

Division of Industry Services

in accordance with SPS 385, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11" in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and % slope, scale or dimensions, north arrow, location & distance to nearest road.

Please print all information

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

Property Owner BRIAN STATZ				Property Location SW 1/4, NW 1/4, S 5, T 7 N, R 16 E			
Property Owner's Mailing Address N7119 HILLSIDE DR.				Lot # 1 Subd. Name or CSM# PROPOSED CSM			
City WATERTOWN, WI	State WI	Zip Code 53094	Phone Number 800 110	☐ City CONCORD	☒ Town HILLSIDE DR.	Nearest Road HILLSIDE DR.	

☒ New Construction Use: ☒ Residential/No. bedrooms **4** Code derived design flow rate: **600 GPD**

☐ Replacement ☐ Public or commercial- Describe: _____

Parent Material: **LOESS, GLACIAL TILL** Flood Plain elevation if applicable _____ ft.

General comments and recommendations:
0.4 GPD/SQ.FT. LOADING RATE SYSTEM ELEV: 99.33' FT.

1		#	☒ Pit	Ground surface elev. 95.15'		Depth to limiting factor 19"			Soil Application Rate	
Horizon	Depth inches	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr.Sz.Sh.	Consistence (Moist)	Roots	Boundary	GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-9	10YR3/2		sil	2mgr	fr	2f	as	0.6	0.8
B1	9-19	10YR4/4		sil	2fsbk	fr	2f	cs	0.6	0.8
Bt2	19-28	10YR4/4	c2f10YR5/3,5/6	sicl	1fsbk	fi	1f		0.2	0.3

Boring		Boring								
2	#	Pit	Ground surface elev. 95.05'		Depth to limiting factor 16"				Soil Application Rate	
Horizon	Depth inches	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr.Sz.Sh.	Consistence (Moist)	Roots	Boundary	GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-9	10YR3/3		sil	2mgr	fr	2f	as	0.6	0.8
B1	9-16	10YR4/4		sil	2fsbk	fr	1f	cs	0.6	0.8
Bt2	16-22	10YR4/4	f1d7.5YR5/8	sicl	2fsbk	fi	1f	cs	0.4	0.6
Bt3	22-26	10YR4/4	c2d7.5YR5/8	cl	1fsbk	fi	1f		0.2	0.3

*Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L*Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name JEFFREY L. HAMMES	Signature: 	CST Number 223300
Address 820 WILLIAMSON ST., #401 MADISON, WI 53703	Date Evaluation Conducted: 11/3/14	Telephone No. (608)233-9200

SBD-8330(R07/13)

006-0716-0523-00

STATZ, BRIAN (TOWN OF CONCORD, SEC. 5) LOT 1, HILLSIDE DR.

Property Owner: BRIAN STATZ

Parcel ID: 006-0716-0523-000(orig,)

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Boring ☐ Boring3 # ☒ Pit Ground surface elev. 98.15'

Depth to limiting factor N/A

Horizon	Depth inches	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr.Sz.Sh.	Consistence (Moist)	Roots	Boundary	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
Ap	0-12	10YR3/3		sil	2fsbk	fr	2fm	as	0.6	0.8
B1	12-21	10YR4/4		sil	2fsbk	fr	2f	cs	0.6	0.8
Bt2	21-28	10YR4/6		cl	1fsbk	fi	1f	cs	0.2	0.3
2B3	28-35	10YR4/6		gr sl	1fsbk	vfr	1f	cs	0.4	0.7
2C	35-41	10YR5/4		sl	1fsbk	vfr			0.4	0.7

Boring ☐ Boring☐ # ☒ Pit Ground surface elev.

Depth to limiting factor

Horizon	Depth inches	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr.Sz.Sh.	Consistence (Moist)	Roots	Boundary	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2

Boring ☐ Boring☐ # ☒ Pit Ground surface elev.

