

1.31



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

LI CSM V9P110 5-24-90 CHECK 2-21-94

-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.

COUNTY
SHEBOYGAN

STATE SANITARY PERMIT #
167212

Check if revision to previous application

STATE PLAN I.D. NUMBER
S91-51006

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER CLARIS GARTMAN 4220 - 9216 ETH KK			PROPERTY LOCATION NE 1/4 NE 1/4, S 32 T 14, N, R 23 E 1/4		
PROPERTY OWNER'S MAILING ADDRESS 412 N. 12th			LOT # 1 CSM.	BLOCK # ---	
CITY, STATE DOSTBURG, WI	ZIP CODE 53070	PHONE NUMBER (414) 564-3613	SUBDIVISION NAME OR CSM NUMBER 5 ACRE CSM.		

II. TYPE OF BUILDING: (Check one) State Owned

Public **2** Fam. Dwelling - # of bedrooms **5**

CITY VILLAGE TOWN OF: **WILSON** NEAREST ROAD **ON CTY "KK"**

PARCEL TAX NUMBER(S)
T15-32-131 / 500

III. BUILDING USE: (If building type is public, check all that apply)

1 <input type="checkbox"/> Apt/Condo	6 <input type="checkbox"/> Medical Facility/Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales/Repairs	11 <input type="checkbox"/> Restaurant/Bar/Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station/Car Wash
4 <input type="checkbox"/> Church/School	9 <input type="checkbox"/> Office/Factory	13 <input type="checkbox"/> Other: Specify _____
5 <input type="checkbox"/> Hotel/Motel		

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

A) 1. New System 2. Replacement System 3. Replacement of Tank Only 4. Reconnection of Existing System 5. Repair of an Existing System

B) A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input checked="" type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type _____	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY 750	2. ABSORP. AREA REQUIRED (sq. ft.) 625	3. ABSORP. AREA PROPOSED (sq. ft.) 627	4. LOADING RATE (Gals/day/sq. ft.) 1.2	5. PERC. RATE (Min./inch) 0.9 I	6. SYSTEM ELEV. PEITION Mound Feet	7. FINAL GRADE ELEVATION Mound Feet
----------------------------------	--	--	--	---	--	--

VII. TANK INFORMATION

Septic Tank or Holding Tank	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	1500		1500	1	LEOBEUTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber	1200		1200	1	"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name (Print): **RODNEY DIRKSE** Plumber's Signature: (No Stamps) *Rodney Dirkse* MPRSW No.: **3168** Business Phone Number: **(414) 564-3322**

Plumber's Address (Street, City, State, Zip Code): **Box 248, HINGHAM WI 53031**

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surchage Fee) 350.00	Date Issued 10/28/91	Issuing Agent Signature (No Stamps) <i>Michael D. [Signature]</i>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination			

X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:

ENTERED



State of Wisconsin
Department of Industry, Labor and Human Relations

PRIVATE SEWAGE PLAN APPROVAL

Waukesha Regional Office
401 Pilot Court
Waukesha, Wisconsin 53188

DIRKSES, INC
P O BOX 248
HINGHAM WI 53031

Owner: CLARIS GARTMAN
412 N 12TH
OOSTBURG WI 53070

RE: Plan Number: S91-51006
Gallons Per Day: 750
Project Name: GARTMAN, CLARIS
Town of WILSON

Date Approved: October 23, 1991
Date Received: October 18, 1991
Location: NE,NE,32,14N,23E
County: SHEBOYGAN

The plumbing plans and specifications for this project have been reviewed for compliance with applicable code requirements. This approval is based on Chapter 145, Wisconsin Statutes and the Wisconsin Administrative Code. The plans are stamped 'conditionally approved'. This approval is contingent upon compliance with any stipulations shown on the plans. All items that are noted must be corrected. All permits required by the city, village, township or county shall be obtained prior to construction. The licensed plumber responsible for this installation shall keep one set of plans with the department's approval stamp at the construction site. The installer shall notify the appropriate inspector when inspections can be made.

This approval will expire two years from the date approved or if a sanitary permit is obtained, it will expire the day the initial sanitary permit expires.

The Section of Private Sewage has reviewed these plans for private sewage system code requirements only. These plans have not been reviewed for the code requirements set forth in Section ILHR 82 for general plumbing or in Chapters 50-64 of the Wisconsin Administrative code.

This approval is for the following components only:

- REPLACEMENT PETITION
- REPLACEMENT MOUND

Inquiries concerning this approval may be made by calling (414) 548-8604.

Sincerely,

Harold T. Stanlick
HAROLD T. STANLICK
Section of Private Sewage
Division of Safety and Buildings
PPP055/0009n/31

X Private Sewage Consultant



SAFETY & BUILDINGS DIVISION

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

**State of Wisconsin
Department of Industry, Labor and Human Relations**

October 23, 1991

CLARIS GARTMAN
412 N 12TH STREET
OOSTBURG WI 53070

Plan I.D. No. S91-51006-P

Dear Claris Gartman:

Re: ~~Claris Gartman~~ Residence
Private Sewage System
SE, NE, 32, 14, 23E
Town of Wilson, Sheboygan County, WI

Your petition for a variance to section ILHR 83.23 (1)(d), Wisconsin Administrative Code, has been reviewed.

The rule being petitioned requires a mound system site to have a minimum of 24 inches of suitable natural soil.

The variance requested was to install a replacement mound system on a site with 16 inches of suitable natural soil.

