DILHR CHECK 1-12-98

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

1.04

COUNTY: Sheboygan

STATE SANITARY PERMIT #: ☐ 210740 Check if revision to previous application

STATE PLAN I.D. NUMBER: —

–Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size. N9556 STH 67

–See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.

#5640 CTY

PROPERTY OWNER	PROPERTY LOCATION
Mr. Kevin J Casper	SE ¼ NE ¼, S 6 T 16, N, R 21 E (or) W
PROPERTY OWNER'S MAILING ADDRESS: 3434 S 10th St.	LOT # / BLOCK #
CITY, STATE: Sheboygan, Wi. — ZIP CODE: 53081 — PHONE NUMBER: (414) 452-8477	SUBDIVISION NAME OR CSM NUMBER: ~~Rich Jost~~

II. TYPE OF BUILDING: (Check one) ☐ State Owned ☐ Public ☒ 1 or 2 Fam. Dwelling–# of bedrooms 3

☐ CITY ☐ VILLAGE ☒ TOWN OF: Rhine — NEAREST ROAD: Hwy 67

PARCEL TAX NUMBER(S): T9-6-1.04 #251280 17.69AC.

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

1 ☐ Apt/Condo	6 ☐ Medical Facility/Nursing Home	10 ☐ Outdoor Recreational Facility
2 ☐ Assembly Hall	7 ☐ Merchandise: Sales/Repairs	11 ☐ Restaurant/Bar/Dining
3 ☐ Campground	8 ☐ Mobile Home Park	12 ☐ Service Station/Car Wash
4 ☐ Church/School	9 ☐ Office/Factory	13 ☐ Other: Specify _____
5 ☐ Hotel/Motel		

IV. TYPE OF PERMIT: (Check only one in line A. Check 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 # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 ☐ Seepage Bed	21 ☐ Mound	30 ☐ Specify Type _____	41 ☐ Holding Tank
12 ☒ Seepage Trench	22 ☐ In-Ground Pressure		42 ☐ Pit Privy
13 ☐ Seepage Pit			43 ☐ Vault Privy
14 ☐ System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA PROPOSED (sq. ft.)	4. LOADING RATE (Gals/day/sq. ft.)	5. PERC. RATE (Min./Inch)	6. SYSTEM ELEV.	7. FINAL GRADE ELEVATION
450	~~1650~~ 1500	1500	0.3	-----	94.14 Feet	97.14 Feet

VII. 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	1000		1000 ~~500~~	1	Ledgeview	☒	☐	☐	☐	☐	☐
Lift Pump Tank/Siphon Chamber	500		~~500~~	compartment		☐	☐	☐	☐	☐	☐

VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPRSW No.:	Business Phone Number:
Kenneth Suchan	Kenneth B Suchan	3190	(414) 894-3696

Plumber's Address (Street, City, State, Zip Code): 24219 C.T.H.X New Holstein, Wi. 53061

IX. COUNTY/DEPARTMENT USE ONLY

☑ Approved	☐ Disapproved / ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
		#175.00 Pd ck #4078	2/10/94	Sherrie M. Holland IDP2A

