

TOP CHOICE HOME INSPECTIONS

JOHN ALLBAUGH INSPECTOR #1588-106 MASTER PLUMBER #230 728
1900 SNYDER DR. • RICHLAND CENTER, WI 53581
PHONE/FAX: 608-649-HOME(4663) • topchoice1@mvt.net

SEPTIC SYSTEM INSPECTION

Client name GARRICK OLERUD Date SEPT. 1, 2006
Address E1097P STATE HWY. 82 County VERNON
LA FARGE, WI 54639

NO RECORDS ON FILE

Information provided by: ☐ Septic design ☐ Buyer ☐ Seller ☒ Measurement

The septic inspection performed today represents the condition of the system today and is not a guarantee of future performance. Components of a septic system can literally work one day and not work the next day. The inspection today is not technically exhaustive.

System age: UNKNOWN System designed for bedrooms

Proper setbacks from buildings, wells etc.: ☒ yes ☐ no

Building is presently: ☒ occupied ☐ vacant Vacancy period

A prolonged vacancy period makes it more difficult to judge the system because the system has had time to rest and has not been stressed.

Tank type: ☒ concrete ☐ metal ☐ plastic/fiberglass ☐ other

Tank last pumped: ZONING RECORD - 7-31-05 Tank capacity:

Tank location: EAST SIDE OF THE HOUSE

Tank cover made of: ☒ concrete ☐ metal ☐ plastic ☐ other

The State of Wisconsin requires the tank to be pumped when it reaches 1/3 solids.

Solids level today: 6" in 54" of 1/9th

Visible tank problems today: ☐ yes ☒ no *Visibility was limited, but the riser portions, liquid level and baffles were proper during the inspection.*

Field type: ☒ bed/trench ☐ at grade/mound ☐ other

Field location: S.E. OF THE TANK

Visible field problems today: ☐ yes ☒ no *The observation/vent pipe was clogged during the inspection.*

Does system have a pump: ☐ yes ☒ no Type:

Did pump run during inspection: ☐ yes ☐ no Problems noted today: ☐ yes ☐ no

Does system have a filter: ☐ yes ☒ no Recommend cleaning: ☐ yes ☐ no

It is recommended filter be cleaned a minimum of every 6 months.

Did overall septic system operate properly today: ☒ yes ☐ no

Comments: The exposed tank manhole cover needs chain and lock.

The back field should continue to be mowed regularly.

John Allbaugh
Inspector #1588-106
Pump Installer #7127

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State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Property Transfer Well and Pressure System Inspection

Form 3300-221 (R 11/19)

Notice: Pursuant to ch. 280, Wis. Stats., and ch. NR 812, Wis. Adm. Code, this form shall be used to document any well and pressure system inspection conducted as part of a property transfer. Inspections are voluntary, and well owners are not required to bring systems into compliance as a result of the inspection. Inspectors must provide the completed form to the requester of the inspection. Do not send forms to DNR.

Contact Information

Inspection Requested By GARRICK OLERUP		Telephone Number	
Mailing Address	City	State	ZIP Code
Well Owner's Name		Telephone Number	
Mailing Address	City	State	ZIP Code

Property Location

Fire Number E10978	Street or Road STATE HWY. 82	☐ City ☐ Town ☐ Village	County VERNON
SW NW	Section 23	Township 13 N	Range 3 W
Latitude (DD, ex. 44.444)		Longitude (DD, ex. -89.999)	
		WUWN GM 039	

Identified noncomplying features (noted below with a check mark)

- | | |
|--|--|
| 1. ☐ Unused Well | 13. ☐ Nonpressure Conduit |
| 2. ☐ Stovepipe or Thin-Walled Well Casing | 14. ☐ Hand Pump |
| 3. ☐ Dug Well | 15. ☐ Offset Pump or Piping Height Above Basement Floor |
| 4. ☐ Buried Suction Line | 16. ☐ Yard Hydrant |
| 5. ☐ Alcove (Subsurface Pumproom) or Pit | 17. ☐ Materials for Pump and Supply Piping |
| 6. ☐ Non-Walkout Basement or Below-Grade Crawl Space Well | 18. ☐ Flowing Well Installation |
| 7. ☐ Poor Well Casing Pipe Condition | 19. ☐ Check Valve Location |
| 8. ☐ Contamination Source less than minimum separation distance from well: | 20. ☐ Well Cap or Seal |
| 9. ☐ Well in Floodway or Flood Fringe | 21. ☐ Casing Height |
| 10. ☐ Well at Risk from Localized Flooding | 22. ☐ Electrical Wires at Wellhead Not Enclosed in Conduit |
| 11. ☐ Cross-Connection | 23. ☒ Sample Faucet is Missing or <u>Noncomplying</u> |
| 12. ☐ Driven Point Well < 25 well casing pipe or installed after 1-31-1991 with no well construction report | 24. ☐ Casing less than 6" in diameter for a well terminating in limestone, dolomite, shale, quartz or granite |
| | 25. ☐ Extreme Health/Safety Hazard |

Comments

- | | |
|--|---|
| ☐ Pre-1991 Driven Point Pipe Depth < 25 feet | ☐ Inaccessible or Difficult Location for Future Pump Work |
| ☐ Well Construction Report Not on File or Unlocatable | ☐ Non-Vermin-Proof Well Cap or Well Seal |
| ☐ Well Located in Special Well Casing Depth Area | ☐ Unable to confirm whether well terminates in limestone, dolomite, shale, quartz or granite |
| ☐ Pre-1979 Two-Wire Submersible Pump | ☐ Other: |
| ☐ Evidence of Some Corrosion on Well Casing Pipe | |
| ☐ Inaccessible or Difficult Location for Future Well Work | |