The following comments were made in the petition analysis:

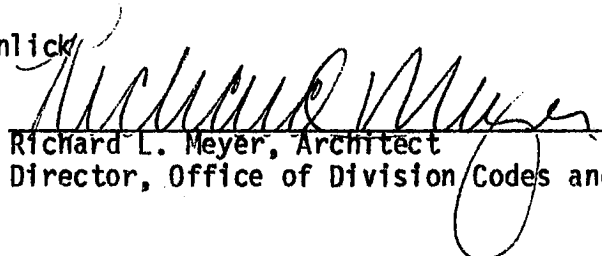
1. In reviewing the petition, it was noted that the request was similar to other petitions accepted by this department under petition numbers S89-03304, S89-03318, and S90-00072.
2. Based on the precedent established by the previous petitions, this petition for variance is being processed as permitted by Wisconsin Statute Section 101.02 (6)(g).

Departmental Action: Approval.

This approval is granted with the understanding that all of the petitioner's statements and any conditions of approval cited above will be carried out.

Prepared by: Harold Stanlick

Departmental Signature:


Richard L. Meyer, Architect
Director, Office of Division Codes and Application

Date: 10/22/91

HS:555wpp2
Enc.

cc: Karl Schultz, Private Sewage Consultant - District 3, Oshkosh
Michael J. DeMaster, Zoning Administrator - Sheboygan County
Rodney Dirkse, Plumber

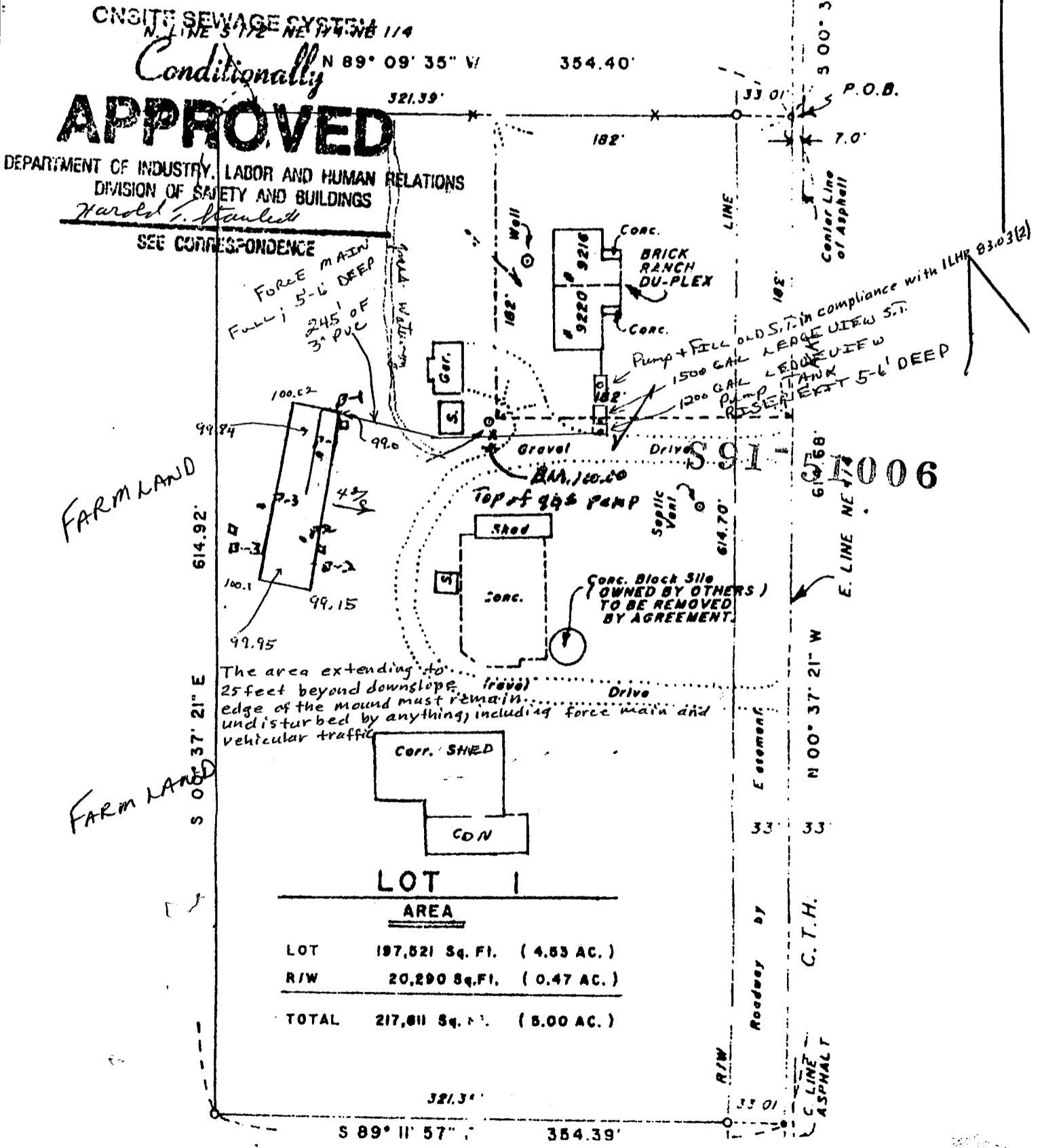
PROPERTY OWNER C. LARIS GARTMAN			MAILING ADDRESS 412 N. 12th		
PROPERTY LOCATION NE 1/4 NE 1/4, S 32, T 14 N, R 23 E			CITY: OOSTBURG, WI 53070		
LOT NUMBER: 1 CSN			VILLAGE: WILSON		
BLOCK NUMBER: —			TOWN OF: WILSON		
SUBDIVISION NAME: 5 ACRE C.S.M			COUNTY: SHEBOYGAN		
NEAREST ROAD, LAKE OR LANDMARK: CTY 'KK'			DATE: 10-14-91		