Depth to limiting factor

Horizon	Depth inches	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr.Sz.Sh.	Consistence (Moist)	Roots	Boundary	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2

*Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L*Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

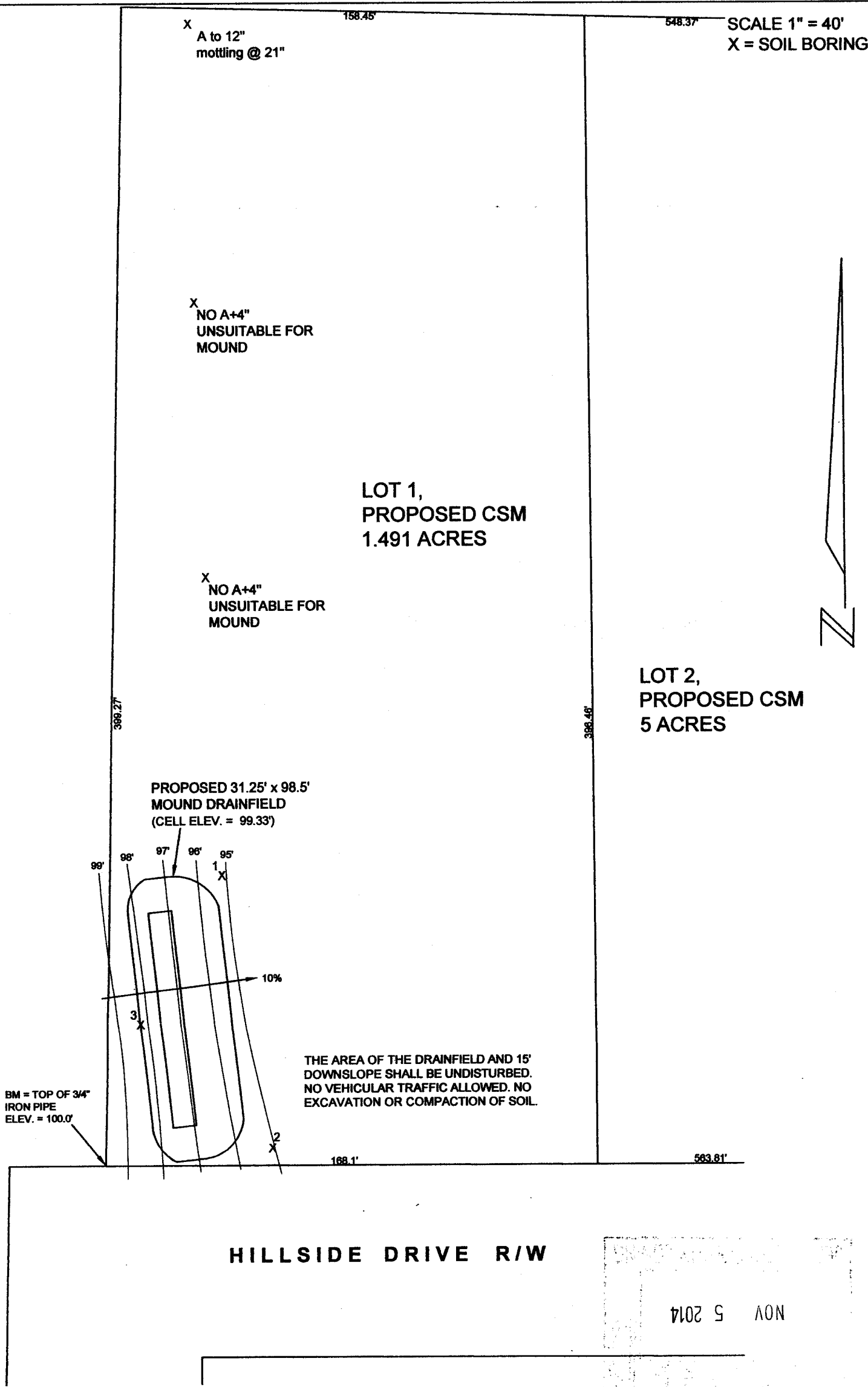
NOV 5 2014

JEFFREY L. HAMMES

CERTIFIED SOIL TESTING
CERTIFIED DESIGNING

PLOT PLAN

ONE INCH
IF THIS BOX DOES
NOT EQUAL ONE INCH
ON ALL SIDES,
THEN THIS DRAWING
IS NOT TO SCALE



JEFFERSON COUNTY PLANNING AND ZONING DEPARTMENT

311 S. CENTER AVENUE ROOM 201

JEFFERSON WI 53549

PHONE 920.674.7130

FAX 920.674.7525



Brian Statz

Taken by: Sharon Ehrhardt

PAID BY: Jeffrey L. Hammes

Receipt #: 1306

006-0716-0523-000

11-05-14

N 7119 HILLSIDE DR WATERTOWN 53094

QUANTITY	PRODUCT OR SERVICES	TYPE	AMOUNT
1.00	Soil Test Review Fee	Sanitary	\$50.00

Total: \$50.00

CHECK: \$50.00

CHECK # 7555

Change: \$0