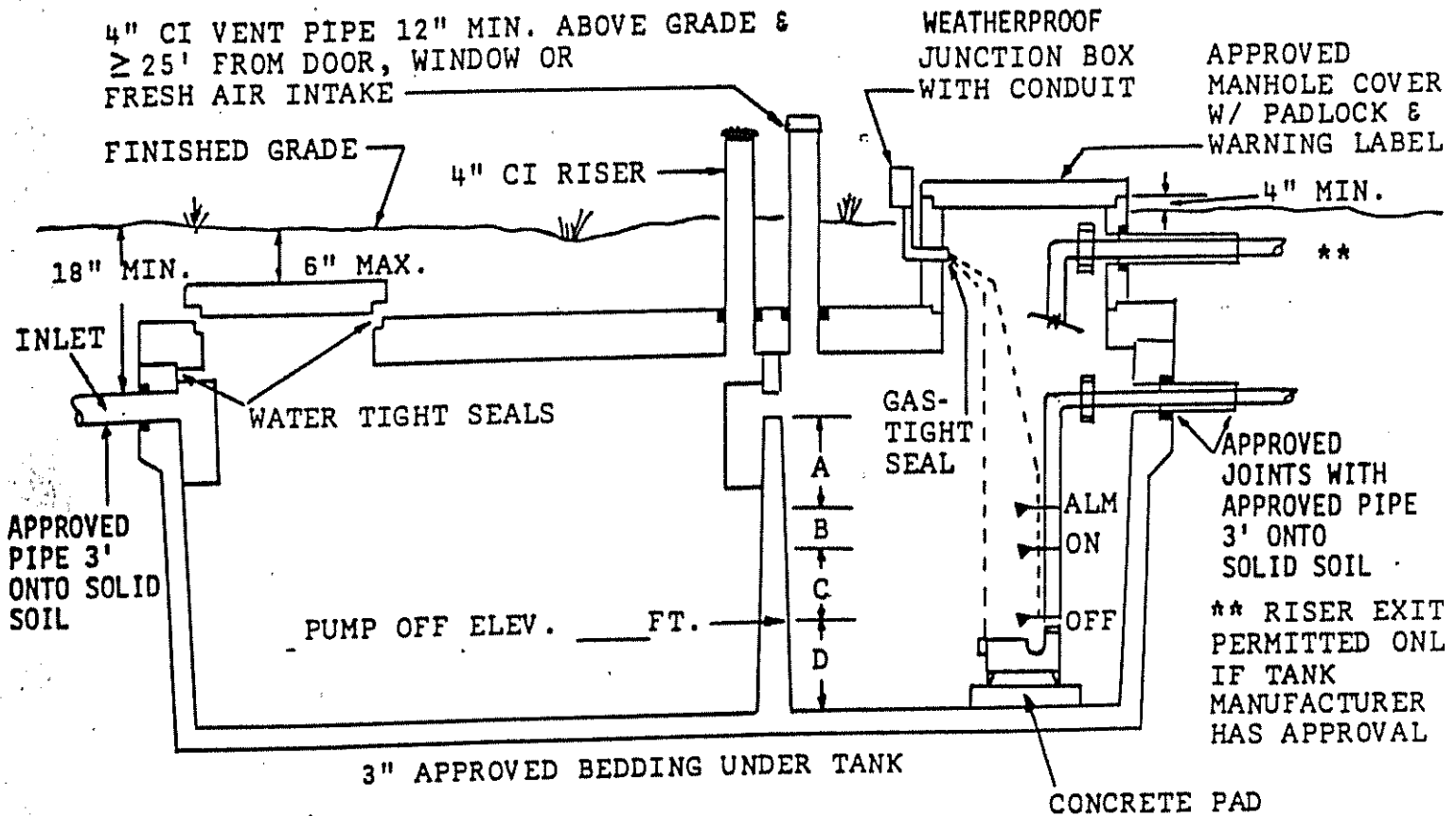
Requirements pursuant to Comm 85.50 have been reviewed. County staff has not completed a review of potential design options for this site. This report appears to be acceptable for onsite, wastewater holding, treatment or dispersal. System design and review shall be completed by a properly licensed individual 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.

