

INSPECTION REPORT FOR
PRIVATE SEWAGE SYSTEMS

CONVENTIONAL ALTERNATIVE
 Holding Tank In-Ground Pressure Mound

State Plan I.D. Number:
(If assigned) _____

NAME OF PERMIT HOLDER: WALT. BUSS JR.		ADDRESS OF PERMIT HOLDER: RFD # 33/4 GOLF COURSE RD.		INSPECTION DATE: 3-27-87 @ 110PM	
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN Bm @ 2.4'				REF. PT. ELEV.:	CST REF. PT. ELEV.:
Name of Plumber: KEN SURMNIKT		MP/MPSW No. 2710	County SHEB.	Sanitary Permit Number: 4093	

SEPTIC TANK/HOLDING TANK: **PIPE @ FNDN. WALL 2.6'**

MANUFACTURER CEPC	LIQUID CAPACITY 1000	TANK INLET ELEV. 3.22'	TANK OUTLET ELEV. 3.44'	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BEDDING: SAND <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VENT DIA. 4"	VENT MATL C.I.	HIGH WATER ALARM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST N/A	ROAD: N/A
PROPERTY LINE N/A		WELL: 81'	BUILDING: 23.5'	VENT TO FRESH AIR INLET N/A	

DOSING CHAMBER: **TO DECK,**

MANUFACTURER	BEDDING <input type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY	PUMP MODEL	PUMP SIPHON MANUFACTURER	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)		PUMP AND CONTROLS OPERATIONAL <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST	PROPERTY LINE	WELL
BUILDING		VENT TO FRESH AIR INLET				

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

FORCE MAIN	LENGTH	DIAMETER	MATERIAL AND MARKING

CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH 5'	LENGTH 100'	NO. OF TRENCHES ONE	DISTR. PIPE SPACING 9/8	COVER MATERIAL: FABRIC	PIT	INSIDE DIA.	# PITS	LIQUID DEPTH	
GRAVEL DEPTH BELOW PIPES 12"	FILL DEPTH ABOVE COVER +18"	DISTR. PIPE ELEV. INLET 4.44'	DISTR. PIPE ELEV. END 4.64'	DISTR. PIPE MATERIAL PVC	NO. DISTR. PIPES 1	NUMBER OF FEET FROM NEAREST	PROPERTY LINE N/A	WELL 89'	BUILDING 34'	VENT TO FRESH AIR INLET +100'

MOUND SYSTEM: **BOTTOM TRENCH = 5.8'**

Mound site plowed perpendicular to slope and furrows thrown upslope: <input type="checkbox"/> YES <input type="checkbox"/> NO	Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.	PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.
SOIL COVER TEXTURE	PERMANENT MARKERS <input type="checkbox"/> YES <input type="checkbox"/> NO	OBSERVATION WELLS <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OVER TRENCH BED CENTER	DEPTH OVER TRENCH BED EDGES	DEPTH OF TOPSOIL
SODDED <input type="checkbox"/> YES <input type="checkbox"/> NO		SEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO
MULCHED <input type="checkbox"/> YES <input type="checkbox"/> NO		

