		<b>Sanitary Permit Application</b> In accord with Comm 83.21, Wis. Adm. Code Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)]		Safety & Buildings Division 201 W. Washington Av PO Box 731 Madison, WI 53707-731 (Submit completed form to county if not state owned)	
Attach complete plans (to the county copy only) for the system, on paper not less than 8-1/2 x 11 inches in size.					
County <b>Crawford</b>		State Plan I.D. Number <b>—</b>		State Sanitary Permit Number <b>472 321</b> <input type="checkbox"/> Check if revision to previous application	
<b>I. Application Information - Please Print all Information</b>				<b>Location:</b>	
Property Owner Name <b>Lee A. Steyer</b>				Property Location <b>NW 1/4 NW 1/4, S 31 T 11 N, R 3 E (on W)</b>	
Property Owner's Mailing Address <b>Box 62</b>				Lot Number Block Number <b>2 + 3 3</b>	
City, State <b>Soldiers Grove, WI</b>		Zip Code <b>54655</b>		Phone Number <b>608 624-5910</b>	
Subdivision Name or GSM Number <b>Olson Subdivision</b>				<input type="checkbox"/> City <input checked="" type="checkbox"/> Village <input type="checkbox"/> Town of <b>Soldiers Grove</b>	
<b>II Type of Building: (check one)</b> <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms: <b>4</b> <input type="checkbox"/> Public/Commercial (describe use): <input type="checkbox"/> State-owned				Nearest Road <b>Hemlock</b>	
<b>III Type of Permit: (Check only one box on line A. Check box on line B if applicable)</b>				Parcel Tax Number(s) <del>181-0256-0000</del> <b>181-0257-0000</b> Date Issued <b>181.0257-0000</b>	
A) 1. <input checked="" type="checkbox"/> New System		2. <input type="checkbox"/> Replacement System		3. <input type="checkbox"/> Replacement of Tank Only	
4. <input type="checkbox"/> Addition to Existing System		Permit Number			
B) <input type="checkbox"/> A Sanitary Permit was previously issued					
<b>IV. Type of POWT System: (Check all that apply)</b>					
<input checked="" type="checkbox"/> Non-pressurized In-ground <input type="checkbox"/> Mound <input type="checkbox"/> Sand Filter <input type="checkbox"/> Constructed Wetland <input type="checkbox"/> Chambers <input type="checkbox"/> Pressurized In-ground <input type="checkbox"/> Holding Tank <input type="checkbox"/> Single Pass <input type="checkbox"/> Drip Line <input type="checkbox"/> Polystyrene Aggregate <input type="checkbox"/> At-grade <input type="checkbox"/> Aerobic Treatment Unit <input type="checkbox"/> Recirculating <input type="checkbox"/> Other:					
<b>V Dispersal/Treatment Area Information:</b>					
1. Design Flow (gpd) <b>600</b>		2. Dispersal Area Required <b>1000</b>		3. Dispersal Area Proposed <b>1244</b> <del>1200</del> <b>Equiv.</b>	
4. Soil Application Rate (Gals./day/sq. ft.) <b>0.508</b>		5. Percolation Rate (Min./inch) <b>NA</b>		6. System Elevation <b>99'</b>	
7. Final Grade Elevation <b>101'</b>					
<b>VI Tank Information</b>		Capacity in Gallons		Total # of Tanks	
		New Tanks Existing Tanks		Manufacturer	
Septic/Holding Tank		<b>1250 —</b>		<b>1250 1 Crest</b>	
Dosing Chamber					
Effluent Filter Mfg/Model					
<b>VII Responsibility Statement:</b> I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (print) <b>Donald Lee Olson</b>		Plumber's Signature (no stamps) <i>Donald Lee Olson</i>		MP/MPRS No. <b>3999</b>	
Business Phone Number <b>608-624-5451</b>					
Plumber's Address (Street, City, State, Zip Code) <b>12340 Hwy 131 Soldiers Grove WI 54655</b>					
<b>VIII County/Department Use Only</b>					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <b>\$ 200.00</b>		Date Issued <b>APR 22 2005</b>	
Issuing Agent Signature (No stamps) <i>Ryburn</i>					
<b>IX. Conditions of Approval /Reasons for Disapproval:</b>					