- : water supply (well) for
- in is on lot #58
- : Place cells on contours!

Handwritten signature and number: 524224007



SEPTIC TANK & PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS



SPECIFICATIONS

SEPTIC / DOSE
TANK MANUFACTURER: Concrete Products

NUMBER DOSES PER DAY: 4

TANK SIZES: SEPTIC 1500 GAL.
DOSE 200 GAL.

DOSE VOLUME INCLUDING
FLOWBACK: 129 GAL.

ALARM MANUFACTURER: SJ Control
MODEL NUMBER: 101
SWITCH TYPE: Mercurv

CAPACITIES: A = 19 INCHES = 342 GAL.

B = 2 INCHES = 36 GAL.

PUMP MANUFACTURER: Goulds
MODEL NUMBER: W60 3112
SWITCH TYPE: Mercurv

C = 7 INCHES = 129 GAL.

D = 10 INCHES = 80 GAL.

REQUIRED DISCHARGE RATE 30 GPM

PUMP & ALARM WIRING AS PER ILHR 16.23 WAC

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE . . . 10 FEET
+ MINIMUM NETWORK SUPPLY PRESSURE 2.5 FEET
+ 100 FEET FORCEMAIN X 1.81 FT/100 FT. FRICTION FACTOR . . . 1.8 FEET
TOTAL DYNAMIC HEAD = 11.8 FEET

INTERNAL DIMENSIONS OF PUMP TANK: LENGTH 55 ; WIDTH 67 ; DIAMETER _____
LIQUID DEPTH 38"

SIGNED: [Signature] LICENSE NUMBER: 187447 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'AMORE

Legal Description: SE SE 1/4 21-90-10

Parcel Identifier: 14-935

Plumber/Designer Name (MP/MPRS): RANDY RADTKE MP 7447

Plumber/Designer Signature: Randy Radtke

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)~~
- a/n ☐ ~~Pump Tank Cross Section (to be attached)~~
- a/n ☐ ~~Calculations for Pump Tank (to be attached)~~
- a/n ☐ ~~Pump Curve (to be attached)~~
- a/n ☐ ~~Deed Restrictions (to be attached)~~
- ☐ ~~Specify _____~~
- a/n ☐ ~~Easement Documents (to be attached)~~
- ☐ ~~Specify _____~~
- a/n ☐ ~~County Onsite Form (to be attached)~~
- ☐ ~~Specify _____~~
- a/n ☐ ~~POWTS Plan Approval Letter & Plans~~
- a/n ☐ ~~Private Interceptor Plan Approval~~

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

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.)

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

1700 combo tank

zobul filter A1500

30 Ni-CAP S. divider

Building #2

500 gallon concrete septic tank

zobul filter A1500

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

System Components & Specifications

SYSTEM COMPONENTS & SPECIFICATIONS

Manufacturer

Model/Size/Type/Mat/#

PRE-SYSTEM COMPONENT

☐ Ejector Pump & Basin

- ☐ Basin
- ☐ Pump(s)
- ☐ Switch
- ☐ Alarm

TREATMENT TANKS

☒ Septic Tank(s)

- ☒ Septic Tank 1
- ☒ Septic Tank 2
- ☐ Septic Tank 3
- ☐ Septic Tank 4

☐ Other Treatment Components

- ☐ Single Pass Sand Filter
- ☐ Recirculating Sand Filter
- ☐ Aerobic Treatment Unit
- ☐ Other

WATER METERING DEVICES

- ☐ Water Meter
- ☐ Event Counter

HOLDING TANKS

Holding Tank Components

- ☐ Holding Tank 1
- ☐ Holding Tank 2
- ☐ Holding Tank 3
- ☐ Alarm
- ☐ Alarm Switch

SEWAGE APPARATUS

Filters

- ☒ In-Tank Filter
- ☐ Basin
- ☐ Out of Tank Filter
- ☐ Pressurized Filter

Concrete Products

1700 Combo 500

2x2x1

A 1500

PUMP TANKS

☐ Lift Stations & Dose Tanks

- ☒ Pump(s)
- ☒ Double Float Switch(es)
- ☒ Alarm Float
- ☐ Alarm
- ☐ Duplex Controller
- ☒ Electrical Junction Box
- ☒ Forcemain Piping Material

