



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

County <i>Manitowoc</i>
Sanitary Permit No: <i>491230</i> <i>5-45-07</i>
State Plan Transaction ID#: <i>N/A</i>
Parcel Tax No: <i>815-026.03</i> <i>16-023-014-04.00</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>James Kunst</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>shed corner service door threshold</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>(St)</i> Ht Inlet				<i>90.7'</i>
<i>(St)</i> Ht Outlet				<i>90.5'</i>
Dt Inlet				
Dt Bottom				<i>86.39'</i>
Installation Contour				
Header / Man.				
Dist. Pipe				<i>89.59'</i>
Infiltrative Surface				<i>88.59'</i>
Final Grade				
Pump				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	<i>50'</i>	<i>*</i>	<i>9'</i>	<i>NA</i>	<i>NA</i>
Dosing	<i>50'</i>	<i>*</i>	<i>9'</i>	<i>15'</i>	<i>NA</i>
Aeration					<i>NA</i>
Holding					

PUMP / SIPHON INFORMATION

Manufacturer	Sta-Rite		Demand
Model Number	EC240120T		±25 GPM
TDH 3.2 Lift	Friction Loss 2.4'	System Head —	TDH 56 Ft
Forcemain	Length 170'	Dia 2" Dist. To Well	*

DISPERSAL CELL INFORMATION

DIMENSIONS	Width 5'	Length 120'	No of Cells 2	
SETBACK INFORMATION	P / L	Bldg	Well	OHWM of Nav Waters
CELL TO	30'	95'	*	NA

Type of System <i>New</i> <i>In-ground</i>	LEACHING CHAMBER	Manufacturer: Model Number:
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DISTRIBUTION SYSTEM

Header / Manifold Length <i>10' ±</i> Dia <i>4"</i>	Distribution Pipe(s) <i>(1)</i> Length <i>115' ±</i> Dia <i>4"</i>	Spac <i>10' ±</i>	X Pressure Systems Only X Hole Size <i>—</i>	X Hole Spacing <i>—</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>≥ 12"</i>	Depth of Topsoil <i>4-6"</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.) *Tank installed 6-21-07 (P1)*

- 2 ubel A-100 filter -
** NO well located at time of inspection*
- owner to seed & Mulch

Plan revision required? ☐ Yes ☒ No

10 22 07

Peta A. Jansen



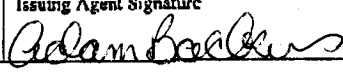
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Use other side for additional information