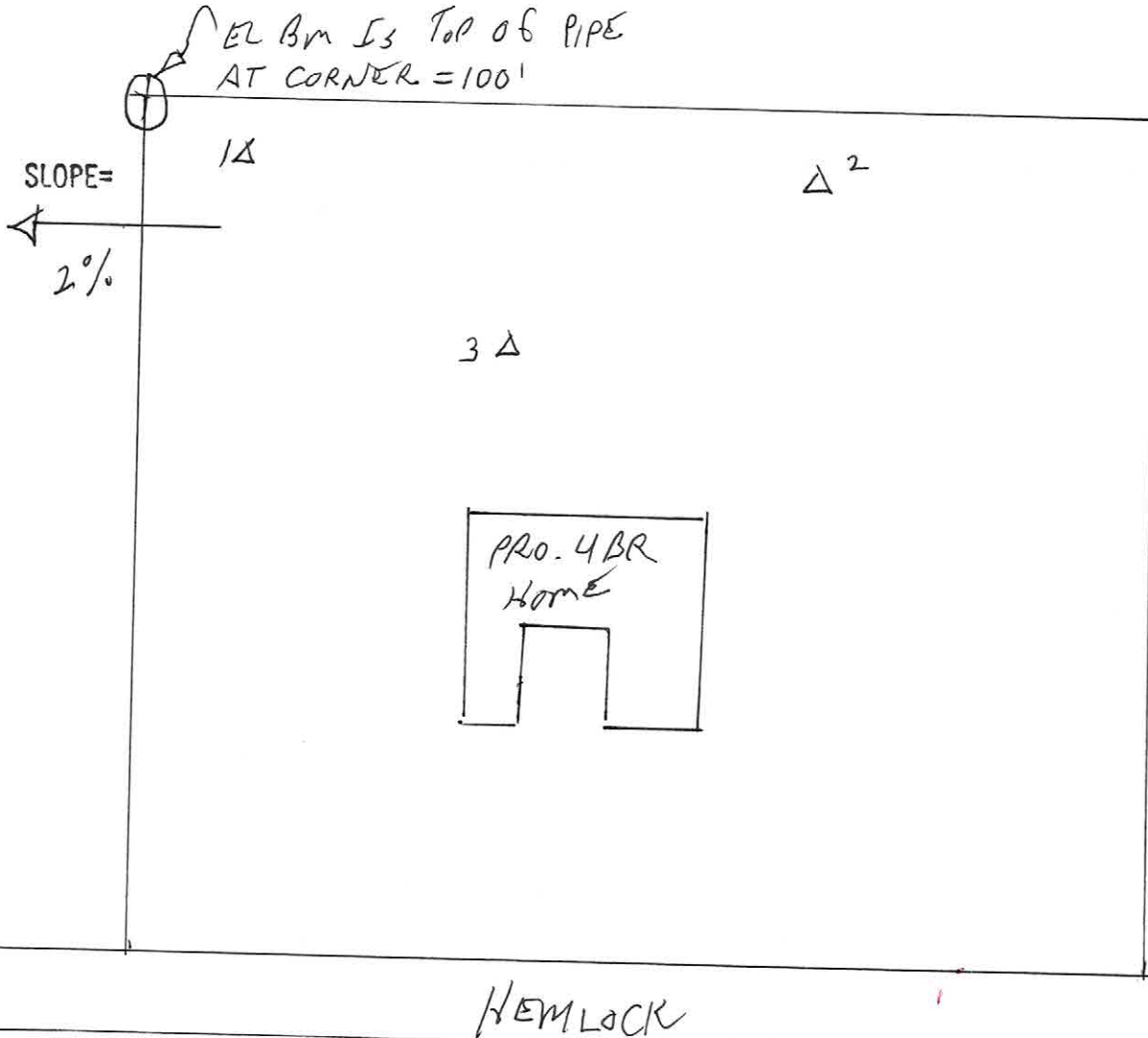


PLOT PLAN  
PAGE 3 OF 3

FOR: LEE STETER  
LOT 2+3 BLOCK 3  
NW 1/4 NW 1/4 S31 T11N R3W  
VILLAGE OF SOLDIERS GRNG  
CRAWFORD Co., WI  
1 ACRE

1" = 40'  
BORE TEST =  $\Delta$

MUNICIPAL H<sub>2</sub>O SUPPLY



①

$$\begin{array}{r} 101.10 \\ 2.25 \\ \hline 97.85 \end{array}$$

