Sheboygan County
Planning & Resources Department

ADMINISTRATION BUILDING 508 NEW YORK AVENUE SHEBOYGAN, WI 53081-4126
PHONE (920) 459-3060 FAX (920) 459-1332
EMAIL: planning@co.sheboygan.wi.us

PLANNING DIRECTOR
JIM HULBERT

May 22, 2007

Linda Rentmeester
W5748 Jason Court
Plymouth WI 53073

RE: Septic System Inspection, Property Located at the Above Address, Section 16, Town of Plymouth

Dear Ms. Rentmeester:

This letter attempts to interpret a septic system inspection report dated May 14, 2007, submitted by East Central Pumping, Inc., a licensed septic pumper.

The report identifies a 1,000 gallon concrete septic tank and a 1,000 gallon concrete pump chamber. Current state and county plumbing codes require a 1,200 gallon septic tank for new homes having four (4) bedrooms; I do not have enough information to determine if the pump chamber is of adequate size for the four (4) bedroom dwelling. This letter does not require replacement of the existing tank(s); however, you should be aware that any future additions to, or remodeling of, the dwelling could require the installation of a code-compliant septic tank.

The report indicates the interior plumbing was not inspected to verify whether or not all the waste piping discharges to the septic tank. Pursuant to Section 70.09(a) of the *Sheboygan County Sanitary Ordinance*, all domestic wastewater shall enter a private sewage system unless exempt by the state or county.

The report identifies the soil absorption system to be in good working order after subjecting it to a water saturation test.

Department records indicate a sanitary permit (#2830) was issued October 25, 1978 authorizing the installation of a 1,000 gallon concrete septic tank and 1,000 square feet of absorption area (2, 5 foot wide by 100 foot long absorption cells). The system authorized by the aforementioned sanitary permit was proposed to be located west of the dwelling; I was unable to locate a sanitary permit for the septic system described in the attached pumper's report.

By design, a septic tank/soil absorption sewage disposal system begins to fail from its date of installation. It has a limited life expectancy, which varies based upon size, soils, and sewage loading. At the time of failure, any replacement system would need to comply with plumbing and health codes then in effect. In an effort to prolong the life of a septic system, it is recommended that the tank be pumped every two to three years and that water conservation be practiced as much as possible.

This interpretation does not represent or warrant the present or future working condition of the subject system. This report shall not create liability on the part of or be a cause of action against Sheboygan County or any department or employee thereof for any sale, purchase, investment, interest, suit, or any action whatsoever that may result from reliance on this report. Sheboygan County reserves the right to modify this interpretation at any time to address changes in law or policy, environmental concerns, or issues affecting public health, safety, or welfare.

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Matthew Mrochinski
County Code Administrator

cc: First Realty, 4024 State Highway 42 North, Sheboygan WI 53083
East Central Pumping, Inc.

Enc.

INSPECTION REPORT - PRIVATE SEWAGE SYSTEM

T# 1816 WOODEST LT
Match # 5406245013

County Sanitary Permit # 2830 (if installed after 1973, site plan should be on file with County Planning & Resources Department).

Property Owner Linda Rentmeister

Owner's *Mailing* Address: W5748 Jason ct Plymouth, WI 53073

Property Location: Town Plymouth, Section 16, ___ ¼ ___ ¼

Property Address: Same as above

Building Usage (if residential, number of bedrooms) 4

Number of Occupants (if vacant, please indicate) 4

Report Requested By: First Realty

Mailing Address: 4024 HWY 42 North, Sheboygan, wi. 53083

Reason For Report: Selling

SEPTIC/HOLDING TANK(S) REPORT

Minimum 30 minute saturation test. If system incorporates a pump/dose chamber, pump should cycle at least once. Please indicate below what was done for saturation test.

cycled pump one cycle

	TANK #1	TANK #2
Date Pumped	5/14/07	
Size of Tank	1000	
Material	Concrete	
Condition of Baffles		
Inlet	Good	
Outlet	Good	
Baffle Material	Plastic	
Setbacks...		
from Residence	11'	
from Well	53'	

RECEIVED
MAY 22 2007
SHEBOYGAN COUNTY PLANNING & RESOURCES DEPT

Saturation Test Yes X No ___

Liquid Fluctuation ___ Inches ___ Inches

Was backflow observed after pumping tank(s)? Yes ___ No X

Estimated age: Installed Prior to 1973 ___ Installed After 1973 X

Is all domestic wastewater entering septic tank? Yes ___ No ___

[If no, explain and include any comments on the septic/holding tank(s).]

