

REPORT ON INSPECTION OF SANITARY PERMIT # 9235

(1) Name and Address of Permit Holder: <u>HOWARD BLANK</u> <u>RT 2 NEW HOLSTEIN 53061</u>	Person/Persons at Site <u>MRS. HOWARD BLANK</u>	(2) Date of Inspection <u>11/4/81</u>
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Name, Address, License No. of Installing Plumber <u>KEN SUCHAN, RT. 1 NEW HOLSTEIN, WI. Lic. # 3180</u>	Time of Inspection <u>4:00 p.m.</u>
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(3) INSTALLATION CONSISTS OF:

<input checked="" type="checkbox"/> Septic Tank	<input type="checkbox"/> Seepage Trench	<input type="checkbox"/> Dosing Chamber
<input type="checkbox"/> Seepage Pit	<input checked="" type="checkbox"/> Seepage Bed	<input type="checkbox"/> Holding Tank
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Fill System	

(4) BENCHMARK: (Permanent reference Point) Describe:
TOP OF CEMENT WALL EAST SIDE OF HOME
 Elevation of vertical reference point: 100' Slope at site: 6-8%

(5) MATERIAL AND DEPTH OF SEWER: CAST IRON AT BLDG. 35" DEEP - PVC (D3034) TO CAST AT TANK

(6) SEPTIC TANK: Manufacturer: SAUER Liquid Capacity: 1000
 Tank Inlet Elevation: 95.10' Tank Outlet Elev: 94.05'
 # ft to lot or property line: 120 # ft to well: 200+

(7) DOSING TANK: Manufacturer: _____ # of gallons: _____
 # of gallon pump set for a cycle _____ gallons; total capacity of distribution lines _____ gallon; size of pump _____ head; gallon per minute _____; horsepower _____; brand name of pump and model number _____
 Is the warning device installed? YES NO Wired? YES NO

(8) HOLDING TANK: Manufacturer _____; # of gallons _____; construction _____; depth to the cover _____ ft; If septic tank is being used are baffles removed? YES NO; _____ ft from residence; _____ ft from well; _____ ft from property line. Type of warning device _____
 Is the warning device installed? YES NO; Wired? YES NO; Locking device on cover? YES NO; Diameter of vent and material _____; Distance from building to vent _____

(9) SEEPAGE PIT SIZE: _____ # of pits; _____ ft diameter; _____ ft liquid depth; _____ ft to residence; _____ ft to well; _____ ft to property line; _____ ft to ordinary high water mark of lake or stream; _____ ft to edge of slopes greater than _____; seepage pit inlet pipe-elevation _____ ft; bottom of seepage pit elevation _____ ft.

(10) SEEPAGE BED SIZE 24 ~~48~~ ft width; 48 ft length; 7 tile depth; 30" SE. COR. 18" NE. COR., 30" NW. COR., 42" SW. COR.,
190 lineal feet tile; 60 ft to residence; 200+ ft to well; 120 ft to lot or property line; N.A. ft to ordinary high water mark of lake or stream; 50 ft to edge of slopes greater than 20% falling away toward lakes, water courses or drainage ditches. Elevation of tank discharge line entering bed 94.85 ft. END OF BED 94.05 ft

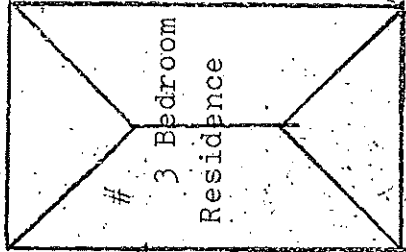
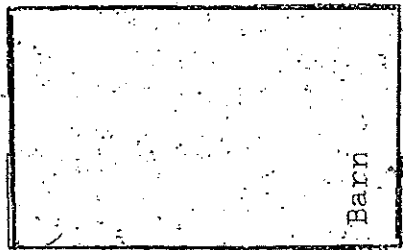
(11) SEEPAGE TRENCH: Total length of seepage trench _____ ft; width _____ ft; tile depth _____ ft; _____ ft to well; _____ ft to ordinary high water mark of lake or stream; _____ ft to edge of slopes greater than 20% falling away toward lakes, water courses or drainage ditches; elevation of tank discharge line entering seepage trench _____ ft.

(12) Has system been installed in area indicated on EH 115? YES NO

(13) Has system been installed in floodway? YES NO Floodplain? YES NO

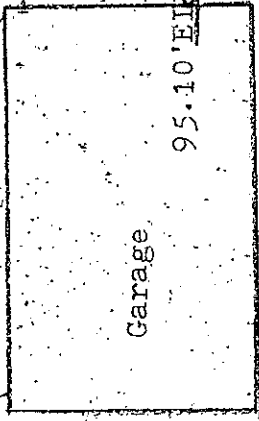
DILHR-SBD-6095(N.05/80)
 Signature of Inspector: Paul A. Homaner

As Built drawing for Howard Blanck
R.2. New Holstein, Wis.
Driveway



95.56' ELEV.

