

INSPECTION REPORT FOR
PRIVATE SEWAGE SYSTEMS
REPLACE

CONVENTIONAL ALTERNATIVE
 Holding Tank In-Ground Pressure Mound

State Plan I.D. Number:
(If assigned)

NAME OF PERMIT HOLDER: ERNIE FABRIZIO		ADDRESS OF PERMIT HOLDER: 14025 CEDAR TERRACE RD. KIEL		INSPECTION DATE: 9-12-88
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN: TOP OF SW CORNER OF CONCRETE WALL			REF. PT. ELEV.: 100'	CST REF. PT. ELEV.: DESTROYED
Name of Plumber: KENNETH SUCHAN		MP/MPSW No.: 3190	County: MANITOWOC	Sanitary Permit Number: 112200 S-128-88

SEPTIC TANK/HOLDING TANK:

MANUFACTURER: LEDGEVIEW (DUAL CHAMBER)	LIQUID CAPACITY: 1200	TANK INLET ELEV.: 99.0'	TANK OUTLET ELEV.: -	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
BEDDING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VENT DIA.: N/A	VENT MATL.: N/A	HIGH WATER ALARM: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST: 60'+	ROAD: 40'
PROPERTY LINE: 70'+		WELL: 10'	BUILDING: N/A	VENT TO FRESH AIR INLET: N/A	

DOSING CHAMBER:

MANUFACTURER: LEDGEVIEW	BEDDING: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY: 800	PUMP MODEL: 137	PUMP/SIPHON MANUFACTURER: ZOELLER	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)		PUMP AND CONTROLS OPERATIONAL: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: 40'	PROPERTY LINE: 70'+	BUILDING: 10'
VENT TO FRESH AIR INLET: 25'						

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

FORCE MAIN	LENGTH: 14'	DIAMETER: 2"	MATERIAL AND MARKING: BRISTOLPIPE PVC SCHED 40 ASTM D 2729
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CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH: 13'	LENGTH: 49'	NO. OF TRENCHES: -	DISTR. PIPE SPACING: 6'	COVER MATERIAL: TYPAR	PIT	INSIDE DIA.:	#PITS:	LIQUID DEPTH:
GRAVEL DEPTH BELOW PIPES: 6"	FILL DEPTH ABOVE COVER: 2 1/2'	DISTR. PIPE ELEV. INLET: 109.78	DISTR. PIPE ELEV. END: 109.68	DISTR. PIPE MATERIAL: BRISTOLPIPE PVC	NO. DISTR. PIPES: 2	NUMBER OF FEET FROM NEAREST: 5'	PROPERTY LINE: 53'	WELL: 10'	BUILDING: 25'

MOUND SYSTEM:

Mound site plowed perpendicular to slope and furrows thrown upslope:
 YES NO

Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.

PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.

SOIL COVER TEXTURE: _____ PERMANENT MARKERS: YES NO OBSERVATION WELLS: YES NO

DEPTH OVER TRENCH/BED CENTER: _____ DEPTH OVER TRENCH/BED EDGES: _____ DEPTH OF TOPSOIL: _____ SODED: YES NO SEEDED: YES NO MULCHED: YES NO

PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH:	LENGTH:	NO. OF TRENCHES:	LATERAL SPACING:	GRAVEL DEPTH BELOW PIPE:	FILL DEPTH ABOVE COVER:
ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.:	PUMP ELEV.:	MANIFOLD DIA.:	DISTR. PIPE ELEV.:	MANIFOLD MATERIAL:	NO. DISTR. PIPES:
HOLE SIZE:	HOLE SPACING:	DRILLED CORRECTLY: <input type="checkbox"/> YES <input type="checkbox"/> NO	COVER MATERIAL:	DISTR. PIPE DIA.:	DISTRIBUTION PIPE MATERIAL & MARKING:	
VERTICAL LIFT CORRESPONDS TO APPROVED PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO				COMMENTS:		