PLOT PLAN OF PROPERTY

591-51006

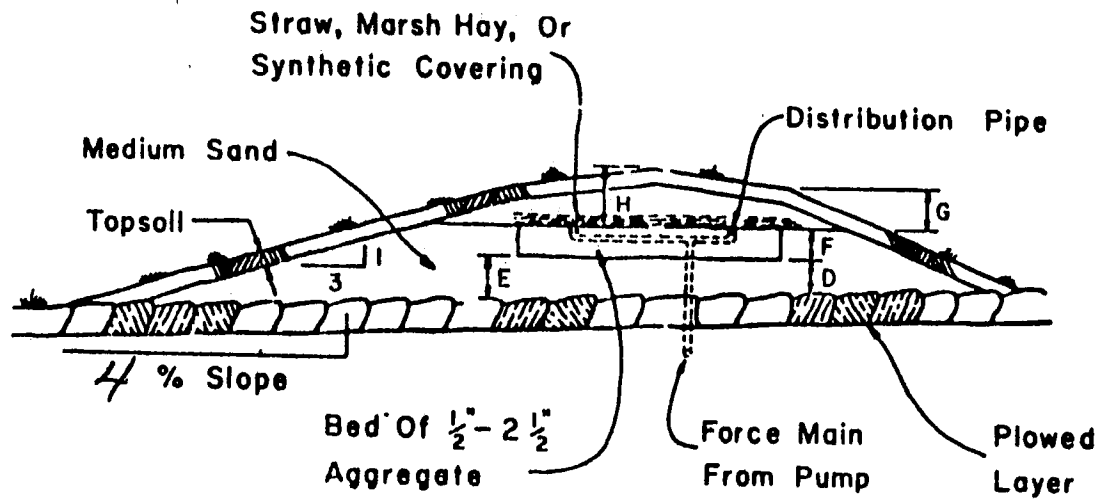
1" = 80'
 □ = BORINGS
 • = PERC

5 BORMS NE CORNER SEC. 32, T. 14 N., R. 23 E., TOWN OF WILSON (Co. Mar. Frd)



I, the undersigned, hereby assume responsibility for installation of the private sewage system shown on the attached plans.

Name of Plumber (Print): Rodney J. Dirkse	Signature: <i>Rodney Dirkse</i>	MP/MPRSW No.: 3168	Phone Number: (414) 564-332
Plumber's Address: P.O. Box 248, Hingham, WI 53031	Name of Designer: Same		

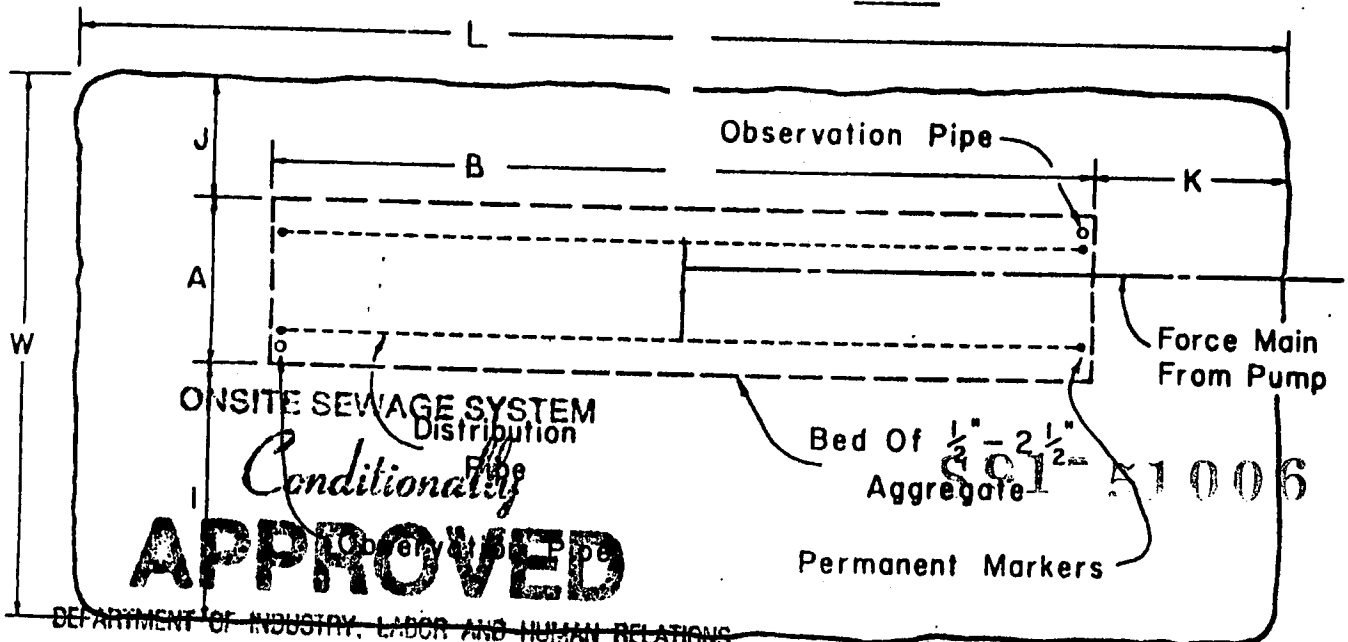


Cross Section Of A Mound System Using A Bed For The Absorption Area

D 1.67
 E 1.95
 F .77
 G 1.0
 H 1.5

Signed: Rodney A. Dill
 License Number: 3168
 Date: 10-14-91

A 7.3 Ft.
 B 86 Ft.
 I 14.2 Ft.
 J 9.5 Ft.
 K 12.5 Ft.
 L 111 Ft.
 W 31 Ft.