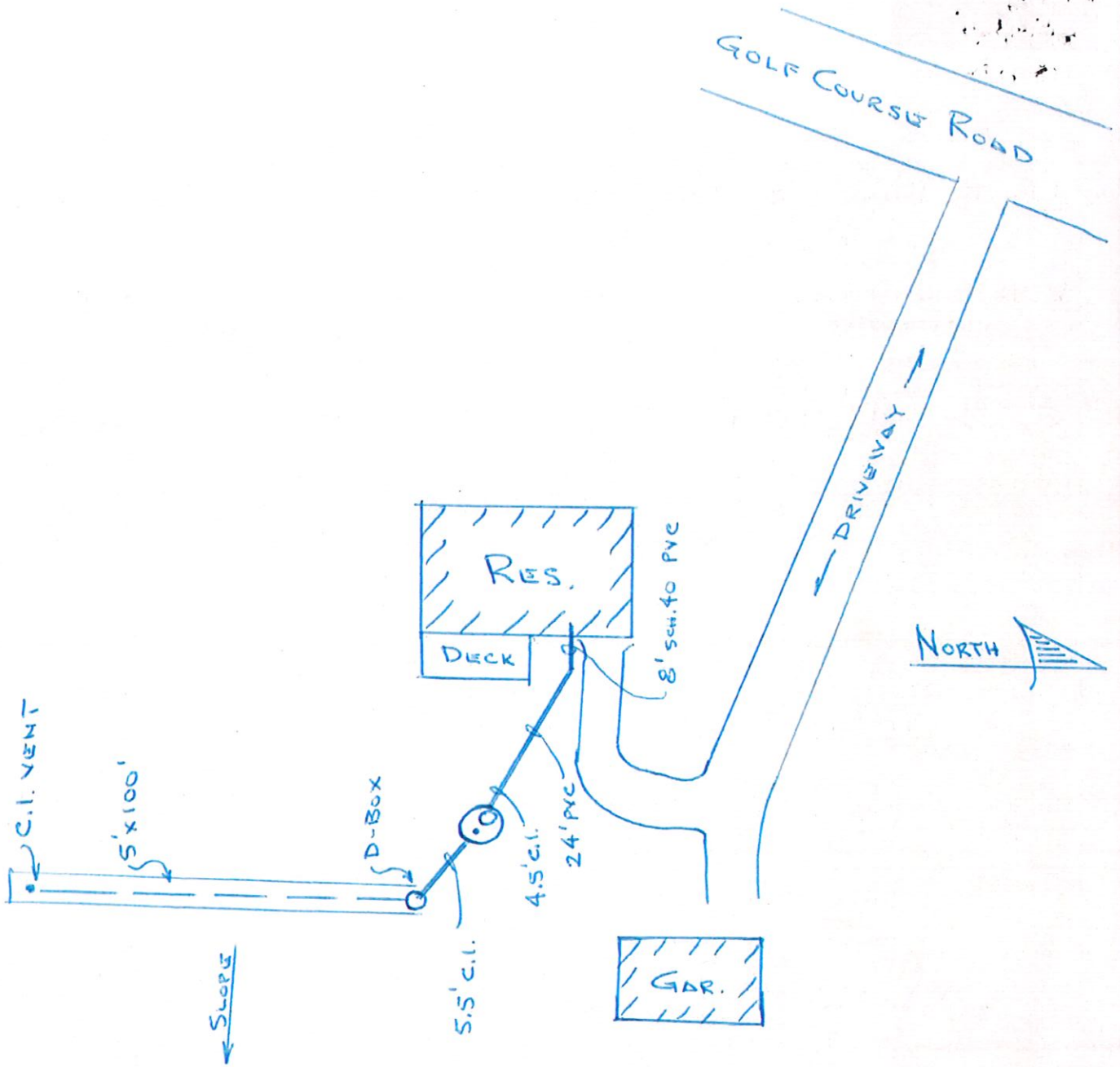
PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES	LATERAL SPACING	GRAVEL DEPTH BELOW PIPE	FILL DEPTH ABOVE COVER
ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.	PUMP ELEV.	MANIFOLD DIA.	DISTR. PIPE ELEV.	MANIFOLD MATERIAL	NO. DISTR. PIPES
HOLE SIZE	HOLE SPACING	DRILLED CORRECTLY <input type="checkbox"/> YES <input type="checkbox"/> NO	COVER MATERIAL	DISTR. PIPE DIA.	DISTRIBUTION PIPE MATERIAL & MARKING	
VERTICAL LIFT CORRESPONDS TO APPROVED PLANS <input type="checkbox"/> YES <input type="checkbox"/> NO				COMMENTS:		
PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO		OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST	PROPERTY LINE	WELL:
BUILDING:						

Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE: Cwm	TITLE: Z.D.
--------------------------	-----------------------



021301
11:47 AM
(MATT M.)

call from Wally Buss - proposing 20'x20' bedroom addition w/ basement garage below
 & 20'x24' Living room addition. # of bedrooms will remain @ 3. Need plot
 plan showing all dimensions/distances/setbacks. Also need brief narrative
 of proposed project. Should show existing sq-ft of current dwelling unit
 (exclude garage, deck/patio but include all enclosed living areas). Also show
 areas of existing that will be remodelled as part of project.



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

L1 CSM V8p43 3-12-87

3.13/A 4

-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.