X. CONDITIONS OF APPROVAL/~~REASONS FOR DISAPPROVAL~~:

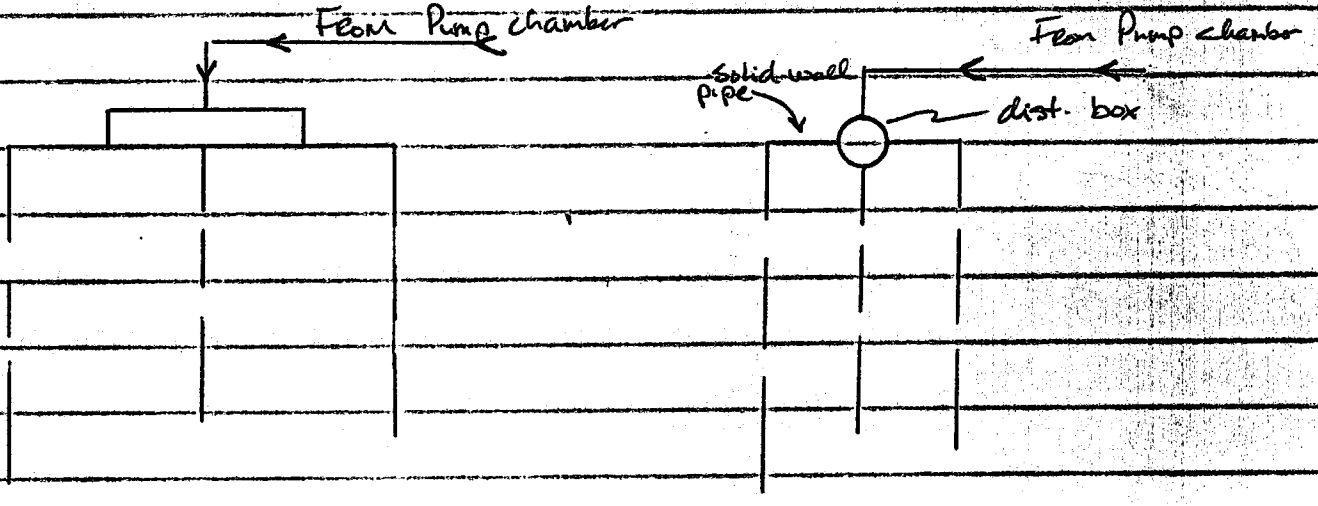
WELL SETBACKS PER S. ILHR 83.10(1) AND S. ILHR 83.15(4)(a)(b) WISC. AD. CODE.

ENTERED

SBD-6398 (formerly Plb-67) (R. 11/88) DISTRIBUTION: Original to County, One Copy To: Safety & Buildings Division, Owner, Plumber

KEN -

IN ORDER TO PROVIDE FOR MORE EQUALIZED DISTRIBUTION OF EFFLUENT PLEASE UTILIZE ONE OF THE FOLLOWING METHODS:



CALL IF YOU HAVE ANY QUESTIONS.

Thanks!

