



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

County <i>Manitowoc</i>
Sanitary Permit No: <i>422557 5-198-03</i>
State Plan Transaction ID#: <i>928030</i>
Parcel Tax No: <i>16-026-001-005.02</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>Phil Fox</i>	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <i>Schleswig</i>
CST BM Elev: <i>100.00'</i>	Insp BM Elev: <i>100.00'</i>
BM Description: <i>Top of NW lot corner steel pipe</i>	

**TANK INFORMATION**

TYPE	MANUFACTURER	CAPACITY
Septic	<i>Ledgeview</i>	<i>1200 gal</i>
Dosing	<i>Combo</i>	<i>800 gal</i>
Aeration		
Holding		

**ELEVATION DATA**

STATION	BS	HI	FS	ELEV
Benchmark				<i>100.00'</i>
Bldg. Sewer				<i>91.67'</i>
St / Ht Inlet				<i>90.75'</i>
St / Ht Outlet				
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				<i>101.48'</i>
Infiltrative Surface				
Final Grade				<i>90.50'</i>
<i>pump</i>				

**TANK SETBACK INFORMATION**

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	<i>2'±</i>	<i>*</i>	<i>55'</i>	<i>N/A</i>	<i>NA</i>
Dosing	<i>2'±</i>	<i>*</i>	<i>55'</i>	<i>60'±</i>	<i>NA</i>
Aeration					<i>NA</i>
Holding					

**PUMP / SIPHON INFORMATION**

Manufacturer <i>Zoeller</i>	Demand <i>65.54 GPM</i>
Model Number <i>N161</i>	
TDH/Net Lift <i>7.1'</i>	Friction Loss <i>7.1'</i>
System Head <i>3.25'</i>	TDH <i>21 Ft</i>
Forcemain Length <i>86'</i>	Dia <i>2"</i>
Dist. To Well <i>*</i>	

**DISPERSAL CELL INFORMATION**

DIMENSIONS	Width	Length	No of Cells
	<i>6'</i>	<i>100'</i>	<i>1</i>
SETBACK INFORMATION	P/L	Bldg	Well
CELL TO	<i>50'±</i>	<i>125'</i>	<i>*</i>
			<i>N/A</i>

Type of System <i>New mound</i>	LEACHING CHAMBER	Manufacturer:
		Model Number:

**DISTRIBUTION SYSTEM**

Header (Manifold) Length <i>3'</i> Dia <i>2"</i>	Distribution Pipe(s) Length <i>49.25'</i> Dia <i>1 1/2"</i>	Spac <i>3'</i>	X Pressure Systems Only X Hole Size <i>3/16"</i>	X Hole Spacing <i>2'</i>	Observation Pipes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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**SOIL COVER**

Depth Over Cell Center <i>12"</i>	Depth Over Cell Edges <i>6"</i>	Depth of Topsoil <i>6"</i>	Seeded / Sodded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

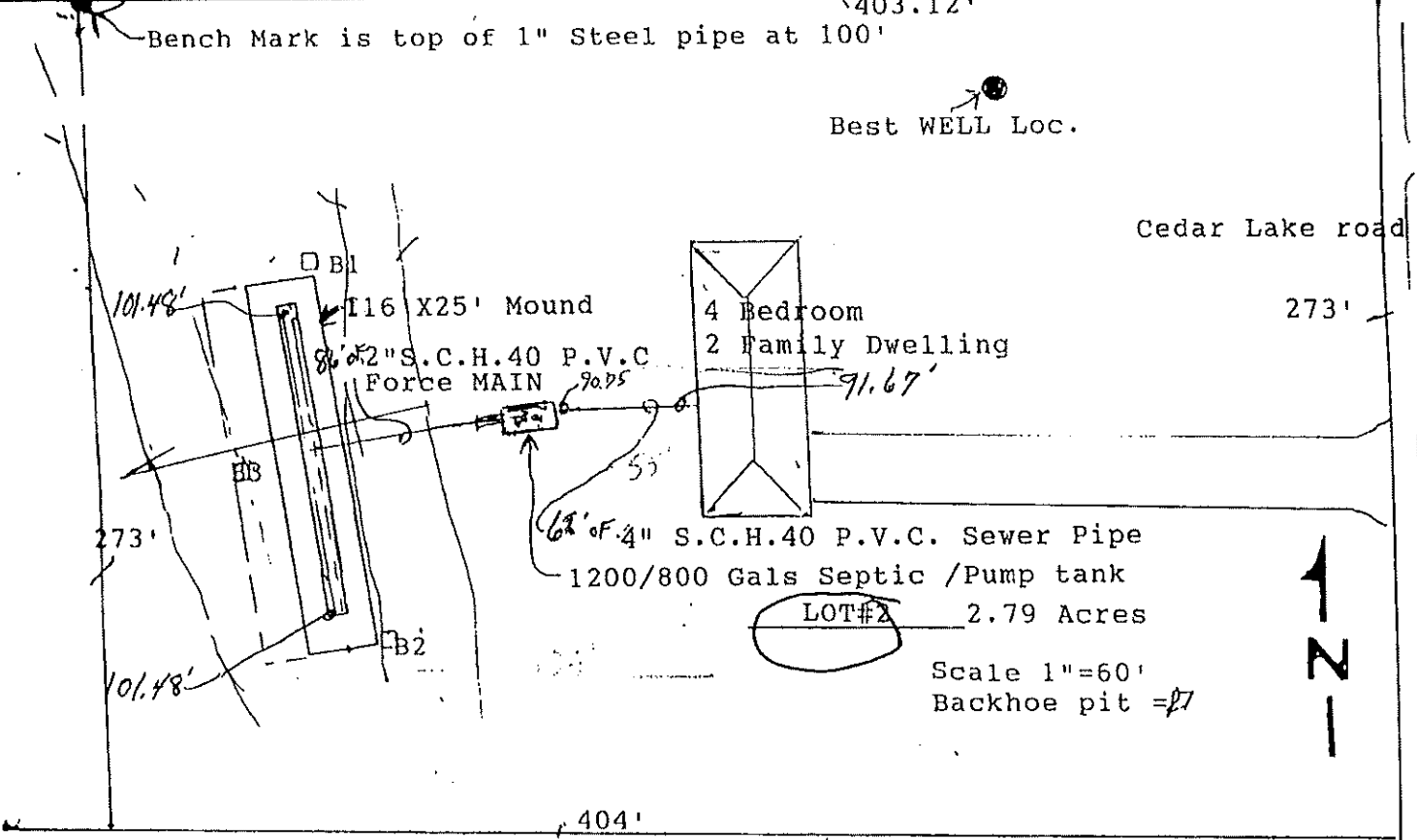
*\* No well located on property at time of inspection.  
- A100 zabel filter  
- owner will seed & mulch*

*16-026-001-005.04  
16-026-001-005.03*

Plan revision required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>12 4 03</i>	<i>Peter A. Janssen</i>	<i>22 55 11</i>
Use other side for additional information	Date	POWTS Inspector's Signature	Cert No

AS BUILT

Site plan drawing for Phil Fox, 4 Bedroom Mound system.