4093077

COUNTY	Sheboygan
STATE SANITARY PERMIT #	78914
STATE PLAN I.D. NUMBER	
PETITION FOR VARIANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER	Walter Buss Jr			PROPERTY LOCATION	SW 1/4 SW 1/4, S 33 T 16, N, R 2 / E (or) W		
PROPERTY OWNER'S MAILING ADDRESS	245 Egan St			LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME	
CITY, STATE	ZIP CODE	PHONE NUMBER	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF	NEAREST ROAD, LAKE OR LANDMARK			
Plymouth Wis	53073	(414) 893-0098	Rhine	Golf Course Rd			

II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms 1 or 2 Family 3 OR Public (Specify):

III. PURPOSE OF APPLICATION: (Check only one in #1. Check #2, 3 or 4, if applicable)

- New System
 Replacement System
 Replacement of Septic Tank Only
 Reconnection of an Existing System
 Repair of an Existing System
- A Sanitary Permit was previously issued. Permit # _____ Date Issued _____
- An Existing System has been inspected and soil conditions meet minimum requirements.
- The System is shared by more than one owner/building. Attach Common Ownership Agreement to County Copy.

IV. TYPE OF SYSTEM: (Check only one in #1 and only one in #2)

- Conventional
 Alternative
 Experimental
- System-In-Fill
 Holding Tank
 Pit Privy
 Vault Privy
 Mound
 IGP

V. ABSORPTION SYSTEM INFORMATION: (Check one)

- Seepage Bed
 Seepage Trench
 Seepage Pit

2. PERCOLATION RATE (Minutes per inch):	3. ABSORPTION AREA REQUIRED (Square Feet):	4. ABSORPTION AREA PROPOSED (Square Feet):	5. SYSTEM ELEVATION	6. WATER SUPPLY:
0-10	500	500	95.2 Feet	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public

VI. 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	<input checked="" type="checkbox"/>		1000	1	Kloke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber	<input type="checkbox"/>					<input type="checkbox"/>	<input 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 private sewage system shown on the attached plans.

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MPSRW No.:	Business Phone Number:
Kenneth Suemnicht	<i>Kenneth Suemnicht</i>	2710	(414) 528-8504
Plumber's Address (Street, City, State, Zip Code):		Name of Designer:	
Route 1 Cascade Wis 53011			

VIII. SOIL TEST INFORMATION

Certified Soil Tester (CST) Name	CST #
Roger Baumhardt	3005
CST's ADDRESS (Street, City, State, Zip Code)	Phone Number:
R-4 1046 Elmore Dr Campbellport Wis 53010	(414) 533 8069

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee	Groundwater Surcharge Fee	Date	Issuing Agent Signature (No Stamps)
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination	106.00	25.00	8-12-86	Michael D. Matus

