LICSM V4P245 6.23.78

SCIEBOYGAN COUNTY PLANNING & RESOURCES DEPARTMENT

Courthouse, Sheboygan, Wisconsin 53081

		alled no deeper isting grade.	County Sanitary Permit No.	370 <i>6</i>
X Septic Ta		ystem \$10.00	Wisconsin Septic Tank Permit No	26174
Special U	se — \$	 Mi	sul 9 2.1	1
This approval is base	d on county	SHEBOYGAN COUNTY SANITARY PERMIT		
code requirements an exempt the installatio village or town permit	d does not n from city,		This permit va signed by the	ild only when authorized age
Owner's Name		L. Erdnann Cheryl 1 Orchard Rd Jorth 52nd Street, St	•)
Address: Location of Installation	n: Name of To	wn: Mosel		
If Platted: Name of Su	bdivision or Tr	ract:		
Block No Lot N				
If Unplatted:NE	¼ of the	14; Section	т N.,	R.
Plumber's Name:	Kenneth	Suemnicht	License No	2710
Address:	Route 1	, Cascade		
		J Éromenn		
Date Issued:	6-23-78		77.6	
		Signed (Au	The University (1997)	an.

Type of Occupancy ______

New or Existing Structure

PLB.	68
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FEE \$..00

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Health P.O. Box 309 Madison, Wisconsin 53701 NO. 26174

(1 Permit per Tank)
Date Issued 6-23-78

Tank Size____gal.

Private Res.

Public____

STATE SEPTIC TANK PERMIT

This permit is for purchase of septic tank only and does not exempt installation from state or local approval and/or permits. Copies: (White)-Property Owner (Pink)-Tank Retailer (Blue)-Division of Health (Canary)-Issuing Agent

Owner's Name		Owner's Address				
John J. Erdmann		4016 North	52nd Street, Rhe	boygan		
Location (Legal Description) of Property Where Tank Will be Inst NE 1/4, NW 1/4, Section 9, T16N R23E	alled			County Sheboygan		
Plumber's Name	License No		Address			
Kenneth Suemnicht	271	0	Route 1, Cascad	de		
Signature of Person Obtaining Permit	Address if	Other Than Owner	r			
Address of Issuing Agent (Town, Village, City)				County		
County Courthouse				Sheboygan		
Title: Assistant Planning Director	Signature					

PLB67



State and County Permit Application for Private Domestic Sewage Systems

State Permit # 26174
County Permit # 2706 County Shehoygan

	OWNER OF PROPERTY	Mailing Address:
	T.L. T FROM	and Soll was not ST
	LOCATION: NE 14 NW 14, Section	ANN 90/6 N. 52 nd ST. 2, T/6N, R23 E (or) W Lot#City
		road, lake or landmark Blk#Village
	*	Township Mos EL
	TYPE OF OCCUPANCY: *Commercial	*Industrial*Other (specify)*Variance
	Single family DuplexNo.	of Bedrooms No. of Persons No.
•	TYPE OF APPLIANCES: Dishwasher	YES $\underline{\hspace{1cm}}$ NO Food Waste Grinder YES $\underline{\hspace{1cm}}$ NO # of Bathrooms. er (specify)
	SEPTIC TANK CAPACITY 1000 To	
	*Holding tank capacityTo	▲
		Replacement Prefab Concrete X Other (specify)
	FEELLIENT DICPOCAL CYCTEM Powerlation	Other (specify)
	New Addition Replacement	on Rate 1) 202-23) 2-7 Total Absorb Area 500 sq. ft.
	Seepage Trench: No. Lin. Feet 100' V	*Fill System Nidth 5 Depth 34 Tile Depth 9 No. of Trenches Depth Tile Depth No. of Lines
	Seepage Bed: LengthWidth[Depth Tile Depth No. of Lines quid Depth Tile Size Distance from critical slope
	Seepage Pit: Inside diameterLic	quid Depth Tile Size #
	Percent slope of land	Distance from critical slope
M	he Certified Soil Tester, E	(owner/builder).
tai	ned from AWWER	(owner/builder)
ım	ber's Signature Name Truem	MP/MPRSW# 27/0 Phone #52-8-850
ım ım	ber's Signature Nembers Sucmus ber's Address Ricasools	MP/MPRSW# 27/0 Phone #57-8-850
ım	ber's Address No Communication of Systems AN VIEW: Provide sketch below of systems	MP/MPRSW# 27/0 Phone #52-8-850 em (include direction of slope and all distances in accord with
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ım	ber's Address R London AN VIEW: Provide sketch below of syste	MP/MPRSW# 27/0 Phone #52-8-850 em (include direction of slope and all distances in accord with
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ım	AN VIEW: Provide sketch below of system H62.20, including well). ORChaed NOWELL @ TIME OF INSPN.	mp/mprsw# 27/0 Phone #5729=850 em (include direction of slope and all distances in accord with Road Road Formure Dr. Way
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ım	AN VIEW: Provide sketch below of system H62.20, including well). ORChaed Nowell e Time of INSPN. Sacle 1"40" Acare MoTe SysTem To be Install	MP/MPRSW# 27/0 Phone #57-7-850 em (include direction of slope and all distances in accord with Road Road INSTALLED AS SHOWN 10-18-73 @ 2:40 Pm.
ım	AN VIEW: Provide sketch below of system H62.20, including well). ORChaed Nowell et answ. Sacle 1"40" Acare MoTe System To be Install No Deeper Then 24";	MP/MPRSW# 27/0 Phone #57-7-850 em (include direction of slope and all distances in accord with Road Road INSTALLED AS SHOWN 10-18-73 @ 2:40 Pm.
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1. county (white copy) 2. state (pink copy)

Inspection Yes____No

3. owner (green copy) 4. plumber (canary copy)

Valid# _

DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701

Date Rec'd

Revised Date 6/1/76

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH

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