②

$$\begin{array}{r} 102.30 \\ 4.00 \\ \hline 98.30 \end{array}$$

③

$$\begin{array}{r} 101.90 \\ 3.00 \\ \hline 98.90 \end{array}$$

*Patrick E. Babbitt*

PATRICK E. BABBITT  
~~CST 2209~~

225312 4/22/05

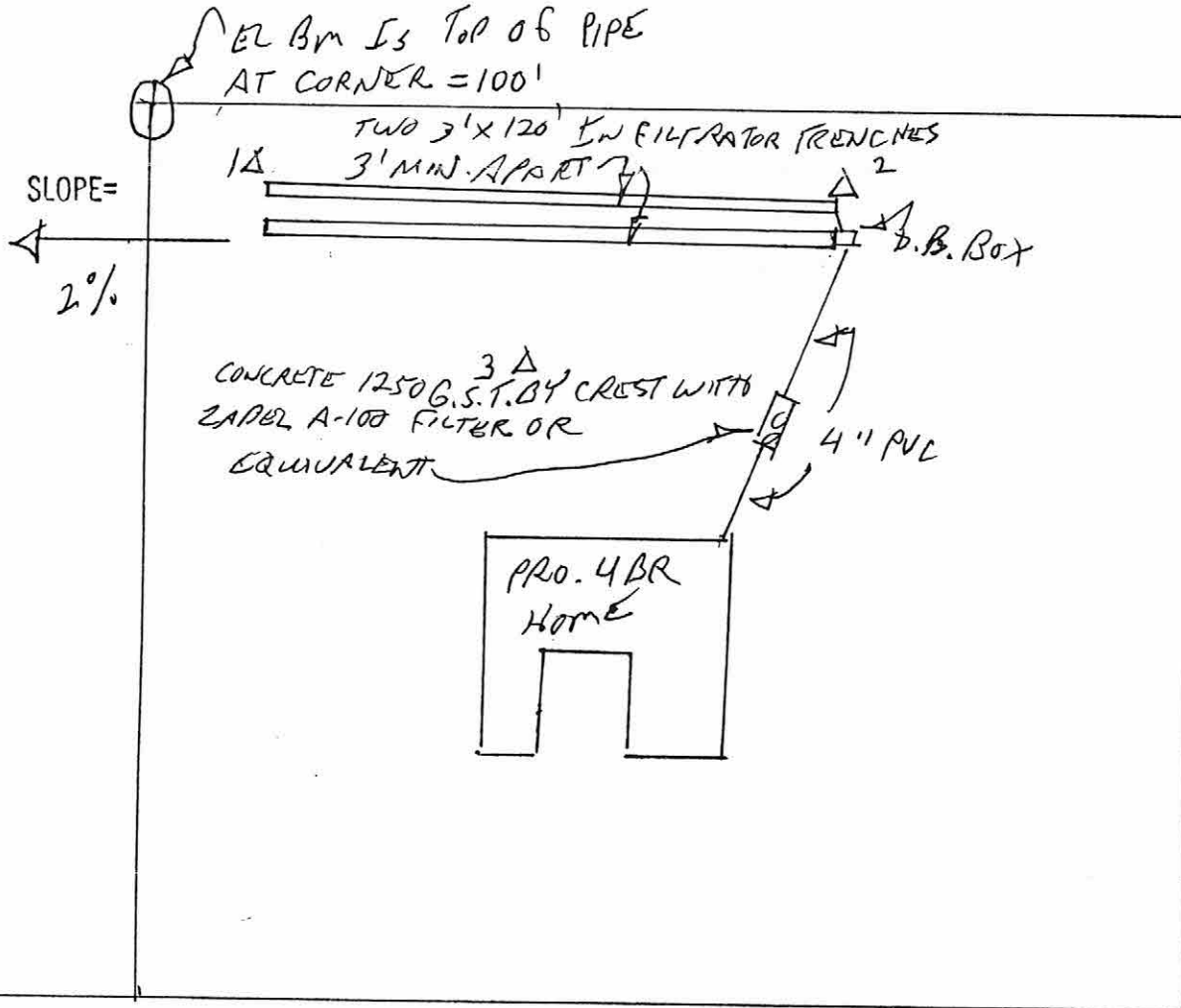


**PLOT PLAN**  
PAGE 1 OF 3

FOR: LEE STETER  
