

LI CSM V4p245 6.23.78

SHEBOYGAN COUNTY PLANNING & RESOURCES DEPARTMENT

Courthouse, Sheboygan, Wisconsin 53081

Phone: 414/459-3060

NOTE:

System to be installed no deeper than 24" below existing grade.

FEE PAID:

☒ Septic Tank \$10.00
☒ Drainage Disposal System \$10.00
Special Use — \$

County
Sanitary
Permit No.

2706

Wisconsin
Septic Tank 26174
Permit No.

Mosel 9 2.11

#181611

SHEBOYGAN COUNTY SANITARY PERMIT

This approval is based on county code requirements and does not exempt the installation from city, village or town permit requirements.

This permit valid only when signed by the authorized agent.

Owner's Name

John J. Erdmann Cheryl Schwartz
W11179 Orchard Rd
4016 North 52nd Street, Sheboygan

Address:

Location of Installation: Name of Town:

Mosel

If Platted: Name of Subdivision or Tract:

Block No. Lot No. Street Address:

If Unplatted: NE ¼ of the NW ¼; Section 9 T. 16 N., R. 23 E.

Plumber's Name:

Kenneth Suemnicht

License No.

2710

Address:

Route 1, Cascade

Signature of Applicant

John J. Erdmann

Date Issued:

6-23-78

Signed

Kenneth Suemnicht

(Authorized Agent)

Type of Occupancy

New or Existing Structure

PLB. 68

FEE \$1.00

(1 Permit per Tank)

Date Issued 6-23-78

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Division of Health

P.O. Box 309

Madison, Wisconsin 53701

NO. 26174

Tank Size 1000 gal.

Private Res. X

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 John J. Erdmann		Owner's Address 4016 North 52nd Street, Sheboygan	
Location (Legal Description) of Property Where Tank Will be Installed NE 1/4, NW 1/4, Section 9, T16N R23E			County Sheboygan
Plumber's Name Kenneth Sueannicht	License No. 2710	Address Route 1, Cascade	
Signature of Person Obtaining Permit	Address if Other Than Owner		
Address of Issuing Agent (Town, Village, City) County Courthouse			County Sheboygan
Title: Assistant Planning Director	Signature		

State Permit # 26174
County Permit # 2706
County Sheboygan

Date Approval Received from State if Required _____ State Plan I.D. # _____

Revised Date 6/1/76

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 309

MADISON, WISCONSIN 53701

REPORT ON SOIL BORINGS AND PERCOLATION TESTS

LOCATION: N¹/₄, N¹/₄, Section 9, T16N, R23E (or) W, Township or Municipality Mosel
Lot No. _____, Block No. _____, Subdivision Name _____ County Shelbourn
Owner's Name: Mr John J. Groman
Mailing Address: 4016 N. 52nd ST.
TYPE OF OCCUPANCY: Residence 4 No. of Bedrooms _____ Other _____
EFFLUENT DISPOSAL SYSTEM: NEW + ADDITION _____ REPLACEMENT _____
DATES OBSERVATIONS MADE: SOIL BORINGS 6-10-78 PERCOLATION TESTS 6-11-78
SOIL MAP SHEET 6 SOIL TYPE HFB Hebron Sandy Loam

