

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT**
(ATTACH TO PERMIT)

CV
INFILT.

County: VERMILION
Sanitary Permit No.: 359758 48-00
State Plan ID No.: _____
Parcel Tax No.: 62-26-115-0009

GENERAL INFORMATION

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

Permit Holder's Name: RONALD GOTCHARD City Village Town of: KICKAPOO
CST BM Elev.: 100.0 Insp. BM Elev.: -65 BM Description: WALK-TO-TAKE 4/4" YELLOW TUBE

TANK INFORMATION

| TYPE | MANUFACTURER | CAPACITY |
|----------|--------------|-------------|
| Septic | <u>AL'S</u> | <u>1000</u> |
| Dosing | | |
| Aeration | | |
| Holding | | |

ELEVATION DATA

| STATION | BS | HI | FS | ELEV. |
|------------------------|-------------|-------------|--------------|--------------|
| Benchmark | <u>-6.5</u> | <u>99.5</u> | | <u>100.0</u> |
| <u>TOP OF AIRTIGHT</u> | <u>4.44</u> | | | |
| Bldg. Sewer | | | | |
| St/Ht Inlet | | | <u>6.62</u> | |
| St/Ht Outlet | | | <u>6.88</u> | |
| Dt Inlet | | | | |
| Dt Bottom | | | | |
| Header / Man. | | | | |
| Dist. Pipe | | | | |
| Bot. System | | | <u>11.05</u> | |
| Final Grade | | | <u>9.58</u> | |
| | | | <u>8.14</u> | |
| | | | <u>6.55</u> | |

TANK SETBACK INFORMATION

| TANK TO | P/L | WELL | BLDG. | Vent to Air Intake | ROAD |
|----------|-------------|------------|-------|--------------------|------|
| Septic | <u>260'</u> | <u>25'</u> | | | NA |
| Dosing | | | | | NA |
| Aeration | | | | | NA |
| Holding | | | | | |

PUMP / SIPHON INFORMATION

Manufacturer: _____ Demand _____
Model Number: _____ GPM _____
TDH Lift: _____ Friction Loss: _____ System Head: _____ TDH Ft: _____
Forcemain Length: _____ Dia: _____ Dist. To Well: _____

SOIL ABSORPTION SYSTEM

| BED / TRENCH DIMENSIONS | Width | Length | No. Of Trenches | PIT DIMENSIONS | No. Of Pits | Inside Dia. | Liquid Depth |
|-------------------------|---------------------------|-------------|-----------------|----------------|---------------|--------------------------|---------------------|
| | <u>3'</u> | <u>50'</u> | <u>2</u> | | | | |
| SETBACK INFORMATION | SYSTEM TO | P/L | BLDG | WELL | LAKE / STREAM | LEACHING CHAMBER OR UNIT | Manufacturer: |
| | Type Of System: <u>CV</u> | <u>220'</u> | <u>75'</u> | <u>-</u> | <u>N/A</u> | | Model Number: _____ |

DISTRIBUTION SYSTEM

Header / Manifold Length: _____ Dia: _____ Distribution Pipe(s) Length: _____ Dia: _____ Spacing: _____ x Hole Size: _____ x Hole Spacing: _____ Vent To Air Intake: _____

SOIL COVER

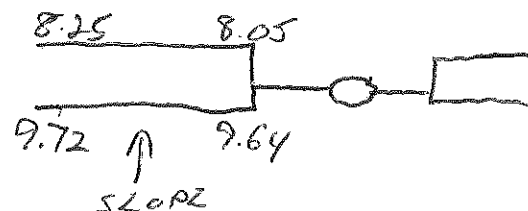
Pressure Systems Only Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center: _____ Depth Over Bed / Trench Edges: _____ xx Depth Of Topsoil: _____ xx Seeded / Sodded: Yes No xx Mulched: Yes No

COMMENTS: (Include code discrepancies, persons present, etc.)

SON - TULLY, BILL VOLK EXCAVATOR

NO FILTER



Plan revision required? Yes No
Use other side for additional information.

7/19/00

Date

T. J. M. [Signature]

Inspector's Signature

227629

Cert. No.