Matt

SHEBOYGAN [redacted] COUNTY SANITARY PERMIT - PLB 67-1

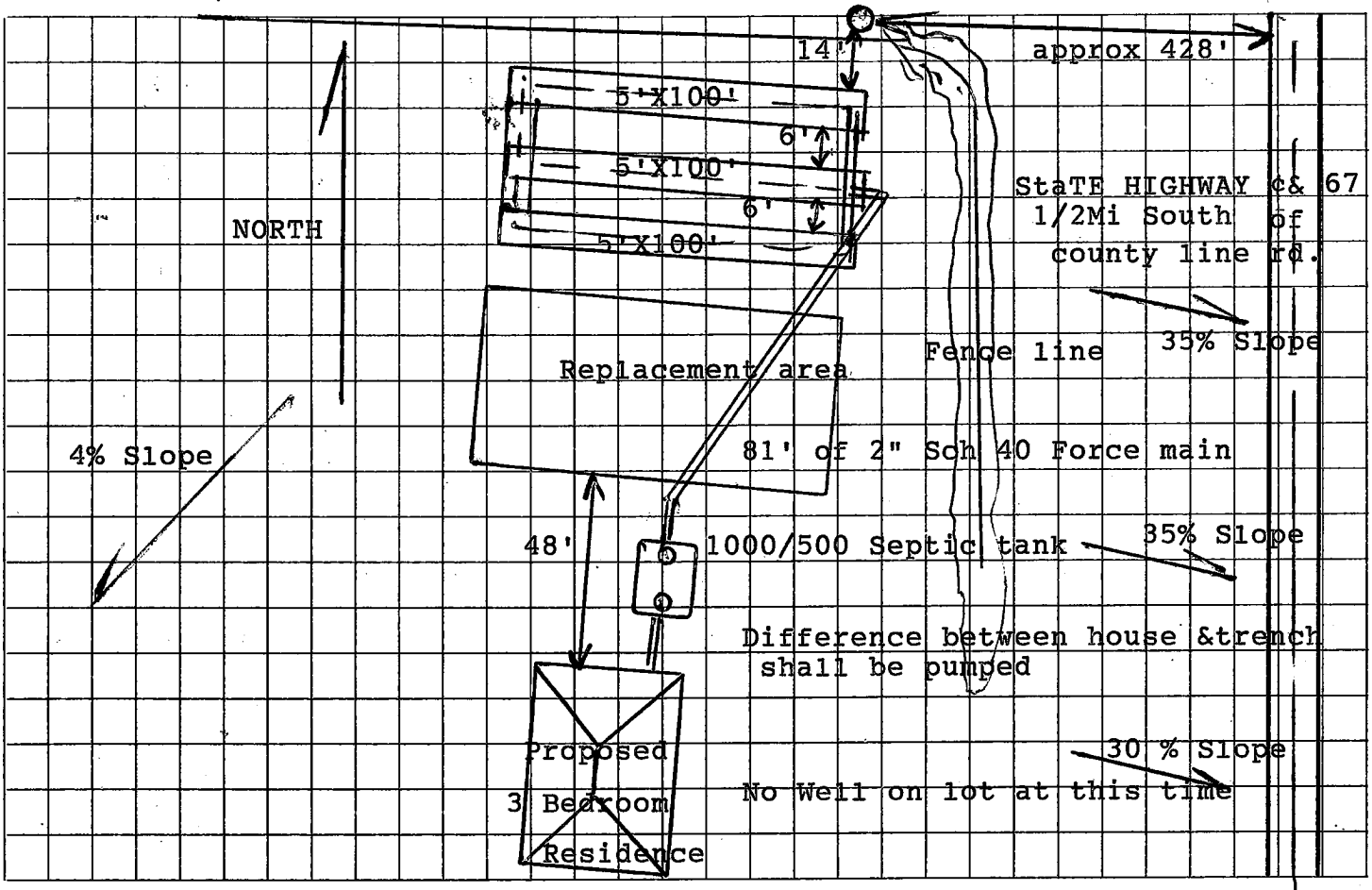
Name Mr. Kevin J. Casper

Address 3434 S 10 th St. Sheboygan Wi. 53081 Permit No. 210740/5640 CTY.

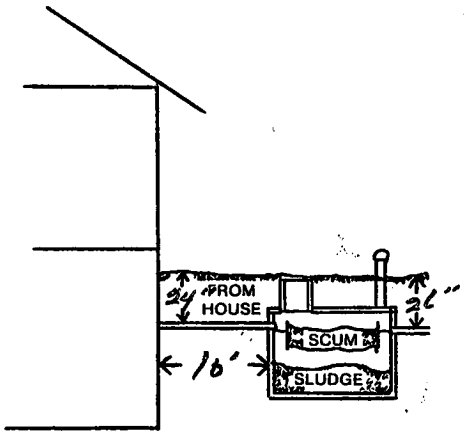
Draw a scaled or dimensional plot plan showing lot size, slope (% & direction), building served, other buildings, and streams or lakes. Show the location of building sewer, septic tank, holding tank, dosing or pumping chamber, soil absorption field or mound, replacement area, well (also wells within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

Vertical reference point: Bench mark top of 2" P.V.C. pipe at 100.00' System Elevation: 94.14'

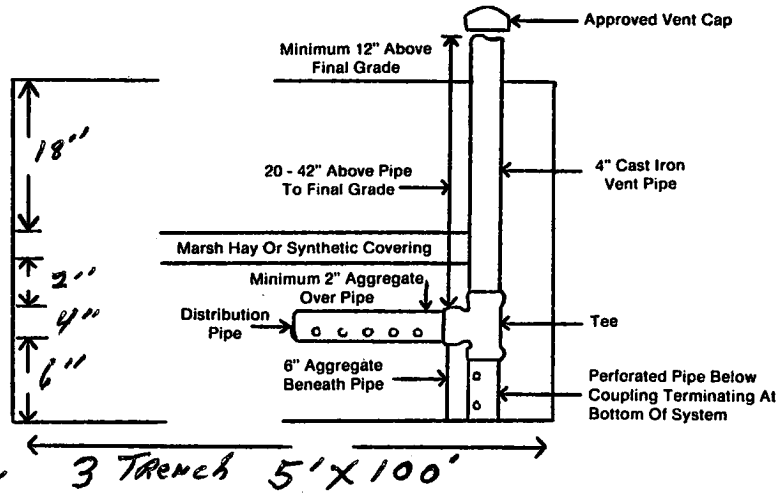
Horizontal reference point: Bench mark & Fence line & Hwy 67