Did not inspect inside plumbing

DOSE/PUMP CHAMBER REPORT

Date Pumped 5/14/07 Amount Pumped (approximate) 300 gallons

Tank Size 1000 gallons Material Concrete

Locking Cover X Yes ___ No

Electrical Connections ___ Inside Riser X Outside Riser

Dose/Pump Chamber Comments (condition of risers, manhole covers, pump floats, etc. ok

No sup

SOIL ABSORPTION SYSTEM REPORT

Date observed 5/14/07

Type of System: Conventional: Bed X Trench ___ Dose X Gravity ___
In-Ground Pressure ___ Field Tile ___
Mound ___ Outfall ___
At-Grade ___ Unknown ___
Dry Well ___ Other ___ (explain in "Comments")

Vent or Observation Well(s) present? X Yes (indicate location in drawing) ___ No
(If Yes, indicate type of vent: X 90° Elbow ___ Tee ___ D-Box
Number of Wells 1 Material cast)

Liquid in vent/observation well(s) before saturation test? ___ Yes X No ___ Inches
Liquid in vent/observation well(s) after saturation test? ___ Yes X No ___ Inches

Location: 100+ Feet from Residence ___ Feet from Property Line
50+ Feet from Well

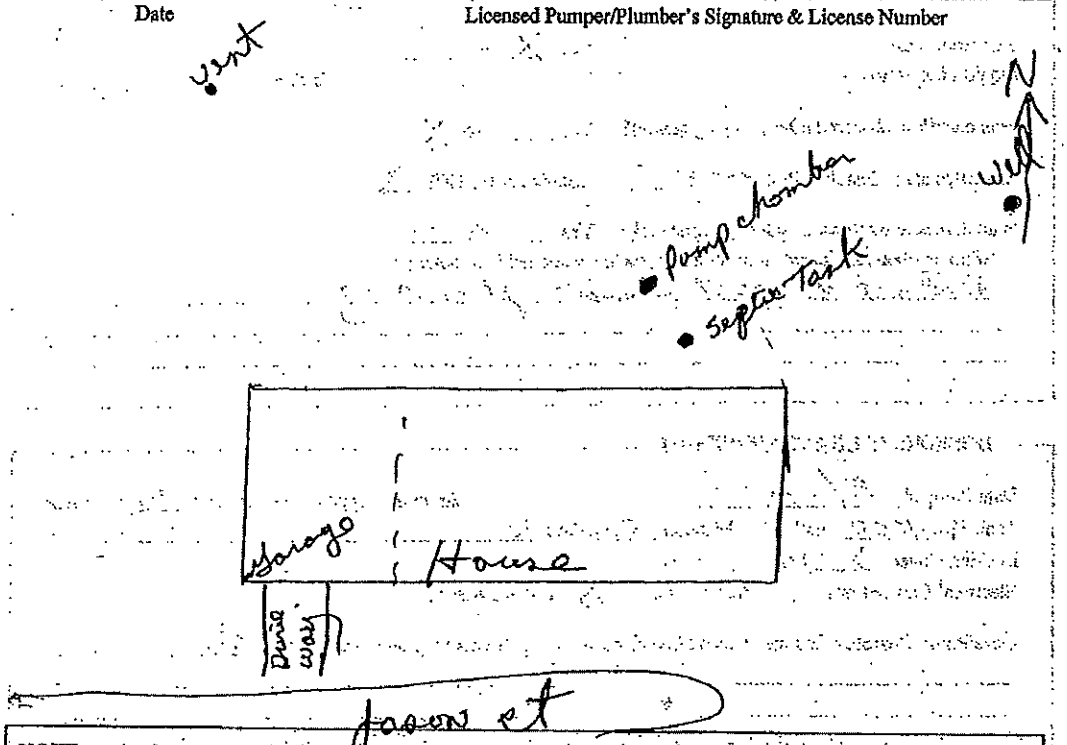
Estimated Size unknown Depth to Distribution Pipes 37 Inches

Absorption System Comments ok

Below, please provide a drawing indicating North, location of septic system [tank(s), vent(s), mound, observation well(s), etc.] in relation to structures, well, property lines, etc., and any problem areas (i.e., outfall, sogginess, etc.).

This interpretation does not represent or warrant the present or future working condition of the subject system. This report shall not create liability on the part of or be a cause of action against East Central Pumping Inc or any employee thereof for any sale, purchase, investment, interest suit, or any action whatsoever that may result from reliance on this report.

5/14/07 Robert Bassuener #2076
Date Licensed Pumper/Plumber's Signature & License Number



NOTE: A photocopy or FAX of this document is not acceptable. The thoroughly completed report with original signatures is required by the Department.