Filter = A 100 ZABEL  
 PUMP = N-161 Zoller  
 PUMP OFF = 90.50'  
 Two 4' Raiser ON TANK  
 WITH Chain + Lock

Kenneth Suchan  
 24219 C.T.H.X  
 New Holstein, Wi. 53061  
 I.D.#.224182

Manitowoc  
 Sanitary Permit Number (to be filled in by Co.)  
422557 5-198-03

## Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

State Plan I.D. Number  
 928030

Project Address (if different than mailing address)

16-026-001-005.02

Parcel # Lot # Block #  
2

Property Location  
NE 1/4, NE 1/4, Section 26

T 17 N; R 21 E or W (circle one)

Subdivision Name CSM Number

City Village Township of  
Schleswig

### I. Application Information - Please Print All Information

Property Owner's Name  
 Phil Fox

Property Owner's Mailing Address  
 18430 Split Rail Lane

City, State Zip Code Phone Number  
 Kiel, Wi. 53042 894-3688

### II. Type of Building (check all that apply)

- 1 or 2 Family Dwelling - Number of Bedrooms 4
- Public/Commercial - Describe Use \_\_\_\_\_
- State Owned - Describe Use \_\_\_\_\_

### III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

- |    |   |   |  |  |
|----|---|---|--|--|
| A. | <input checked="" type="checkbox"/> New System            | <input type="checkbox"/> Replacement System | <input type="checkbox"/> Treatment/Holding Tank Replacement Only | <input type="checkbox"/> Other Modification to Existing System |
| B. | <input type="checkbox"/> Permit Renewal Before Expiration | <input type="checkbox"/> Permit Revision    | <input type="checkbox"/> Change of Plumber                       | <input type="checkbox"/> Permit Transfer to New Owner          |
- List Previous Permit Number and Date Issued

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

- Non -Pressurized In-Ground
- Mound  $\geq$  24 in. of suitable soil
- Mound < 24 in. of suitable soil
- At-Grade
- Single Pass Sand Filter
- Constructed Wetland
- Pressurized In-Ground
- Holding Tank
- Peat Filter
- Aerobic Treatment Unit
- Recirculating Sand Filter
- Recirculating Synthetic Media Filter
- Leaching Chamber
- Drip Line
- Gravel-less Pipe
- Other (explain)

### V. Dispersal/Treatment Area Information:

Design Flow (gpd) 600	Design Soil Application Rate(gpdsf) 0.4	Dispersal Area Required (sf) 1125	Dispersal Area Proposed (sf) 1125	System Elevation 100.00'
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VI. Tank Info	Capacity in Gallons		Total Gallons	Number of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	X		1200	1	Ledgeview	X				
Aerobic Treatment Unit										
Dosing Chamber	X		800		Ledgeview	X				

### VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) Kenneth Suchan	Plumber's Signature <i>Kenneth Suchan</i>	MP/MPRS Number 224182	Business Phone Number 894-3696
Plumber's Address (Street, City, State, Zip Code) 24219 C.T.H.X. New Holstein, Wi. 53061			

### VIII. County/Department Use Only

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (includes Groundwater Surcharge Fee) \$400.00	Date Issued 10/21/03	Issuing Agent Signature (No Stamps) <i>Reed Haedt</i>
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### IX. Conditions of Approval/Reasons for Disapproval

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

SBD-6398 (R. 08/02) Distribution: Original to County One copy to State, owner, plumber.



Safety and Buildings  
PO BOX 7162  
MADISON WI 53707-7162  
TDD #: (608) 264-8777  
www.commerce.state.wi.us/sb  
www.wisconsin.gov

Jim Doyle, Governor  
Cory L. Nettles, Secretary

October 09, 2003

CUST ID No.224182

KENNETH W SUCHAN  
KENS SEPTIC SERVICE LLC  
24219 CTH X  
NEW HOLSTEIN WI 53061

ATTN: POWTS Inspector  
PLANNING AND PARK COMMISSION  
MANITOWOC COUNTY SPIA  
4319 EXPO DR  
PO BOX 610  
MANITOWOC WI 54221-0610

**CONDITIONAL APPROVAL  
PLAN APPROVAL EXPIRES: 10/09/2005**

Identification Numbers
Transaction ID No. 928030 Site ID No. 666393
Please refer to both identification numbers, above, in all correspondence with the agency.

**SITE:**

Phil Fox - Dwelling  
Cedar Lake Rd  
Town of Schleswig, Manitowoc County  
NE1/4, NE1/4, S26, T17N, R21E, Lot: 2

**FOR:**

Description: **New Mound System / 600 gpd**  
Object Type: POWT System Regulated Object ID No.: 924726

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**. The owner, as defined in chapter 101.01(10), Wisconsin Statutes, is responsible for compliance with all code requirements.

A copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors. All permits required by the state or the local municipality shall be obtained prior to commencement of construction/installation/operation.

In granting this approval the Division of Safety & Buildings reserves the right to require changes or additions should conditions arise making them necessary for code compliance. As per state stats 101.12(2), nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure, or component.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

The above left addressee shall provide a copy of this letter to the owner and any others who are responsible for the installation, operation or maintenance of the POWTS.

Sincerely,

Peter E Pagel  
Private Sewage Plan Reviewer , Integrated Services  
(608)266-2889 , M - F, 0630 - 1500 Hrs  
pepagel@commerce.state.wi.us

Fee Required \$	175.00
Fee Received \$	175.00
Balance Due \$	0.00
WiSMART code: 7633	

P.O.  
Conc  
**APPI**  
DEPARTMENT  
DIVISION OF SAFETY  
SEE CORRES

cc: Karl J Schultz, Wastewater Specialists, (920) 428-9719

**MOUND AND PRESSURE DISTRIBUTION COMPONENT DESIGN**  
 Residential Application  
**INDEX AND TITLE PAGE**

Project Name: Phil Fox ,4 Bedroom Mound System.

Owner's Name: Phil Fox

Owner's Address: 18430 Split Rail Lane  
Kiel, Wi. 53042  
(920) 894-3688

Legal Description: Nne/14 NNe1/4 Sec26 T17N/R21E.