DISPERSAL COMP & CELLS

☐ Distribution Method

- ☐ Distribution Box(es)
- ☐ Diverter Valve(s)
- ☒ Header/Manifold

☐ Observation Pipes

- ☐ Closet collar method
- ☐ Rebar method
- ☒ Leaching chamber method

☒ Dispersal Cells

- ☒ In-Ground Non-Pressurized
- ☐ In-Ground Pressurized
- ☐ At-Grade
- ☐ Mound
- ☐ Drip Line

☐ Dispersal Cell Material

- ☒ Leaching Chambers
- ☐ Distribution Piping

OTHER

- ☐ Sampling Ports
- ☐ Other (describe)

- ☐ Attach additional sheets as necessary

Manufacturer

Model/Size/Type/Mat/#

Goulds

W20 3112

SJ Electrol

SJ Electrol

NW 101

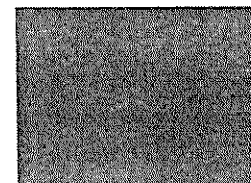
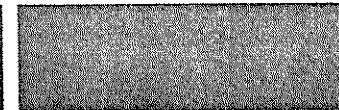
others

PVC

PVC 2"

PVC

4" 3034



INFILTRATOR

NICAP Sidewinder

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

PLB 68

VILAS COUNTY

SANITARY PERMIT

No 380905

OWNER MARC D'AMOURPLUMBER RANDY RADTKE LIC. # 7447TOWN OF LINCOLN LOCATED SE 1/4SE 1/4 SEC 21 T 40 N; R 10 EAND/OR LOT #59 BLOCK _____LINCOLN PARK SUBDIVISION[Signature] AUTHORIZED ISSUING OFFICER - DATE 10-16-02THIS PERMIT EXPIRES 10-16-02 UNLESS RENEWED BEFORE THAT DATE
(TWO YEARS FROM ORIGINAL DATE OF ISSUANCE)

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.

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

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

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

GENERAL INFORMATION

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

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

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	<i>TBI</i>	<i>(1650) combo</i>
Dosing		
Aeration	<i>Filter-Zabel-1800</i>	
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark				<i>100.0'</i>
		<i>3' 3 1/2"</i>		<i>103.29'</i>
Bldg. Sewer	<i>19" + 14'</i>	<i>15' 7"</i>	<i>15.58'</i>	<i>87.71'</i>
St / Ht Inlet	<i>(20") + 14'</i>	<i>15' 8"</i>	<i>15.61'</i>	<i>87.62'</i>
St / Ht Outlet	<i>23" + 14'</i>	<i>15' 11"</i>	<i>15.92'</i>	<i>87.37'</i>
Dt Inlet				
Dt Bottom		<i>20'</i>	<i>20.0'</i>	<i>83.29'</i>
Installation Contour				
Header / Man.		<i>1'</i>	<i>1.0'</i>	<i>102.29'</i>
Dist. Pipe				
Infiltrative Surface		<i>2' 3 1/2"</i>	<i>2.29'</i>	<i>101.0'</i>
Final Grade		<i>.29'</i>	<i>.29'</i>	<i>103.00'</i>
Pump Off.		<i>19' 2"</i>	<i>19.17'</i>	<i>84.12'</i>
Pump On		<i>18' 7"</i>	<i>18.58'</i>	<i>84.71'</i>

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	<i>9'</i>	<i>36'</i>	<i>7'</i>	<i>10'</i>	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer	<i>Goulds</i>			Demand
Model Number	<i>WEO311M</i>			<i>30</i> GPM
TDH ft Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length <i>40'</i>	Dia <i>2"</i>	Dist. To Well	<i>36'</i>

DISPERSAL CELL INFORMATION (11 units ea)

DIMENSIONS	Width	Length	No of Cells
Width <i>3'</i>			<i>2</i>
SETBACK INFORMATION	P / L	Bldg	Well
CELL TO	<i>6'</i>	<i>83'</i>	<i>100'</i>

