

PLB67



State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 9245
County Permit # 30-81
County Calumet

012-25-172042H

*DENOTES STATE APPROVAL REQUIRED

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

A. OWNER OF PROPERTY ROBERT ROSKA Mailing Address: KIEL, WI. RT. 2 53042

B. LOCATION: N.W. 1/4 S.E. 1/4, Section 25, T 17 N, R 20 E (or) W Lot# _____ City _____
Subdivision Name, _____ nearest road, lake or landmark Blk# _____ Village _____
12TH STREET KIEL Township OF 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 _____ YES _____ NO _____ Food Waste Grinder _____ YES X NO _____ # of Bathrooms ONE
Automatic Washer X YES _____ NO _____ Other (specify) _____

E. SEPTIC TANK CAPACITY 1100 Total gallons No. of tanks ONE
*Holding tank capacity _____ Total gallons _____ No. of tanks _____
New Installation X Addition _____ Replacement _____ Prefab Concrete X
*Poured in Place _____ Steel _____ Other (specify) _____

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 10 2) 7 3) 7 Total Absorb Area 615 sq. ft.
New _____ Addition _____ Replacement X *Fill System _____
Seepage Trench: No. Lin. Feet: _____ Width _____ Depth _____ Tile Depth _____ No. of Trenches _____
Seepage Bed: Length 35' Width 18' Depth 24" Tile Depth 14" No. of Lines 3
Seepage Pit: Inside diameter _____ Liquid Depth _____ Tile Size 4"
Percent slope of land 3% 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 GORDON SALZMAN C.S.T. # 551029 and other information
obtained from ROBERT ROSKA (owner/owner).
Plumber's Signature Gordon Salzman MP/~~MP~~ # 4572 Phone # 414-8943210
Plumber's Address KIEL, WI. RT. 2 53042

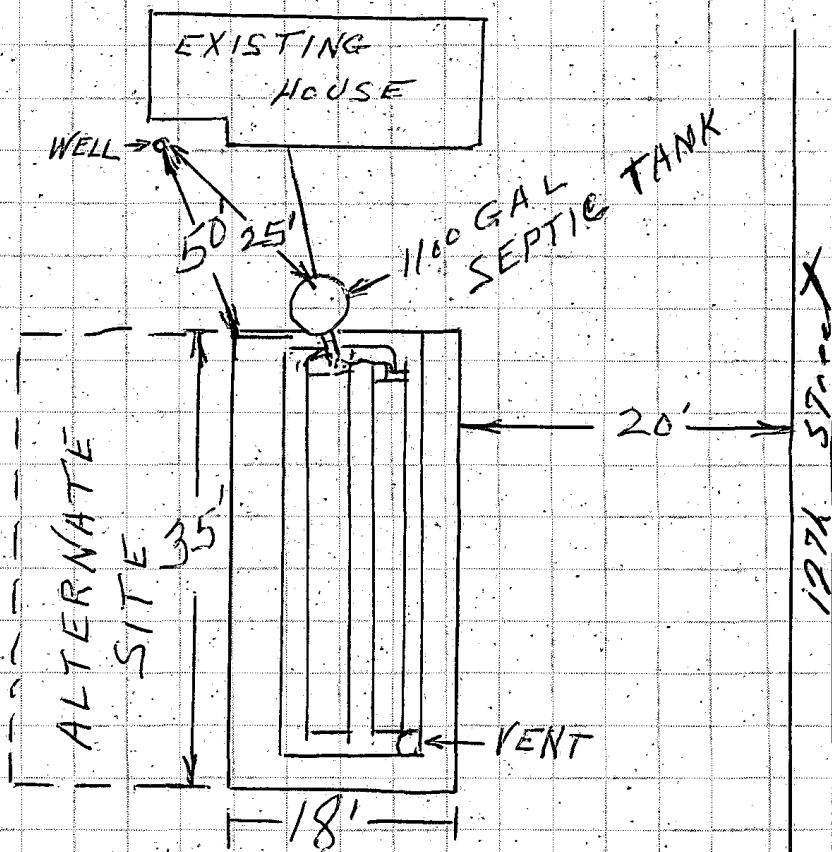
PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).