LOT 2+3 Block 3  
NW 1/4 NW 1/4 S31 T11N R3W  
VILLAGE OF SOLDIERS GRN  
CRAWFORD Co., WI  
1 ACRE

1" = 40'  
BORE TEST =  $\Delta$

MUNICIPAL H<sub>2</sub>O SUPPLY



HEMLOCK

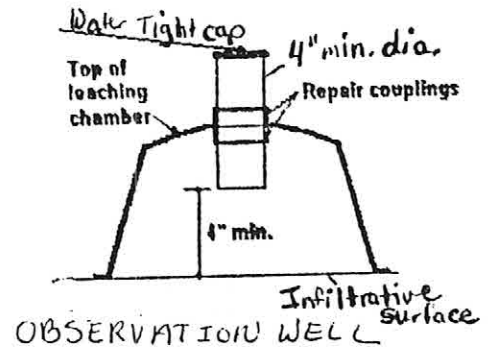
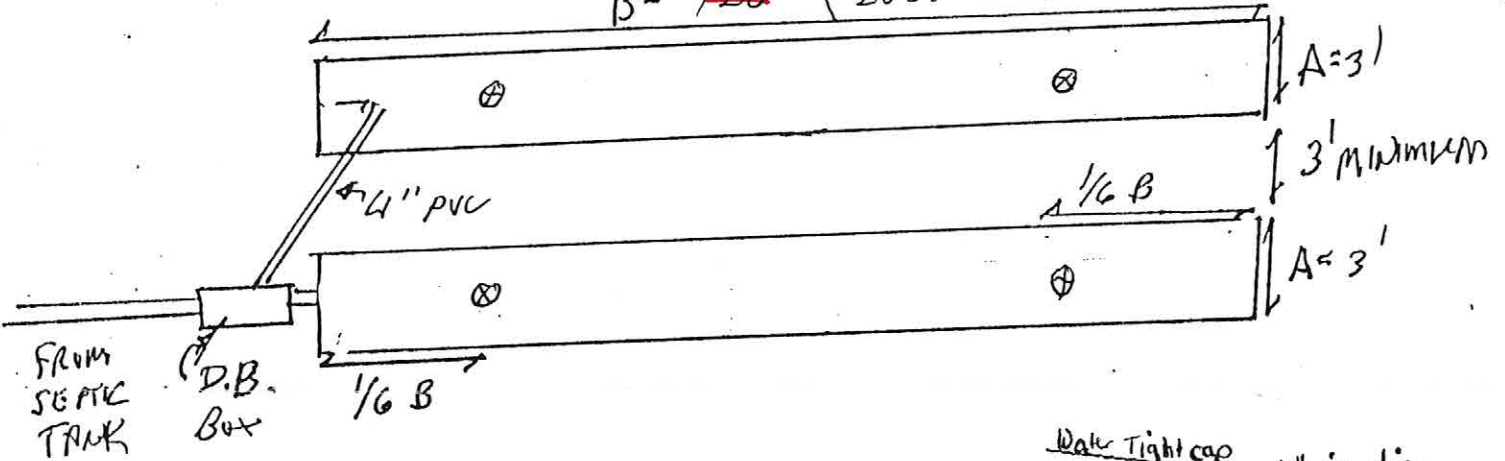
This Design is based on the  
following Component Manual(s):