SANITARY PERMIT APPLICATION

In accord with Comm 83.05, Wis. Adm. Code

Safety and Buildings Division
201 W. Washington Avenue
P O Box 7302
Madison, WI 53707-7302

- 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

Personal information you provide may be used for secondary purposes
[Privacy Law, s. 15.04 (1) (m)].

| |
|--|
| County <u>Vernon</u> |
| State Sanitary Permit Number <u>359758 48-00</u> |
| <input type="checkbox"/> Check if revision to previous application |
| State Plan I.D. Number _____ |

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

| | | | |
|--|--------------------------|---|---|
| Property Owner Name <u>Ronald Gatewood</u> | | Property Location <u>NE 1/4 NW 1/4, S 7 T 11, N, R 3 E 1st W</u> | |
| Property Owner's Mailing Address <u>1241 Westland St.</u> | | Lot Number <u>9</u> | Block Number |
| City, State <u>Waterloo, IA</u> | Zip Code <u>50701</u> | Phone Number <u>(319) 235-1677</u> | Subdivision Name or GSM Number <u>Carter Valley csm # 42</u> |

II. TYPE OF BUILDING: (check one) State Owned
 Public 1 or 2 Family Dwelling - No. of bedrooms 2
 City Village Town OF Kickapoo Nearest Road Hwy 14

III. BUILDING USE: (If building type is public, check all that apply)

| | | |
|--|--|---|
| 1 <input type="checkbox"/> Apartment / Condo | 6 <input type="checkbox"/> Medical Facility / Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall | 7 <input type="checkbox"/> Merchandise: Sales / Repairs | 11 <input type="checkbox"/> Restaurant / Bar / Dining |
| 3 <input type="checkbox"/> Campground | 8 <input type="checkbox"/> Mobile Home Park | 12 <input type="checkbox"/> Service Station / Car Wash |
| 4 <input type="checkbox"/> Church / School | 9 <input type="checkbox"/> Office / Factory | 13 <input type="checkbox"/> Other: specify _____ |
| 5 <input type="checkbox"/> Hotel / Motel | | |

Parcel Tax Number(s)
62-26-115-0009

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. New System 2. Replacement System 3. Replacement of Tank Only 4. Reconnection of Existing System 5. Repair of an Existing System

B) A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

| | | | |
|---|--|---|--|
| Non-Pressurized Distribution | Pressurized Distribution | Experimental | Other |
| 11 <input type="checkbox"/> Seepage Bed | 21 <input type="checkbox"/> Mound | 30 <input type="checkbox"/> Specify Type <u>IMPERVIOUS</u> | 41 <input type="checkbox"/> Holding Tank |
| 12 <input checked="" type="checkbox"/> Seepage Trench | 22 <input type="checkbox"/> In-Ground Pressure | | 42 <input type="checkbox"/> Pit Privy |
| 13 <input type="checkbox"/> Seepage Pit | | | 43 <input type="checkbox"/> Vault Privy |
| 14 <input type="checkbox"/> System-In-Fill | | | |

VI. ABSORPTION SYSTEM INFORMATION: W21

| | | | | | | |
|----------------------------------|--|--|---|---------------------------|----------------------|-------------------------------|
| 1. Gallons Per Day <u>300</u> | 2. Absorp. Area Required (sq. ft.) <u>500</u> | 3. Absorp. Area Proposed (sq. ft.) <u>500</u> | 4. Loading Rate (Gals/day/sq. ft.) <u>.6</u> | 5. Perc. Rate (Min./inch) | 6. System Elev. Feet | 7. Final Grade Elevation Feet |
|----------------------------------|--|--|---|---------------------------|----------------------|-------------------------------|

VII. 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 | <u>1000</u> | | <u>1000</u> | <u>1</u> | <u>Als Concrete</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift Pump Tank /Siphon Chamber | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VIII. RESPONSIBILITY STATEMENT

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

| | | | |
|---|---|-----------------------------|---|
| Plumber's Name: (Print) <u>John Tully</u> | Plumber's Signature: (No Stamps) <u>John Tully</u> | MP/MPSW No.: <u>5105</u> | Business Phone Number: <u>608-457-2382</u> |
| Plumber's Address (Street, City, State, Zip Code): <u>329 N Main, Stoddard, WI 54658</u> | | | |