APPROVED

JUN 8 1981

DuWayne Kling
Calumet County Code Administrator

new owner
Donald Breit
1984



Do Not Write in Space Below - FOR DEPARTMENT USE ONLY
Date of Application 6-8-81 Fees Paid: State 414 County 36 Date 6-8-81
Permit Issued/Rejected (date) 6-8-81 Issuing Agent Name DuWayne Kling, Calumet Co.
Inspection Yes _____ No _____ Valid# _____ Date Rec'd Cal. Adm.
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

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

LOCATION: N.W. 1/4, S.E. 1/4, Section 25, T 17 N, R 20 E (or) W, Township of Municipality OF NEW HOLSTEIN
 Lot No. _____, Block No. _____, Subdivision Name _____ County CALUMET
 Owner's/Buyers Name: ROBERT ROSKA
 Mailing Address: KIEL, WI. RT. 2 53042
 TYPE OF OCCUPANCY: Residence X No. of Bedrooms 3 COMMERCIAL _____
 EFFLUENT DISPOSAL SYSTEM: NEW X REPLACEMENT _____ ALTERNATE SYSTEM _____ OTHER _____
 DATES OBSERVATIONS MADE: SOIL BORINGS 11/79 PERCOLATION TESTS 5/7/81
 SOIL MAP SHEET 119 NAME OF SOIL MAP UNIT HMB

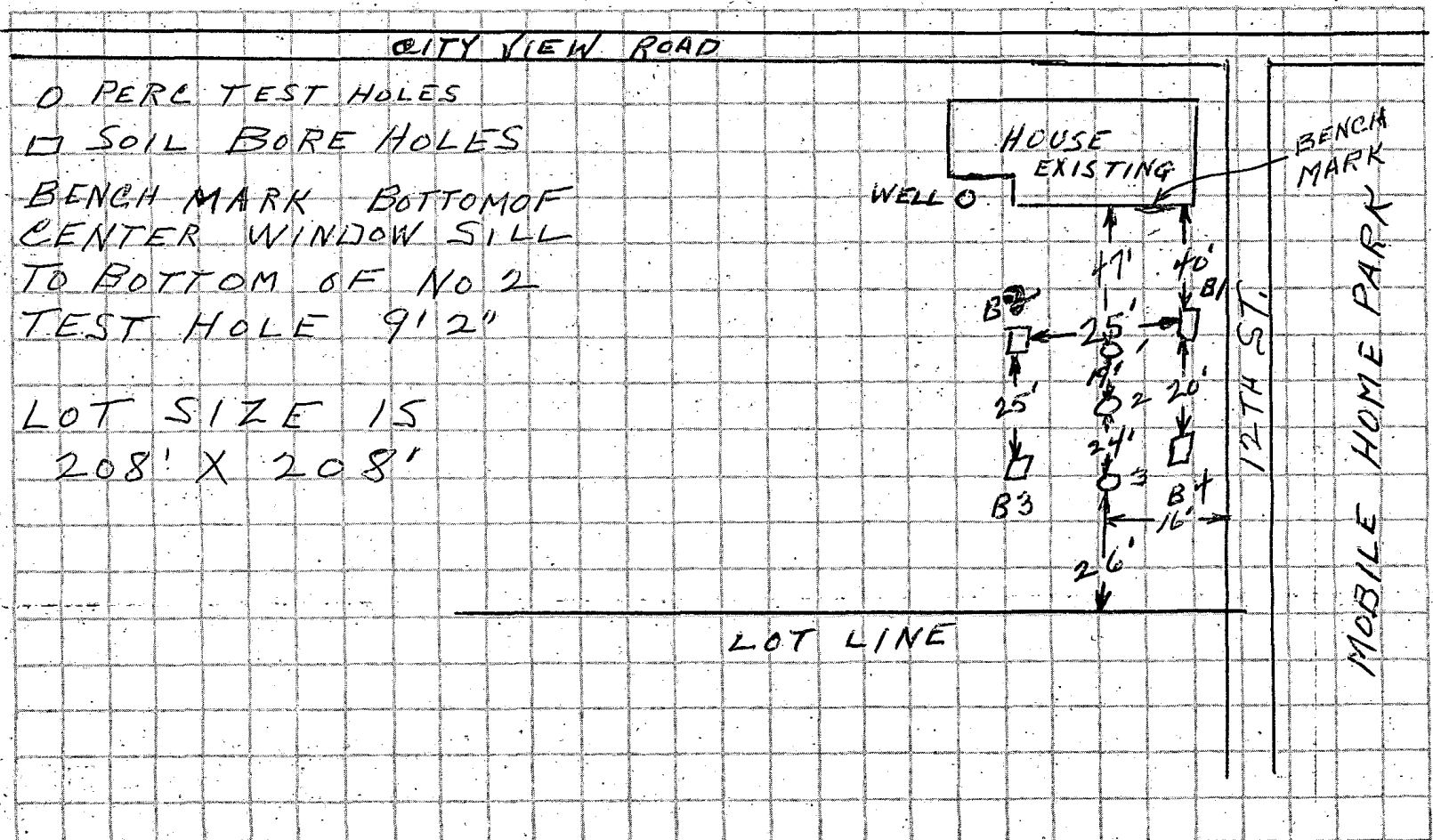
PERCOLATION TESTS

| 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 | SEE BORE HOLE DATA | 16 | NO | 5 | 1/2 | 1/2 | 1/2 | 10 |
| P- | | | | | | | | | |
| P-2 | 24 | " " " " | 16 | NO | 5 | 3/4 | 3/4 | 3/4 | 7 |
| P- | | | | | | | | | |
| P-3 | 24 | " " " " | 16 | NO | 5 | 3/4 | 3/4 | 3/4 | 7 |
| P- | | | | | | | | | |

