DEPARTMENT OF INDUSTRY,
LABOR & HUMAN RELATIONS
P.O. BOX 7969
MADISON, WI 53707

INSPECTION REPORT FOR PRIVATE SEWAGE SYSTEMS

SAFETY & BUILDINGS
DIVISION
BUREAU OF PLUMBING

☒ CONVENTIONAL ☐ ALTERNATIVE
☐ Holding Tank ☐ In-Ground Pressure ☐ Mound

State Plan I.D. Number (If assigned)

NAME OF PERMIT HOLDER	ADDRESS OF PERMIT HOLDER:	INSPECTION DATE
ROBERT TURNWALL	RT. 1 LaFARGE, WI. 54639	10-15-88

BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN

REF. PT. ELEV.	CST HEF PT ELEV
—	—

Name of Plumber	MPHSW No.	County	Sanitary Permit Number
STACY DOBBS	2708	VERNON	95735 54-88

SEPTIC TANK/HOLDING TANK:

MANUFACTURER	LIQUID CAPACITY	TANK INLET ELEV.	TANK OUTLET ELEV	WARNING LABEL PROVIDED	LOCKING COVER PROVIDED
CREST	750	NOT INSTALLED		☐ YES ☐ NO	☐ YES ☐ NO

BEDDING	VENT DIA	VENT MATL	HIGHWATER ALARM	NUMBER OF FEET FROM NEAREST →	ROAD	PROPERTY LINE	WELL	BUILDING	VENT TO FRESH AIR INLET
☐ YES ☐ NO	—	—	☐ YES ☐ NO		> 60'	> 75'	> 75'	> 25'	—

DOSING CHAMBER:

MANUFACTURER	BEDDING	LIQUID CAPACITY	PUMP MODEL	PUMP/SIPHON MANUFACTURER	WARNING LABEL PROVIDED	LOCKING COVER PROVIDED
	☐ YES ☐ NO				☐ YES ☐ NO	☐ YES ☐ NO

GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)	PUMP AND CONTROLS OPERATIONAL	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE	WELL	BUILDING	VENT TO FRESH AIR INLET
	☐ YES ☐ NO					

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	DIAMETER	MATERIAL AND MARKING

CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES	DISTR. PIPE SPACING	COVER MATERIAL:	PIT	INSIDE DIA	PIPES	LIQUID DEPTH
	10'	80'	—	—	TYPE				

GRAVEL DEPTH BELOW PIPES	FILL DEPTH ABOVE COVER	DISTR. PIPE ELEV. INLET	DISTR. PIPE ELEV. END	DISTR. PIPE MATERIAL	NO. DISTR. PIPES	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE	WELL	BUILDING	VENT TO FRESH AIR INLET
6"		—	—	2729	2		> 75'	> 150'	> 150'	> 150'

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	OBSERVATION WELLS
		☐ YES ☐ NO	☐ YES ☐ NO

DEPTH OVER THE MOUND CENTER	DEPTH OVER TRENCH BED EDGES	DEPTH OF TOPSOIL	SODDED	SEEDED	MULCHED
			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

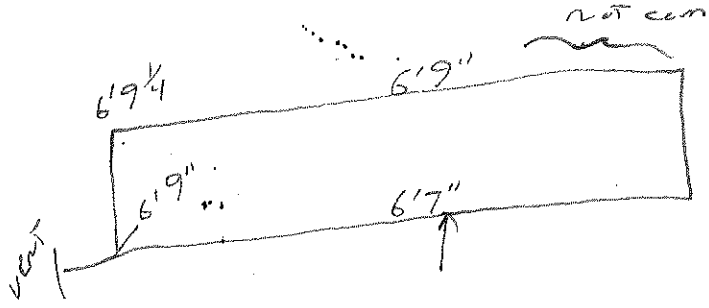
PRESSURIZED DISTRIBUTION SYSTEM:

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	DISTR. PIPE DIA:	DISTRIBUTION PIPE MATERIAL & MARKING
	HOLE SIZE	HOLE SPACING	DRILLED CORRECTLY ☐ YES ☐ NO	COVER MATERIAL				VERTICAL LIFT CORRESPONDS TO APPROVED PLANS ☐ YES ☐ NO

COMMENTS:	PERMANENT MARKERS:	OBSERVATION WELLS	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE	WELL	BUILDING
	☐ YES ☐ NO	☐ YES ☐ NO				

not completed

Tank and a portion of the field was not ready for inspection.



Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE	TITLE
Trent M. Olson	County Sanitarian

DILHR SBD 6710 (R. 01/82)

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY	VERNON
STATE SANITARY PERMIT #	25735 54-88
STATE PLAN I.D. NUMBER	—
PETITION FOR VARIANCE	☐ YES ☒ NO

–Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

–See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER: Robert Tunnwall			PROPERTY LOCATION: SW¼ SE¼, S 15 T 13, N, R 2 E (or) W
PROPERTY OWNER'S MAILING ADDRESS: RT I LaFarge			LOT NUMBER: — / BLOCK NUMBER: — / SUBDIVISION NAME: —
CITY, STATE: Wisc	ZIP CODE: 54639	PHONE NUMBER: ( )	☐ CITY ☐ VILLAGE ☑ TOWN OF: Stark / NEAREST ROAD, LAKE OR LANDMARK: Maple Ridge

II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms if 1 or 2 Family 2 OR ☐ Public (Specify):

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

1. a. ☑ New System b. ☐ Replacement System c. ☐ Replacement of Septic Tank Only d. ☐ Reconnection of an Existing System e. ☐ Repair of an Existing System
2. ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____
3. ☐ An Existing System has been inspected and soil conditions meet minimum requirements.
4. ☐ 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)

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

V. ABSORPTION SYSTEM INFORMATION: (Check one)

1. a. ☑ Seepage Bed + b. ☑ Seepage Trench (See Plan Drawing) c. ☐ Seepage Pit

2. PERCOLATION RATE (Minutes per inch):	3. ABSORPTION AREA REQUIRED (Square Feet):	4. ABSORPTION AREA PROPOSED (Square Feet):	5. SYSTEM ELEVATION	6. WATER SUPPLY:
24	~~750~~ 500	800 Sq Ft.	97' Feet	☑ Private ☐ Joint ☐ Public

VI. TANK INFORMATION

	CAPACITY in gallons: New Tanks	CAPACITY in gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic	Exper. App.
Septic Tank or Holding Tank	750		750	1	Crest Pre Cast	☑	☐	☐	☐	☐	☐
Lift Pump Tank/Siphon Chamber						☐	☐	☐	☐	☐	☐

VII. RESPONSIBILITY STATEMENT

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

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPRSW No.:	Business Phone Number:
Stacy Dobb	Stacy Dobb	2708	(608) 337-4370
Plumber's Address (Street, City, State, Zip Code):		**Name of Designer:**	
Box 75 Ontario Wisconsin 54651		Same	

VIII. SOIL TEST INFORMATION

Certified Soil Tester (CST) Name	CST #
Stacy Dobb	2224
CST's ADDRESS (Street, City, State, Zip Code)	**Phone Number:**
Box 75 Ontario Wisc. 54651	(608) 337-4370