Date

POWTS Inspector's Signature

Cert No

 commerce.wi.gov Wisconsin Department of Commerce		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County <u>MANITOWAC</u>	
Sanitary Permit Application <small>In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.</small>				Sanitary Permit Number (to be filled in by Co.) <u>491230-5-0045-07</u>	
I. Application Information - Please Print All Information				State Transaction Number <u>NA</u>	
Property Owner's Name <u>JAMES KUNST</u>				Project Address (if different than mailing address) <u>14595 Louis Corners Rd.</u>	
Property Owner's Mailing Address <u>N7404 CTY RD CJ</u>				Parcel # <u>015026.03 01602301400100</u>	
City, State <u>PLYMOUTH WI</u>	Zip Code <u>53073</u>	Phone Number <u>920 207 8811</u>	Property Location Govt. Lot <u>NW 1/4 SE 1/4</u> Section <u>23</u> T <u>17</u> N; R <u>21</u> E of <u>W</u> (circle one)		
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms <u>3</u> <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____			Subdivision Name <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input checked="" type="checkbox"/> Town of <u>SCHESWIG</u>		
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"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber	
<input type="checkbox"/> Other Modification to Existing System (explain) _____		<input type="checkbox"/> Permit Transfer to New Owner		List Previous Permit Number and Date Issued _____	
IV. Type of POWTS System/Component/Device: (Check all that apply)					
<input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound \geq 24 in. of suitable soil <input type="checkbox"/> Mound $<$ 24 in. of suitable soil					
<input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____					
V. Dispersal/Treatment Area Information:					
Design Flow (gpd) <u>450</u>	Design Soil Application Rate (gpd/ft) <u>40</u>	Dispersal Area Required (sf) <u>1125</u>	Dispersal Area Proposed (sf) <u>1200</u>	System Elevation <u>91.5</u>	
VI. Tank Info		Capacity in Gallons New Tanks _____ Existing Tanks _____	Total Gallons <u>1200</u>	# of Units <u>800</u>	Manufacturer <u>LEOVIEW</u>
Septic or Holding Tank <input checked="" type="checkbox"/>		Prefab Concrete <input checked="" type="checkbox"/>		Site Constructed <input type="checkbox"/>	Steel <input type="checkbox"/>
Dosing Chamber <input checked="" type="checkbox"/>		Fiber Glass <input type="checkbox"/>		Plastic <input type="checkbox"/>	LEODEVIEW <input checked="" type="checkbox"/>
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) <u>BRAD HEIM</u>		Plumber's Signature 		MP/MPRS Number <u>MP220345</u>	Business Phone Number <u>920 565 3958</u>
Plumber's Address (Street, City, State, Zip Code) <u>W3897 CTY LINE RD CLEVELAND WI 53015</u>					
VIII. County/Department Use Only					
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		<input type="checkbox"/> Owner Given Reason for Denial _____	
Permit Fee <u>\$275.00</u>		Date Issued <u>4-12-07</u>		Issuing Agent Signature 	
IX. Conditions of Approval/Reasons for Disapproval <u>A Zoning Permit is required from the Manitowac County Planning + Park Office</u>					