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 | 72" | | 72" | 12" T.S. 12-22 S.L. 22"-30" CL 30"-66" G.S. 66"-72" SAND MOTTLED AT 72" |
| B-2 | 72 | | 60" | 12" T.S. 12-26 SIL 26-52 G.S. 52-72 SAND & SIL MOTTLED AT 60" |
| B-3 | 72 | | | 12" T.S. 12-26 CL 26-46 G.S. 46-52 SAND 52-72 FS & SILT |
| B-4 | 72 | | | 12" T.S. 12-22 CL G.S. 33-46 SAND & SIL BAND OF MOTTLES |
| B- | | | | |
| B- | | | | |

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 61550 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) GORDON SALZMAN Certification No. 551029
 Address KIEL, WI. RT. 2 53042
 Name of installer if known GORDON SALZMAN

CST Signature Gordon Salzman

SOIL EVALUATION REPORT

COLUMBET COUNTY PLANNING DEPARTMENT
 County Courthouse - 2nd Floor
 Chilton, Wisconsin 53014

Robert Roska
 Owner of Property

Proposed Buyer of Property

R. Z. Kiel
 Address

Address

844-2579
 Telephone

Telephone

Legal Description of Property: NW 1/4 of the SE 1/4 Section 25
T17N R20E Twp of New Holstein

Type of Construction: Existing Home

Division of Health Approval:

Soil Map Number 7AA-75

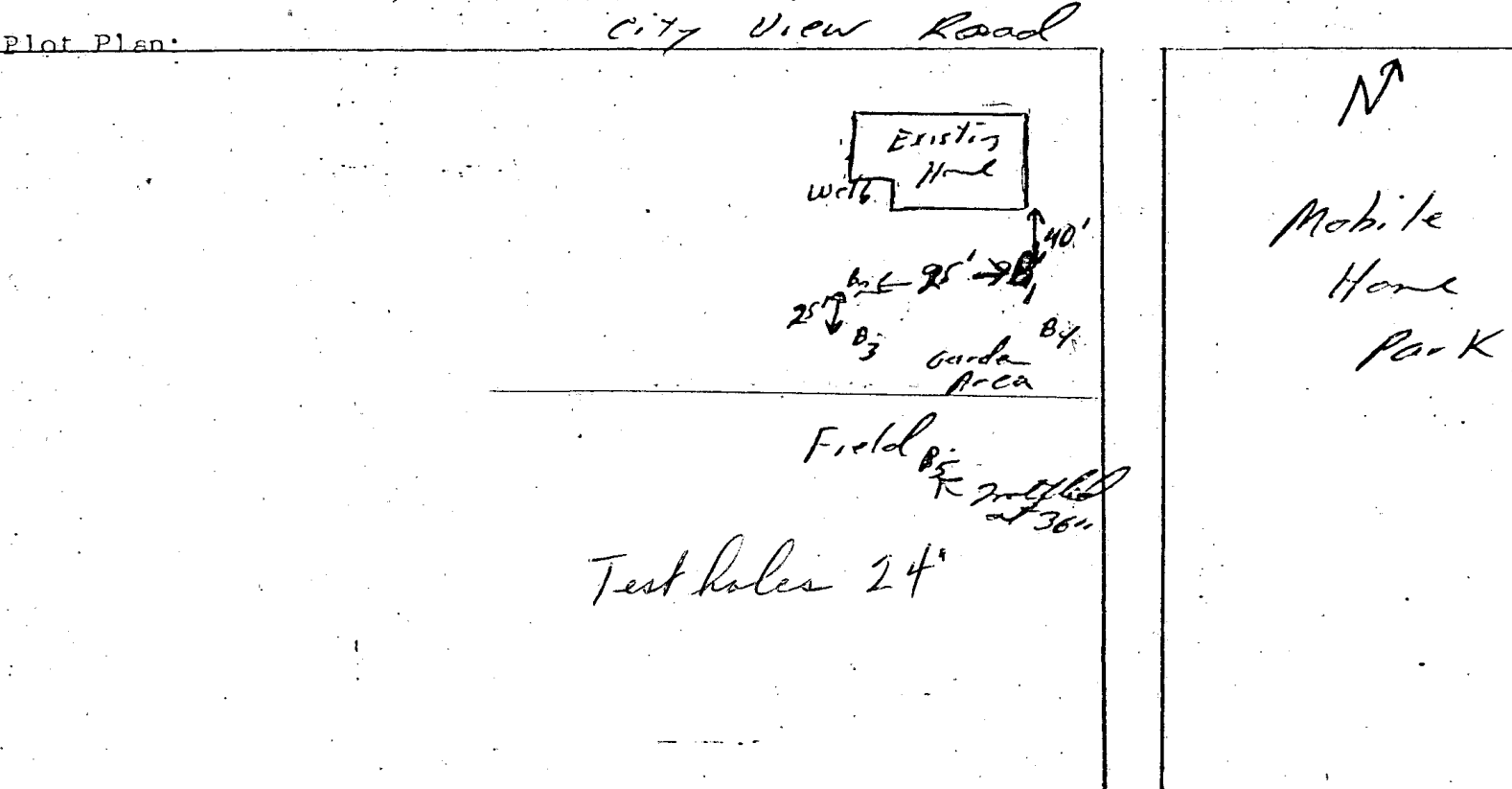
Yes: _____ No: _____

Soil Type: 123

Date of Soil Evaluation: _____

Certified Soil Tester: Borden Salzman

| Depth | Soil Texture | Bedrock | Groundwater (observed) | Mottling |
|---------------------------------------|--|---------|------------------------|----------|
| B1 0-12 12-22 22-30 30-40 | TS SL CL GTS S | | | 72" |
| B2 0-12 12-22 22-30 30-40 | TS CL G FS+S | | | 60" |
| B3 0-12 12-22 22-30 30-40 | TS CL G FS+S | | | |
| B4 0-12 12-22 22-30 30-40 | TS CL G FS+S with baby silt | | | 33-40" |



Inspection 1: Date: _____ Time: _____ Remarks: _____

Inspection 2: Date: _____ Time: _____ Remarks: _____

Inspection 3: Date: _____ Time: _____ Remarks: _____

Permit Can Be Issued: Yes: _____ No: _____

REPORT ON INSPECTION OF SANITARY PERMIT # 9245

| | | |
|--|---|--|
| (1) Name and Address of Permit Holder <u>ROBERT ROSKA</u> <u>RT. 2 KIEL, WI. 53042</u> | Person/Persons at Site <u>GORDON SALZMAN</u> | (2) Date of Inspection <u>6/12/81</u> |
| Name, Address, License No. of Installing Plumber <u>GORDON SALZMAN KIEL, WI. RT. 2 53042 MP# 4572</u> | | Time of Inspection <u>1:30</u> |

(3) INSTALLATION CONSISTS OF: Septic Tank Seepage Trench Dosing Chamber
 Seepage Pit Seepage Bed Holding Tank Fill System

(4) BENCHMARK: (Permanent reference Point) Describe:
TOP OF STONE FOUNDATION ON SOUTH SIDE OF HOUSE
 Elevation of vertical reference point: 1' 10" Slope at site: 3%

(5) MATERIAL AND DEPTH OF SEWER: CAST IRON 24"

(6) SEPTIC TANK: Manufacturer: KLOKE Liquid Capacity: 1200
 Tank Inlet Elevation: 6' 11" Tank Outlet Elev: 7' 2 1/2"
 # ft to lot or property line: 25 # ft to well: 40'

(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: 18 ft width; 41 ft length; 26" tile depth; 7' 6 1/2" at end of bed 117' lineal feet tile; 44 ft to residence; 51 ft to well; 20 ft to lot or property line; N.A. ft to ordinary high water mark of lake or stream; N.A. ft to edge of slopes greater than 20% falling away toward lakes, water courses or drainage ditches
 Elevation of tank discharge line entering bed 7' 4" ft. 26 YRD 1" STONE

(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 Komauer

Wasc. Fund Note: 1200 gallon is \$70 higher than 1000 gallon

COVENANT

WISCONSIN FUND GRANT
SEPTIC SYSTEM REHABILITATION AND REPLACEMENT

Cindy L. Roska, hereinafter referred to as "Owners" does covenant to the Calumet County Planning Department as follows:

Whereas, the Owners are desirous of obtaining funds through the Wisconsin Fund for the replacement/rehabilitation of a private sewage disposal system located at their principal residence or small commercial establishment upon property owned by them in Calumet County, and located as follows:

A part of the NW $\frac{1}{4}$, SE $\frac{1}{4}$, Section 25, T17N, R20E, Town of New Holstein, County of Calumet, Wisconsin

Now, therefore, in consideration of said grant, the Owners covenant as follows:

1. That they are the owners of the above located property, by virtue of a warranty deed recorded in the Office of the Register of Deeds, Calumet County, as Document # 156938.
2. The Owners understand and agree that the grant issued under the Wisconsin Fund is a one-time grant; that future failures of the system caused by improper maintenance or other means within their control, or in violation of this covenant, may necessitate grant repayment.
3. The Owners agree to maintain a system in accordance with rules established in the Wisconsin Administrative Code, as from time to time amended, and further agree to have the septic tank (and lift pump tank) pumped every three years, or when solids build-up within the septic tank(s) exceeds one-third of the tank volume.
4. The Owners agree that in the event that Wisconsin Fund grant monies are awarded for the installation of a holding tank(s), that they agree to have said holding tank system serviced/pumped by a licensed septic waste pumper on a regular basis, or in the event they qualify to service the holding tank system privately on their own property, that disposal will be in total compliance with rules established in the Wisconsin Administrative Code, as from time to time amended.
5. That the Owners agree to provide the Calumet County Planning Department with documentation that said servicing of their private sewage system as described in the above sections 3 and 4 (whichever is applicable) has been proper.
6. The Owners agree that the Calumet County Planning Department and its authorized representatives may enter upon the above described property for the purpose of evaluating the sewage disposal system during the installation and subsequent operation.
7. This covenant shall be binding upon the Owners, their successors and assigns.

Dated this 1st day of September, 19 81.

161773

REGISTERS OFFICE
CALUMET COUNTY, WI

Received for Record 155

day of Sept. A.D., 19 81

10:44 o'clock A.M. and Recorded in

Sheet 118 Image 23

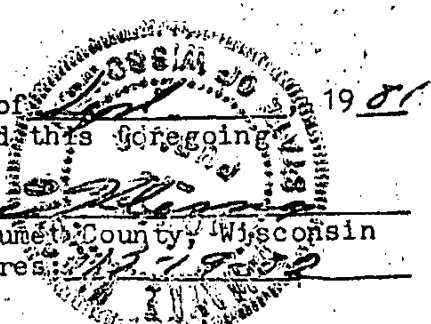
STATE OF WISCONSIN)

)SS
CALUMET COUNTY)

Sum P. H. Register

Personally came before me this 1st day of September 19 81 the above named to me known to be the persons who executed this foregoing instrument and acknowledged the same.

Notary Public, Calumet County, Wisconsin
My Commission expires: 12-19-82



Cindy L. Roska
Owner

Owner

9314

October 1, 1981

Cindy Roska
1518 Huran Ave.
Sheboygan, Wisconsin 53081

Dear Mrs. Roska:

This office is most pleased to forward to you a check in the amount of \$1,105.00 which is the 60% Wisconsin Fund reimbursement for the improvements you have made to your septic system. The County was more than happy to assist you in your application and would like to thank you for your interest in the program.

Should you have any questions concerning the payment amount, feel free to contact this office.

Sincerely,

DuWayne Klessig
Code Administrator

DK/pw
enc.

This communique was sent to: Mr. Richard Allen.
Leona Bishop
Howard Blanck
Robert Blatz
Robert Bonlander
Alvin Buechel
Jack Daun
Willis Horn
Mike Karls
Eloy Kasper
Daniel Laeyendecker
Mrs. Donald Nett
Dennis Rach
✓ Richard Roska
Jerry Schwobe
Earl Uhl
Mrs. H.P. Wagner
Joanne Wenke (Zophy Estate)

August 19, 1981

Dear

We are pleased to inform you that the Wisconsin Fund grant that was applied for the rehabilitation of your failing septic system has been approved. As you recall, you must have your system installed within one year from the date of the Sanitary Order. We would like to send the first request for disbursement by August 31, for those systems already installed. However, in order for this grant to be released for disbursement, we do need a few more items to be sent to the Saate as proof of installation and payment thereof. They are as follows:

- 1. Plumber's itemized invoice
- 2. Evidence of Payment
- 3. Signed and Recorded covenant

You will find enclosed an explanation sheet for Items #1 and #2 and a sample plumber's invoice. Item #3 (covenant, copy enclosed) was originally not going to be required. However, since the time of application for the grant, it has been determined that a covenant, covering maintenance of the installed system, needs to be signed and recorded. This can be done when you bring in the information for Items #1 and/or #2, above.

If you have any further questions, feel free to contact our office.

Sincerely,

DuWayne Klessig
Code Administrator

DK/pw
enc.