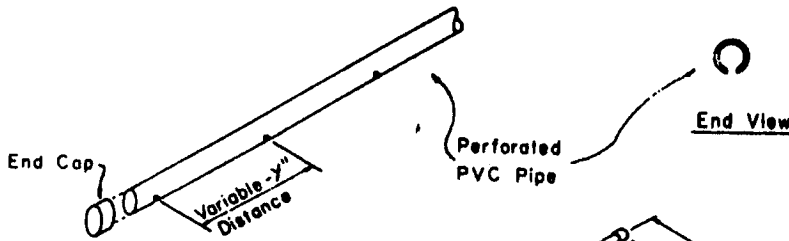
APPROVED

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
 DIVISION OF SAFETY AND BUILDINGS

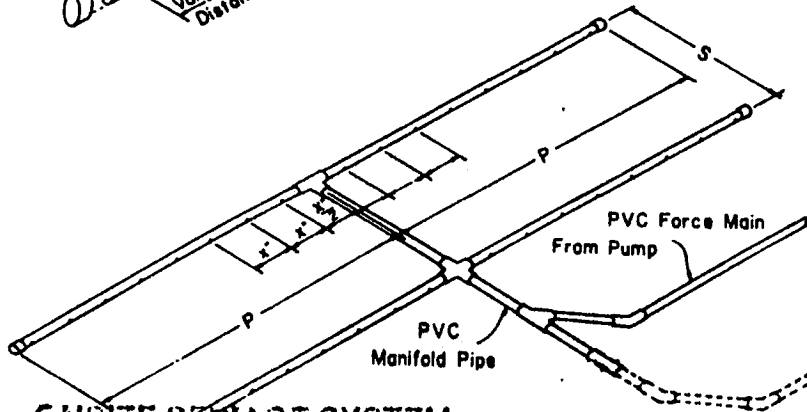
Harold A. Hantick

Plan View Of Mound Using A Bed For The Absorption Area

Perforated Pipe Detail



Holes Located On Bottom, Are Equally Spaced



Alternate Position Of Force Main From Pump

Last Hole Should Be Next To End Cap

Conditionally
APPROVED Distribution Pipe Layout

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS

Harold S. Stanley
SEE CORRESPONDENCE

Signed: *Rodney A. Duke*

License Number: 3168

Date: 10-14-91

P 42

S 3.75

X 4'

Y

Hole Diameter 1/4 Inch

Lateral " 1 1/4 Inch(es)

