

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

- 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

The information you provide may be used by other government agency programs
[Privacy Law, s. 15.04 (1) (m)].

N9541

~~129097~~ Buck Tail Run 6656 etc

County	Sheboygan
State Sanitary Permit Number	307857
☐ Check if revision to previous application	
State Plan I.D. Number	

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name	Dennis Stuckmann	Property Location	SE 1/4 NW 1/4, S 6 T 16 N, R 22 E (part)
Property Owner's Mailing Address	705 S Washington Dr.	Lot Number	
City, State	Howards Grove, WI	Block Number	
Zip Code	53083	Subdivision Name or CSM Number	
Phone Number	(920) 565-3713		

II. TYPE OF BUILDING: (check one)	☐ State Owned	☐ City	Nearest Road
☐ Public	☒ 1 or 2 Family Dwelling - No. of bedrooms <u>4</u>	☒ Village	Herman
		☒ Town OF	County Line Rd.

III. BUILDING USE: (If building type is public, check <u>all</u> that apply)	Parcel Tax Number(s)
1 ☐ Apartment / Condo 2 ☐ Assembly Hall 3 ☐ Campground 4 ☐ Church / School 5 ☐ Hotel / Motel 6 ☐ Medical Facility / Nursing Home 7 ☐ Merchandise: Sales / Repairs 8 ☐ Mobile Home Park 9 ☐ Office / Factory 10 ☐ Outdoor Recreational Facility 11 ☐ Restaurant / Bar / Dining 12 ☐ Service Station / Car Wash 13 ☐ Other: specify _____	031791 T 2-6-2A 1B 47.47

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 ☒ 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. Feet	7. Final Grade Elevation Feet
600	1500	1512	.4		95.9	100

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	1500		1500	1	Ledgeview Precast	☒	☐	☐	☐	☐	☐
Lift Pump Tank / Siphon Chamber						☐	☐	☐	☐	☐	☐

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/MPSRW No.:	Business Phone Number:
William Schnitzer	William Schnitzer	3473	414 692-6452
Plumber's Address (Street, City, State, Zip Code):			
N6371 Cedar Valley Rd. Fredonia, WI 53021			