18'



95.10' EIV.

X Bench Mark top of cement
Pumping Chamber wall at 100'



ELEV. 94.85'

1000 Gal. Septic tank

Vent pipe

25'



94.05' Elev.

24'

Elev. 94.85'

47'

8% Slope



NORTH

Installed by Kenneth Suchan 3190

A handwritten signature in cursive script, likely reading "Kenneth Suchan".

REPORT ON SOIL BORINGS AND PERCOLATION TESTS
 WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 P.O. BOX 309, MADISON, WISCONSIN 53701

LOCATION: NE 1/4, NE 1/4, Section 32, T 17 N, R 20 E (or) W, Township or Municipality New Holstein
 Lot No. _____, Block No. _____, Subdivision Name _____ County Calumet
 Owner's/Buyers Name: Mr. Howard Blanck
 Mailing Address: R.2. New Holstein, Wisconsin. 53061
 TYPE OF OCCUPANCY: Residence No. of Bedrooms 3 COMMERCIAL _____
 EFFLUENT DISPOSAL SYSTEM: NEW _____ REPLACEMENT ALTERNATE SYSTEM _____ OTHER _____
 DATES OBSERVATIONS MADE: SOIL BORINGS May 5, 1981 PERCOLATION TESTS May 7, 1981
 SOIL MAP SHEET 63 NAME OF SOIL MAP UNIT 123 C Hochheim

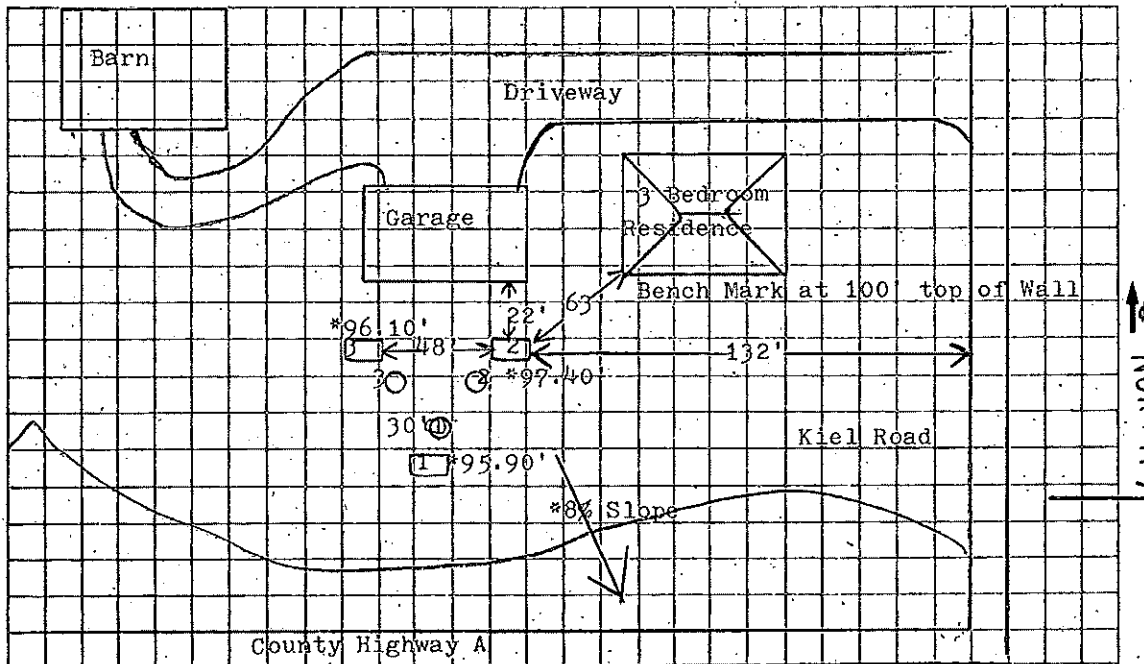
PERCOLATION TESTS

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	42	See Soil Bore Data Below	20	none	30	1 2/16	11/16	11/16	44
P-2	42	See Soil Bore Data Below	20	none	30	1 9/16	15/16	1 4/16	24
P-3	42	See Soil Bore Data Below	20	none	30	2 6/16	1 10/16	2	15

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, MOTTLING AND DEPTH TO BEDROCK IF OBSERVED IN INCHES
		OBSERVED	ESTIMATED HIGHEST	
B-1	86	none	>86	9" TS 21" RCL 13" SL 22" S 21" Sil L
B-2	84	none	>84	11" TS 29" RCL 12" S 32" Sill
B-3	94	none	>94	10" TS 19" RCL 17" CL 48" Sil L

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 1125 Sq. Ft. Indicate scale or distances. Give horizontal and vertical reference points. Indicate slope.