Fresh Air Inlets And Observation Pipe



SEPTIC TANK

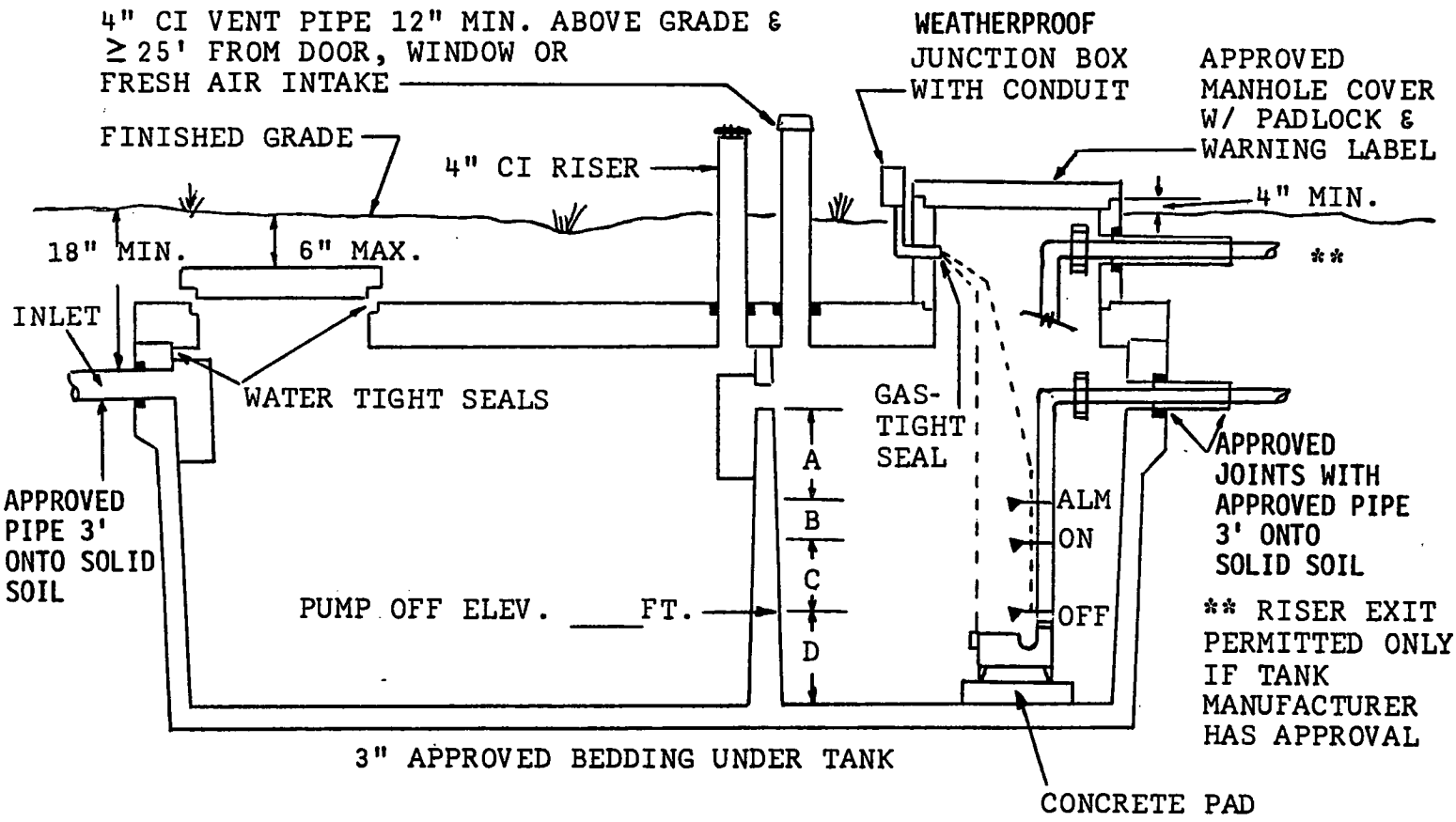


Plumbers Signature Kenneth Swan

Date Sept 26, 1993 MP/MPRSW No: 3190

PL-08 White - COUNTY Yellow - PLUMBER Pink - OWNER

SEPTIC TANK & PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS



SPECIFICATIONS

SEPTIC / DOSE TANK MANUFACTURER: Ledgeview

TANK SIZES: SEPTIC 1000 GAL. DOSE 500 GAL.