IX. COUNTY / DEPARTMENT USE ONLY

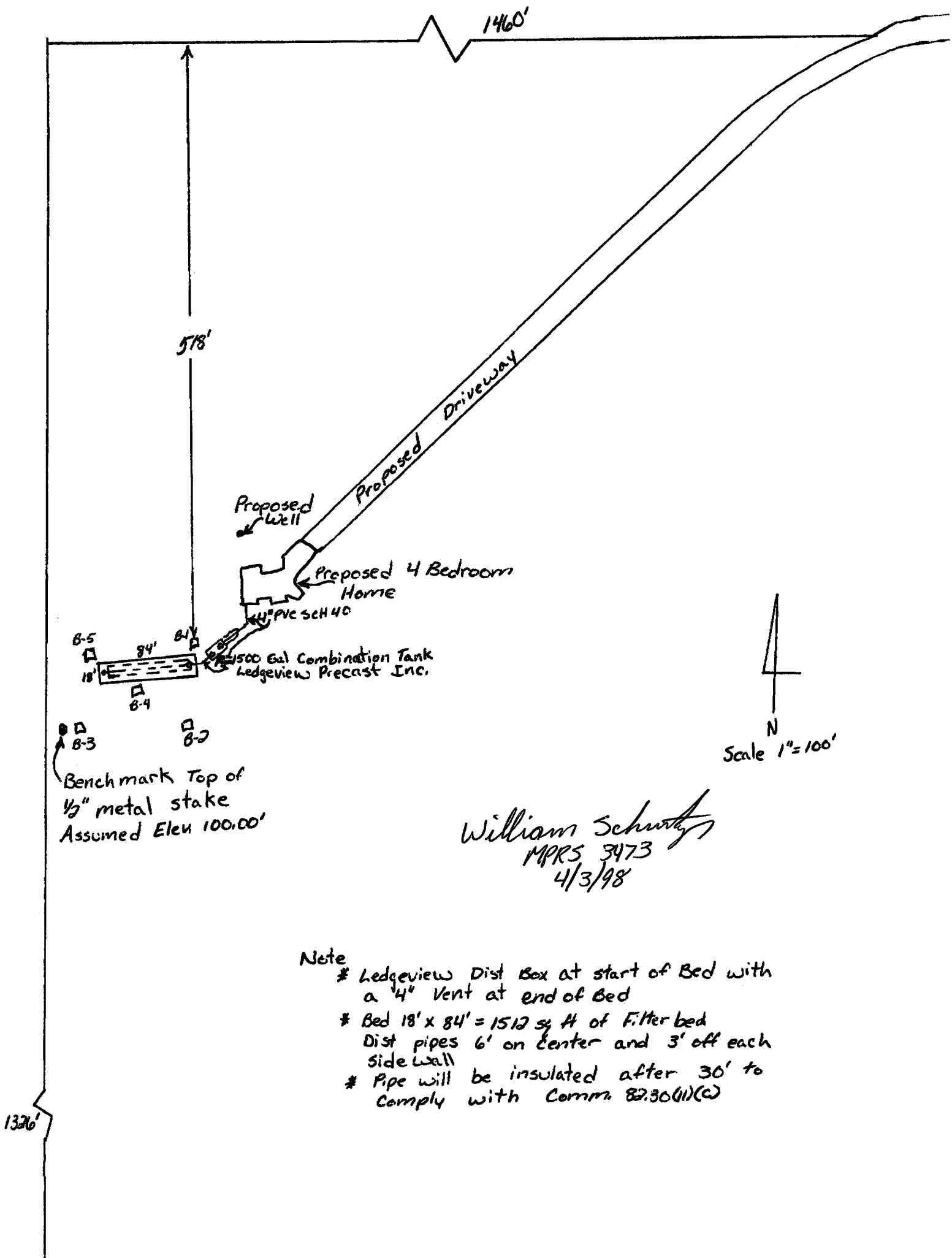
☒ Approved	☐ Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
☐ Owner Given Initial Adverse Determination		\$ 200.00	4/15/98	Michael J. Matusz