In-Ground Soil Absorption for POWTS  
Version 2.0 SBD-10705 (N.01/01) 1/30/01

PLAN VIEW  
NO SCALE

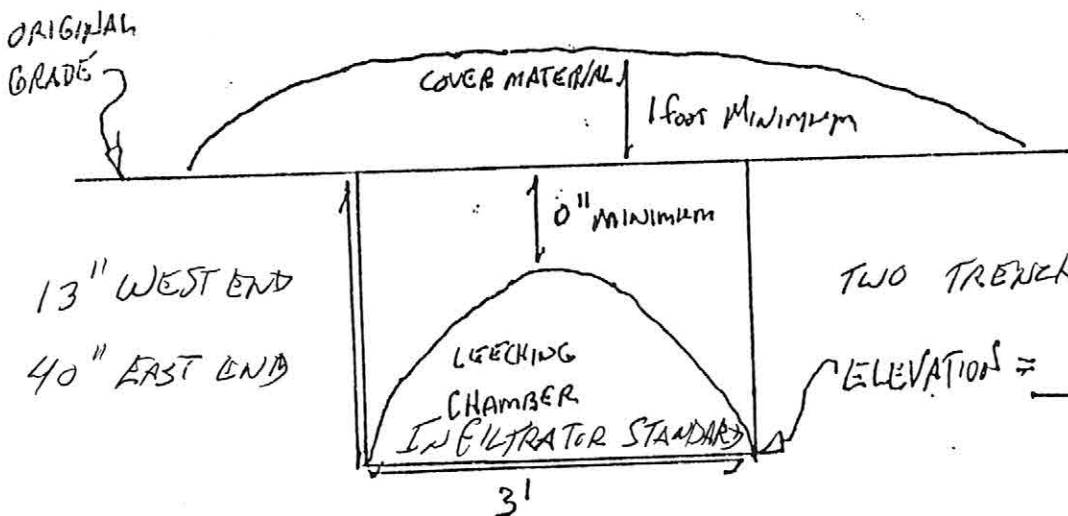
PAGE 2 OF 3

$\beta = 125$  (20 UNITS PER TRENCH)



⊗ = 4" PVC OBSERVATION WELL

END VIEW  
NO SCALE



TWO TRENCHES - BOTH

ELEVATIONS = 99'



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)).

County	CRAWFORD
Parcel I.D.	12-181-0256-0000 12-181-275-0000
Reviewed by	Ryan C. / APRIL 22 2005

Property Owner	LEE STEYER	Property Location	Govt. Lot NW 1/4 NW 1/4 S 3/4 T 11 N R 3 E (or W)
Property Owner's Mailing Address	Box 62	Lot #	243
City	SOLDIERS GROVE, WI	Block #	3
State	WI	Subd. Name or CSM#	OLSON Sub.
Zip Code	54655	City	SOLDIERS GROVE
Phone Number	608-624-5910	Village	NEMLICK

<input checked="" type="checkbox"/> New Construction	Use: <input checked="" type="checkbox"/> Residential / Number of bedrooms 4	Code derived design flow rate 600	GPD
<input type="checkbox"/> Replacement	<input type="checkbox"/> Public or commercial - Describe:		
Parent material	SAND	Flood Plain elevation if applicable	N/A
General comments and recommendations:	RECOMMEND 1200# CONVENTIONAL		