X. COMMENTS/REASONS FOR DISAPPROVAL: Total

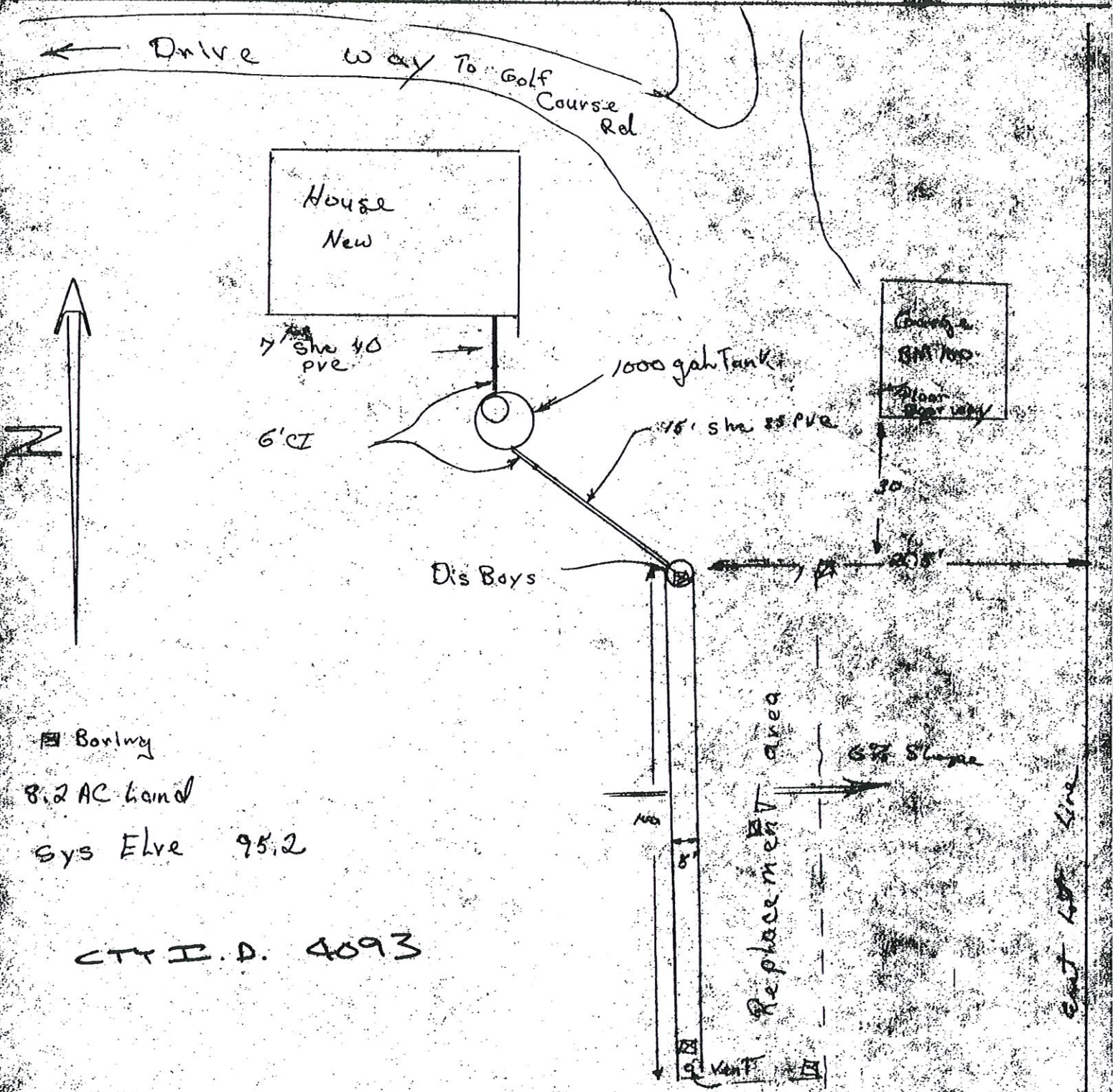
T9-33 3.43 2.30 ac
 T9-33 3.13 8.29 ac

ENTERED

Walter Bass Jr

295 Egan St. Plymouth Wis
53073

SW - SW - SW - SW - SW - SW
Sheboygan



□ Bowling
 8.2 AC land
 Sys Elve 95.2
 CTY I. D. 4093

[Signature]
 524 8501

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

LOCATION: SW 1/4 1/4	SECTION: 38 T/6 N/R2/E (or) 18	TOWNSHIP/MUNICIPALITY: Rhine	LOT NO./BLK. NO.:	SUBDIVISION NAME:
COUNTY: Sheboygan	OWNER'S/BUYER'S NAME: Walter Buss Jr	MAILING ADDRESS: 245 Egan St Plymouth Wis		
USE: <input checked="" type="checkbox"/> Residence	NO. BEDRMS.: 3	COMMERCIAL DESCRIPTION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Replace	DATES OBSERVATIONS MADE: July 30 86	

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	MOUND: <input type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND PRESSURE: <input type="checkbox"/> S <input type="checkbox"/> U	SYSTEM-IN-FILL: <input type="checkbox"/> S <input type="checkbox"/> U	HOLDING TANK: <input type="checkbox"/> S <input type="checkbox"/> U	RECOMMENDED SYSTEM:(optional) Conventional
---	---	--	--	--	---

If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:	DESIGN RATE: 0-10	If any portion of the tested area is in the Floodplain, indicate Floodplain elevation:
---	----------------------	--

PROFILE DESCRIPTIONS

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	81	98.8	None	> 81	Dr.Br R.Br Br 4" sil-L.GR 15" cl-L 11" GR-L 81" GR-cr-S layered
B-2	76	98.5	"	> 76	Dr.Br R.Br Br L.Br 8" sil-L 5" cl-L 8" GR-L 54" GR-cr-S-cob 21" F-cr-S layered
B-3	74	96.3	"	> 74	Br L.Br 8" sil-L 14" cl-L 11" Fine S 41" GR-cr-S layered
B-4	80	97.2	"	> 80	Br L.Br 10" sil-cl-L 14" GR-L 56" GR-Cob
B-5	73	96.7	"	> 73	Br L.Br 8" sil 19" cl-L 5" GR-L 16" Fine S-GR 25" Fine S-sil layered
B-					