EH 115

WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
P.O. BOX 309
MADISON, WISCONSIN 53701

REPORT ON SOIL BORINGS AND PERCOLATION TESTS

LOCATION: NE¼, NE¼, Section 16, T 15 N, R 21 E (or) W, Township or Municipality PLYMOUTH
Lot No. 11, Block No. ____, WOODLAND ESTATES Subdivision Name County SHEBOYGAN
Owner's Name: ALLEN STADER
Mailing Address: RI PLYMOUTH
TYPE OF OCCUPANCY: Residence X No. of Bedrooms 3 Other ____
EFFLUENT DISPOSAL SYSTEM: NEW X ADDITION ____ REPLACEMENT ____
DATES OBSERVATIONS MADE: SOIL BORINGS OCT 17-78 PERCOLATION TESTS OCT 18-78
SOIL MAP SHEET 28 SOIL TYPE KN B

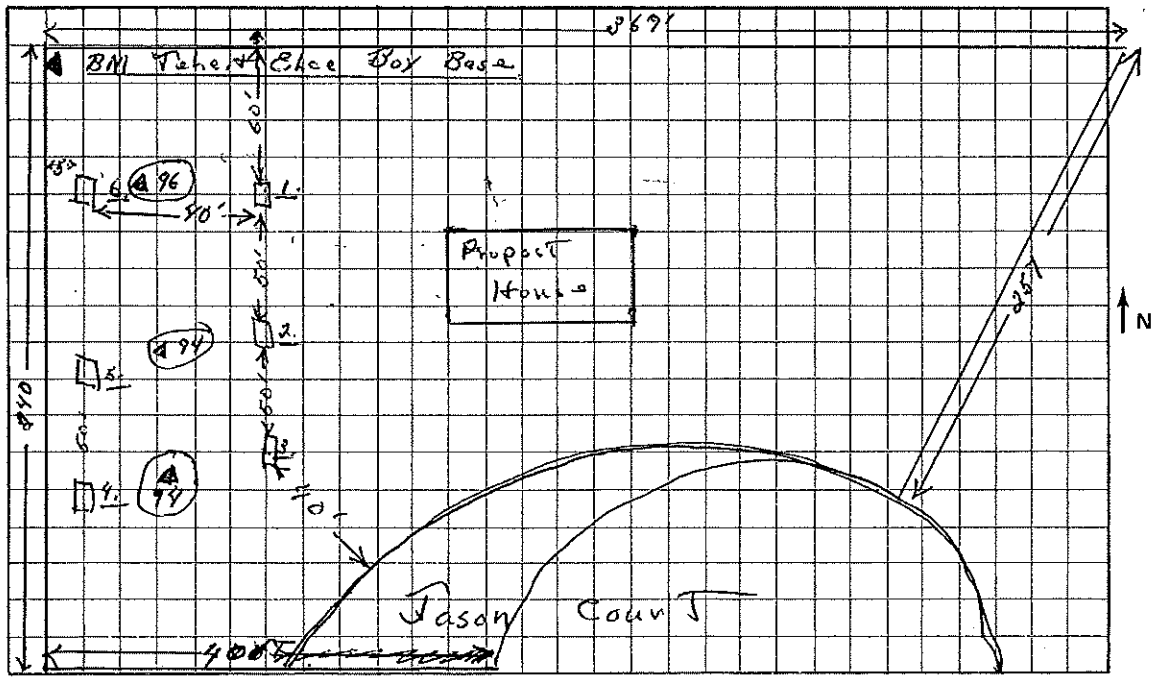
PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	CHARACTER OF SOIL THICKNESS IN INCHES	HOURS SINCE HOLE 1ST WETTED	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL IN MINUTES	DROP IN WATER LEVEL, INCHES PERIOD 1	PERIOD 2	PERIOD 3	RATE MIN/IN
P-1	36	TS12" L24"	24	NO	30	3/4 5/8	3/4 5/8	3/4 5/8	40
2	36	TS12" L24"	24	NO	30				48
P-3	36	TS12" L24"	24	NO	30	1 3/4	1 3/4	1 3/4	30
4	36	TS12" L24"	24	NO	30				40
P-5	36	TS12" L24"	24	NO	30	3/4 5/8	3/4 5/8	3/4 5/8	40
6	36	TS12" L24"	24	NO	30				48

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES OBSERVED	ESTIMATED HIGHEST	CHARACTER OF SOIL WITH THICKNESS, INCHES (DEPTH TO BEDROCK IF OBSERVED)
B-1	72	NONE	> 72	TS12" L60"
2	72	"	> 72	TS12 L60"
B-3	72	"	> 72	TS12" L60"
4	72	"	> 72	TS12 L60"
B-5	72	"	> 72	TS12 L60"
6	72	"	> 72	TS12 L60"

PLAN VIEW (Locate percolation tests, soil bore holes and suitable soil areas.)
Indicate on the plan the location and square feet of suitable areas. Indicate number of square feet of absorption area needed for building type and occupancy. 1000 TRENCH Indicate scale or distances. Give horizontal and vertical reference points. Indicate slope.