Timothy Kessenich, Project Coordinator
Department of Natural Resources
Special Projects & Construction-Mgt. Section
P. O. Box 7921
Madison, Wisconsin 53707

Dear Mr. Kessenich:

The Calumet County Planning Department, Office of the Code Administrator submits the attached packet for the consideration of a grant under the Wisconsin Fund Septic Rehabilitation and Replacement Program on behalf of:

Property Owner: Robert Roska Address: 1518 Huran Ave., Sheboygan, WI
53081
Location: NW 1/4 SE 1/4, Section 25 T 17N, R 20E, Town of New Holstein
or Lot No. _____ Subdivision _____
Phone No. (414) 459-9387 Project Description Replacement System

If you have any questions regarding this application, please contact DuWayne Klessig, (414) 849-2361, Ext. 224.

Sincerely,

DuWayne Klessig
Code Administrator

DK/pw
enc.

* STATE SUBMITTAL *

WISCONSIN FUND APPLICATION

CHECKLIST

Name Robert Rosta Date Submitted _____

1. Description

No. of Copies Needed

| | |
|---|---------------|
| <input type="checkbox"/> <u>EH 115</u> | <u>1</u> |
| <input checked="" type="checkbox"/> <u>PLB 67</u> | <u>2</u> |
| <input checked="" type="checkbox"/> <u>Sanitary Order</u> | <u>2</u> |
| <input checked="" type="checkbox"/> <u>Form 8700-127 (Application Form)</u> | <u>1</u> |
| <input checked="" type="checkbox"/> <u>Form 8700-127A (Bid Estimates)</u> | <u>1</u> |
| <input type="checkbox"/> <u>State Approval (if applicable)</u> | <u> </u> |
| <input type="checkbox"/> <u>Flow Calculations (commercial only)</u> | <u> </u> |
| <input type="checkbox"/> <u>Letter to Kessinich</u> | <u> </u> |

Complete and send one copy for each system included in the application to the Department of Natural Resources, Bureau of Water Grants, under cover of a Wisconsin Fund Septic System Replacement or Rehabilitation County Application, Form 8700-117. Also attach a completed copy of the itemized bid estimate, Form 8700-127A.

| |
|-------------------------------|
| TO BE COMPLETED BY DNR |
| APPLICATION NUMBER |
| DATE RECEIVED |

PLEASE PRINT OR TYPE

| | |
|---|--|
| COUNTY SUBMITTING APPLICATION <u>County</u> | |
| NAME OF PROPERTY OWNER <u>Cindy L. Roska</u> | NAME OF OCCUPANT (IF NOT PROPERTY OWNER) |
| STREET OR ROUTE <u>1518 Huron Ave.</u> | STREET OR ROUTE |
| CITY, STATE, ZIP CODE <u>Sheboygan, WI 53081</u> | CITY, STATE, ZIP CODE |
| TELEPHONE NUMBER (INCLUDE AREA CODE) <u>*414* 459-9387</u> | TELEPHONE NUMBER (INCLUDE AREA CODE) |

1. LEGAL DESCRIPTION OF PROPERTY

NW $\frac{1}{4}$, SE $\frac{1}{4}$, Section 25, T 17 N, R 20 E

OR—Township or Municipality Town of New Holstein

Lot Number _____ Block Number _____

Subdivision Name _____

2. BUILDING USAGE (Check One)

- Commercial, brief description _____
- Residential, Number of Bedrooms: 3
- Other, brief description _____

3. SEPTIC SYSTEM FAILURE DUE TO:

- Failure to accept sewage discharges and back up of sewage into the structure served by the private sewage system.
- Discharge of sewage to the surface of the ground or to a drain tile.
- Introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system.
- Discharge of sewage to any waters of the state.
- Other (explain) _____

4. APPROXIMATE AGE OF FAILING SYSTEM: 38 Years

5. PROPOSED REPLACEMENT SYSTEM

- Conventional Sewage Disposal
- Holding Tank
- Alternate Mound
- Cluster System
- System-in-Fill
- Other (describe) _____

6. Yes No Has the replacement system or rehabilitation work been completed?

If yes, date work completed: 6/12/81

7. ELIGIBILITY CRITERIA

Yes No Has a written enforcement order been issued against the failing system?
(Note: Enforcement orders must be issued in writing prior to construction. Work must be completed and application must be submitted within one year from date of order.)

Date of Order: 5/27/81

Yes No Does the failing system serve a residence or small commercial establishment constructed prior to and inhabited on July 1, 1978?

Yes No If residential, is it occupied at least 51% of the year?

Yes No If commercial, is total average sewage flow less than 2,100 gallons per day?

Yes No Is a public sewer available to the property?

Yes No Has this residence or commercial establishment received a previous grant under this program?

8. JOINT OWNERSHIP ASSURANCE (This question applies only to systems serving more than one principal residence or small commercial establishment.)

Yes No N/A Do you certify that the system is and will continue to be owned jointly by the owners of the properties served?