Township: Schleswig

County: Manitowoc

Subdivision Name: Phil Fox

Lot Number: 2 Block Number: \_\_\_\_\_

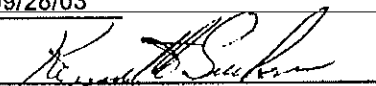
Parcel I.D. Number: \_\_\_\_\_

Plan Transaction No.: \_\_\_\_\_

Page 1	Index and title
Page 2	Data entry
Page 3	Mound drawings
Page 4	Lateral and dose tank
Page 5	System maintenance specifications
Page 6	Management and contingency plan
Page 7	Pump curve and specifications
Page 8	Plot plan drawing
_____	_____
_____	_____
_____	_____

**RECEIVED**  
**SEP 30 2003**  
**SAFETY & BLDGS. DIV.**

Designer: Kenneth Suchan License Number: 224182  
 Date: 09/28/03 Phone Number: (920) 894-3696

Signature: 

**W.T.S.**  
*itionally*  
**NOVED**  
 DEPARTMENT OF COMMERCE  
 INDUSTRY AND BUILDINGS  
 CONFORMANCE  
*G. Lopez*

Designed Pursuant to the  
 Mound Component Manual for POWTS Version 2.0 SDB-10691-P (N. 01/01), and  
 SSWMP Publication 9.6 Design of Pressure Distribution Networks for ST-SAS (01/81)

# Mound and Pressure Distribution Component Design

## Design Worksheet

### Site Information

(r or c)	R	Residential or Commercial Design
	400.00	Estimated Wastewater Flow (gpd)
	1.50	Peaking Factor (e.g. 1.5 = 150%)
	600.00	Design Flow (gpd)
	1.00	Site Slope (%)
	100.00	Contour Line Elevation (ft)
	27.00	Depth to Limiting Factor (in)
	0.40	In-situ Soil Application Rate (gpd/ft <sup>2</sup> )

Note: Sand fill (D) calculations assume a Table 83-44-3 in-situ soil treatment for fecal coliform of <= 36 inches.

### Distribution Cell Information

100.00	Dispersal Cell Length Along Contour (ft) =	6.00	Cell Width (ft)
1.00	Dispersal Cell Design Loading Rate (gpd/ft <sup>2</sup> )		
1	Influent Wastewater Quality (1 or 2)		

Are the laterals the highest point in the distribution network?   
Enter Y or N

If N above, enter the elevation (ft) of the highest point.

### Pressure Distribution Information

(c or e)	c	Center or End Manifold
	3.00	Lateral Spacing (ft)
	4	Number of Laterals
	0.188	Orifice Diameter (in) (e.g. 0.25)
	2.00	Estimated Orifice Spacing (ft) =
	2.00	Forcemain Diameter (in)
	60.00	Forcemain Length (ft)
	95.40	Pump Tank Elevation (ft)

Does the forcemain drain back?   
Enter Y or N

3.25	System Head (ft) x 1.3
5.52	Vertical Lift (ft)
4.94	Friction Loss (ft)
13.70	Total Dynamic Head (ft)

9.79	Forcemain Drainback (gal)
90.37	5x Void Volume (gal)
100.15	Minimum Dose Volume (gal)
65.54	System Demand (gpm)

Lateral Diameter Selection		
in. dia.	options	choice
0.75		
1.00		
1.25		
1.50	x	x
2.00	x	
3.00	x	

Manifold Diameter Selection		
in. dia.	options	choice
1.25		
1.50		
2.00	x	x
3.00		

### Treatment Tank Information

1200.00	Septic Tank Capacity (gal)
Ledgeview	Manufacturer

### Gallons/Inch Calculator (optional)

2000.00	Total Tank Capacity (gal)
49.50	Total Working Liquid Depth (in)
40.40	gal/in (enter result in cell B49)

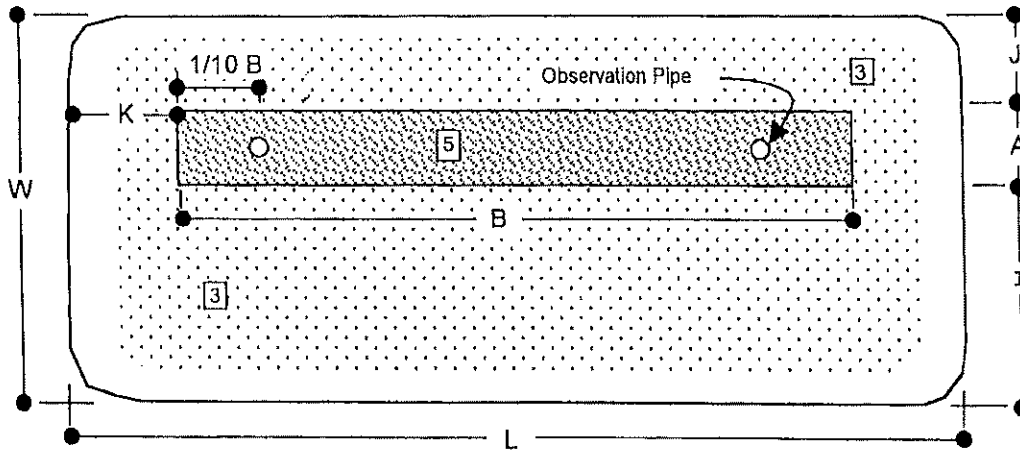
### Dose Tank Information

800.00	Dose Tank Capacity (gal)
16.30	Dose Tank Volume (gal/in)
Ledgeview	Manufacturer

### Effluent Filter Information

Zabel -100	Filter Manufacturer
A100	Filter Model Number

### Mound Plan View



### Mound Component Dimensions

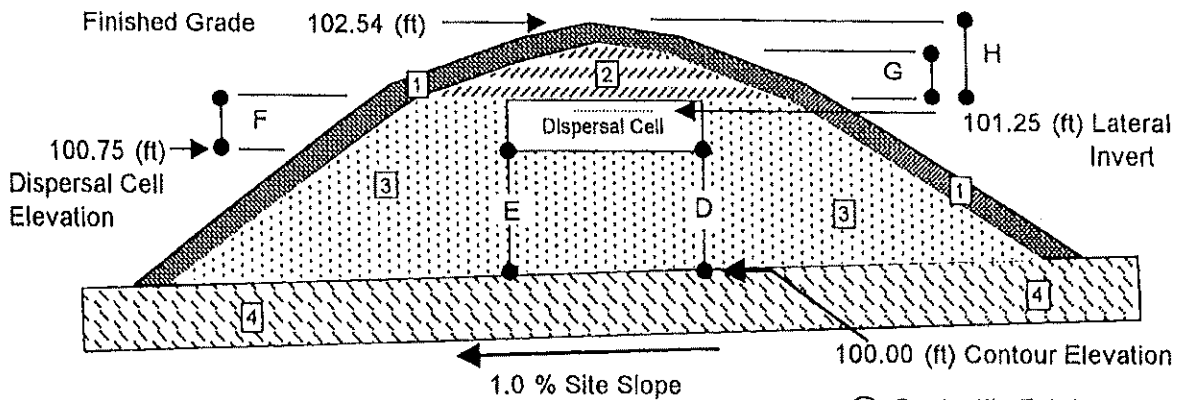
Down slope toe extension made.