Type of System	Manufacturer:
<i>Non-Pres</i>	<i>Infiltrators</i>
<i>In-Ground</i>	Model Number:
	<i>High Cap - Sidewinders</i>

DISTRIBUTION SYSTEM

Header / Manifold	Dia <i>4"</i>	Distribution Pipe(s) <i>(cell)</i>	X Pressure Systems Only
Length <i>6'</i>		Length _____ Dia _____	X Hole Size
		Spac <i>3'</i>	X Hole Spacing
			Observation Pipes
			<input type="checkbox"/> Yes <input type="checkbox"/> No

SOIL COVER

Depth Over Cell Center	Depth Over Cell Edges <i>20" average</i>	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.)

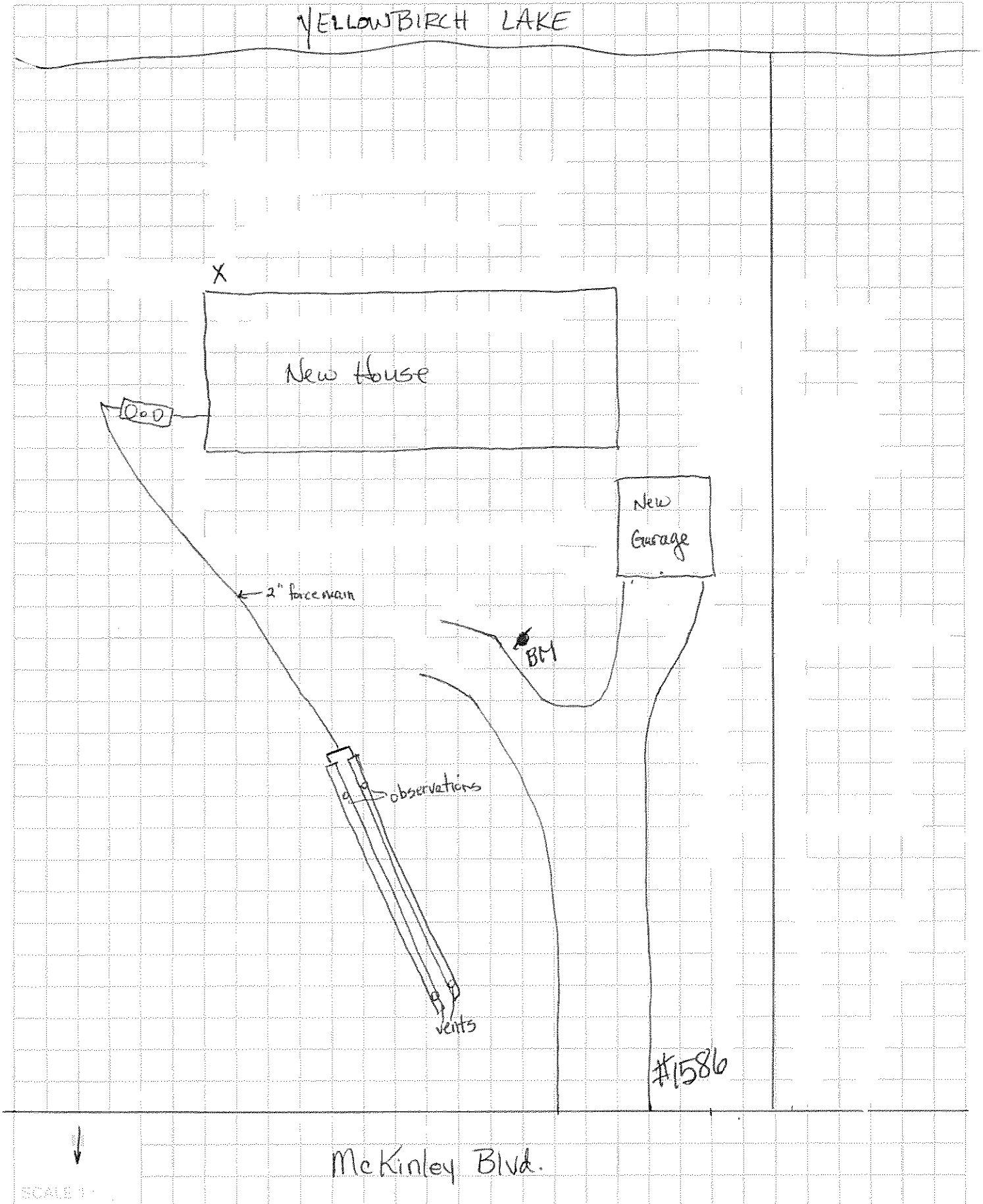
Randy Rattke # 225639 was present.
system installed out of the soil tested area. Plumber provided new soil report. Change in # of bedrooms - owner did not add 1 bedroom cottage to system so it was sized for 3bed.