9. GRANT FUNDS FROM OTHER SOURCES

Yes No Are grant funds from other sources (i.e., HUD, FHA, etc.) to be applied to any portion of the total cost for this project?
If yes, please identify:

Source _____

Amount _____

% of Eligible Cost _____

(Note: Under state statute, the property owner must pay at least 25% of the total eligible project cost. Therefore, if grants from other sources are for more than 15%, the Wisconsin Fund grant share may be reduced accordingly. This condition does not apply to loans.)

10. ESTIMATED COST OF REPAIR OR REPLACEMENT OF FAILING SYSTEM:

\$ 1841.61

(Note: The amount shown above should be the lowest bid to allow the rehabilitated or replaced system to meet minimum requirements of ss. 145.13 and 144.24(10)(g), Wis. Stats.)

11. PLAN APPROVAL

Yes No Have plans for the proposed system been approved? If yes, please identify:

Permit Number

Date of Approval

State 9245

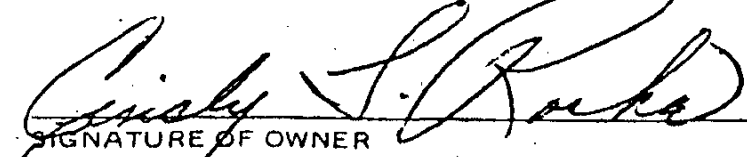
6/8/81

County 30-81

6/8/81

12. PROPERTY OWNER CERTIFICATION

I (We) certify that all statements on this form are true to the best of my (our) knowledge; that I (we) am (are) the owner(s) of the property described in this information form, by virtue of a warranty deed recorded in the Office of the County Register of Deeds as Document No. 156938 ; and that I (we) presently own the proposed site for the sewage disposal system (or I (we) have obtained an easement, to run with the above described property, for the construction of said system, and the same has been duly recorded in the Office of the County Register of Deeds, as Document No. _____).


SIGNATURE OF OWNER

SIGNATURE OF CO-OWNER (IF APPLICABLE)

6/23/81
DATE SIGNED

DATE SIGNED

13. COUNTY REPRESENTATIVE CERTIFICATION

I certify that a preliminary inspection of the failing private sewage system described in this application was made on 5/27/81 , that it is a failing system as defined in s. 144.24(10), Wis. Stats., that the repair or replacement proposed has been approved in accordance with the State of Wisconsin codes, and that all statements on this form are true to the best of my knowledge.


SIGNATURE OF COUNTY REPRESENTATIVE

Code Administrator

TITLE

DuWayne Klessig
PRINTED OR TYPED NAME

6-23-81
DATE SIGNED

WISCONSIN FUND PRIVATE SEWAGE SYSTEM
REPLACEMENT OR REHABILITATION
INDIVIDUAL SYSTEM COSTS - ITEMIZED BID ESTIMATE SHEET
(Pursuant to Sections 144.24(10), Wis. Stats., and NR 128.30, Wis. Admin. Code)
FORM 8700-127A 10-80

| COUNTY <u>Calumet</u> | <table border="1"> <tr><th colspan="2">TO BE COMPLETED BY DNR</th></tr> <tr><td>APPLICATION NUMBER</td><td></td></tr> <tr><td>DATE RECEIVED</td><td></td></tr> </table> | TO BE COMPLETED BY DNR | | APPLICATION NUMBER | | DATE RECEIVED | |
|---|---|------------------------|--|--------------------|--|---------------|--|
| TO BE COMPLETED BY DNR | | | | | | | |
| APPLICATION NUMBER | | | | | | | |
| DATE RECEIVED | | | | | | | |
| PROPERTY OWNER NAME <u>Robert Roska</u> | | | | | | | |
| BIDDER/INSTALLER NAME <u>Gordon Salzman</u> | | | | | | | |
| BIDDER'S ADDRESS-STREET OR ROUTE <u>Route 2</u> | | | | | | | |
| CITY, STATE, ZIP CODE <u>Kiel, WI 53042</u> | MP/MPSW NUMBER <u>MP 4572</u> | | | | | | |
| TELEPHONE NUMBER (INCLUDE AREA CODE) <u>(414) 894-3210</u> | BID ESTIMATE DATE <u>6/8/81</u> | | | | | | |