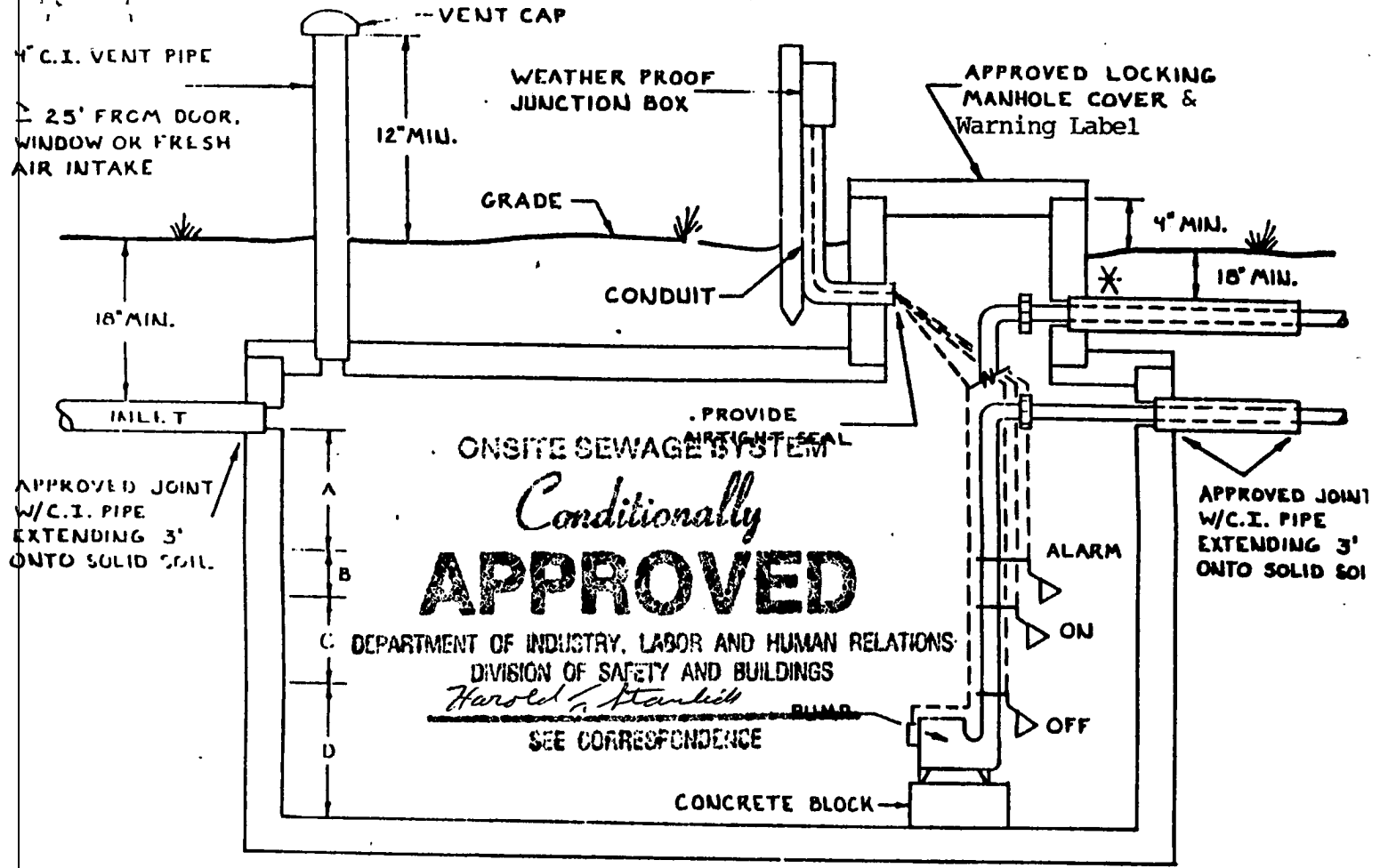
Manifold " 2 Inches

Force Main " 3 Inches

$11 \text{ holes per } = 44 \times 1.17 = 51.48 \text{ GPM MIN}$

S91-51006

PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS



* RISER EXIT PERMITTED ONLY IF TANK MANUFACTURER HAS SUCH APPROVAL

SPECIFICATIONS

TIC AND
E TANKS

MANUFACTURER: LEDGEVIEW
 TANK SIZE: 1200 GALLONS
 ALARM MANUFACTURER: S.J. ELECTRO
 MODEL NUMBER: 1014. W.
 SWITCH TYPE: MERCURY
 PUMP MANUFACTURER: ZOELLER
 MODEL NUMBER: N161
 SWITCH TYPE: MERCURY
 PUMP DISCHARGE RATE 52 GPM MIN.

NUMBER OF DOSES: 4 PER DAY
 DOSE VOLUME: 188 GALLONS *
 CAPACITIES: A = 27.75 INCHES OR 673 GALLONS;
 B = 2 INCHES OR 46 GALLONS
 C = 7.75 INCHES OR 188 GALLONS
 D = 12 INCHES OR 290 GALLONS

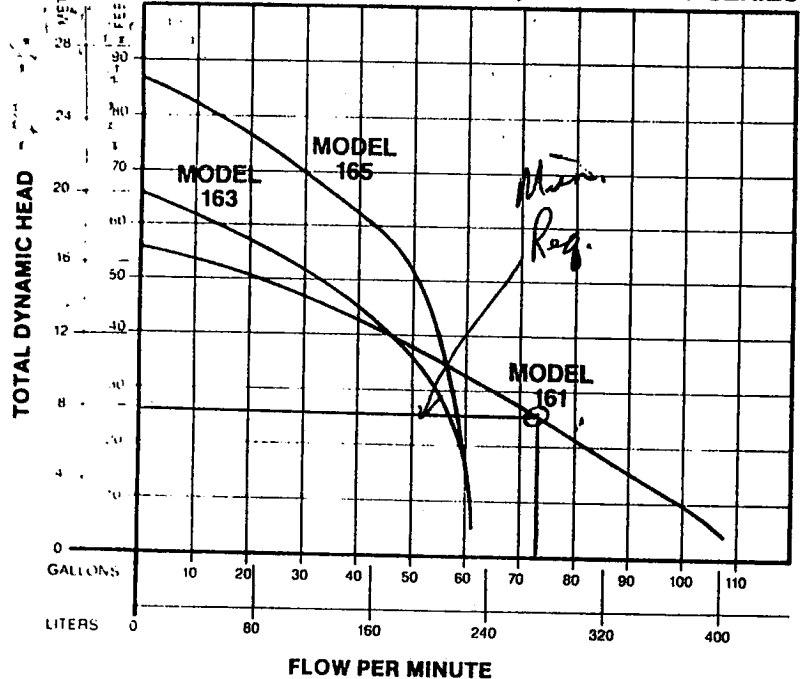
NOTE: PUMP AND ALARM ARE TO BE INSTALLED ON SEPARATE CIRCUITS
 * ZOELLER CHECK

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE.. 20.5 FEET VALVE ; NO DRAIN
 + MINIMUM NETWORK SUPPLY PRESSURE 2.5 FEET BACK
 + 21 FEET OF FORCE MAIN X 245 ^{FT}/_{100 FT.} FRICTION FACTOR.. 674 FEET
 = TOTAL DYNAMIC HEAD = 24.74 FEET 51008

INTERNAL DIMENSIONS OF TANK: LENGTH 79'; WIDTH 71"; LIQUID DEPTH 49 1/2
24.24 GAL/IN.

SIGNED: Rodney J. Duke LICENSE NUMBER: 3168 DATE: 10-14-91

HEAD/CAPACITY CURVE 161, 163 AND 165 SERIES



TOTAL DYNAMIC HEAD/FLOW PER MINUTE EFFLUENT AND DEWATERING

SERIES	161		163		165	
	FT. M.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.
5	1.52	106 401	61 231	61 231	61 231	61 231
10	3.05	100 378	61 231	61 231	61 231	61 231
15	4.57	91 344	60 227	60 227	60 227	60 227
20	6.10	82 310	59 223	59 223	59 223	59 223
25	7.62	74 280	57 216	57 216	57 216	57 216
30	9.14	65 246	55 206	55 206	55 206	55 206
40	12.19	46 174	46 172	46 172	46 172	46 172
50	15.24	21 80	33 125	33 125	33 125	33 125
60	18.29		15 57	15 57	15 57	15 57
70	21.34				30 114	30 114
80	24.38				14 53	14 53
90	27.43					
100	30.48					
Lock Valve:		56'	66'	87'		

Standard all models - Weight 77 lbs. - 20 ft. cord - 1/2 H.P.