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

County
 SBD-6398 (R. 01/07) Valid thru 01/09

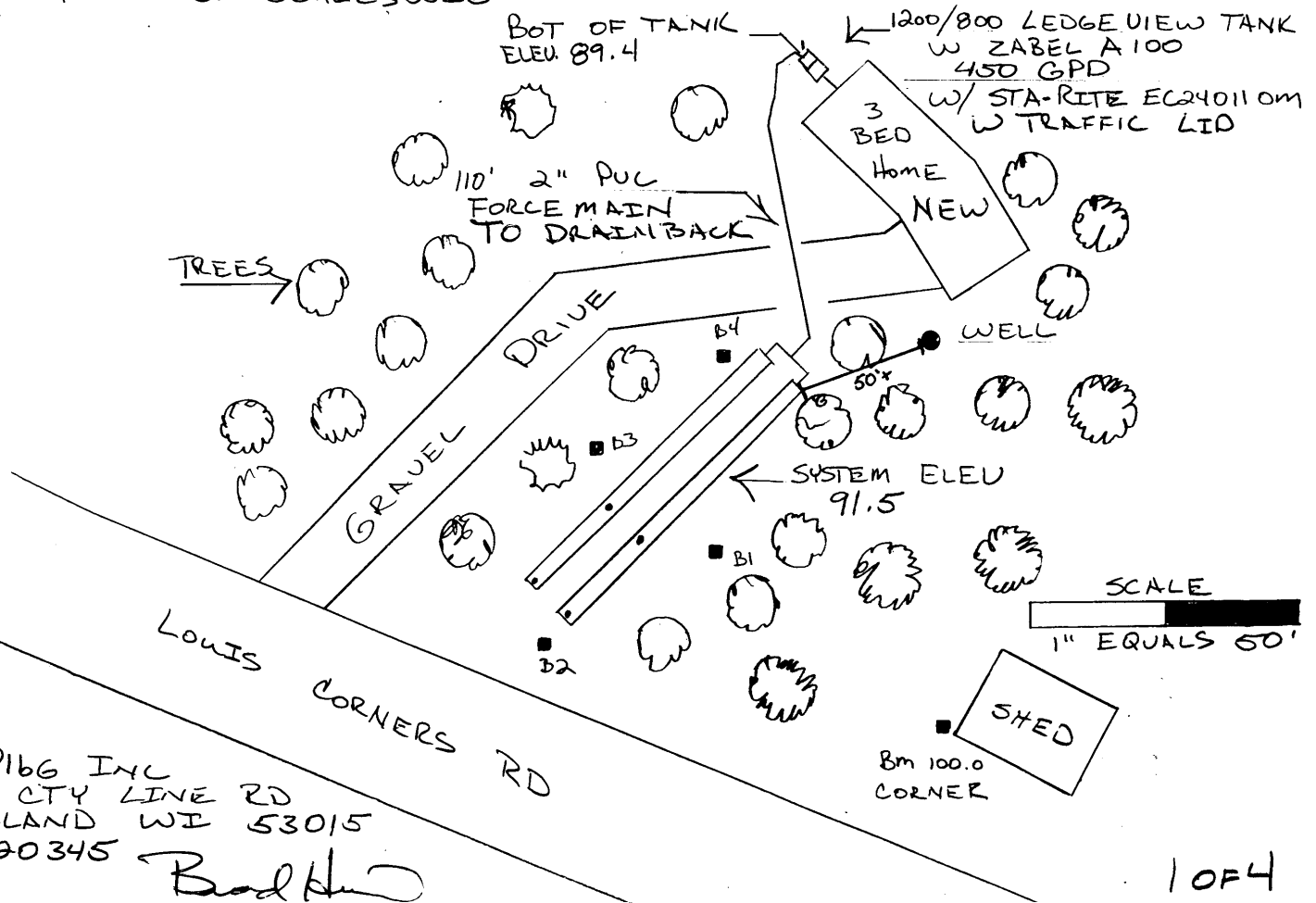
MANITOWAC COUNTY
 RECEIVED

APR 11 2007

PLANNING & PARK
 COMMISSION

JAMES KUNST
N 7404 CTY RD CJ
PLYMOUTH WI 53073
207-8811

NW 1/4 SE 1/4 S23 T17N R21W
TOWN OF SCHLESWIG

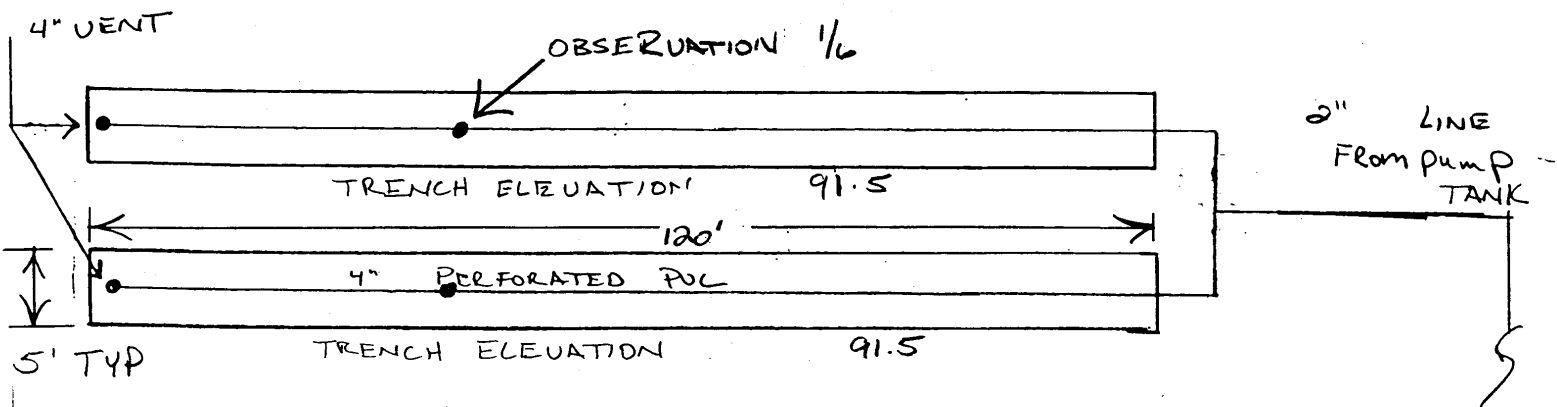


HEIM P166 INC
W3897 CTY LINE RD
CLEVELAND WI 53015
MP 220345

Brad H

1 OF 4

NO SCALE

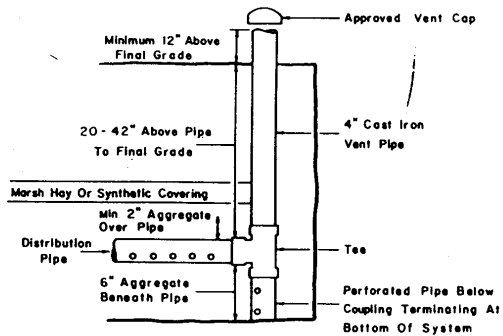


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ILHR 83