PUMP EL. = 95.78
EL. DIFF. = 109.78
- 95.78

14.0'

Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE: *J. Thomas McPart* TITLE: *Code Administrator*



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY	MANITOWOC
STATE SANITARY PERMIT #	1122005-128
STATE PLAN I.D. NUMBER	
PETITION FOR VARIANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO

-Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER Mr. Ernie Fabrizio			PROPERTY LOCATION SW 1/4 NW 1/4, S 24 T17, N, R 21 E (or) W		
PROPERTY OWNER'S MAILING ADDRESS 14025 Cedar Lake			LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME
CITY, STATE Kiel, Wi.	ZIP CODE 53042	PHONE NUMBER (3)	<input type="checkbox"/> CITY <input checked="" type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF	Schleswig	NEAREST ROAD, LAKE OR LANDMARK Cedar Lake North End

II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms if 1 or 2 Family 3 OR Public (Specify): **NA**

III. PURPOSE OF APPLICATION: (Check only one in #1. Check #2, 3 or 4, if applicable)

- a. New System b. Replacement System c. Replacement of Septic Tank Only d. Reconnection of an Existing System e. Repair of an Existing System
- A Sanitary Permit was previously issued. Permit # _____ Date Issued _____
- An Existing System has been inspected and soil conditions meet minimum requirements.
- The System is shared by more than one owner/building. Attach Common Ownership Agreement to County Copy.

IV. TYPE OF SYSTEM: (Check only one in #1 and only one in #2)

- a. Conventional b. Alternative c. Experimental
- a. System-In-Fill b. Holding Tank c. Pit Privy d. Vault Privy e. Mound f. IGP

V. ABSORPTION SYSTEM INFORMATION: (Check one)

- a. Seepage Bed b. Seepage Trench c. Seepage Pit

2. PERCOLATION RATE (Minutes per inch): 4 Min.	3. ABSORPTION AREA REQUIRED (Square Feet): 615 Sq. Ft.	4. ABSORPTION AREA PROPOSED (Square Feet): 630 Sq Ft.	5. SYSTEM ELEVATION 103.00 Feet	6. WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
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VI. TANK INFORMATION	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1500		1500	1	Tuschel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber			two compartment tank			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the private sewage system shown on the attached plans.

Plumber's Name (Print): Kenneth Suchan	Plumber's Signature: (No Stamps) <i>Kenneth Suchan</i>	MP/MPSRW No.: 3190	Business Phone Number: (894) 3696
Plumber's Address (Street, City, State, Zip Code): 24219 CTH X. New Holstein, Wi. 53061.		Name of Designer: Kenneth Suchan	

VIII. SOIL TEST INFORMATION

Certified Soil Tester (CST) Name Kenneth Suchan	CST # 2151
CST's ADDRESS (Street, City, State, Zip Code) 24219 CTHX New Holstein, Wi. 53061	Phone Number: (894) 3696

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee 100.00	Groundwater Surcharges Fee 25.00	Date 8-9-88	Issuing Agent Signature (No Stamps) <i>Bill Boyer</i>
<input type="checkbox"/> Owner Given Initial	<input type="checkbox"/> Adverse Determination				