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Shall comply w/ amn 83

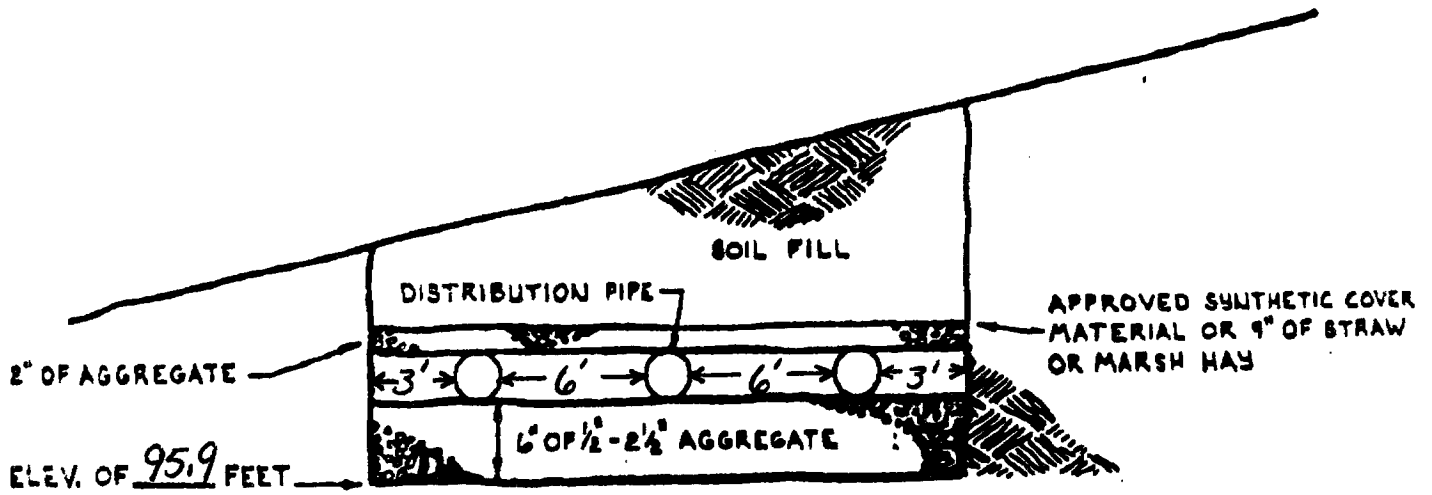
ENTERED

Dennis Stuchman
 SE 1/4 NW 1/4 S6 T16 NR 22E
 Town of Herman
 Sheboygan County



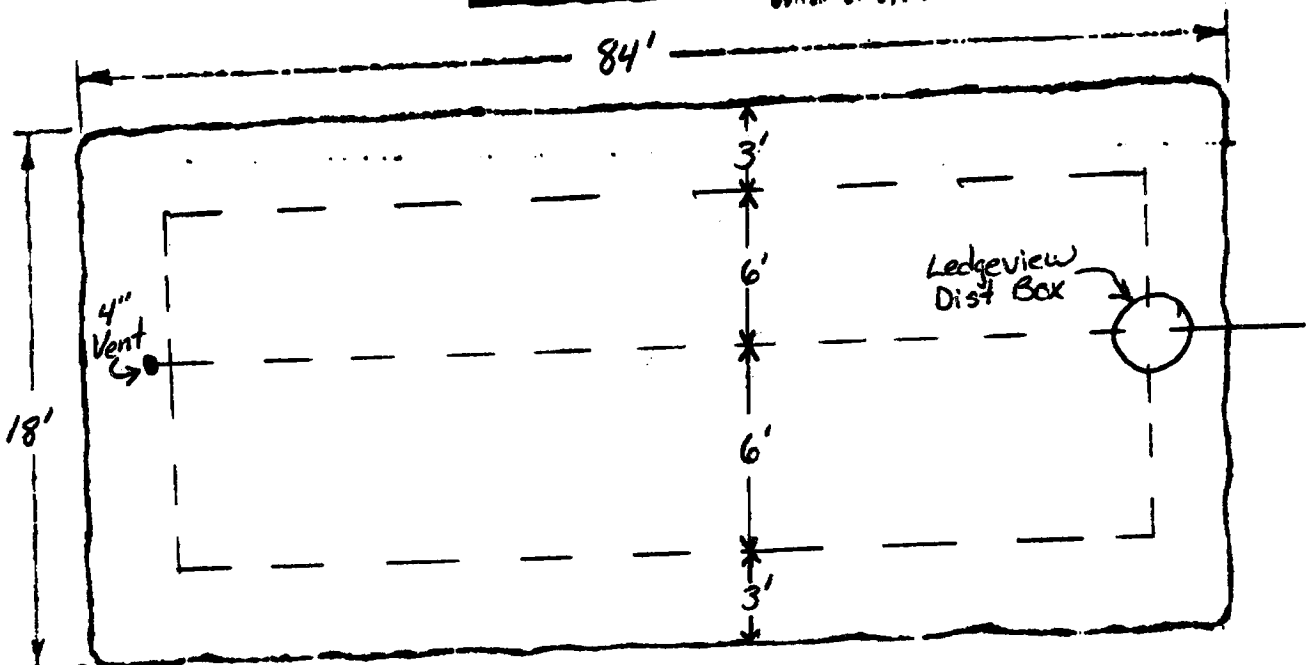
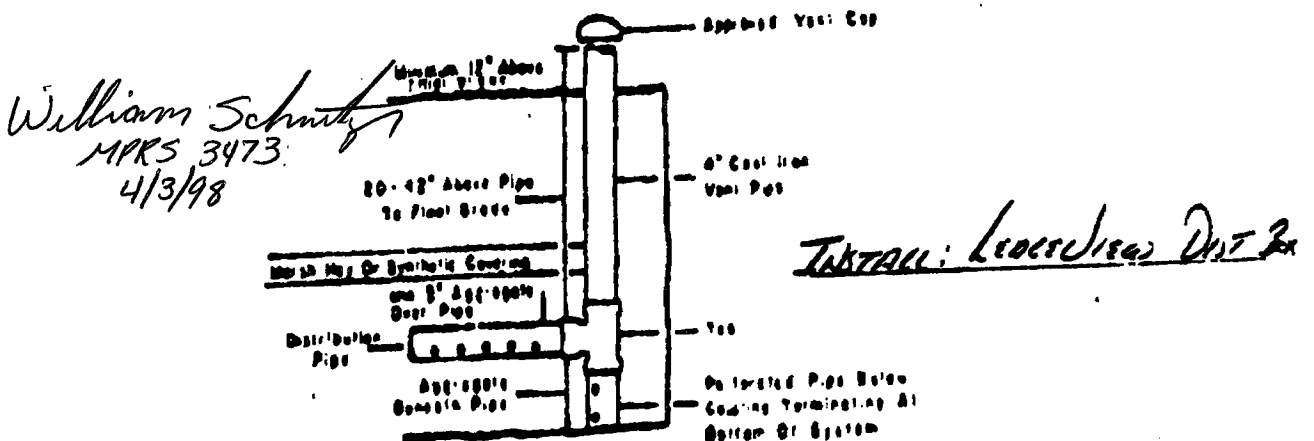
Dennis Stuchman
 SE 1/4, NW 1/4, S6, T16 NR 22E
 Town of Herman
 Sheboygan County