A	6.00 ft	E	9.72 in	H	1.00 ft	K	7.72 ft
B	100.00 ft	F	9.50 in	I	9.00 ft	L	115.43 ft
D	9.00 in	G	0.50 ft	J	5.95 ft	W	20.95 ft

600.00 (ft <sup>2</sup> ) Dispersal Cell Area	1500.00 (ft <sup>2</sup> ) Basal Area Available
6.00 (gpd/ft) Linear Loading Rate	10.00 (ft) 1/10 B Obs. Pipe Placement

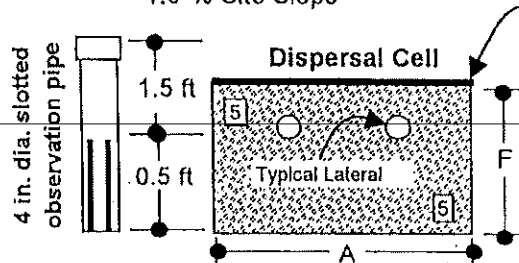
### Mound Cross Section View

Aggregate Dispersal Area



**Shading Key**

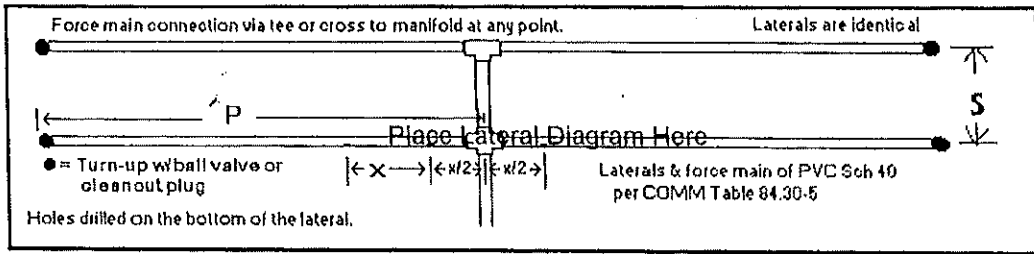
1	Topsoil Cap
2	Subsoil Cap
3	ASTM C33 Sand
4	Tilled Layer
5	Aggregate



Geotextile Fabric Cover

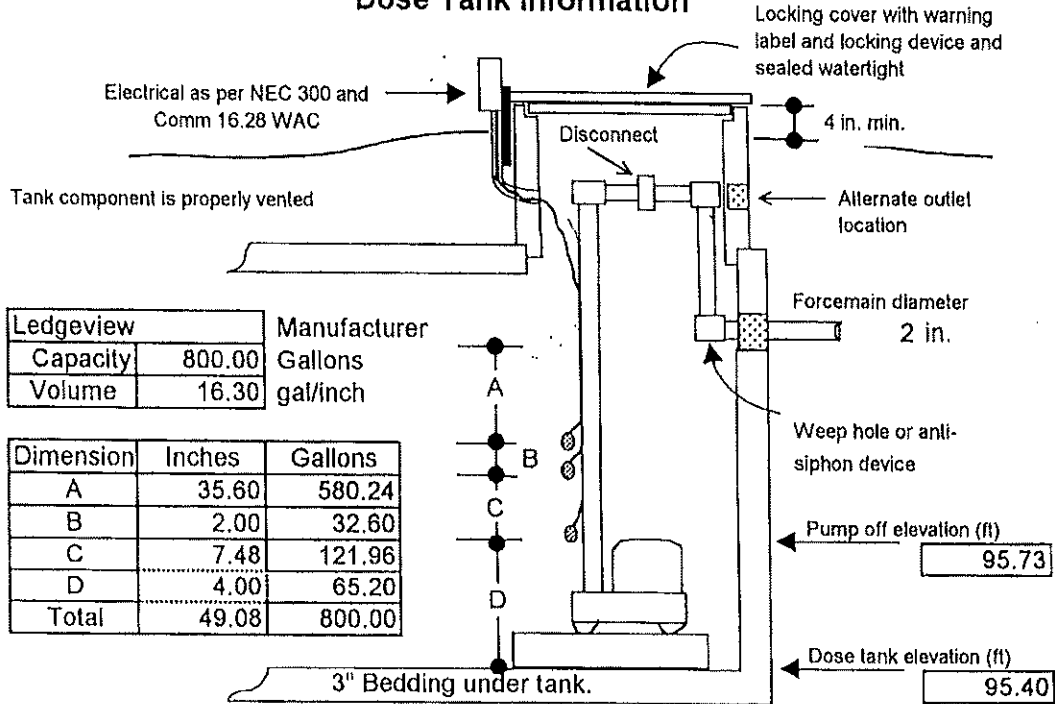
See lateral details on Page 4 for number, size, and spacing of laterals. Laterals are equally spaced from the distribution cell's centerline in the distribution cell (AxB).

## Center Connection Lateral Layout Daigram



Number of Laterals	4	Orifice Diameter	0.188 in
Lateral Diameter	1.50 in	Orifice Spacing (X)	2.01 ft
Lateral Length (P)	49.25 ft	Orifices per Lateral	25
Lateral Spacing (S)	3.00 ft	Orifice Density	6.00 ft <sup>2</sup> /orifice
Lateral Flow Rate	16.38 gpm	Manifold Length	3.00 ft
System Flow Rate	65.54 gpm	Manifold Diameter	2.00 in
Total Dynamic Head	13.70 ft	Forcemain Velocity	6.69 ft/sec

### Dose Tank Information



Ledgview		Manufacturer
Capacity	800.00	Gallons
Volume	16.30	gal/inch

Dimension	Inches	Gallons
A	35.60	580.24
B	2.00	32.60
C	7.48	121.96
D	4.00	65.20
Total	49.08	800.00

Alarm Manufacturer: S.J.  
 Alarm Model Number: 101 HW

Pump Manufacturer: Zoller  
 Pump Model Number: N161

Pump Must Deliver: 65.54 gpm at 13.70 ft TDH



# Mound System Maintenance and Operation Specifications

Service Provider's Name	Kenneth Suchan	Phone	(920) 894-3696
POWTS Regulator's Name	Manitowoc County	Phone	(920) 683-4185