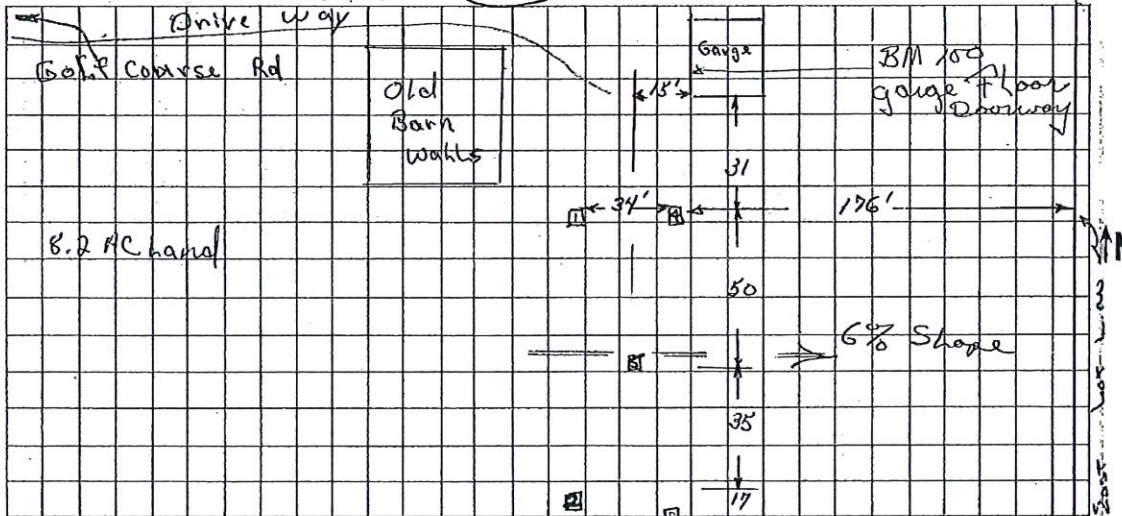
PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTERSWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-							
P-							
P-							
P-							
P-							
P-							