Plan revision required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>7 12 02</i>	<i>Richard R. Ray</i>	<i>6 7 1 1 0 7</i>
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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	VILAS
Parcel I.D.	14-935
Reviewed by	Date

Property Owner MARC D'Amour		Property Location Govt Lot 56 1/4 SE 1/4 S 21 T 40 N R 10 E (or) W	
Property Owner's Mailing Address C-11232 Hillside Dr		Lot # 59456	Block # Subd. Name or CSM# Oliver PARK
City WI Dell's WI	State WI	Zip Code 53965	Phone Number (608) 963-4415
		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road Lincoln 11586 McKinley

☐ New Construction Use: ☒ Residential / Number of bedrooms 3 Code derived design flow rate: 450 GPD

☒ Replacement ☐ Public or commercial - Describe: W.A.

Parent material outwash Flood Plain elevation if applicable N.A. ft.

General comments and recommendations: 643# required .7 gpd/ft² loading rate. Clean outwash.
System Elevation: 101' - 100.1' Please Note: I did Soil Test on 7/22/00 at a different location

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 102.9' ft. Depth to limiting factor 84 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-4	7.5YR 3/2	-	ls	1/4 gr	mfr	cu	yes	.7	1.2
2	4-18	5YR 3/3	-	ls	1/4 sbrk	mfr	cu	1	.7	1.2
3	18-24	5YR 3/4	-	s	osy	ml	gw	1	.7	1.2
4	24-41	7.5YR 5/4	-	cos	osy	1	di	no	.7	1.2
5	41-84	7.5YR 4/4	-	s	osy	1	-	NO	.7	1.2

2 Boring # ☐ Boring ☒ Pit Ground surface elev. 104.1 ft. Depth to limiting factor 84 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-2	7.5YR 3/2	-	ls	1/4 gr	mfr	cu	yes	.7	1.2
2	2-13	5YR 3/3	-	ls	1/4 sbrk	1	cu	1	.7	1.2
3	13-21	5YR 3/4	-	s	osy	ml	cu	1	.7	1.2
4	21-84	7.5YR 5/4	-	s	osy	1	-	no	.7	1.2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

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

CST Name (Please Print) Down to Earth Soil Testing, Inc.	Signature 	CST Number 224007
Address 4480 CHURCH ROAD	Date Evaluation Conducted 7/10/02	Telephone Number 715-474-2295

Property Owner D'AmoreParcel ID # 14-935Page 2 of 3Boring # 3 ☐ Boring ☒ Pit Ground surface elev. 104.1' ft. Depth to limiting factor 84 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2
1	0-4	7.5YR 3/2	—	ls	lfr	mfr	cw	Yes	.7	1.2
2	4-6	5YR 3/3	—	ls	lfr	l	cw	Yes	.7	1.2
3	6-13	7.5YR 3/4	—	S	osy	ml	cw	Yes	.7	1.2
4	13-21	7.5YR 4/4	—	S	osy	l	cw	No	.7	1.2
5	21-84	7.5YR 5/4	—	S	osy	l	cw	—	.7	1.2

Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

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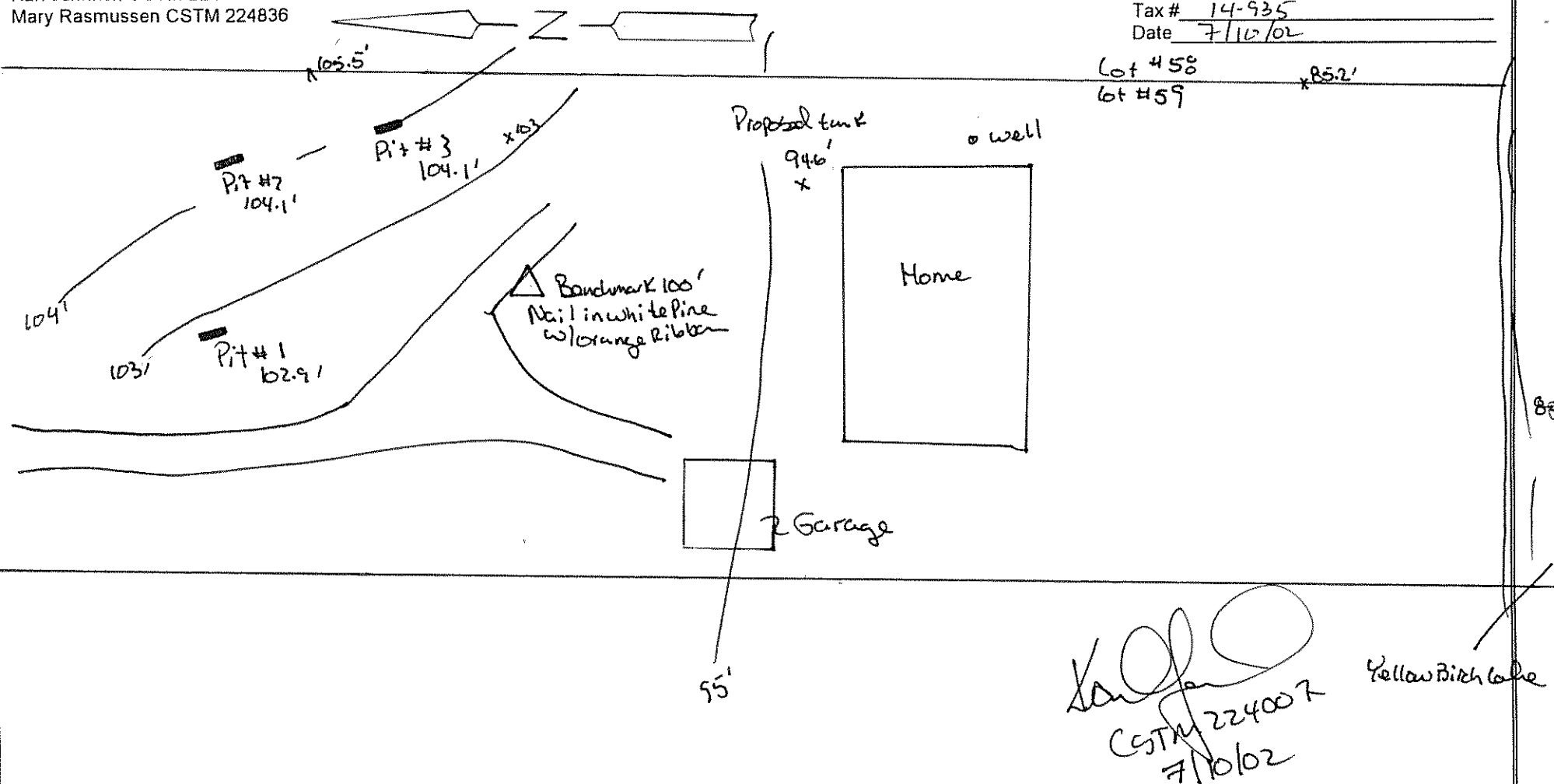
Down to Earth Soil Testing, Inc.
4480 Church Road
Conover, WI 54519
(715) 479-2295
Karl Jennrich CSTM 224007
Mary Rasmussen CSTM 224836

Soil Test Plot Plan

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Owner D'Amour
SE 1/4 SE 1/4 S 21, T 46N, R 10E
County Vilas
Township Lincoln
Tax # 14-935
Date 7/10/02

1" = 40'
Scale



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