## System Flow and Load Parameters

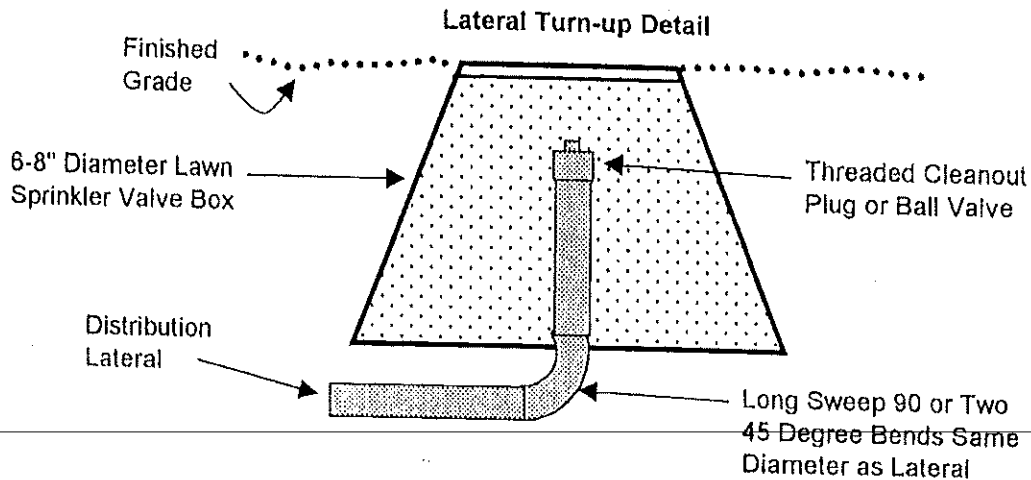
Design Flow - Peak	600	gpd	Maximum Influent Particle Size	1/8	in
Estimated Flow - Average	400	gpd	Maximum BOD5	220	mg/L
Septic Tank Capacity	1200	gal	Maximum TSS	150	mg/L
Soil Absorption Component Size	600	ft <sup>2</sup>	Maximum FOG	30	mg/L
Type of Wastewater	Domestic		Maximum Fecal Coliform	>10E4	cfu/100 mL

## Service Frequency

Septic and Pump Tank	Inspect and/or service once every 3 years
Effluent Filter	Should inspect and clean at least once every 3 years
Pump and Controls	Test once every 3 years
Alarm	Should test monthly
Pressure System	Laterals should be flushed and pressure tested every 1.5 years
Mound	Inspect for ponding and seepage once every 3 years
Other	

## Miscellaneous Construction and Materials Standards

1. Observation pipes are slotted and materials conform to Table Comm 84.30-1, have a watertight cap, and are secured in as shown in the mound component manual.
2. Dispersal cell aggregate conforms to Comm 84.30 (6)(i), Wis. Adm. Code.
3. All gravity and pressure piping materials conform to the requirements in Comm 84, Wis. Adm. Code.
4. Tillage of the basal area is accomplished with a mold board or chisel plow.
5. The mound structure and other disturbed areas will be seeded and mulched to prevent soil erosion and help reduce frost penetration.



**Mound System Management Plan**  
**Pursuant to Comm 83.54, Wis. Adm. Code**

**General**

This system shall be operated in accordance with Comm 82-84 Wis. Adm. Code, and shall be maintained in accordance with its' component manuals [SBD-10691-P (N.01/01) and SSWMP Publication 9.6 (01/81)] and local or state rules pertaining to system maintenance and maintenance reporting.

No one should ever enter a septic or pump tank since dangerous gases may be present that could cause death.

Septic and pump tank abandonment shall be in accordance with Comm 83.33, Wis. Adm. Code when the tanks are no longer used as POWTS components.

Septic or pump tank manhole risers, access risers and covers should be inspected for water tightness and soundness. Access openings used for service and assessment shall be sealed watertight upon the completion of service. Any opening deemed unsound, defective, or subject to failure must be replaced. Exposed access openings greater than 8-inches in diameter shall be secured by an effective locking device to prevent accidental or unauthorized entry into a tank or component.

**Septic Tank**

The septic tank shall be maintained by an individual certified to service septic tanks under s. 281.48, Stats. The contents of the septic tank shall be disposed of in accordance with NR 113, Wis. Adm. Code. The operating condition of the septic tank and outlet filter shall be assessed at least once every 3 years by inspection.

The outlet filter shall be cleaned as necessary to ensure proper operation. The filter cartridge should not be removed unless provisions are made to retain solids in the tank that may slough off the filter when removed from its enclosure. If the filter is equipped with an alarm, the filter shall be serviced if the alarm is activated continuously. Intermittent filter alarms may indicate surge flows or an impending continuous alarm.

The septic tank shall have its contents removed when the volume of sludge and scum in the tank exceeds 1/3 the liquid volume of the tank. If the contents of the tank are not removed at the time of a triennial assessment, maintenance personnel shall advise the owner of when the next service needs to be performed to maintain less than maximum scum and sludge accumulation in the tank.

The addition of biological or chemical additives to enhance septic tank performance is generally not required. However, if such products are used they shall be approved for septic tank use by the Department of Commerce.

**Pump Tank**

The pump (dosing) tank shall be inspected at least once every 3 years. All switches, alarms, and pumps shall be tested to verify proper operation. If an effluent filter is installed within the tank it shall be inspected and serviced as necessary.

**Mound and Pressure Distribution System**

No trees or shrubs should be planted on the mound. Plantings may be made around the mound's perimeter, and the mound shall be seeded and mulched as necessary to prevent erosion and to provide some protection from frost penetration. Traffic (other than for vegetative maintenance) on the mound is not recommended since soil compaction may hinder aeration of the infiltrative surface within the mound and snow compaction in the winter will promote frost penetration. Cold weather installations (October-February) dictate that the mound be heavily mulched as protection from freezing.

Influent quality into the mound system may not exceed 220 mg/L BOD<sub>5</sub>, 150 mg/L TSS, and 30 mg/L FOG for septic tank effluent or 30 mg/L BOD<sub>5</sub>, 30 mg/L TSS, 10 mg/L FOG, and 10<sup>4</sup> cfu/100 mL for highly treated effluent. Influent flow may not exceed maximum design flow specified in the permit for this installation.

The pressure distribution system is provided with a flushing point at the end of each lateral, and it is recommended that each lateral be flushed of accumulated solids at least once every 18 months. When a pressure test is performed it should be compared to the initial test when the system was installed to determine if orifice clogging has occurred and if orifice cleaning is required to maintain equal distribution within the dispersal cell.

Observation pipes within the dispersal cell shall be checked for effluent ponding. Ponding levels shall be reported to the owner, and any levels above 6 inches considered as an impending hydraulic failure requiring additional, more frequent monitoring.

**Contingency Plan**

If the septic tank or any of its components become defective the tank or component shall be repaired or replaced to keep the system in proper operating condition.