1	Boring #	<input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground surface elev. 100.1	ft.	Depth to limiting factor 263	in.	Soil Application Rate	GPD/ft <sup>2</sup>		
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	*Eff#1	*Eff#2
1	0-5	10YR3/4	Nd	ls	2 fcr	ML	CS	2A	.7	1.6
2	5-28	10YR4/4	Nd	ls	1 msk	ML	GW	16	.7	1.6
3	28-49	10YR5/6	Nd	ls	1 msk	ML	GW	1F	.7	1.6
4	49-63	10YR4/2	Nd	sl	2 msk	Mfr	-	124	.6	1

2	Boring #	<input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground surface elev. 102.3	ft.	Depth to limiting factor > 84	in.	Soil Application Rate	GPD/ft <sup>2</sup>		
Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	*Eff#1	*Eff#2
1	0-14	10YR3/2	Nd	ls	2 fcr	ML	CS	2L	.7	1.6
2	14-22	10YR3/6	Nd	ls	1 msk	ML	GW	16	.7	1.6
3	22-33	10YR4/4	Nd	ls	1 msk	ML	GW	1/6	.7	1.6
4	33-63	10YR5/6	Nd	ls	1 msk	ML	GW	1E	.7	1.6
5	63-84	10YR4/2	Nd	sl	2 msk	Mfr	-	124	.6	1

\* Effluent #1 = BOD<sub>5</sub> > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

\* Effluent #2 = BOD<sub>5</sub> ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	Patrick E. Rabbitt	Signature	[Signature]	CST Number	225312
Address	30951 Penny Lane - Lone Rock, WI 53556			Telephone Number	608-647-4958
Date Evaluation Conducted	4/20/05				

Property Owner \_\_\_\_\_

Parcel ID # \_\_\_\_\_

Page 2 of 3

☐ Boring # 3 ☒ Pit Ground surface elev. 101.9 ft. Depth to limiting factor >72 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 <sup>2</sup>	
									*Eff#1	*Eff#2
1	0-43	10YR4/4	N1	ls	2 FCR	ML	CS	2F	.7	1.6
2	43-72	10YR5/6	N2	ls	1 mstb	ML	—	1F	.7	1.6

☐ 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/ft <sup>2</sup>	
									*Eff#1	*Eff#2

☐ 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/ft <sup>2</sup>	
									*Eff#1	*Eff#2

\* Effluent #1 = BOD<sub>5</sub> > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L\* Effluent #2 = BOD<sub>5</sub> ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

# POWTS OWNER'S MANUAL & MANAGEMENT PLAN

Page 3 of 3

## FILE INFORMATION

Owner	<u>Lee Steyer</u>
Permit #	

## DESIGN PARAMETERS

Number of Bedrooms	<u>4</u>	<input type="checkbox"/> NA
Number of Public Facility Units		<input checked="" type="checkbox"/> NA
Estimated (average) flow	<u>400</u> gal/day	
Design (peak) flow = (Estimated x 1.5)	<u>600</u> gal/day	
Soil Application Rate	<u>.5</u> gal/day/ft <sup>2</sup>	
Standard Influent/Effluent Quality	Monthly average*	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD <sub>5</sub> )	≤220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	≤150 mg/L	
Pretreated Effluent Quality	Monthly average	
Biochemical Oxygen Demand (BOD <sub>5</sub> )	≤30 mg/L	
Total Suspended Solids (TSS)	≤30 mg/L	<input checked="" type="checkbox"/> NA
Fecal Coliform (geometric mean)	≤10 <sup>4</sup> cfu/100ml	
Maximum Effluent Particle Size	1/8 in dia.	<input type="checkbox"/> NA
Other:		<input checked="" type="checkbox"/> NA

\*Values typical for domestic wastewater and septic tank effluent.