CROSS SECTION OF A BED SYSTEM



DISTRIBUTION PIPE TO BE AT LEAST 10.5 INCHES BELOW ORIGINAL GRADE
 AND AT LEAST 20 INCHES BUT NO MORE THAN 42 INCHES BELOW FINAL GRADE

MAXIMUM DEPTH OF EXCAVATION FROM ORIGINAL GRADE WILL BE 64 INCHES
 MINIMUM DEPTH OF EXCAVATION FROM ORIGINAL GRADE WILL BE 22.8 INCHES



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.

APPLICANT INFORMATION - Please print all information.

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

Property Owner DENNIS STUCHMAN		Property Location Govt. Lot SE 1/4 NW1/4, S 6 T 16, N R 22 E (or) X	
Property Owner's Mailing Address 705 S WASHINGTON DR.		Lot #	Block#
City State Zip Code Phone Number HOWARDS GROVE WI 53083 (920) 565-3713		Subd. Name or CSM#	
		☐ City ☐ Village ☒ Town	Nearest Road HERMAN COUNTY LINE RD

☒ New Construction ☐ Replacement	Use: ☒ Residential / Number of bedrooms <u>34</u> ☐ Public or commercial - Describe: _____	Addition to existing building _____
Code derived daily flow <u>450</u> gpd 600		
Absorption area required <u>900</u> bed, ft ² <u>750</u> trench, ft ²		
Recommended infiltration surface elevation(s) <u>984.964 - 1st trench</u> <u>91.75 - Replacement</u> ft (as referred to site plan benchmark)		
Additional design/site considerations <u>Recommend (2) 5' x 75' trenches for new system - different elevations</u>		
Parent material <u>GLACIAL TILL / GLACIAL OUTWASH</u> Flood plain elevation, if applicable _____ ft		
S = Suitable for system U = Unsuitable for system	Conventional ☒ S ☐ U	Mound ☒ S ☐ U
	In-Ground Pressure ☒ S ☐ U	AT-Grade ☒ S ☐ U
	System in Fill ☐ S ☒ U	Holding Tank ☐ S ☒ U

SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
1	Ap	0-10	10YR 3/3	-	l	2f sbk	mfr	as	1m	.5	.6
	Bt	10-26	7.5YR 3/4	-	cl	2-3f sbk	mfr	cw	1m	.4	.5
	BC	26-30	7.5YR 3/4	-	sc l	2msbk	mfr	cw	-	.4	.5
	C	30-45	10YR 6/4	-	fs	1mabk	mfr	aw	-	.5	.6
	C2	45-59	10YR 6/3	-	co s	0 sg	loose	gw	-	.7	.8
	C3	59-90	10YR 6/4	-	fs	0 sg	loose	-	-	.5	.6