Compliance Determination

Based on my personal inspection of the real property, the well and pressure system: (check one)

- ☒ **Complies** with NR 812, Wis. Adm. Code **EXCEPT #23**
- ☐ **Does not Comply** with NR 812, Wis. Adm. Code
- ☐ **Complies** with NR 812, Wis. Adm. Code, except that a more comprehensive search or additional research is needed to evaluate potential violations that may exist but are not fully identifiable as part of the basic visual inspection, such as:

☐ an unused well ☐ floodway/floodplain ☐ contamination source ☐ other:

This form lists the visible conditions of the well and pressure system on the property at the time of inspection and does not imply or give any guarantee. Some features such as well cap, casing height or nonpressure conduit may comply for purposes of this inspection, but may require an upgrade the next time work is done on the well or pressure system.

Signature of Licensed Water Well Driller or Pump Installer JOHN ALLBAUGH	Individual License # 7127	Date 9-1-26	Telephone Number 608-649-4663
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Notice: Information requested on this form is required by the Department for any private water system treatment application filed pursuant to chapters 280 and 281, Wis Stats. Personally identifiable information collected is not intended to be used for any other purpose but may be made available to requesters under Wisconsin's Open Records laws. The department recommends the use of this form for inspections of well and pressure systems and also requires that inspections be performed by licensed well drillers or pump installers when done for compensation in contemplation of a transfer of real property. Use of this form does not imply DNR approval for the well and pressure system. After the pressure tank, DSPS (Department of Safety and Professional Services) plumbing rules apply. Inspection fees may vary.

1. General

Inspection Requested By GARRICK OLERUD Telephone Number _____

Mailing Address _____

City, State, ZIP Code _____

Owner's Name _____

Telephone Number _____

Mailing Address _____

City, State, ZIP Code _____

2. Location Information

County of Water System Location

VERNON

Grid or Street Address or Road Name and Number (if available)

E 109TH STATE HWY 82

Subdivision Name _____

Lot # _____

Block # _____

Gov't Lot # _____

SW NW

Section 23

Township 13

Range 3 E/W W

Lat. DEG _____

MIN _____

Long. DEG _____

MIN _____

4. Well Data

From ☒ Well Construction Report ☐ Owner's Memory

☐ Pump Installer Measurement

Constructed by

* KOURA WELL DRILLING *

Approximate year well constructed

2-13-93

Well Location: ☒ Outside ☐ In Basement ☐ In Pit/Alcove ☐ In Crawl Space ☐ In Building ☐ In Pumphouse

Casing Diameter 6 (inches)

Well Terminates 12 (inches)

☒ Above the ☐ Floor ☐ Outside Grade

☐ Below

Casing Material * STEEL *

Well Depth (ft.) * 205 *

Well Yield _____

Casing Depth (ft) * 105 *

Well Located In Floodplain? ☐ Yes ☐ No

Well Properly Separated From Contamination Sources On Well Property? ☒ Yes ☐ No

Well Properly Separated From Contamination Sources On Neighboring Property? ☒ Yes ☐ No ☐ Unknown

5. Pump Data

Location: ☒ In Well ☐ In Basement ☐ In Pit/Alcove ☐ In Crawl Space ☐ In Building ☐ In Pumphouse

Pump Name & Type

SUBMERSIBLE

Age _____

Pipe Material in Well

Method of Discharge

Cross Connections?

Pump Installer's Name _____

Amp Draw 6.98

Pipe Material Before Pressure Tank PLASTIC

Water Quality Characteristics

Pumped At

GPM 12.71 for _____ Hours

Horsepower 3/4

Cap Type CAST IRON

Vermine Proof? ☒ Yes ☐ No

Water Treatment Equipment

Pressure Tank Type & Size

Voltage 230

Wires enclosed ☒ Yes ☐ No

Bacti Sample Taken ☒ Yes ☐ No

Where Sampled?

6. Conclusions & Recommendations

Water system working correctly? ☒ Yes ☐ No

Visible portions comply with ch. NR 812 in effect at time of installation? ☒ Yes ☐ No

Well filling and sealing needed? ☒ Yes ☐ No

Variance exists? ☐ Yes (Describe) ☐ No ☐ Not Needed

The information on this form lists facts and conditions of the visible portions of the well and pressure system at the time of inspection and does not imply or give any kind of guarantee. It is a statement of the opinion of the inspector regarding the compliance and operation of the system at the time of inspection.

Comments or Repairs Needed

The sampling valve at the pressure tank is not to have been checked on closed and needs replaced.

Inspector's Name

JOAN ALBAUGH

Telephone Number

608-649-4663

DNR License Number

7127

Date Signed

9-1-26

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John Allbaugh
Inspector #1588-106 Pump Installer #7127
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* ITEMS MARKED WITH * ASSUME CORRECT WELL CONSTRUCTION REPORT WAS FOUND AND THAT THE INFORMATION ON THE REPORT WAS CORRECT

3. Source Information Source ☒ Drilled ☐ Driven Point ☐ Dug ☐ Spring ☐ Jetted ☐ Other _____

Well serves 1 # of homes and/or (Ex. barn, restaurant, church, school, industry, etc.)

Wisconsin Unique Well No G M O 39 High Capacity Well? ☐ Yes ☒ No High Capacity Property? ☐ Yes ☒ No