If the dosing tank, pump, pump controls, alarm or related wiring becomes defective the defective component(s) shall be immediately repaired or replaced with a component of the same or equal performance.

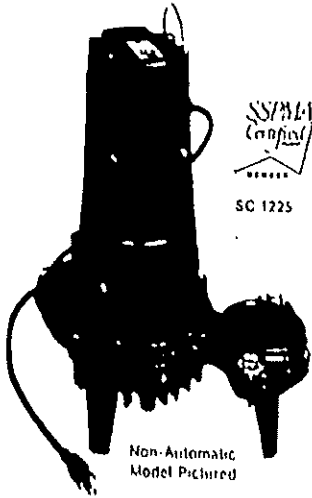
If the mound component fails to accept wastewater or begins to discharge wastewater to the ground surface, it will be repaired or replaced in its' present location by increasing basal area if toe leakage occurs or by removing biologically clogged absorption and dispersal media, and related piping, and replacing said components as deemed necessary to bring the system into proper operating condition.

See Page 6 of this plan for the name and telephone number of your local POWTS regulator and service provider.

# Application Affordable

ZOELLER  
HIGH HEAD

"161"- "163\*" - "165\*" / "185" - "188" - "189" Series  
(1/2 HP) (1/2 HP) (1 HP) / (1 HP) (1 1/2 HP) (2 HP)



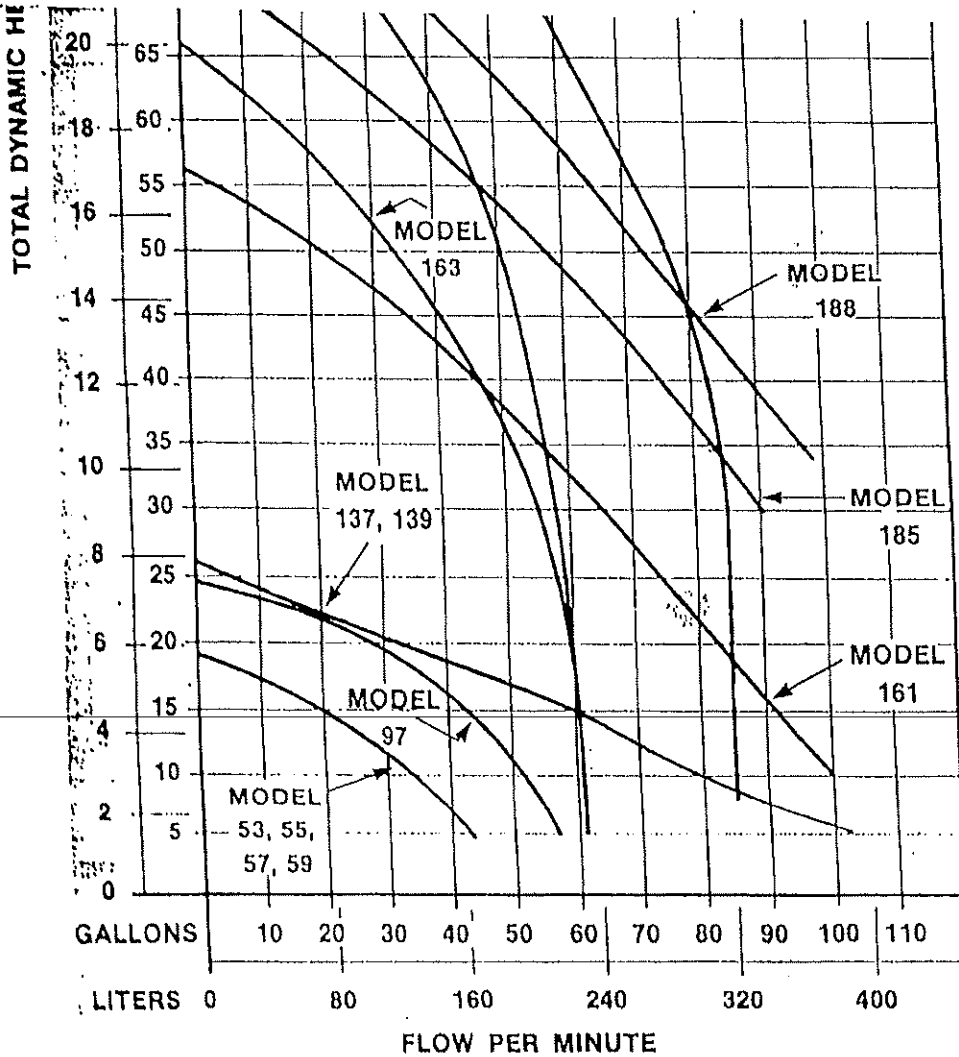
- Automatic or Non-Automatic.
- 1/2 H.P., 115V, 230V, 200-208V, 1 Ph. or 3 Ph., 460V, 3 Ph.
- 1 H.P., 1 1/2 H.P., 2 H.P., 230V, 200-208V, 1 Ph. or 3 Ph., 460V, 3 Ph.
- Passes 3/8" solids (sphere).
- 1 1/2" NPT discharge standard.
- Float operated, submersible (NEMA 6) 2 pole mechanical switch.
- Automatic reset thermal overload protection, 1 Ph. only.
- Durable cast iron construction.
- 2" or 3" flange available.
- 20 ft. UL listed neoprene cord and plug.

SERIES	112	163	165	185	188	189
1 1/2	500 1200	500 1200	500 1200	500 1200	500 1200	500 1200
1	300 750	300 750	300 750	300 750	300 750	300 750
3/4	150 375	150 375	150 375	150 375	150 375	150 375
1/2	75 187	75 187	75 187	75 187	75 187	75 187
20	570	87 217	55 213	55 213	136 343	140 350
25	752	76 222	61 215	51 211	129 322	133 327
30	934	55 214	55 214	55 214	121 308	127 321
35	1116	45 174	45 174	45 174	106 267	110 321
40	1298	31 80	31 80	31 80	93 341	100 329
45	1480				78 299	85 327
50	1662				64 193	70 295
55	1844				50 156	54 274
60	2026				37 119	41 253
65	2208				24 82	29 232
70	2390				11 45	16 211
75	2572					3 20