WISCONSIN ADMINISTRATIVE CODE

Fresh Air Inlets And Observation Pipe



BRAD HEIM

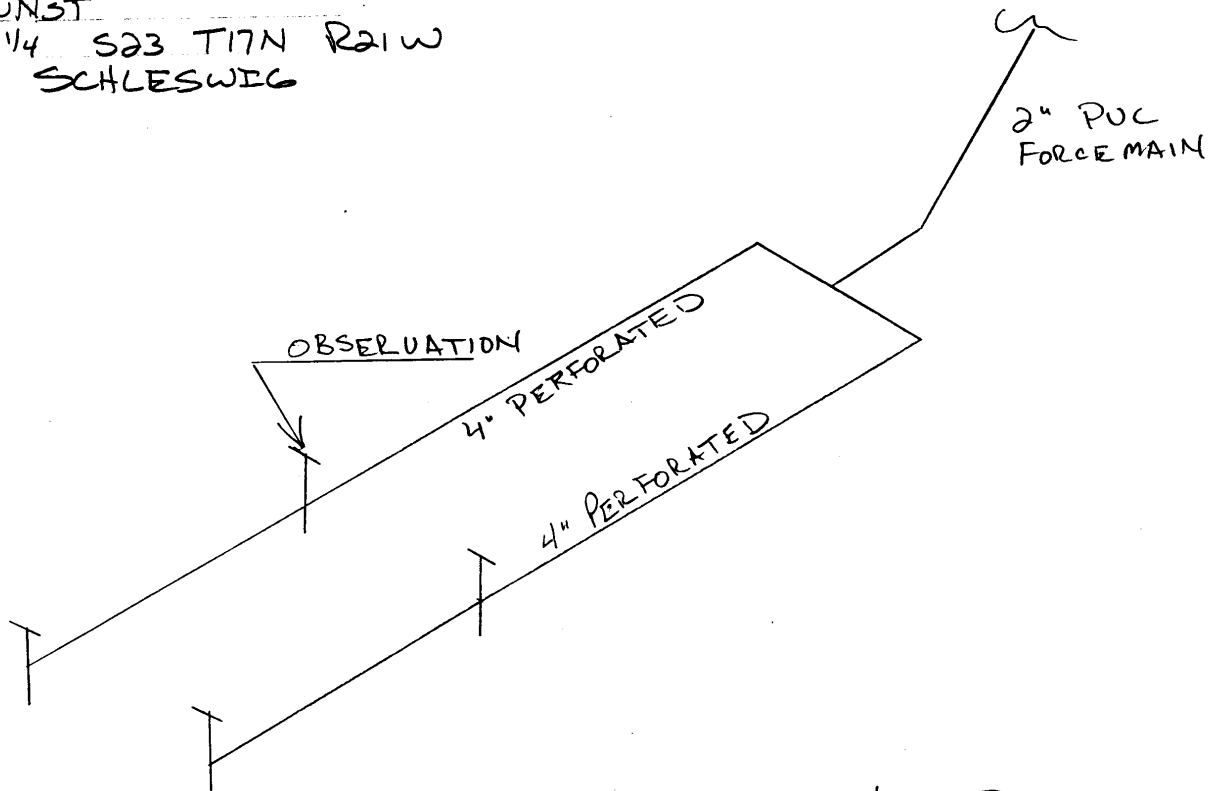
MP 7044

ID 02345

Brad Heim
2 OF 4

DRAIN FIELD ISOMETRIC
NO SCALE

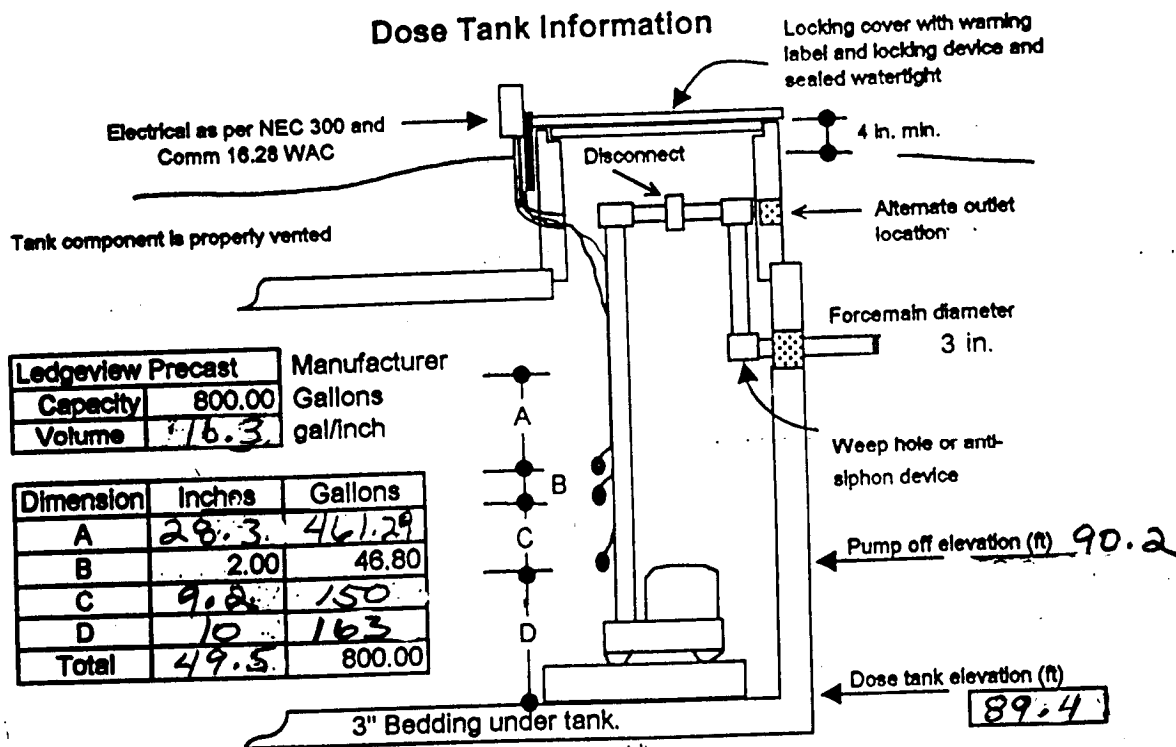
JAMES KUNST
NW 1/4 SE 1/4 S23 T17N R21W
TOWN OF SCHLESWIG



HEIM PLUMBING INC
W3897 CTY LINE RD
CLEVELAND WI 53015
MP 220345

Brad Heim
30 of 4

JAMES LUNST
 NW 1/4 SE 1/4 S23 T17N R21W
 TOWN OF SCHLESWIG



Alarm Manufacturer **SJ Electro Systems**
 Alarm Model Number **101 HW**

Pump Manufacturer **STA - RITE**
 Pump Model Number **EC240120T**

25 gallons per min.
.21 Friction loss
2.3 TDH

at **2.3** ft TDH

Project: **ANDY TERRY HOLSHBACH**

HEIM PLB6 INC
 W 3817 CTY LINE
 CLEVELAND WI
 MP 220345

But the 4 of 4

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.

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 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 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.

STA-RITE**cast iron submersible effluent pumps**

This product is Listed to UL Standards for Safety by Underwriters Laboratories Inc. (UL).