ALARM MANUFACTURER: S.J.
MODEL NUMBER: 101H W
SWITCH TYPE: Mercury

PUMP MANUFACTURER: Zoller
MODEL NUMBER: N-137
SWITCH TYPE: Mercury

REQUIRED DISCHARGE RATE ___ GPM

NUMBER DOSES PER DAY: 4

DOSE VOLUME INCLUDING FLOWBACK: 126.50 GAL.

CAPACITIES:
A = 26" INCHES = 300 GAL.
B = 2 INCHES = 23 GAL.
C = 11 INCHES = 126.50 GAL.
D = 4 INCHES = 46 GAL.

PUMP & ALARM WIRING AS PER ILHR 16.23 WAC

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE . . 7 FEET
+ MINIMUM NETWORK SUPPLY PRESSURE . . . . . 2.5 FEET
+ 81 FEET FORCEMAIN X 2.05 FT/100 FT. FRICTION FACTOR . . 1.70 FEET
TOTAL DYNAMIC HEAD = 11.20 FEET

INTERNAL DIMENSIONS OF PUMP TANK: LENGTH 44" ; WIDTH 60" ; DIAMETER 44"
LIQUID DEPTH 49".

SIGNED: Kenneth L Swafford LICENSE NUMBER: 3190 DATE: Sept 26/1993

Wisconsin Department of Industry, Labor and Human Relations
Division of Safety & Buildings

SOIL AND SITE EVALUATION REPORT

in accord with ILHR 83.05, 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 % of slope, scale or dimensioned, north arrow, and location and distance to nearest road.

COUNTY	
Sheboygan	
PARCEL I.D. #	
REVIEWED BY	DATE

APPLICANT INFORMATION–PLEASE PRINT ALL INFORMATION

PROPERTY OWNER:	PROPERTY LOCATION
Mr. Richard Jost	GOVT. LOT SE 1/4 NE 1/4,S 6 T16 ,N,R 21 E (or) W
PROPERTY OWNER'S MAILING ADDRESS: Hwy 67	LOT # N/A | BLOCK # N/A | SUBD. NAME OR CSM # Richard Jost
CITY, STATE: Kiel, Wi. | ZIP CODE: 53042 | PHONE NUMBER: (414) 894-7464	☐ CITY ☐ VILLAGE ☒ TOWN: Rhine | NEAREST ROAD: Hwy 67

[X] New Construction [ ] Replacement — Use [X] Residential / Number of bedrooms 3 [ ] Addition to existing building ____ [ ] Public or commercial describe N/A

Code derived daily flow 450 gpd — Recommended design loading rate 0.2 bed, gpd/ft² 0.3 trench, gpd/ft²

Absorption area required 2250 bed, ft² 1500 trench, ft² — Maximum design loading rate 0.2 bed, gpd/ft² 0.3 trench, gpd/ft²

Recommended infiltration surface elevation(s) 94.14 ft (as referred to site plan benchmark)

Additional design / site considerations ____

Parent material Casco Rodman E — Flood plain elevation, if applicable N/A ft

S = Suitable for system U = Unsuitable for system	CONVENTIONAL	MOUND	IN-GROUND PRESSURE	AT-GRADE	SYSTEM IN FILL	HOLDING TANK
	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☐ S ☒ U	☐ S ☒ U

SOIL DESCRIPTION REPORT

Boring # 1

Ground elev. 97.20 ft.

Depth to limiting factor 78"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft² Bed	GPD/ft² Trench
1	0-8	10yr4/3	------	sil	2 f sbk	mfr	as	2f	0.5	0.6
2	8-32	7.5yr 4/4	---------	sicl	2 f sbk	mfr	cw	1f	0.4	0.5
3	32-58	10yr6/4	---------	sicl	1 f gr	mfr	cw	--	0.2	0.3
4	58-78	10yr 6/4	-------	CL	1 f sbk	mfr	cw	--	0.0	0.3

Remarks: ____

Boring # 2

Ground elev. 97.14 ft.