Remarks: silt seam from 34-36" - use BORINGS 1,4,5 for new system

2	Ap	0-12	10YR 3/3	-	l	2f sbk	mfr	as	1m	.5	.6
	Bw	12-31	10YR 5/4	-	sl	1msbk	mfr	gw	-	.4	.5
	C	31-51	10YR 5/4	-	sl	2fsl/msbk	mfr	aw	-	-	.2
	C2	51-110	10YR 6/3	-	40% cb cos	0 sg	loose	-	-	.7	.8

Remarks: _____

CST Name (Please Print) DOUG DEPIES	Signature <i>Doug Depies</i>	Telephone No. 920-849-9130
Address 116 N State St, Chilton, WI 53014	Date 10-24-97	CST Number CSTM03901

PARCEL I.D.# _____

Boring #

3Ground
elev.
96.68 ft.Depth to
limiting
factor
120 in.

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
Ap	0-7	10YR 3/3	-	sl	2f8bk	mfr	as	2m	.5	.6
Bt	7-21	7.5YR 3/4	-	cl	2msbk	mfi	cw	-	.4	.5
BC	21-25	10YR 4/4	-	l	1msbk	mfr	cw	-	.4	.5
C	25-50	10YR 5/4	-	sl	2fpl/1msbk	mfr	aw	-	-	.2
C2	50-120	10YR 6/3	-	20gr cs	osg	loose	-	-	.7	.8

Remarks: _____

Boring #

4Ground
elev.
97.8 ft.Depth to
limiting
factor
120 in.

Ap	0-12	10YR 3/3	-	l	2fsbk	mfr	as	2f	.5	.6
Bt	12-28	7.5YR 3/4	-	scl	1msbk	mfr	cw	-	.4	.5
C	28-59	10YR 5/4	-	fs	osg	mufR	ci	-	.5	.6
C2	59-120	10YR 6/3	-	cs	osg	loose	-	-	.7	.8

Remarks: _____

Boring #

5Ground
elev.
101.28 ft.Depth to
limiting
factor
110 in.

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
Ap	0-9	10YR 3/3	-	l	2fgr	mfr	as	lf	.5	.6
Bt	9-19	7.5YR 3/4	-	scl	2msbk	mfr	cw	lvf	.4	.5
C	19-26	10YR 5/4	-	sl	1mabk	mfr	cw	-	.4	.5
C2	26-49	10YR 6/3	-	25gr cs	osg	loose	ci	-	.7	.8
C3	49-110	10YR 5/4	-	cs	osg	loose	-	-	.7	.8

Remarks: _____

Boring #

Ground
elev.
____ ft.Depth to
limiting
factor
____ in.

Remarks: _____

1440' from
NORTH P/L
to COUNTY LINE RD

NORTH P/L

1460'

DENNIS STUCHMAN
705 S. WASHINGTON DR
HOWARDS GROVE, WI 53083

SE 1/4, NW 1/4, Sec 6,
T 16 N, R 22 E
TOWN OF HERMAN
Sheboygan County

518 ft

SCALE:

1" = 100'

NORTH

(101.28)

B-5

(100.06)

B-1

new system AREA

B-4

(97.8)

B-3

(96.68)