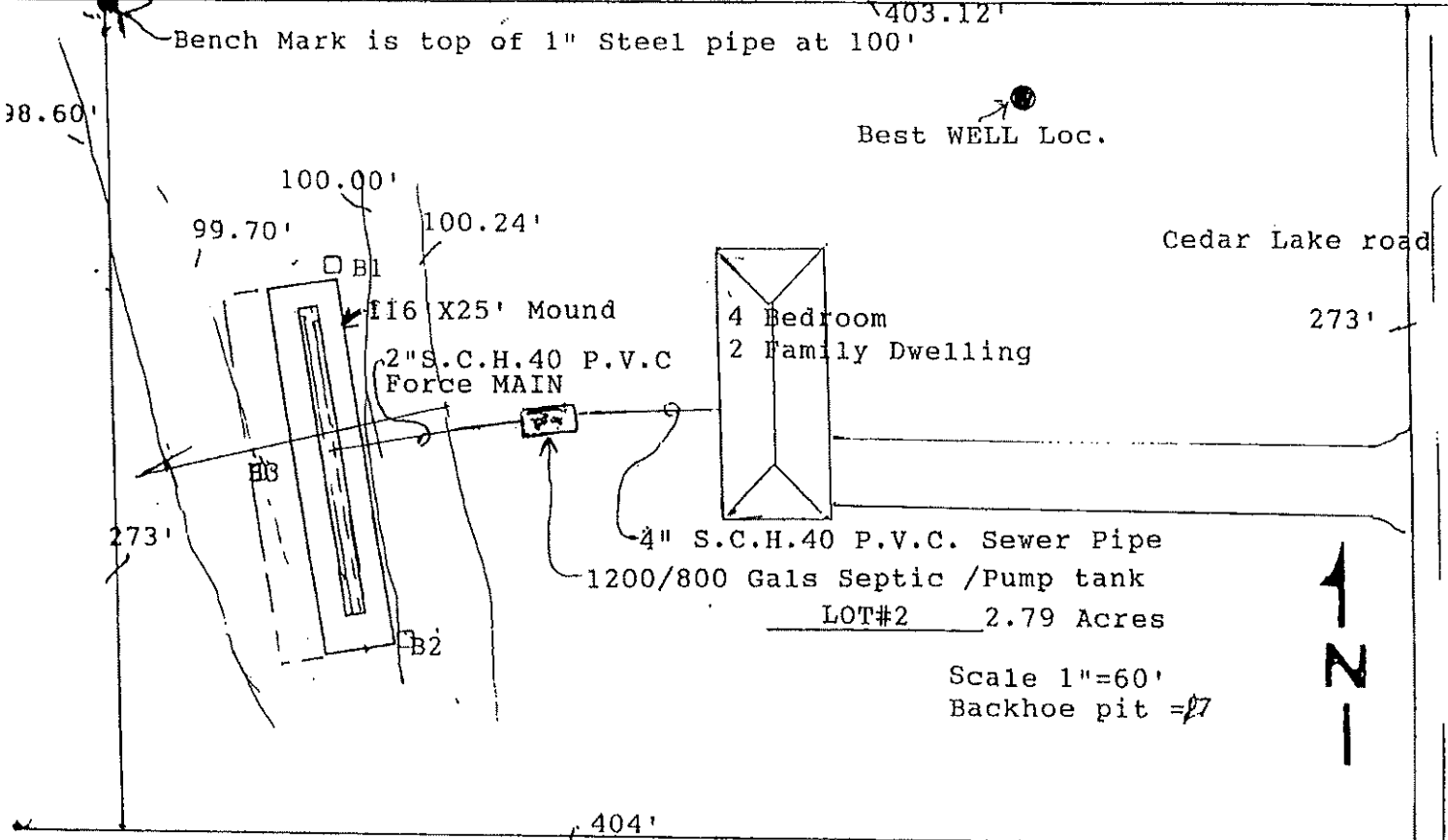
WARNING: Model 185 should not be subjected to less than 30 feet TDH.

NOTE No UL listing for 200-208V/1 Ph pumps  
Mercury float switches are available for non-automatic models.



Note: For Head Capacity on Model 112, industrial column-explosion proof pump, see FM 219.

Site plan drawing for Phil Fox, 4 Bedroom Mound system.



Kenneth Suchan  
24219 C.T.H.X  
New Holstein, Wi. 53061  
I.D.#.224182

### SOIL EVALUATION REPORT

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	Manitowoc
Parcel I.D.	
Reviewed By	<i>[Signature]</i> Date 10/21/03

Property Owner Phil Fox	Property Location Govt. Lot NE 1/4 NE 1/4 S 26 T 17 NR 21 E
Property Owner's Mailing Address 18430 Split Rail Lane	Lot # 2 Block # Subd. Name or CSM#
City Kiel State WI Zip Code 53042 Phone Number 894-3688	City Village Town Nearest Road Schleswig Rockville Rd & Cedar Lake Rd.

New Construction Use:  Residential / Number of bedrooms 4 Code derived design flow rate 600 GPD  
 Replacement  Public or commercial - Describe: \_\_\_\_\_

Parent material \_\_\_\_\_ Flood plain elevation, if applicable N/A

General comments and recommendations: Suitable For Mound System

<b>1</b>	Boring # <input checked="" type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground Surface elev. <u>100.00</u> ft.	Depth to limiting factor <u>32</u> in.	Soil Application Rate						
Horizon	Depth	Dominant Color	Redox Description	Texture	Structure	Consistence	Boundary	Roots	GPD/ft <sup>2</sup>	
									*Eff#1	*Eff#2
1	0-10	10yr 3/4	-----	sil	2 f sbk	mfr	as	2f	0.5	0.8
2	10-32	7.5yr 4/4	-----	CL	2 f sbk	mfi	cw	1f	0.4	0.6
3	32-44	10yr 5/3	C2d 10yr 6/8	sil	2 f sbk	mfi	cw	---	0.4	0.6

<b>2</b>	Boring # <input checked="" type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground Surface elev. <u>100.16</u> ft.	Depth to limiting factor <u>27</u> in.	Soil Application Rate						
Horizon	Depth	Dominant Color	Redox Description	Texture	Structure	Consistence	Boundary	Roots	GPD/ft <sup>2</sup>	
									*Eff#1	*Eff#2
1	0-10	10yr 3/4	-----	sil	2 f sbk	mfr	as	2f	0.5	0.8
2	10-27	7.5yr 4/4	-----	CL	2 f sbk	mfi	cw	1f	0.4	0.6
3	27-48	7.5yr 4/4	C2d 10yr 6/8	CL	2 f sbk	mfi	cw	---	0.4	0.6

**RECEIVED**  
**SEP 30 2003**  
**SAFETY & BLDGS. DIV**

\* Effluent #1 = BOD<sub>5</sub> > 30 < 220 mg/L and TSS > 30 < 150 mg/L

\* Effluent #2 = BOD<sub>5</sub> ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) Kenneth Suchan	Signature: <i>[Signature]</i>	CST Number 224182
Address Ken's Septic Service 24219 CTH X, New Holstein, WI 53061	Date Evaluation Conducted 9/24/03	Telephone Number 920-894-3696