The EC2 Series Submersible Pumps are constructed of rugged cast iron, with a non-clog vortex impeller typically used in septic tank effluent applications. Product is available in 4/10 HP, 115 Volt, single phase, complete with a 10' or 20' power cord and 1-1/2" NPT vertical discharge. Automatic units have field-replaceable piggy-back tethered style float switches. A full selec-

tion of accessories for automatic operation is available, and includes float switches, simplex and duplex controllers, basins, alarms and check valves.

APPLICATIONS

- Effluent and Wastewater Removal
- Sump Drainage
- Circulation
- Water Transfer

ORDERING INFORMATION

Catalog Number	HP	Maximum Load Amps	Volts	Phase/Cycles	Cord Length	Mechanical Switch Type
EC240110M	4/10	12.5	115	1/60	10'	Manual
EC240110T	4/10	12.5	115	1/60	10'	Tethered
EC240120M	4/10	12.5	115	1/60	20'	Manual
EC240120T	4/10	12.5	115	1/60	20'	Tethered

Noryl® is a registered trademark of General Electric Co.

In order to provide the best products possible, specifications are subject to change.

EC2 SERIES**SPECIFICATIONS**

Upper Volute - Cast Iron

Motor Cover - Cast Iron

Lower Volute Base - Fiberglass reinforced polypropylene

Impeller - Fiberglass reinforced Noryl® with threaded brass insert

Shaft Seal - Mechanical, carbon/ceramic

Bearings - Upper sleeve and lower ball bearings, oil lubricated

O-Rings - Buna-N

Exterior Hardware - Stainless steel

Motor - 4/10 HP, 1550 RPM, 115 Volt, 60 Hz. Class B insulation. Oil-filled shaded pole containing built-in thermal overload protection with automatic reset.

Power Cord - 10' or 20' water resistant 16-3 gauge, type SJTW-A/SJTW with integrally grounded 3-prong plug.

Maximum Liquid Temperature Limits - 130°F (55°C)

FEATURES

Construction - Heavy-duty cast iron motor housing and upper volute. Corrosion-resistant composite base ideal for effluent applications.

Bearings and Mechanical Seal - Permanently lubricated for long life.

Cord Seal - Prevents oil loss from and protection for motor if cord is damaged.

Overload Protection - Built-in thermal overload with automatic reset.

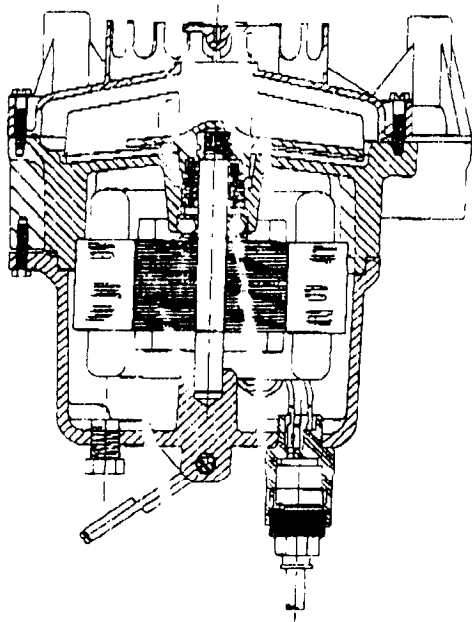
Power Cord - Field replaceable.

Intake - Built-in suction screen.

Impeller - Pump out vanes for seal protection.