Est under 10 min See Boring

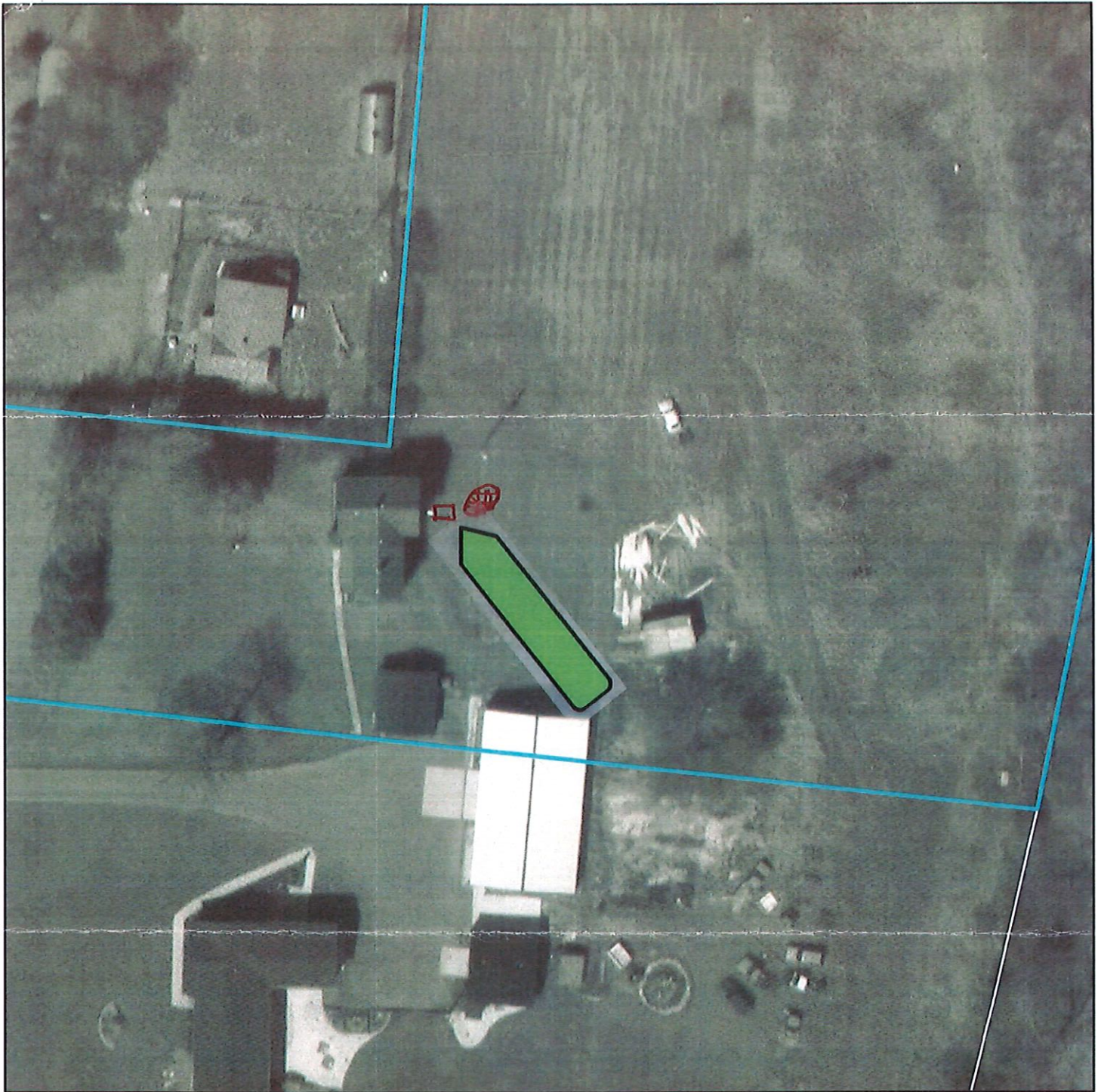
PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slope.

SYSTEM ELEVATION



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and 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): Roger Baumhardt	TESTS WERE COMPLETED ON: July 30 86
ADDRESS: 1046 Elmore Dr R-4 Campbellsport Wis 53010	CERTIFICATION NUMBER: 5338069
	CST SIGNATURE: Roger Baumhardt



Please locate septic system components on this map using the provided legend symbols. When finished, please return this map, along with the attached green sheet, to the Sheboygan County Planning Department.

County #NA-2266

1" equals 50'



Owner: BUSS, WALTER A JR

Site: N7333 HIGHVIEW RD

Notes:

RECEIVED

MAY 27 2008

SHEBOYGAN COUNTY
PLANNING & RESOURCES DEPT

Combined Septic Pump Tank =



Septic Tank =



Pump Chamber =



Absorption Area =



Matt Kapellen

From: Sabrina Price <sabrina.price@sheboygancounty.com>
Sent: Monday, October 2, 2023 11:42 AM
To: Matt Kapellen
Subject: N7329 & N7333 Highland Rd
Attachments: 4093 Inspection.pdf; 4093 Application.pdf; NA-2266 Inspection.pdf

N7329 HIGHVIEW RD

<https://plancon.sheboygancounty.com/PermitManagement/Permit/Permit/Edit?id=4737>

Permit #4093 - See Inspection and Application PDFs attached.

N7333 HIGHVIEW RD

<https://plancon.sheboygancounty.com/PermitManagement/Permit/Permit/Edit?id=11235>

Permit #NA-2266 - See Inspection PDF attached. This system is older than our department so we do not have a lot of information on it unfortunately. Please note that the maintenance is also overdue for this system.

Let me know if you have any questions.

Thank you

--

Sabrina Price
Administrative Specialist
Sheboygan County
Planning & Conservation Dept.

IMPORTANT NOTICE: *Never trust or respond to wiring instructions sent via email. Cyber criminals are hacking email accounts and sending convincing and sophisticated fake wiring instructions. Always independently verify wiring instructions in person or via telephone to a verified phone number. Pleasant View Realty LLC firm and its agents DO NOT participate in receiving or distributing wiring information or instructions. Additionally, please note that the sender does not have authority to bind a party to a real estate contract via written or verbal communication.*