Model	Volts-Ph	Mode	Amps	Control Selection	
				Simplex	Duplex
M161	115	1	Auto	14.0	1 or 1 & 9
N161	115	1	Non	14.0	2 or 2 & 8
D161	230	1	Auto	7.0	1 or 1 & 9
E161	230	1	Non	7.0	2 or 2 & 8
F161	230	3	Non	3.0	2 & 4
*H161	200-208	1	Auto	8.2	1 & 9
*I161	200-208	1	Non	8.2	2 & 8
*J161	200-208	3	Non	2.2	2 & 4
*G161	460	3	Non	1.5	2 & 4

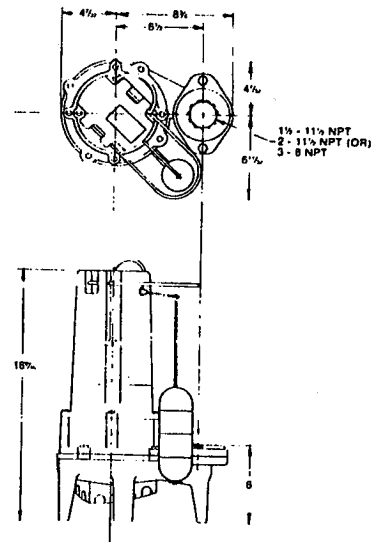
Standard all models - Weight 77 lbs. - 20 ft. cord - 1/2 H.P.

Model	Volts-Ph	Mode	Amps	Control Selection	
				Simplex	Duplex
M163	115	1	Auto	14.0	1 or 1 & 9
N163	115	1	Non	14.0	2 or 2 & 8
D163	230	1	Auto	7.0	1 or 1 & 9
E163	230	1	Non	7.0	2 or 2 & 8
F163	230	3	Non	3.0	2 & 4
*H163	200-208	1	Auto	8.2	1 & 9
*I163	200-208	1	Non	8.2	2 & 8
*J163	200-208	3	Non	2.2	2 & 4
*G163	460	3	Non	1.5	2 & 4

Standard all models - Weight 82 lbs. - 20 ft. cord - 1 H.P.

Model	Volts-Ph	Mode	Amps	Control Selection	
				Simplex	Duplex
D165	230	1	Auto	9.0	1 or 1 & 9
E165	230	1	Non	9.0	2 or 2 & 8
F165	230	3	Non	6.6	2 & 4
*H165	200-208	1	Auto	10.7	1 & 9
*I165	200-208	1	Non	10.7	2 & 8
*J165	200-208	3	Non	7.0	2 & 4
*G165	460	3	Non	3.3	2 & 4

For information on additional Zoeller products refer to catalog on Combination Starter, FM0514; Piggyback Mercury Switches, FM0477; Electrical Alternator, FM0488; Mechanical Alternator, FM0495; Alarm Package, FM0513; Sump/Sewage Basins, FM0487; and Simplex Control Box, FM0732



SELECTION GUIDE

1. Integral float operated mechanical switch, no external control required.
 2. Single piggyback mercury float switch or double piggyback mercury float switch. Refer to FM0477.
 3. Mechanical alternator "M-Pak" 10-0072 or 10-0075.
 4. Combination starter. Refer to FM0514.
 5. See FM0712; for correct model of Electrical Alternator, "E-Pak".
 6. Mercury sensor float switch 10-0225 used as a control activator, with "E-Pak" alternator, 3 or 4 float system.
 7. SIMPLEX CONTROL BOX 10-0050, 115/230V, 1 Ph. max. 2HP use one (1) single piggyback wide angle mercury float switch OR two (2) 10-0225 mercury sensor floats for level control.
 8. Four (4) hole "J-Pak", junction box, for watertight connection or wired-in simplex or duplex operation.
 9. Two (2) hole "J-Pak", junction box, for watertight connection or splice.
- *No Molded Plug

CAUTION

All installation of controls, protection devices and wiring should be done by a licensed qualified electrician. All electrical and safety codes should be followed including the most recent National Electric Code (NEC) and the Occupational Safety and Health Act (OSHA).

RESERVE POWERED DESIGN

For unusual conditions a reserve safety factor is engineered into the design of every Zoeller pump.



3280 Old Millers Lane
P.O. Box 16347
Louisville, Kentucky 40216
(502) 778-2731

Manufacturers of . . .

"QUALITY PUMPS SINCE 1939"

S 91 51006

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(ILHR 83.09(1) & Chapter 145)

LOCATION: NG 1/4 SE 1/4	SECTION: 32 / T14 N/R 23E (or) W	TOWNSHIP/MUNICIPALITY: WILSON	LOT NO.: -	BLK. NO.: -	SUBDIVISION NAME: -
COUNTY: SHEBOYGAN	JACK DEBLOY	MAILING ADDRESS: 9220 & 9216 HWY KK			

USE <input checked="" type="checkbox"/> Residence	NO. BEDRMS.: UNKN.	COMMERCIAL DESCRIPTION: N/A	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replace	DATES OBSERVATIONS MADE PROFILE DESCRIPTIONS: 12-20-90	PERCOLATION TESTS: -
--	-----------------------	--------------------------------	--	--	-------------------------

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

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

If Percolation Tests are NOT required under s. ILHR 83.09(5)(b), indicate:	DESIGN RATE: N/A	If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: N/A
--	---------------------	---