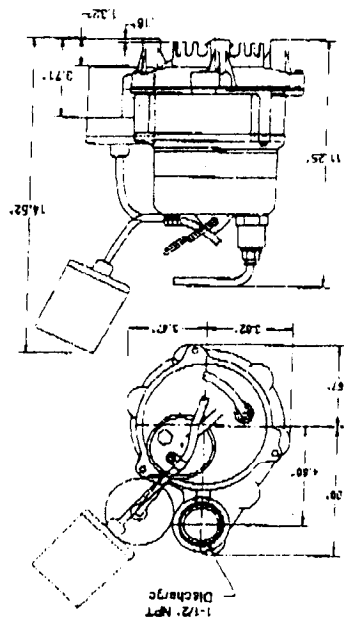
Solids Handling - 1/2" spherical capability.

cast iron submersible effluent pumps



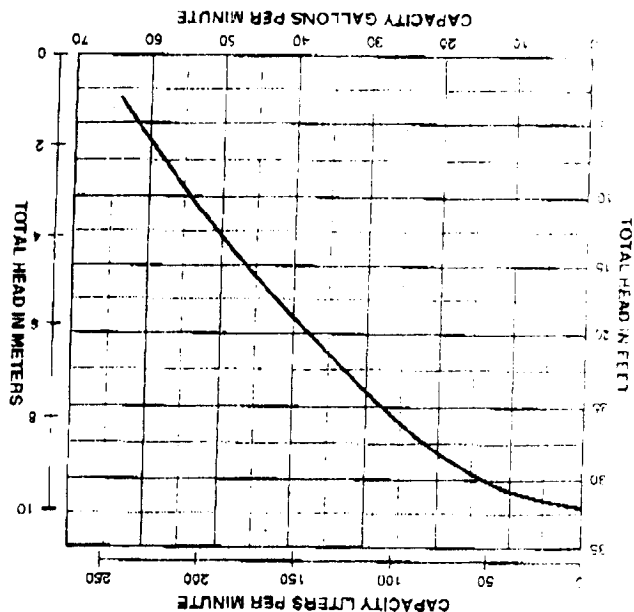
SECTIONAL VIEW

Dimensions (in inches) are for estimating purposes only.



OUTLINE DIMENSIONS

PUMP PERFORMANCE



146

55 40525 = Customer Service (262) 728-9181
 Delavan, WI 53115 USA • www.pumps.com

HEIM PLUMBING INC

BRAD HEIM MP 7044

Telephone 920-565-3958

Fax 920-565-4346

W3897 COUNTY LINE ROAD
CLEVELAND WI 53015

4-9-07

**JAMES KUNST
N7404 CTY RD CJ
PLYMOUTH WI 53073**

RE: CONTINGENCY PLAN FOR SEPTIC SYSTEM

IN THE EVENT OF SYSTEM FAILURE, PLEASE CONTACT

HEIM PLUMBING INC, BRAD HEIM 920-565-3958

MANITOWOC COUNTY PLANNERS, TIM RYAN 920-683-4186

LEDGEVIEW PRECAST 920-921-2530

IT IS ALSO RECOMMENDED THAT THE SEPTIC TANK BE ON A REGULAR
PUMPING SCHEDULE



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: 491230 - S-0045-07

Permit Issue Date: 4-12-07

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.

SOIL EVALUATION REPORT

RECEIVED

AUG 2 2005

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not be limited to, the following: location and horizontal reference point (BM), direction and percent slope of ground surface, arrow, and location and distance to nearest road.

in accordance with Comm 85, Wis. Adm. Code

County	Manitowoc
Parcel I.D.	
Reviewed by	Date
<i>RB</i>	8/3/05

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

Property Owner	Richard Zarvl	Property Location	Govt. Lot NW 1/4 SE 1/4 S 23 T 17 N R 21 E (or) X
Property Owner's Mailing Address	14420 Woodside Lane	Lot #	1
City	Kiel	Block #	N/A
State	WI	Subd. Name or CSM#	Proposed CSM
Zip Code	53042	City	Schleswig
Phone	(920) 894-7853	Village	
		Town	
		Nearest Road	Louis Corners Rd

☒ New Construction Use: ☒ Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD

☐ Replacement ☐ Public or commercial - Describe: N/A

Parent material Lake Laid Silt & Fine Sand Flood Plain elevation if applicable N/A ft.

