

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)).

Property Owner J. J. J.		Property Location Govt. Lot SW 1/4 SW 1/4 S 26 T 16 N R 22 E (or) W	
Property Owner's Mailing Address		Lot #	Block # Subd. Name or CSM#
City HOWARDS GROVE	State WI	Zip Code 53083	Phone Number () , () , ()
		☐ City ☐ Village ☒ Town	Nearest Road HERMAN GARTON RD

☒ New Construction Use ☒ Residential / Number of bedrooms 4 Code derived design flow rate 600 GPD
☐ Replacement ☐ Public or commercial - Describe: _____
 Parent material GLACIAL Flood Plain elevation if applicable _____ ft.
 General comments and recommendations: MOUND @ 0.2 GALS PER SQ FT/ PER DAY 16" C33 SAND REQUIRED

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 93.61 ft. Depth to limiting factor 20 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
1	0-6	7.5YR 4/5		SC	2MSBK	MFI	CW	2M	0.2	0.3
2	6-20	5YR4/4		SIC	2MSBK	MVFI	CW	2M	0.2	0.3
3	20-40+	5YR4/6	5YRF1F6/6 SPOTS	SIC	1VFABK	MVFI	-	-	0.0	0.0
			5YR FID 6/1 STREAKS							

2 Boring # ☐ Boring ☒ Pit Ground surface elev. 88.29 ft. Depth to limiting factor 25 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
1	0-10	5YR3/3		SIC	2MABK	MFI	CW	1M	0.2	0.3
2	10-25	5YR4/6		SIC	3MSBK	MFI	CW	-	0.2	0.3
3	25-40+	5YR4/3	5YR C1D 6/6 STREAKS	SIC	2MABK	MFI	-	-	0.2	0.3
			5YR C2F 6/1							

* 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) BRAD HEIM	Signature 	CST Number 220345
Address W3897 CTY LINE RD CLEVELAND WI 53015	Date Evaluation Conducted 12-13-22	Telephone Number 920-565-3958

Property Owner _____ Parcel ID # 59004037350 Page 2 of 4

☒ Boring # 3 ☐ Boring ☒ Pit Ground surface elev. 94.12 ft. Depth to limiting factor 24 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/ff	
1	0-7	5YR4/4		SIC	2MABK	MFI	CW	1F	0.2	0.3
2	7-24	5YR4/6		SIC	2SBK	MFI	CW	-	0.2	0.3
3	24-40+	5YR5/4	5YR F2D 6/6	SIC	1VFFABK	MFI	-	-	0.0	0.0

☐ Boring # _____ ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ 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/ff	

☐ Boring # _____ ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ 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/ff	

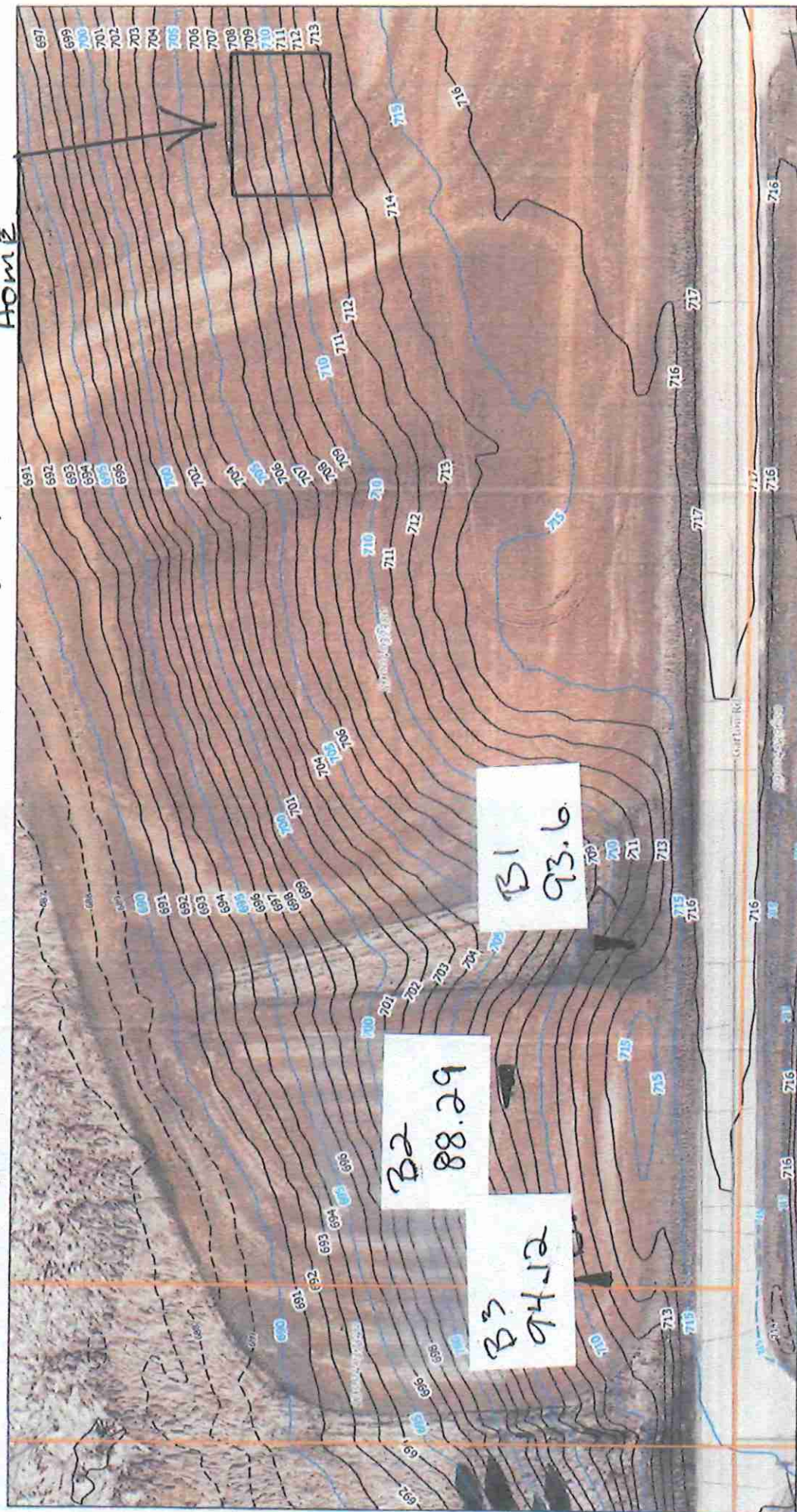
* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

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Sheboygan County Sanitary Map

Future 4 BED HOME



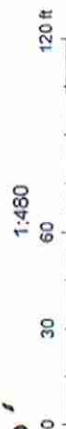
12/29/2022, 7:58:09 AM

TaxParcel

Roads

Local Road

NOTE: Road set back 40'



Bm 100.00
NAIL IN POWER POLE
PAINTED ORANGE

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W3897 COUNTY LINE ROAD
CLEVELAND, WI 53015

Date	Invoice #
12/29/2022	17388

Bill To

P.O. No.	Terms	Project
	Due on receipt	

Quantity	Description	Rate	Amount
1	SOIL TEST W/EXCAVATING GARTON ROAD PROPERTY PID #59004037350 BJH 12-13-22 PLEASE MAKE PAYMENT DIRECTLY TO BRAD HEIM AT THE ABOVE ADDRESS	850.00	850.00
		Total	\$850.00

Phone #