Depth to limiting factor 74"

1	0-9	10yr 4/3	-------	sil	2 f sbk	mfr	as	2f	0.5	0.6
2	9-19	7.5yr 4/4	-------	CL	2 f sbk	mfr	cw	1f	0.4	0.5
3	19-74	10yr 6/4	---------	sicl w/gr.	1 f sbk	mfr	cw	--	0.2	0.3

Remarks: H -3= 10% Gr.

CST Name:—Please Print: Kenneth SuchAN	Phone: 414 894-3696
Address: 24219 C.T.H.X. New Holstein, Wi. 53061	
Signature: Kenneth Suchan	Date: Sept 26, 1993 — CST Number: 2157

PROPERTY OWNER Richard Jost

SOIL DESCRIPTION REPORT

PARCEL I.D. #

Boring # 3

Ground elev. 97.00 ft.

Depth to limiting factor 72"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft² Bed	GPD/ft² Trench
1	0-9	10yr 4/3	--------	sil	2 f sbk	mfr	as	2f	0.5	0.6
2	9-22	7.5yr 4/4	--------	CL	2 f sbk	mfr	cw	1f	0.4	0.5
3	22-72	10yr 6/4	-------	sicl W/gr.	1 f sbk	mfr	cw	--	0.2	0.3

Remarks: H-3= 12% Gr.

Boring # 4

Ground elev. 96.60 ft.

Depth to limiting factor 80"

1	0-8	10yr 4/3	--------	sil	2 f sbk	mfr	as	2f	0.5	0.6
2	8-19	7.5yr4/4	--------	CL	2 f sbk	mfr	cw	1f	0.4	0.5
3	19-80	10yr 6/4	--------	sicl W/gr	1 f sbk	mfr	cw	--	0.2	0.3

Remarks: H -3 = 12% Gr.

Boring # 5

Ground elev. 96.30' ft.

Depth to limiting factor 82"

1	0-7	10yr 4/3	-------	sil	2 f sbk	mfr	as	2f	0.5	0.6
2	7-21	7.5yr 4/4	-------	CL	2 f sbk	mfr	cw	1f	0.4	0.5
3	21-82	10yr 6/4	------	sicl W/gr.	1 f sbk	mfr	cw	--	0.2	0.3

Remarks: H-3 = 18% Gr.

Boring #

Ground elev. ____ ft.