PROFILE DESCRIPTIONS

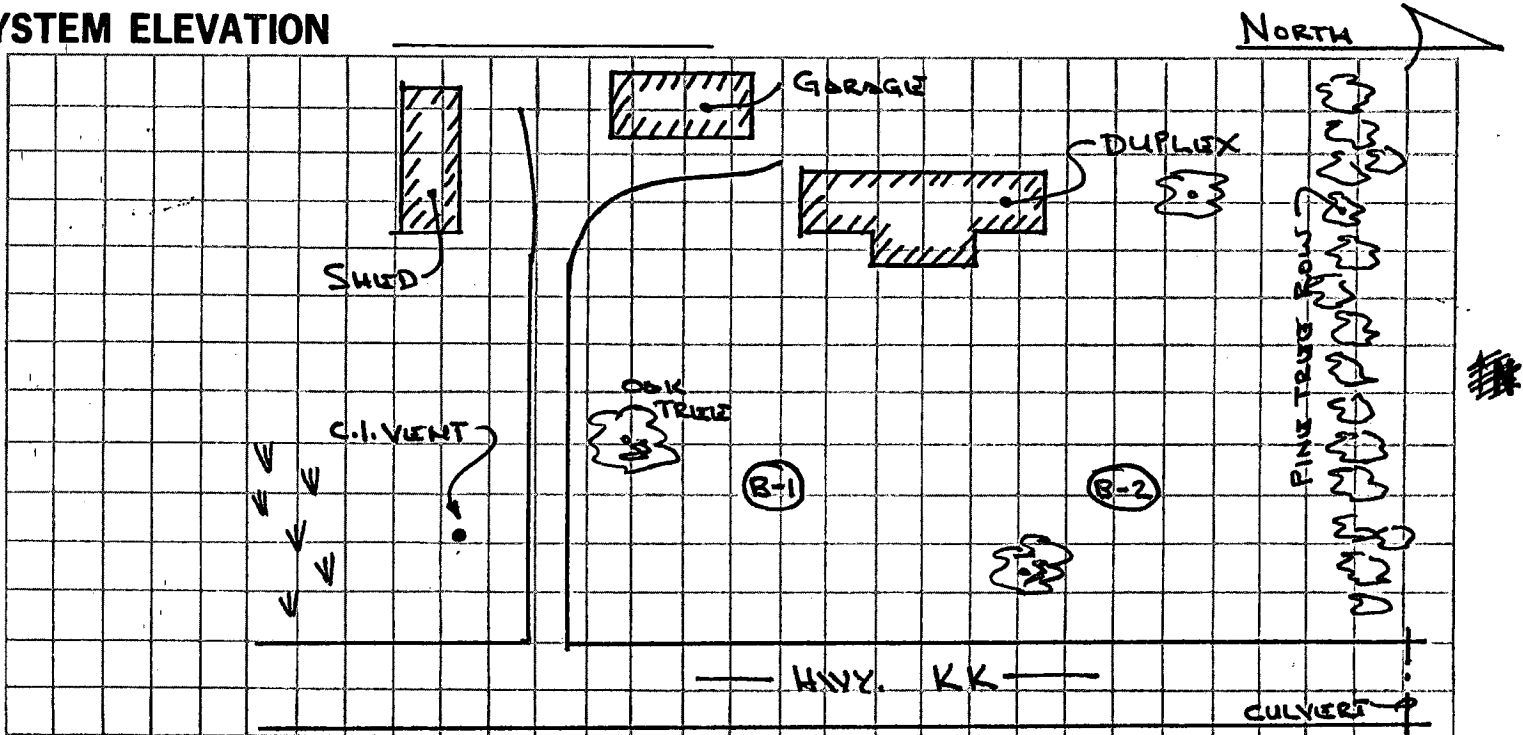
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
			OBSERVED	EST. HIGHEST	
B-1	70"	-	-	-	TOP SOIL FILL HORIZON NOTED AT 20", TIGHT SILTY CLAY SOILS BELOW = POOR PERC!
B-2	72"	-	-	13	SOIL MOTTLING DIRECTLY BELOW TS HORIZON. DOES NOT MEET 4" CLEAR ZONE SEPARATION FOR MOUND INSTALLATION - PER STATE PLBG. BUREAU POLICY.
B-					
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-							
P-				— NONE TAKEN —			
P-							
P-							
P-							
P-							

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): CHAS. W. MAYER	TESTS WERE COMPLETED ON: 12-20-90
ADDRESS: 2214 PERSHING AVE., SHEBOYGAN	CERTIFICATION NUMBER: 1174
	PHONE NUMBER (optional): 458-8635
	CST SIGNATURE: <i>C.W. Mayer</i>

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(ILHR 83.09(1) & Chapter 145)

LOCATION: NE 1/4 NE 1/4	SECTION: 32 T1/4 N/R23E W	TOWNSHIP/MUNICIPALITY: WILSON	LOT NO.: —	BLK. NO.: —	SUBDIVISION NAME: —
COUNTY: Sheboygan	MAILING ADDRESS: CHARIS Gantman 9230-9216 Hwy KK Oostburg, Wis 53070				
USE <input checked="" type="checkbox"/> Duplex <input checked="" type="checkbox"/> Residence	NO. BEDRMS.: 5	COMMERCIAL DESCRIPTION: —	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replace		DATES OBSERVATIONS MADE PROFILE DESCRIPTIONS: 5/17/88 PERCOLATION TESTS: 5/23/88

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

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

If Percolation Tests are NOT required under s. ILHR 83.09(5)(b), indicate:	DESIGN RATE: .8+	If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: N/A
--	----------------------------	---

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	36	98.87	none	17"	0-11" DK BN SL 11-17 F-Med S 17-36" Bn SL 7 or moT at 17"
B-2	40	100.60	none	17"	0-10" BN LS w/Gr 10-16 M-F S, Gr 16-20 BN SL w/F or-y moT AT 17" 17-40 DK BN Med S MOIST
B-3	42	99.65	none	16"	0-12" BL LS 12-27 DK Bn Med S w/or-red moT AT 16" (D) 27-42 Bn CLAY
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-1	16	no	10	4 1/16	4 1/16	4	2
P-2	16	no	10	5 1/2	5 7/16	5 7/16	2
P-3	16	no	10	4 5/16	4 5/16	4 5/16	2
P-							
P-							
P-							

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

by installer

<p><i>See survey for boring + perk. locations</i></p>											
---	--	--	--	--	--	--	--	--	--	--	--

↑ N

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): John A. Jentges	TESTS WERE COMPLETED ON: 5/23/88
ADDRESS: 110 MAIN ST. Belgium, Wis. 53004	CERTIFICATION NUMBER: 1303 PHONE NUMBER (optional): 414-385-3323
CST SIGNATURE: <i>John A. Jentges</i>	

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

CERTIFIED SURVEY MAP

A PART OF THE S 1/2 OF THE NE 1/4 OF THE NE 1/4 OF SECTION THIRTY-TWO(32), TOWNSHIP FOURTEEN (14) NORTH RANGE TWENTY-THREE (23) EAST, TOWN OF WILSON, SHEBOYGAN COUNTY, WISCONSIN.