X. COMMENTS/REASONS FOR DISAPPROVAL:

016505-000-004.00
6/4/2010

Name **Mr Ernie Fabrizio**

Address **14025 Cedar Lake. , Kiel, Wi. 53042**

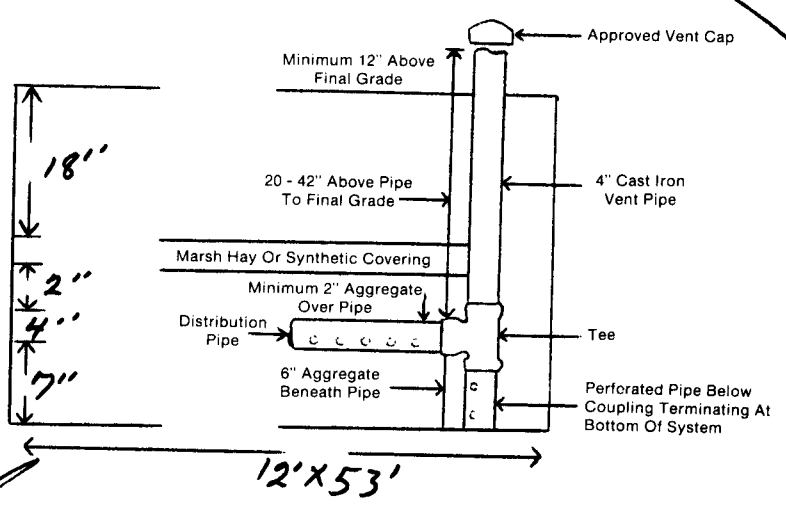
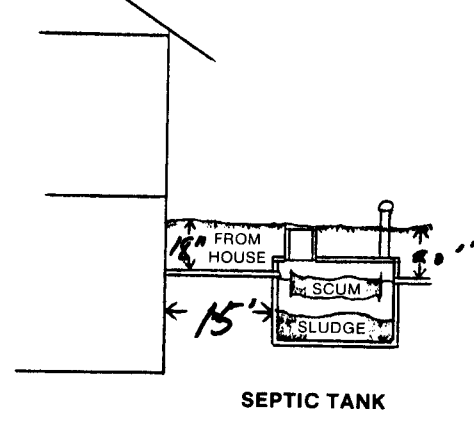
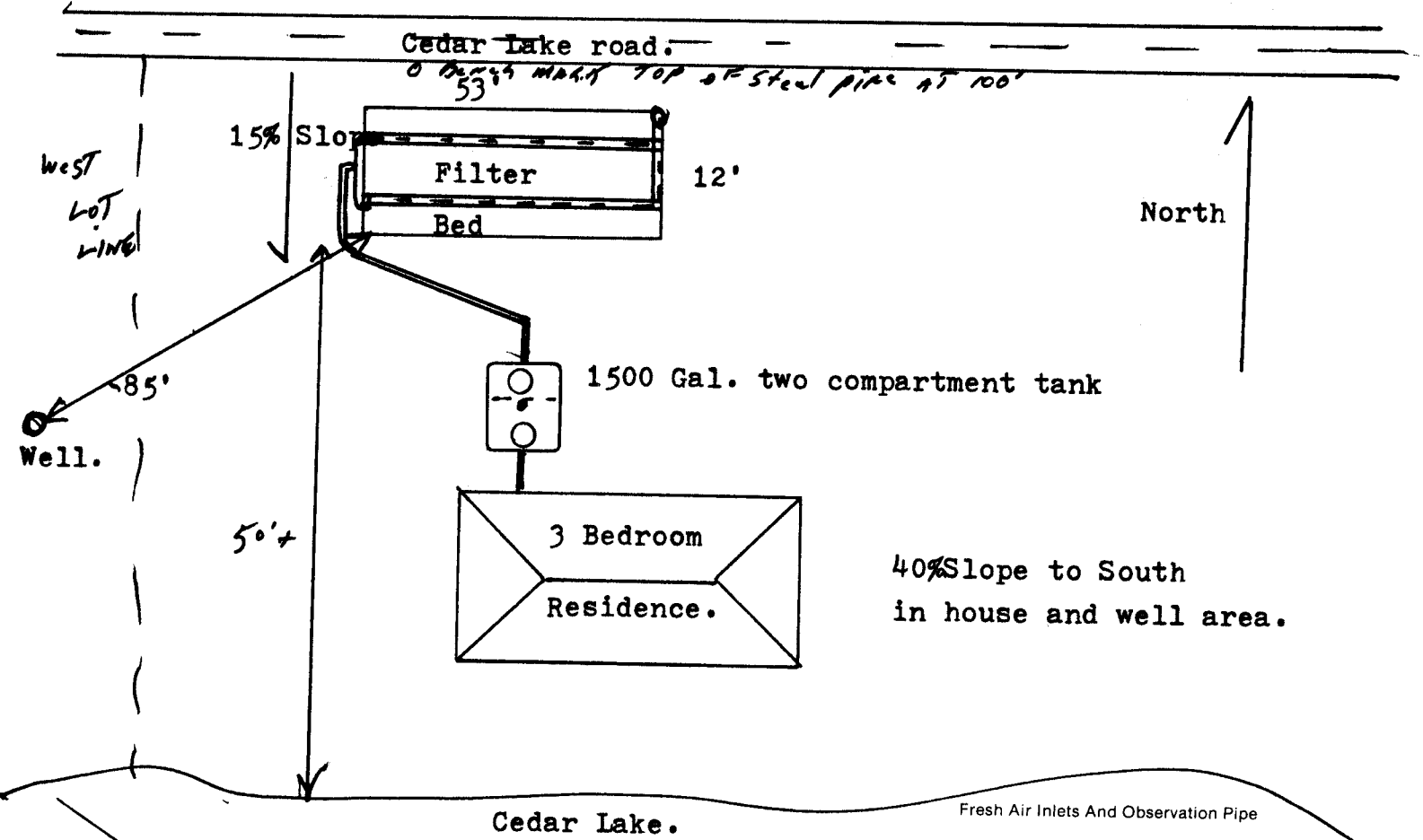
Permit No. _____