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and location of test holes are correct to the best of my knowledge and belief.

Name (print) KENNETH SUEMNICHT Certification No. 1024
Address RI CASCADE
Name of installer if known Kenneth Suemnicht
CST Signature Kenneth Suemnicht

COPY A — LOCAL AUTHORITY

SHEBOYGAN COUNTY PLANNING & RESOURCES DEPARTMENT

Courthouse, Sheboygan, Wisconsin 53081
Phone: 414/459-3060

Check
5-30-91
5-14-97
11-7-02

FEE PAID:

X Septic Tank $10.00

X Drainage Disposal System $10.00

_____ Special Use — $_____

County Sanitary Permit No. 2830

Wisconsin Septic Tank Permit No. 9791

Plg 16 Woodland Estates L 11
#245013

SHEBOYGAN COUNTY SANITARY PERMIT

This approval is based on county code requirements and does not exempt the installation from city, village or town permit requirements.

This permit valid only when signed by the authorized agent.

Owner's Name: Joseph See ~~Allen Stader~~

Address: W5148 Jason Ct ~~Route 1,~~ Plymouth

Location of Installation: Name of Town: Plymouth

If Platted: Name of Subdivision or Tract: Woodland Estates

Block No. _____ Lot No. 11 Street Address: _____

If Unplatted: NE ¼ of the NE ¼; Section 16 T. 15 N., R. 21 E.

Plumber's Name: Kenneth Suemnicht License No. 2710

Address: Route 1, Cascade

Signature of Applicant: by mail

Date Issued: 10-25-78

Signed: C. W. Meyer
(Authorized Agent)

ENTERED

Type of Occupancy _____

New or Existing Structure _____

PLB. 68

FEE **$10.00**
(1 Permit per Tank)
Date Issued 10-25-78

Tank Size 1000 gal.

Private Res. X

Public _____

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
Division of Health
P.O. Box 309
Madison, Wisconsin 53701

NO. 9791

STATE SEPTIC TANK PERMIT

This permit is for purchase of septic tank only and does not exempt installation from state or local approval and/or permits.

Copies:
(White)-Property Owner
(Pink)-Tank Retailer
(Blue)-Division of Health
(Canary)-Issuing Agent

Owner's Name	Owner's Address
Allen Stader	Route 1, Plymouth

Location (Legal Description) of Property Where Tank Will be Installed	County
Lot 11, Woodland Estates, NE 1/4, NE 1/4, Section 16, T15N R21E	Sheboygan

Plumber's Name	License No.	Address
Kenneth Suemnicht	2710	Route 1, Cascade

Signature of Person Obtaining Permit	Address if Other Than Owner
by mail	

Address of Issuing Agent (Town, Village, City)	County
County Courthouse	Sheboygan

Title:	Signature
Zoning Administrator	[signature]

PLB67

State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 9791
County Permit # 2830
County SHEBOYGAN

*DENOTES STATE APPROVAL REQUIRED
Date Approval Received from State if Required _____ State Plan I.D. # _____

A. OWNER OF PROPERTY — Mailing Address:

ALLEN STADER — RT PLYMOUTH

B. LOCATION: NE ¼ NE ¼, Section 16, T 15 N, R 21 E (or) W Lot# 11 City _____
Subdivision Name, nearest road, lake or landmark Blk# _____ Village _____
Township PLYMOUTH