Note: Description on Page 2 of 2.

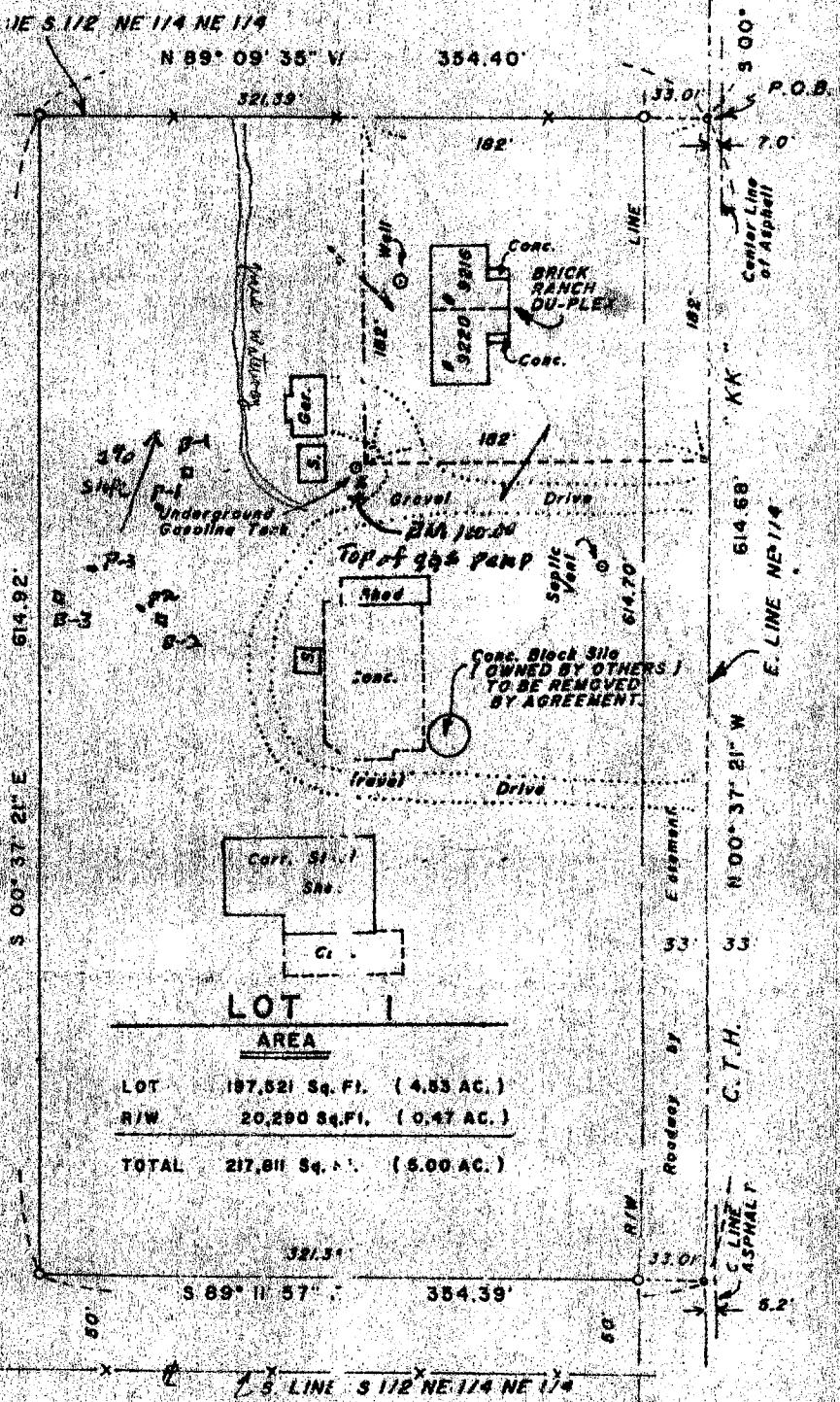
NE CORNER SEC. 32,
T.14 N., R.23 E., TOWN
OF WILSON. (Co. Mor. Fnd)

Note: Lands subject to any existing easements of record and to all applicable zoning and set-back ordinances.

BEARINGS REFERENCED TO THE EAST LINE OF
 NE 1/4 SEC. 32, T.14 N., R.23 E., ASSUMED
 N 00° 37' 21" W



- LEGEND**
- P.K. NAIL SET
 - 1" X 24" IRON PIPE SET (Weighting 1.15 lbs. / lin. ft.)



LOT 1	
AREA	
LOT	197,521 Sq. Ft. (4.53 AC.)
R/W	20,290 Sq. Ft. (0.47 AC.)
TOTAL	217,811 Sq. Ft. (5.00 AC.)

RICHARD M. MILLER - LAND SURVEYOR
 8536 FRONTAGE RD.
 OOSTBURG, WI 53070

APRIL 17, 1990

11/17/90
[Handwritten signature]