IX. COUNTY / DEPARTMENT USE ONLY

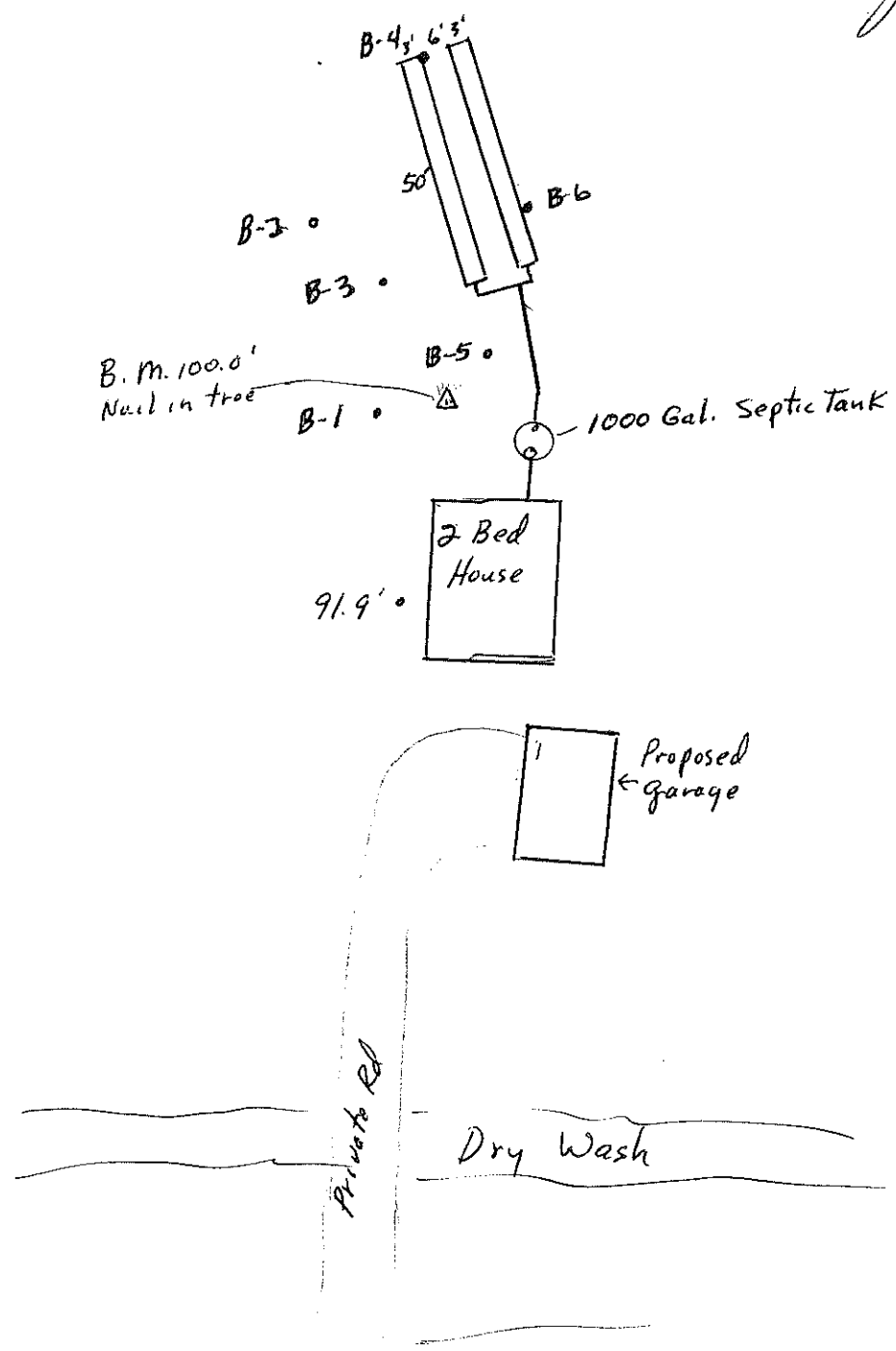
| | | | | |
|--|--|--|------------------------------|---|
| <input checked="" type="checkbox"/> Approved | <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination | Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>\$200</u> | Date Issued <u>5-9-00</u> | Issuing Agent Signature (No Stamps) <u>J Tully</u> |
|--|--|--|------------------------------|---|

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Conventional Septic System
 Plot Plan
 1" = 40'

Ronald Gatewood
 NE 1/4 NW 1/4 S 7 T 11 N R 6 W
 Town of Kickapoo
 Vernon Co

John Tully
 MP 5105
 58,000
 John Tully
 B-1 = 92.0'
 B-2 = 92.5'
 B-3 = 94.2'
 B-4 = 98.5'
 B-5 = 97.7'
 B-6 = 100.7'



← 300' Hwy 14

Seepage Trench (No Scale)

10

Ronald Gatewood
NE 1/4 NW 1/4 S7
T11N R3W
Town of Kickapoo
Vernon Co

John Tully
M5105

5-8-00
John Tully