WOODLAND ESTATES

C. TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family X Duplex _____ No. of Bedrooms 3 No. of Persons _____

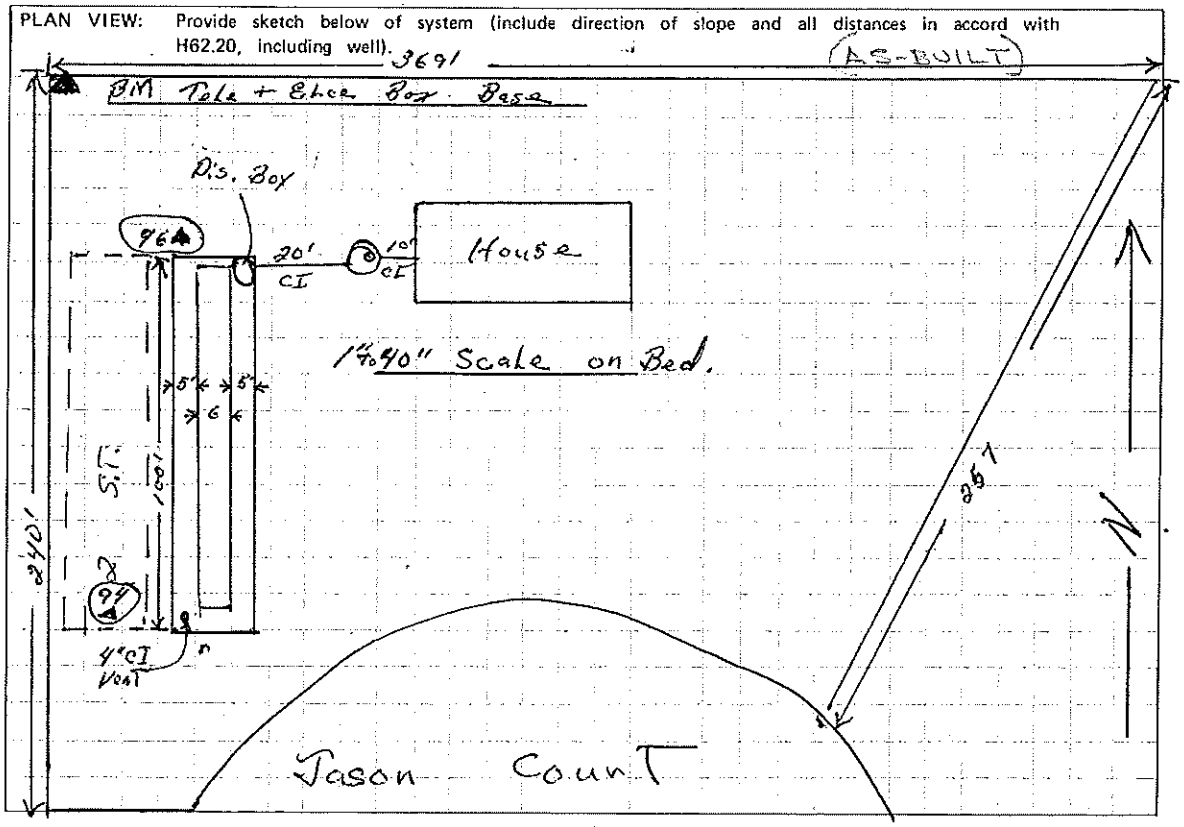
D. TYPE OF APPLIANCES: Dishwasher ____ YES X NO Food Waste Grinder ____ YES X NO # of Bathrooms 1½
Automatic Washer X YES ____ NO Other (specify) _____

E. SEPTIC TANK CAPACITY 1000 Total gallons No. of tanks 1
*Holding tank capacity _____ Total gallons No. of tanks _____
New Installation X Addition _____ Replacement _____ Prefab Concrete X
*Poured in Place _____ Steel _____ Other (specify) 40H048

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 40 2) 48 3) 30 Total Absorb Area 1000 sq. ft.
New X Addition ____ Replacement _____ *Fill System _____
Seepage Trench: No. Lin. Feet 200 Width 5' Depth 2' Tile Depth 1' No. of Trenches 2
Seepage Bed: Length ____ Width ____ Depth ____ Tile Depth ____ No. of Lines ____
Seepage Pit: Inside diameter ____ Liquid Depth ____ Tile Size 4"
Percent slope of land 6% W Distance from critical slope NONE

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester,
NAME KENNETH SOLMNIGHT C.S.T. # 1024 and other information
obtained from OWNER (owner/builder).
Plumber's Signature Kenneth Solmnight MP/MPRSW# 2710 Phone # 528-2504
Plumber's Address RT Cascade

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).



Do Not Write in Space Below - FOR DEPARTMENT USE ONLY
Date of Application 10-23-78 Fees Paid: State 10.00 County 20.00 Date 10-25-78
Permit Issued/Rejected (date) 10-25-78 Issuing Agent Name Clerk
Inspection Yes ____ No 6-10-79 Valid# 6 Date Rec'd _____

1. county (white copy)
2. state (pink copy)
3. owner (green copy)
4. plumber (canary copy)

DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701

Revised Date 6/1/76