



*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required _____ State Plan ID # _____

A. OWNER OF PROPERTY

Mailing Address:

EUGENE BLINDAUGER R3 PLYMOUTH, WI. 53073
B LOCATION: SW 1/4 SE 1/4 Section 14 T16N R27E (1/4 W. lot #) Site

Subdivision Name, nearest road, lake or landmark Blk# _____ Village _____
Township PA 110-074

C. TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family Duplex _____ No. of Bedrooms 3 No. of Persons _____

D. TYPE OF APPLIANCES: Dishwasher YES NO Food Waste Grinder YES NO # of Bathrooms 1/2
Automatic Washer YES NO Other (specify)

E. SEPTIC TANK CAPACITY 1000 Total gallons No. of tanks 1

*Holding tank capacity _____ Total gallons _____ No. of tanks _____
New Installation Addition _____ Replacement _____ Prefab Concrete

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 98 2) 40 3) 40 Total Absorb Area 1200 sq. ft.

New Addition Replacement *Fill System

Seepage Trench: No. Lin. Feet _____ Width _____ Depth _____ Tile Depth _____ No. of Trenches _____

Seepage Bed: Length 100' Width 12' Depth 3' Tile Depth 2' No. of Lines 2

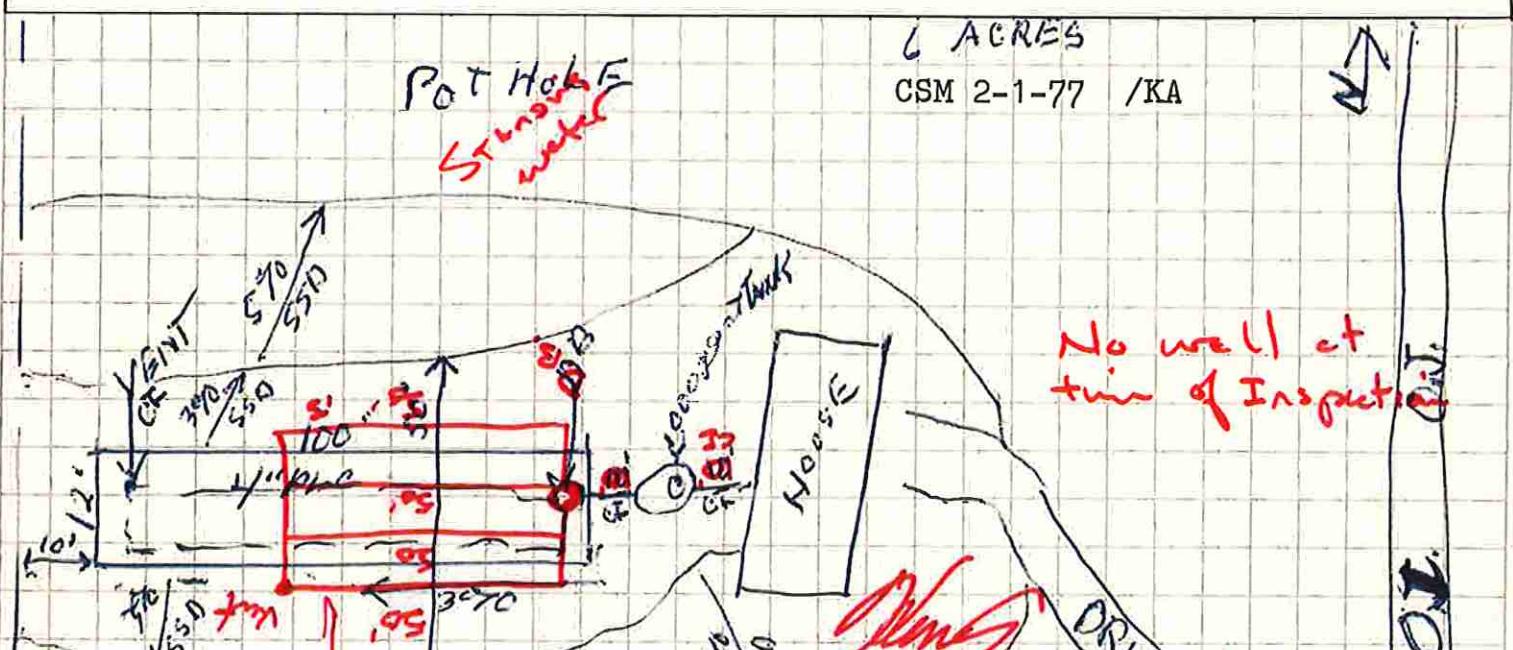
I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester.

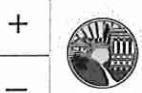
NAME ALICE NELLIE SCHMIDT C.S.T. # 1024 and other information

obtained from OWNER (owner/builder).

Plumber's Signature John H. Semple Jr. MP/MPSRW# 2710 Phone # 528-2504

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).





Sheboygan County Sanitary Systems



59016214100



59016214091

SP#: 2201



50 ft

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