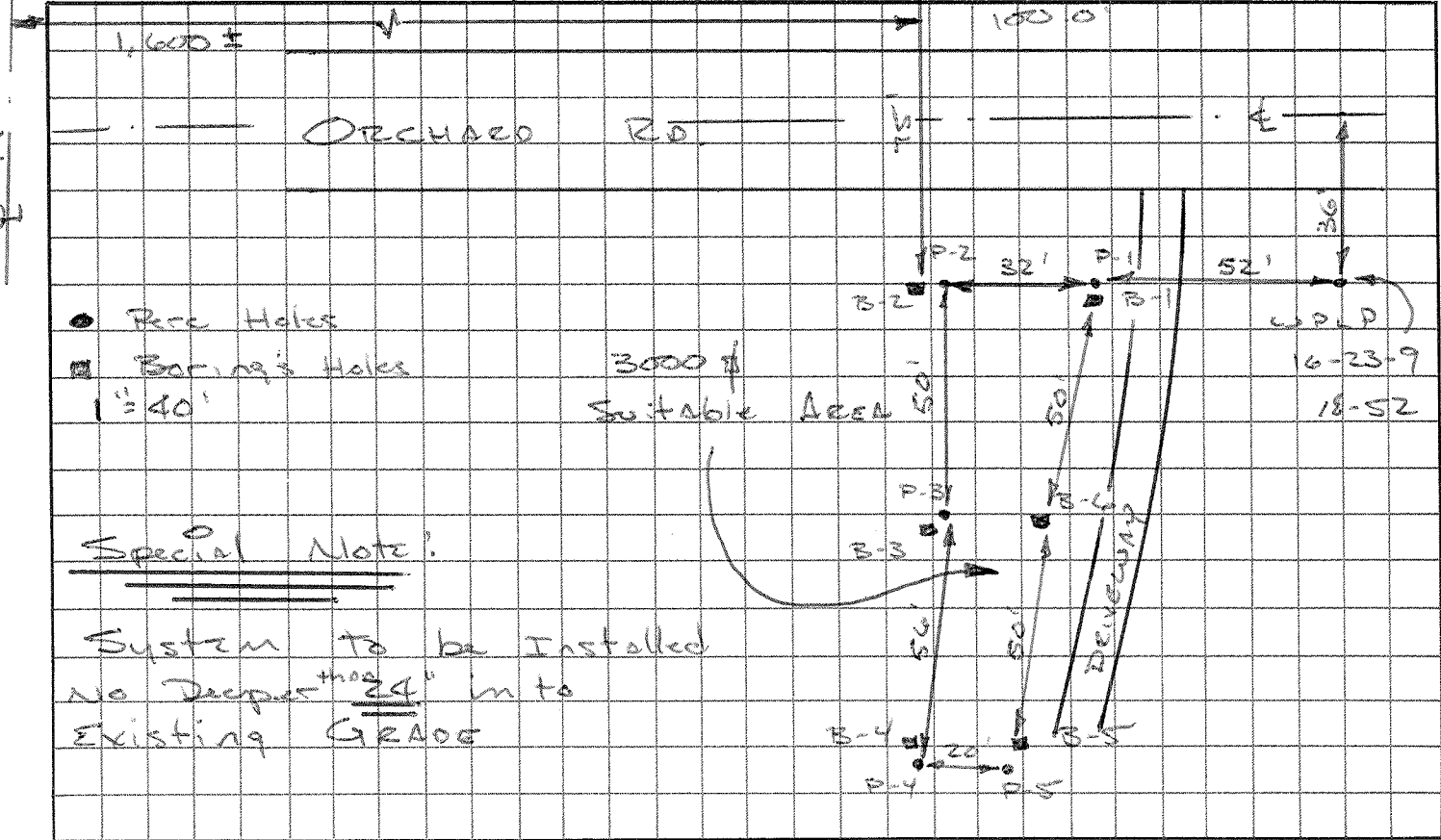
PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	CHARACTER OF SOIL THICKNESS IN INCHES	HOURS SINCE HOLE 1ST WETTED	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL IN MINUTES	DROP IN WATER LEVEL, INCHES			RATE MIN/IN
						PERIOD 1	PERIOD 2	PERIOD 3	
P-1	24	0-12 T.S. 12-24 S.L.	24	No	10	1 3/4	1 1/2	1 1/4	8
2	24	0-12 T.S. 12-24 S.L.	24	No	10	1 1/4	1	1	10
P-3	24	0-12 T.S. 12-24 S.L.	24	No	10	1 1/2	1 1/2	1 1/4	8
4	24	0-12 T.S. 12-24 S.L.	24	No	10	1 3/4	1 1/2	1 1/4	8
P-5	24	0-12 T.S. 12-24 S.L.	24	No	10	2	1 3/4	1 1/2	7

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, INCHES (DEPTH TO BEDROCK IF OBSERVED)
		OBSERVED	ESTIMATED HIGHEST	
B-1	62	NONE	62	0-12 T.S. 12-36 Sandy Loam 36-62 Clay
2	62	NONE	62	0-12 T.S. 12-48 Sandy Loam 48-62 Clay
B-3	64	NONE	60	0-12 T.S. 12-30 Sandy Loam 30-64 Clay
4	64	NONE	60	0-12 T.S. 12-48 Sandy Loam 48-64 Clay
B-5	62	NONE	62	0-12 T.S. 12-62 Sandy Loam
6	63	NONE	60	0-12 T.S. 12-48 Sandy Loam 48-63 Clay

PLAN VIEW (Locate percolation tests, soil bore holes and suitable soil areas.)
Indicate on the plan the location and square feet of suitable areas. Indicate number of square feet of absorption area needed for building type and occupancy. W.P.P. 16-23-9 3000 sq ft Indicate scale or distances. Give horizontal and vertical reference points. Indicate slope. Bench Mark Top of Cable Box



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 location of test holes are correct to the best of my knowledge and belief.
Name (print) Michael J. DeMaster Certification No. 55-1974
Address 1723 Arizona Ave Shelbourn, Wis 53081
Name of installer if known _____