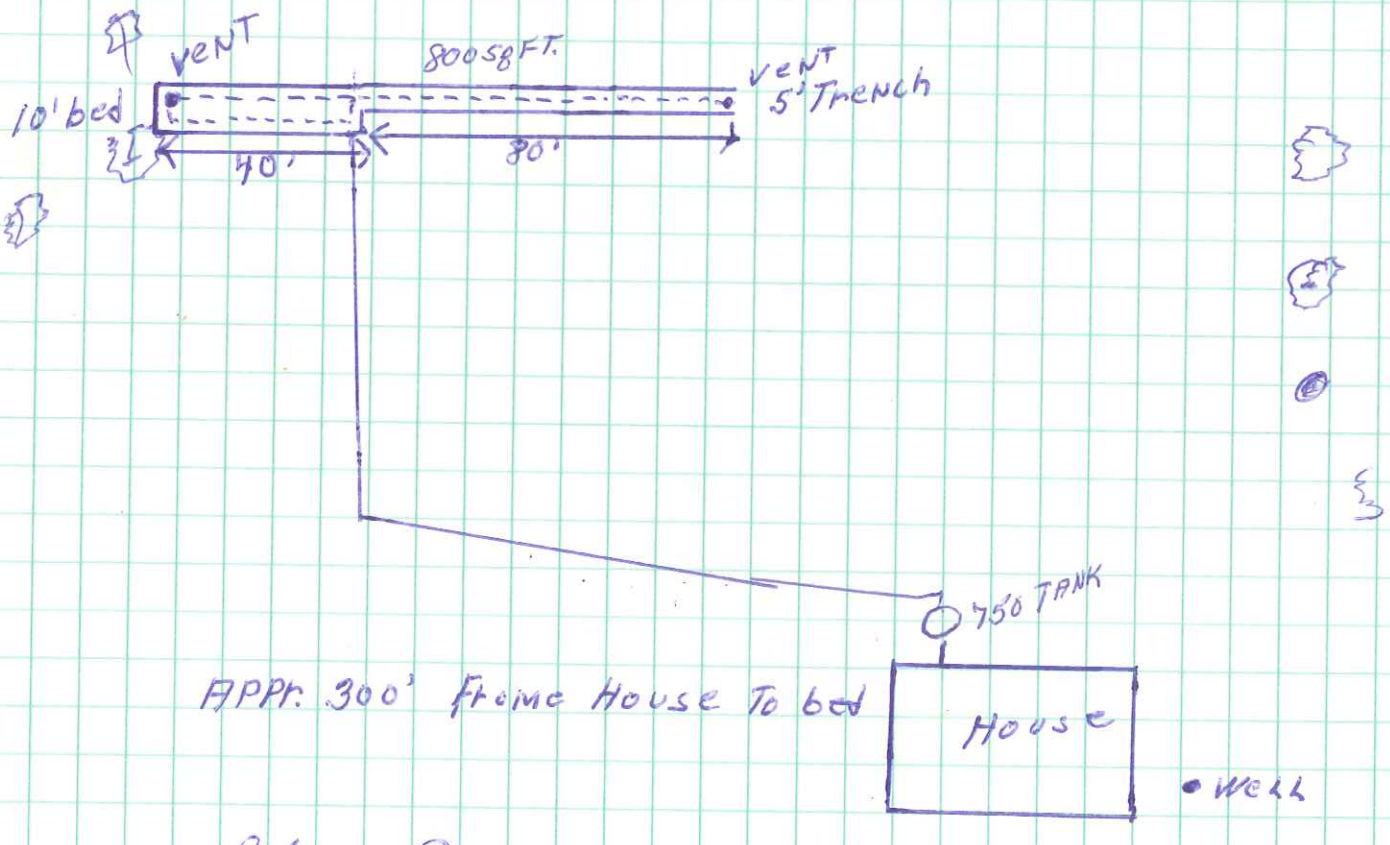
IX. COUNTY/DEPARTMENT USE ONLY

☒ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee	Groundwater Surcharge Fee	Date	Issuing Agent Signature (No Stamps)
		$61	$25	10-14-88	Trent M. Alt

X. COMMENTS/REASONS FOR DISAPPROVAL:

SBD-6398 (formerly Plb-67) (R. 03/86) DISTRIBUTION: Original to County, One Copy To: Bureau of Plumbing, Owner, Plumber

ROBERT TURNWALL
RT I LAFarge
SW¼ OF SE¼ S15 T13N R2W



Stacy Dobbe
MPCA 2708