3	Boring #	<input checked="" type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground Surface elev. <u>99.70</u> ft.		Depth to limiting factor <u>31</u> in.		Soil Application Rate				
			Horizon	Depth	Dominant Color	Redox Description	Texture	Structure	Consistence	Boundary	Roots
										*Eff#1	*Eff#2
1	0-11	10yr 3/4	-----	sil	2 f sbk	mfr	as	2f		0.5	0.8
2	11-31	7.5yr 4/4	-----	CL	2 f sbk	mfi	cw	1f		0.4	0.6
3	31-44	10yr 5/3	C2d 10yr 6/8	sil	2 f sbk	mfi	cw	---		0.5	0.8

	Boring #	<input type="checkbox"/> Boring <input type="checkbox"/> Pit	Ground Surface elev. _____ ft.		Depth to limiting factor _____ in.		Soil Application Rate				
			Horizon	Depth	Dominant Color	Redox Description	Texture	Structure	Consistence	Boundary	Roots
										*Eff#1	*Eff#2

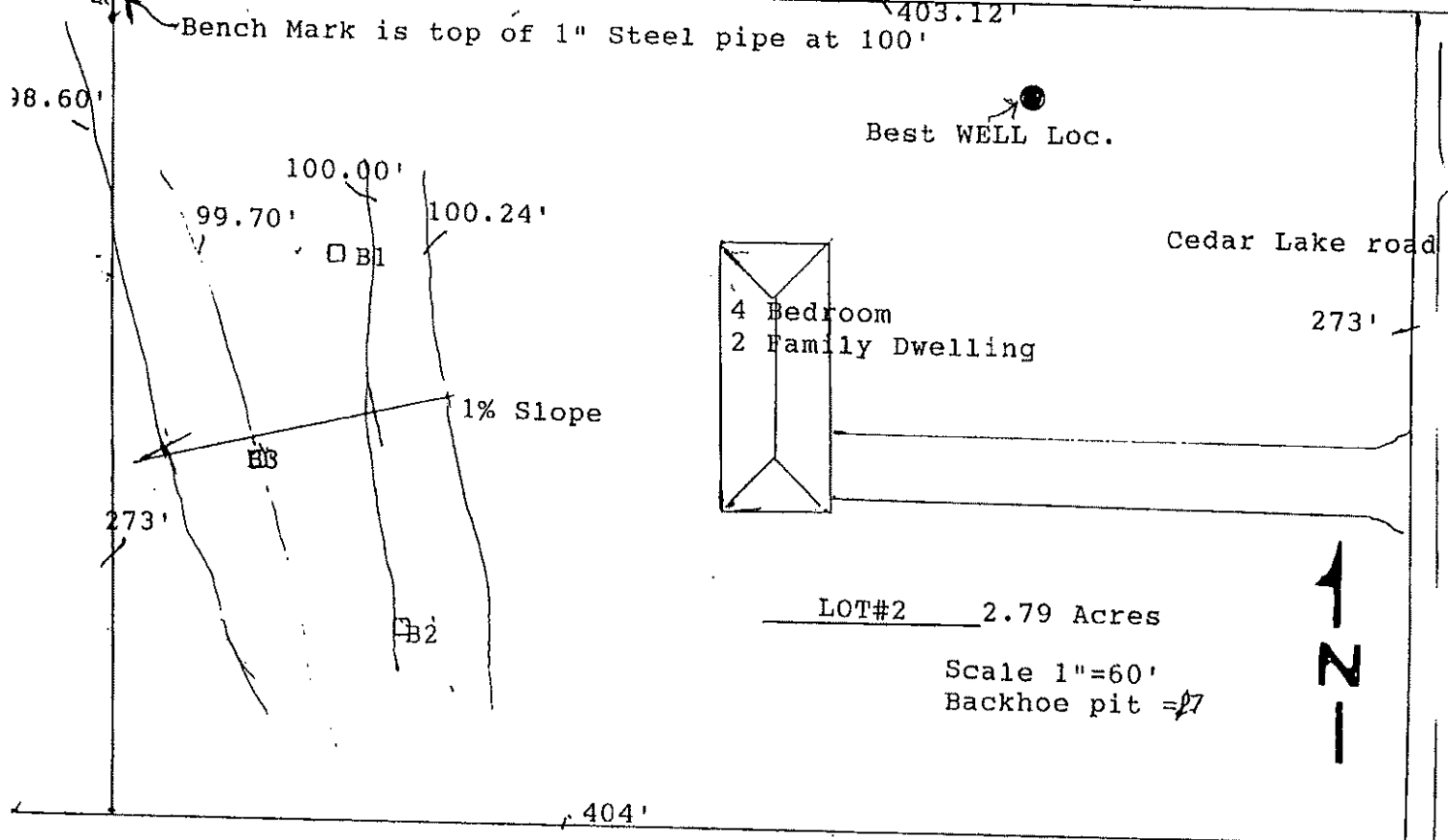
	Boring #	<input type="checkbox"/> Boring <input type="checkbox"/> Pit	Ground Surface elev. _____ ft.		Depth to limiting factor _____ in.		Soil Application Rate				
			Horizon	Depth	Dominant Color	Redox Description	Texture	Structure	Consistence	Boundary	Roots
										*Eff#1	*Eff#2

\* Effluent #1 = BOD<sub>5</sub> > 30 < 220 mg/L and TSS >30 < 150 mg/L

\* Effluent #2 = BOD<sub>5</sub> < 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.

Site plan drawing for Phil Fox, Soil Evaluation report.



LOT#2 2.79 Acres

Scale 1"=60'  
Backhoe pit = 17



Kenneth Suchan  
24219 C.T.H.X  
New Holstein, Wi. 53061  
I.D.#.224182



# Manitowoc County Planning and Park Commission

4319 EXPO DRIVE, P.O. BOX 610

MANITOWOC, WI 54221-0610

PLANNING AND PARK..... 920-683-4185  
CODE ADMINISTRATION ..... 920-683-4187  
FAX..... 920-683-4190

Sanitary Permit Number: 422557 S-198-03

Permit Issue Date: 10/21/03

## MAINTENANCE PROGRAM

Dear Sanitary Permit Applicant:

Owners of all new or replacement private sewage systems installed after August 16, 1983, are required to submit to the Manitowoc County Planning and Park Commission Office a certification form (to be provided by Manitowoc County Planning and Park Commission) every 3 years, signed by the owner and signed by a master plumber, a journeyman plumber or restricted plumber licensed under ch. 145, Stats., a person licensed under s. 146.20, State., (waste hauler) or by an employee of the governmental unit or state designated by the department, who has inspected the system. The form shall require certification that the system is in proper operating condition, and that after inspection, and pumping if necessary, the septic tank is less than 1/3 full of sludge and scum.