Draw a scaled or dimensional plot plan showing lot size, slope (% & direction), building served, other buildings, and streams or lakes. Show the location of building sewer, septic tank, holding tank, dosing or pumping chamber, soil absorption field or mound, replacement area, well (also wells within 50') and water service.

Vertical reference point: **top of 1" steel pipe at 100'**

System Elevation: **103.00'**

Horizontal reference point: **Road & Bench Mark**



Plumbers Signature *Kenneth S. ...*

Date **Aug 8, 1988**

MF/MPRSW No: **3190**

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
 DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
 P.O. BOX 309

MADISON, WISCONSIN 53701

REPORT ON SOIL BORINGS AND PERCOLATION TESTS

LOCATION: SW 1/4, NW 1/4, Section 24, T 17 N, R 10 E (or) W, Township or Municipality Schleswig
 Lot No. 5, Block No. Lots 4 5-6 1/2 on Cedar Lake
 Owner's Name: John F. & Mary Ann McNally
 Subdivision Name _____ County Manitowoc

Mailing Address: P. O. Box 183 515 third street Palmyra, Wis. 53156

TYPE OF OCCUPANCY: Residence new No. of Bedrooms 2 Other _____

EFFLUENT DISPOSAL SYSTEM: NEW X ADDITION _____ REPLACEMENT _____

DATES OBSERVATIONS MADE: SOIL BORINGS July 25, 1977 PERCOLATION TESTS July 27, 1977

SOIL MAP SHEET 33 SOIL TYPE 23 Iutzke

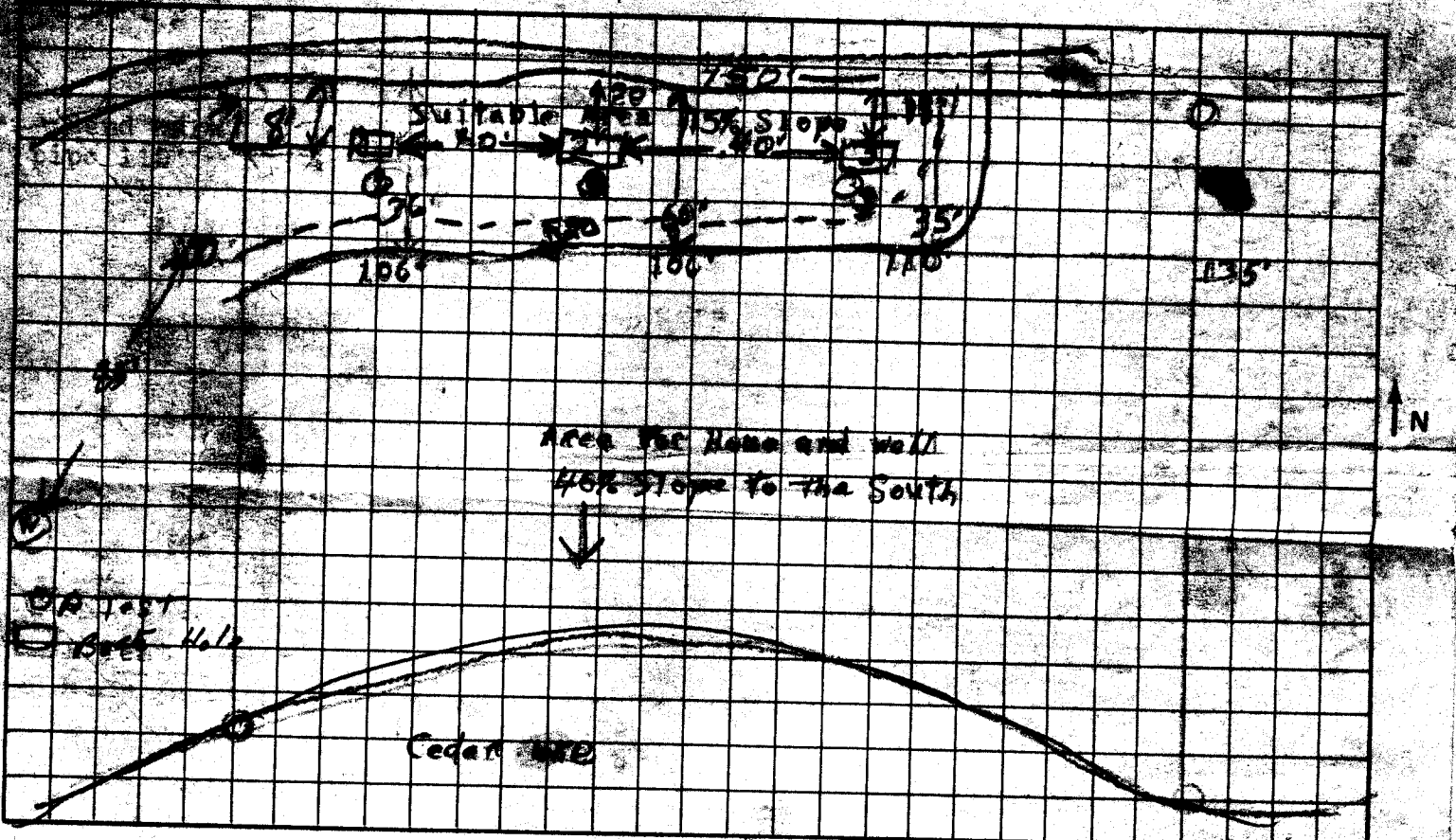
PERCOLATION TESTS

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	34"	See Soil Bore Hole Data	none		Percolation Rate Est. at				
P-2	54"	" " " " "	none		0 to 10				
P-3	21"	" " " " "	none						

SOIL BORING TESTS

TEST NUMBER	DEPTH	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, INCHES (DEPTH TO BEDROCK IF OBSERVED)
		OBSERVED	ESTIMATED HIGHEST	
P-1			> 72"	8" Bn Ts 14" red clay 52" sand
P-2			> 72"	8" Bn Ts 64" sand
P-3			> 72"	9" Bn Ts 64" Sand and Gravel

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. 1700
 or distances. Give reference point. Indicate slope. Indicate scale.



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 Signature Kenneth Suchan
 Certification No. 2651
 Name of installer if known Files Suchan