General comments and recommendations: Double Compartment Septic Tank With Effluent Filter;
0.40 Gal/Sq Ft/Day & 1.00 To 2.00 Gallons/Linear Ft/Day Infiltrative Area
With EZ Flow In-Ground Pressure Distribution Cells;
System Elevation Area #1 93.00'; Area #2 92.00'

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-8	10YR 3/4	N/A	sl	(2)fsbk	mvfr	as	(3)vf	0.6	1.0
B1	8-12	7.5YR 3/4	N/A	scl	(2)fabk	mfr	cw	(2)vf	0.4	0.6
C1	12-120	10YR 6/4	N/A	vfs	(Ø)m	mvfr	-	(1)vf	0.4	0.6
								to 42"		

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-8	10YR 3/4	N/A	sl	(2)fsbk	mvfr	as	(3)vf	0.6	1.0
E	8-14	10YR 4/4	N/A	sl	(2)fabk	mvfr	cw	(2)vf	0.6	1.0
C1	14-78	10YR 6/4	N/A	vfs	(Ø)m	mvfr	cs	(1)vf	0.4	0.6
								to 42"		
C2	78-100	10YR 6/4	(f)1(f)	vfs	(Ø)m	mvfr	-	-	0.4	0.6
			7.5YR 5/8							
			Mottles							

* Effluent #1 = BOD₅ > 30 < 220 mg/L and TSS > 30 < 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	Signature	CST Number
Mark Kirchner	<i>Mark Kirchner</i>	224701
Address	Date Evaluation Conducted	Telephone Number
8298 Kettleview Drive Kewaskum, WI 53040-9481	June 2, 2005	(262) 626-4848

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	Date

Property Owner Richard Zarvl	Property Location Govt. Lot NW 1/4 SE 1/4 S 23 T 17 N R 21 E (or) <input checked="" type="checkbox"/>
Property Owner's Mailing Address 14420 Woodside Lane	Lot # 1 Block # N/A Subd. Name or CSM# Proposed CSM
City Kiel State WI Zip Code 53042 Phone Number (920) 894-7853	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town Nearest Road 14995 Schleswig Louis Corners Rd

☒ New Construction Use: ☒ Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD
☐ Replacement ☐ Public or commercial - Describe: N/A
 Parent material Lake Laid Silt & Fine Sand Flood Plain elevation if applicable N/A ft.
 General comments and recommendations: Double Compartment Septic Tank With Effluent Filter;
0.40 Gal/Sq Ft/Day & 4.00 Gallons/Linear Ft/Day Infiltrative Area With
At-Grade Component;
System Elevation 93.00' +/-

3 Boring # ☐ Boring ☒ Pit Ground surface elev. 91.00 ft. Depth to limiting factor 42 in.

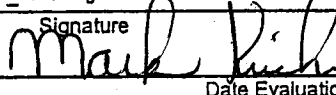
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-10	10YR 3/4	N/A	sl	(2)fsbk	mvfr	as	(3)vf	0.6	1.0
C1	10-42	10YR 6/4	N/A	vfs	(Ø)m	mvfr	cs	(2)vf	0.4	0.6
C2	42-96	10YR 6/4	(f)l(d)	vfs	(Ø)m	mvfr	-	-	0.4	0.6
			7.5YR 5/8			saturated				
			Mottles							

4 Boring # ☐ Boring ☒ Pit Ground surface elev. 94.00 ft. Depth to limiting factor 72 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-10	10YR 3/4	N/A	sl	(2)fsbk	mvfr	as	(3)vf	0.6	1.0
B1	10-14	7.5YR 3/4	N/A	scl	(2)fsbk	mvfr	cw	(2)vf	0.4	0.6
C1	14-72	10YR 6/4	N/A	vfs	(Ø)m	mvfr	cs	(1)vf	0.4	0.6
								to 48"		
C2	72-100	10YR 6/4	(f)l(d)	vfs	(Ø)m	mvfr	-	-	0.4	0.6
			7.5YR 5/8							
			Mottles							

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) Mark Kirchner	Signature 	CST Number 224701
Address 8298 Kettleview Drive Kewaskum, WI 53040-9481	Date Evaluation Conducted June 2, 2005	Telephone Number (262)626-4848

Center S23 T17N-R21E Town Of Schleswig