## SYSTEM SPECIFICATIONS

Tank Manufacturer	<u>CRFST</u>	<input type="checkbox"/> NA
<input type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	vol. <u>1250</u>	gal
Tank Manufacturer		<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	vol.	gal
Effluent Filter Manufacturer	<u>ZABFL</u>	<input type="checkbox"/> NA
Effluent Filter Model	<u>Ä - 100</u>	
Pump Manufacturer		<input checked="" type="checkbox"/> NA
Pump Model		
Pretreatment Unit		<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Peat Filter	
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Wetland	
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Other:	
Manufacturer		<input type="checkbox"/> NA
Dispersal Cell(s)		<input type="checkbox"/> NA
<input checked="" type="checkbox"/> In-Ground (gravity)	<input type="checkbox"/> In-Ground (pressurized)	
<input type="checkbox"/> At-Grade	<input type="checkbox"/> Mound	
<input type="checkbox"/> Drip-Line	<input type="checkbox"/> Other:	
Other:		<input checked="" type="checkbox"/> NA
Other:		<input checked="" type="checkbox"/> NA

## MAINTENANCE SCHEDULE

Service Event	Service Frequency		
	At least once every:	<input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s)	(Maximum 3 years) <input type="checkbox"/> NA
Inspect condition of tank(s)	3	<input checked="" type="checkbox"/> year(s)	<input type="checkbox"/> NA
Pump out contents of tank(s)	<input checked="" type="checkbox"/> When combined sludge and scum equals one-third (1/3) of tank volume <input checked="" type="checkbox"/> When the high water alarm is activated		
Inspect dispersal cell(s)	3	<input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s)	(Maximum 3 years) <input type="checkbox"/> NA
Clean effluent filter	13	<input type="checkbox"/> month(s) <input type="checkbox"/> year(s)	<input type="checkbox"/> NA
Inspect pump, pump controls & alarm		<input type="checkbox"/> month(s) <input type="checkbox"/> year(s)	<input checked="" type="checkbox"/> NA
Flush laterals and pressure test		<input type="checkbox"/> month(s) <input type="checkbox"/> year(s)	<input checked="" type="checkbox"/> NA
Other:		<input type="checkbox"/> month(s) <input type="checkbox"/> year(s)	<input checked="" type="checkbox"/> NA
Other:			<input checked="" type="checkbox"/> NA

## MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber; Master Plumber Restricted Sewer; POWTS Inspector; POWTS Maintainer; Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.

All other services, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤12 months, shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 10 days of completion of any service event.

GMW (2/02)

**START UP AND OPERATION**

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products, solvents or other chemicals that may impede the treatment process and/or damage the soil dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a septage servicing operator prior to use.

System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During extended power outages pump tanks may fill above normal highwater levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in one large dose and may overload them resulting in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) discharge; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

**ABANDONMENT**

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with chapter Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks and pits shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

**CONTINGENCY PLAN**

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

- ☐ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at that time.
- ☐ A suitable replacement area is not available due to setback and/or soil limitations. Barring advances in POWTS technology a holding tank may be installed as a last resort to replace the failed POWTS.
- ☒ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.
- ☐ Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

## &lt;&lt;WARNING&gt;&gt;

SEPTIC, PUMP AND OTHER TREATMENT TANKS MAY CONTAIN LETHAL GASSES AND/OR INSUFFICIENT OXYGEN. DO NOT ENTER A SEPTIC, PUMP OR OTHER TREATMENT TANK UNDER ANY CIRCUMSTANCES. DEATH MAY RESULT. RESCUE OF A PERSON FROM THE INTERIOR OF A TANK MAY BE DIFFICULT OR IMPOSSIBLE.

**ADDITIONAL COMMENTS****POWTS INSTALLER**

Name
Phone

**POWTS MAINTAINER**

Name	Installer
Phone	

**SEPTAGE SERVICING OPERATOR (PUMPER)**

Name
Phone

**LOCAL REGULATORY AUTHORITY**

Name	Crawford County Zoning
Phone	608-326-0294