B-2

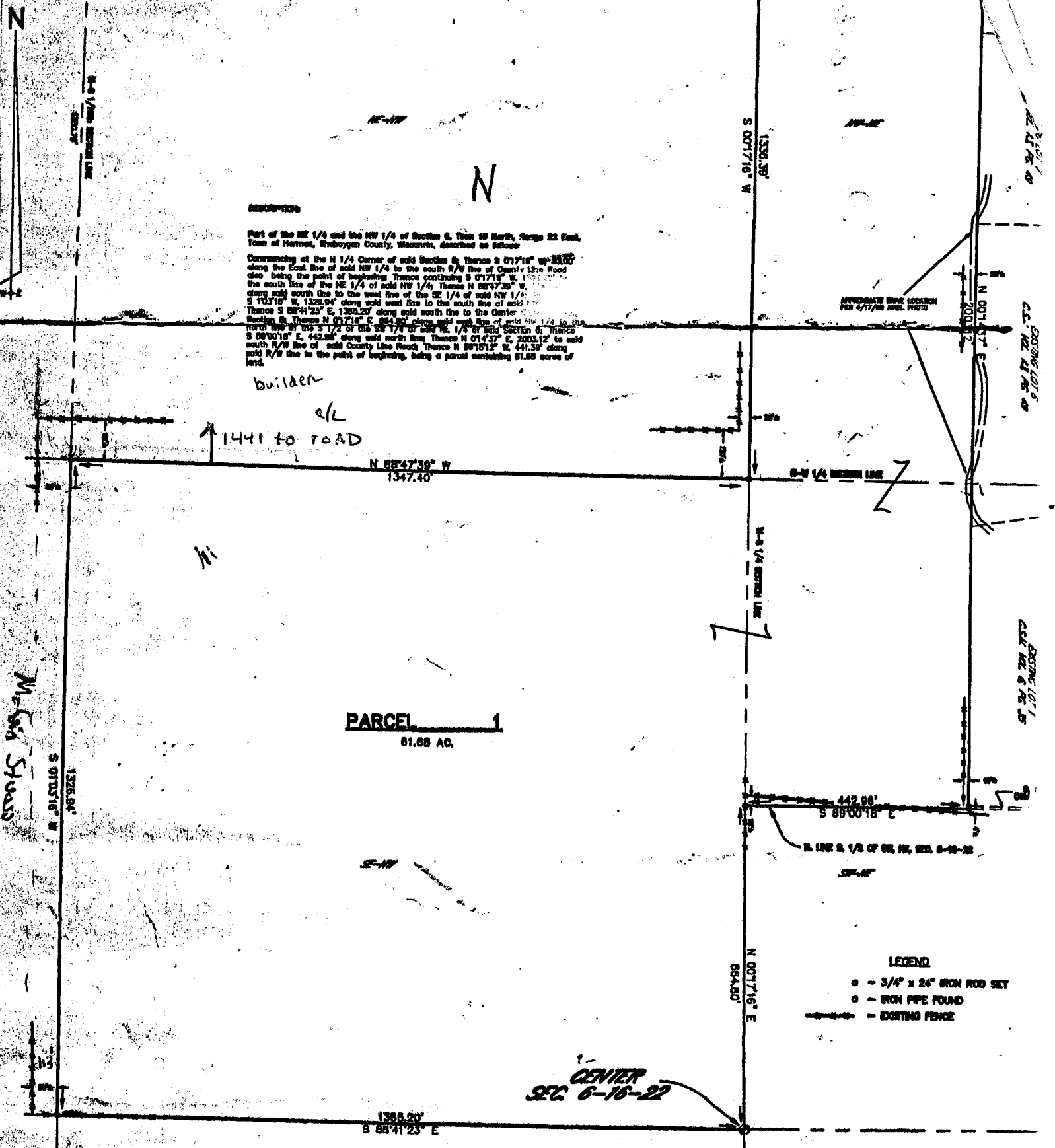
(96.0)

replacement
AREA

west
P/L

BENCHMARK
(100' on
top of
1/2" metal
stake)

Doug Depies
CST m03901
10-24-97



SURVEY LOCATED IN THE N 1/2 OF SECTION 6, T.16 N., R.22 E., TOWN OF HERMAN, SHEBOYGAN COUNTY, WISCONSIN.

STATEWIDE

APPRAISAL

KEVIN RAMMINGER
814 WASHINGTON STREET
MANTOWOC, WI. 53100



STEINBRECHER & MENEAU, INC.
ENGINEERS & SURVEYORS
102 REVERE DRIVE
MANTOWOC, WI. 54220-3147
PHONE 884-5883 FAX 884-8684



FINISH GRADE
ELEVATION

SYSTEM ELEVATION - EVALUATION FORM

SHEBOYGAN COUNTY

PROPERTY OWNER Dennis Stuchman

SE 1/4 NW 1/4 SECTION 6 TOWN Herman

SYSTEM
ELEVATION 95.9

115 SOIL TEST DATE 10-24-97

TYPICAL FILTER BED CROSS SECTION

VERTICAL SCALE: 1"=10'