Depth to limiting factor

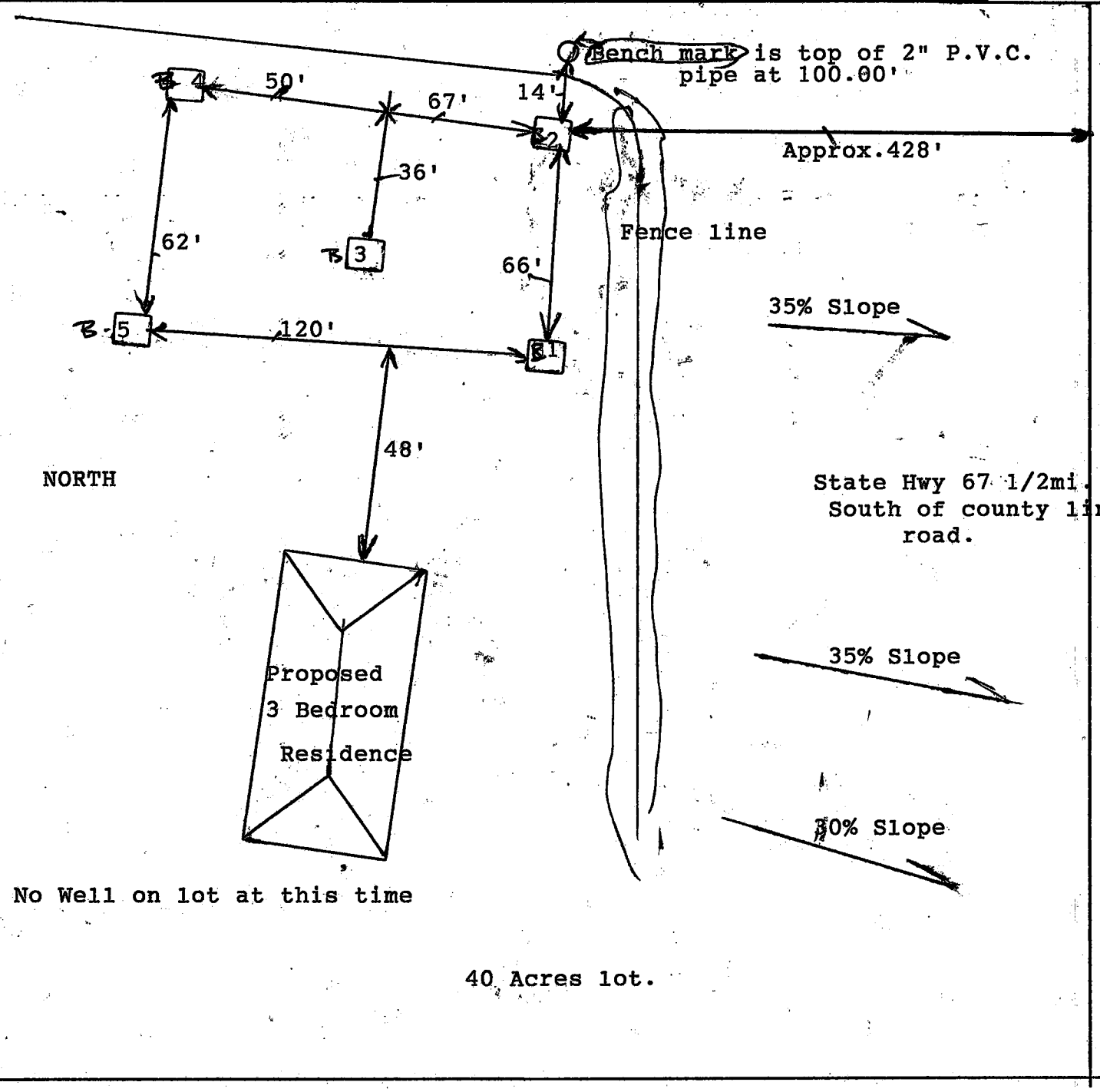
Remarks:

Ken's Perc And Septic Service

3 of 3

24219 COUNTY X
NEW HOLSTEIN, WI 53061
PHONE 894-3696

Site plan drawing for Richard Jost soil evaluation report

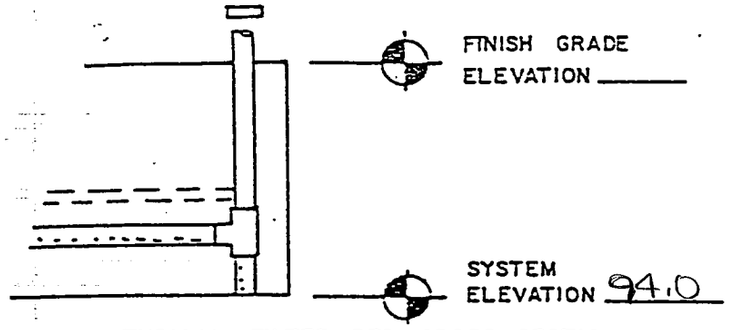


No Well on lot at this time

40 Acres lot.

Kenneth Suchan
24219 C.T.H.X
New Holstein,Wi. 53061
C.S.T. 2151

Kenneth Suchan



TYPICAL FILTER BED CROSS SECTION

SYSTEM ELEVATION - EVALUATION FORM

SHEBOYGAN COUNTY

PROPERTY OWNER RICHARD JOST

SE 1/4 NE 1/4 SECTION 16 TOWN RHINE

115 SOIL TEST DATE SEPT 17, 1993

VERTICAL SCALE: 1" = 1.0'

86.0' 87.0' 88.0' 89.0' 90.0' 91.0' 92.0' 93.0' 94.0' 95.0' 96.0' 97.1' 98.0'

B-1 2'

B-2 3' 93.91

B-3 3'

B-4 3' 92.93

B-5 3' 92.47

B-

VERTICAL ELEVATION IN FEET

BORING -OR- PERC HOLE NUMBERS

BENCH MARK ELEVATION 100.0'