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) Kenneth suchan Certification No. 2151
 Address R.1. New Holstein, Wisconsin. 53061
 Name of installer if known _____

PLB67



State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 9235
County Permit # 20-81
County Calumet

*DENOTES STATE APPROVAL REQUIRED

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

A. OWNER OF PROPERTY

Mailing Address:

Mr. Howard Blanck R.2. New Holstein, Wisconsin. 53061

B. LOCATION: NE 1/4 NE 1/4, Section 32, T17 N, R 20 E (or) W Lot# _____ City _____
Subdivision Name, _____ nearest road, lake or landmark Blk# _____ Village _____
Township New Holstein

C. TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family X Duplex _____ No. of Bedrooms 3 No. of Persons 4

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

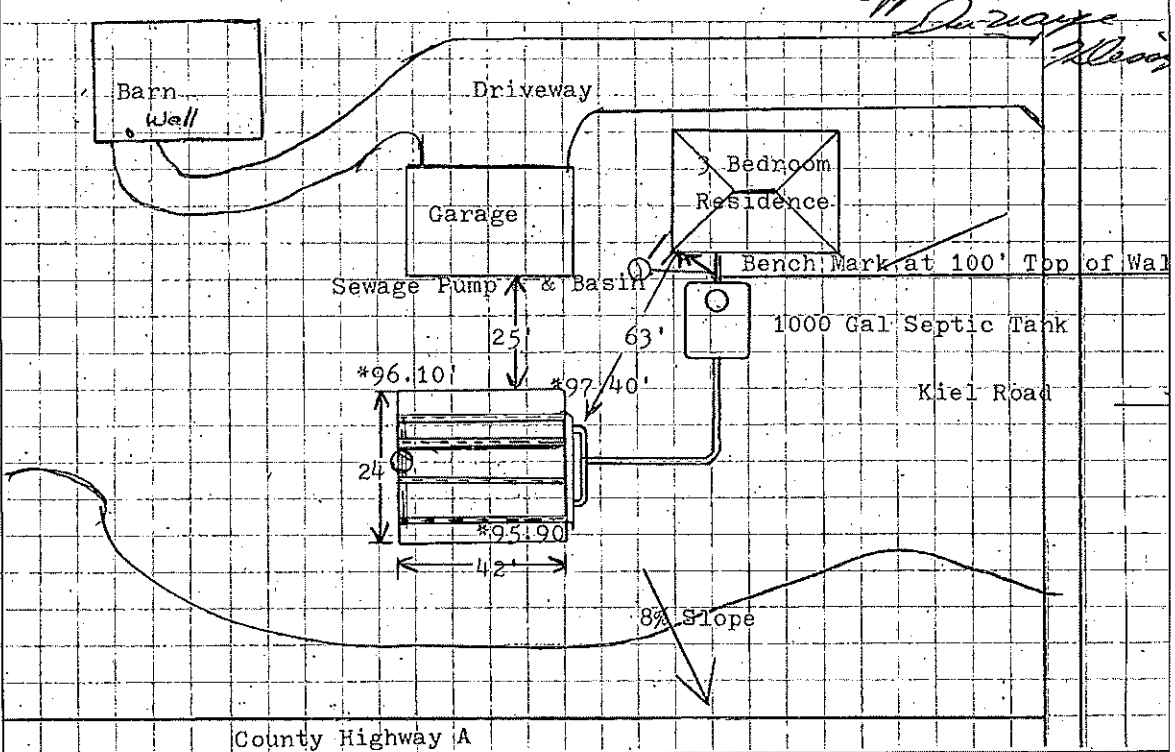
E. SEPTIC TANK CAPACITY 1000 Total gallons No. of tanks one
*Holding tank capacity _____ Total gallons No. of tanks _____
New Installation _____ Addition _____ Replacement X Prefab Concrete X
*Poured in Place _____ Steel _____ Other (specify) _____

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 44 2) 24 3) 15 Total Absorb. Area 1125 sq. ft.
New _____ Addition _____ Replacement X *Fill System _____
Seepage Trench: No. Lin. Feet _____ Width _____ Depth _____ Tile Depth _____ No. of Trenches _____
Seepage Bed: Length 47' Width 24' Depth 42" Tile Depth 26" No. of Lines 4
Seepage Pit: Inside diameter _____ Liquid Depth _____ Tile Size 4'
Percent slope of land _____ Distance from critical slope _____

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 Kenneth Suchan C.S.T. # 2151 and other information
obtained from _____ (owner/builder).
Plumber's Signature Kenneth Suchan MP/MPSW# 3190 Phone #894 3696
Plumber's Address R. 1, New Holstein, Wisconsin. 53061

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



Do Not Write in Space Below FOR DEPARTMENT USE ONLY
Date of Application 5-21-81 Fees Paid: State 419 County 411 Date 5-24-81
Permit Issued/Rejected (date) 5-21-81 Issuing Agent Name DuWayne Plosser
Inspection Yes _____ No _____ Valid# _____ Date Rec'd _____
1. county (white copy) 3. owner (green copy) DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701
2. state (pink copy) 4. plumber (canary copy) Revised Date 6/1/76