A. The following items are required for the rehabilitated or replacement system to meet only the minimum requirements of H 63, Wis. Admin. Code:

| | COST INSTALLED* | OR | ESTIMATED COST** |
|--|--------------------|----------------------|---------------------|
| <input checked="" type="checkbox"/> Septic Tank Replacement | \$ <u>725.00</u> | | \$ _____ |
| Material Type <u>Concrete</u> Capacity Gallons <u>1200</u> includes, riser, digging and labor | <u>-70.00</u> | Large Tank Deduction | |
| | <u>655.00</u> | | |
| <input type="checkbox"/> Pump Chamber | _____ | | _____ |
| Material Type _____ Capacity Gallons _____ | | | |
| <input type="checkbox"/> Lift Pump | _____ | | _____ |
| <input checked="" type="checkbox"/> Drain Field (Conventional) Replacement | \$ <u>878.69</u> | | \$ _____ |
| Square Feet <u>615</u> | | | |
| <input type="checkbox"/> Pressurized (In Ground) | _____ | | _____ |
| Square Feet _____ | | | |
| <input type="checkbox"/> Alternate Mound Absorption Area | _____ | | _____ |
| Package _____ Basal Area (Square Feet) _____ | | | |
| <input type="checkbox"/> System in Fill | _____ | | _____ |
| Square Feet _____ | | | |
| <input checked="" type="checkbox"/> Sewer Line or Force Main (From Septic Tank to Absorption Area Only) | <u>37.92</u> | | _____ |
| Lineal Feet <u>8'</u> Type Pipe <u>5' Cast Iron</u> <u>3' PVC Schedule 30</u> | | | |
| <input type="checkbox"/> Hydrogen Peroxide Treatment | _____ | | _____ |
| <input type="checkbox"/> Holding Tank | _____ | | _____ |
| Material Type _____ Gallons _____ | | | |
| <input checked="" type="checkbox"/> Soil Testing | <u>220.00</u> | | _____ |
| Name <u>Gordon Salzman</u> CST Number <u>55-1029</u> | | | |
| <input checked="" type="checkbox"/> Permit | <u>50.00</u> | | _____ |
| <input type="checkbox"/> Design and Plan Approval | _____ | | _____ |
| SUBTOTAL ALLOWANCE COST | | \$ <u>1,841.61</u> | \$ _____ |

B. The following costs are not allowable for grant funding and are not to be included in the total in Section A:

| | COST INSTALLED* | OR | ESTIMATED COST** |
|---|--------------------|----|---------------------|
| <input type="checkbox"/> Extra Drain Field Area | \$ _____ | | \$ _____ |
| Square Feet _____ | | | |
| <input type="checkbox"/> Additional Septic Tank Capacity | _____ | | _____ |
| Gallons _____ | | | |
| <input type="checkbox"/> Interior Plumbing or Modification of Sewer Line to Septic Tank | _____ | | _____ |
| <input type="checkbox"/> Acquisition of Land for System | _____ | | _____ |
| <input type="checkbox"/> Landscaping (Beyond Costs of Finish Grading Required by H 63, Wis. Admin. Code) | _____ | | _____ |

| | | |
|------------------------------|-------------|----------|
| SUBTOTAL COSTS NOT ALLOWABLE | \$ _____ | \$ _____ |
| TOTAL PROJECT COSTS (A + B) | \$ 1,841.61 | \$ _____ |

*Cost installed includes materials, labor, excavation, backfilling and finish grading.
 **If system not installed, include estimated cost for such installation.

STATEMENT

Kiel, Wis. June 20 18 81

Mr. & Mrs. Robert Roska

IN ACCOUNT WITH
G. W. SALZMAN
Electric Wiring, Plumbing

7% After 30 Days

Complete Septic Tank
Installation \$2118.95

Filter Bed and Tank
plus Permit & Perc Test Cost
(#1841.61)
Bal. of Plumbing Costs
from Tank into Home

pd. 2,000.00
7-13-81
jr # 221950

M/M Robert Roska
1518 Huron Ave.
Kiel, Wis.
459-9387

CALUMET COUNTY
PLANNING AND ZONING OFFICE
206 Court Street
Chilton, Wisconsin 53014
Telephone: (414) 849-2361, Extension 224

TO: Robert Roska
1518 Huron Ave.
Sheboygan, WI 53081

*SANITARY ORDER

*

*WISCONSIN FUND

The Calumet County Planning Department, based upon investigations made on 5/27/81 and your information has determined that your on-site waste disposal system located in the NW $\frac{1}{4}$, SE $\frac{1}{4}$, Section 25, T17N, R20E Town of New Holstein, Calumet County, is in violation of or threatens violation of the provision of Chapter 145.20 and 146.13 Wisconsin Statutes, Chapter H 63, Wisconsin Administrative Code, and/or Calumet County Private Sewage System Ordinance.

The Department hereby orders you to correct said violations by replacing or rehabilitating the failing private sewage system. Corrections must be made within one year of receipt of this letter, and you or your plumber must notify this office at completion of corrections so that an inspection can be conducted.

If you fail to comply with this order of the Department, the Department will seek enforcement.

Dated this 27th day of May, 1981.

Sincerely,

DuWayne Klessig, Code Administrator