

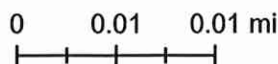


Sheboygan County WI, Microsoft, Vantor, Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community

This map is intended for advisory purposes only. This information has been obtained from sources believed to be reliable based on plats, surveys, and deeds. In areas where discrepancies occur between equivalent legal records, the discrepancy is allowed to remain until such time as it is addressed. Sheboygan County disclaims any liability for errors or omissions.



ArcGIS Web Map



 Wisconsin Department of Commerce		7508 ctu Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707 - 7162		County SHEBOYGAN Site Address 16972 Jennifer Dr.	
		Sanitary Permit Application In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)		Sanitary Permit Number 405908 ☐ Check if Revision 7508 ctu	
I. Application Information - Please Print All Information					
Property Owner's Name ALLAN STADER				Parcel Number 59016245456 18 3 SUCROSS .19	
Property Owner's Mailing Address N7090 CTN E				Property Location SW 1/4 SW 1/4 S 3 T 15 N R 21 E	
City, State Plymouth, WI	Zip Code 53073	Phone Number 920-893-8097	Lot Number 19 Block Number		
			Subdivision Name STONEWALL CROSSING CSM Number		
II. Type of Building (check all that apply) ☒ 1 or 2 Family Dwelling - Number of Bedrooms 3 ☐ Public/Commercial - Describe Use ☐ State Owned			☐ City		
			☐ Village		
			☒ Township Plymouth Nearest Road JENNIFER DRIVE		
III. Type of Permit: (Check only one box on line A (numbering scheme for internal use). Complete line B if applicable)					
A. ☒ 1 New System		☐ 2 Replacement System		☐ 3 Replacement of Tank Only	
		☐ 6 Addition to Existing System		For County use	
B. ☐ Check if Sanitary Permit Previously Issued		Permit Number			Date Issued
IV. Type of Permit: (Check all that apply)(numbering scheme is for internal use)					
44 ☒ Non -Pressurized In-Ground		21 ☐ Mound		47 ☐ Sand Filter	
22 ☐ Pressurized In-Ground		41 ☐ Holding Tank		48 ☐ Single Pass	
45 ☐ At-Grade		46 ☐ Aerobic Treatment Unit		49 ☐ Recirculating	
				50 ☐ Constructed Wetland	
				51 ☐ Drip Line	
				30 ☐ Other	
V. Dispersal/Treatment Area Information:					
Design Flow (gpd) 450	Dispersal Area Required 900 sq ft	Dispersal Area Proposed 900 sq ft	Soil Application Rate (Gals./Days/Sq. Ft.) .5	Percolation Rate (Min./Inch) 97.20'	Final Grade Elevation 100.50'
VI. Tank Info		Capacity in Gallons	Total Gallons	Number of Tanks	Manufacturer
		New Tanks	Existing Tanks		
Septic or Holding Tank		1500	1500	COMBO	LEDGEVIEW PRECAST
Dosing Chamber					
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) John S. Hand		Plumber's Signature <i>[Signature]</i>		MP/MPRS Number 6524-ID# 223582	Business Phone Number 920-893-8833
Plumber's Address (Street, City, State) (Zip Code) 17067 Rocky Knoll Parkway, Plymouth, WI 53073					
VIII. County/Department Use Only					
☒ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination		Sanitary Permit Fee (includes Groundwater Surchage Fee) \$ 250 --		Date Issued 3-4-02	Issuing Agent Signature (No Stamps) <i>[Signature]</i>
IX. Conditions of Approval/Reasons for Disapproval					
Cells to be 5' from P/L "minimum"					

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size

Distribution: Original to County. One copy to State, Owner, Plumber.

ENTERED

OWNER - AL STADER

LOCATION - SW 1/4, S. 3, T. 15 N. R. 21 E

Town of Plymouth

Shiboggan County

JENNIFER DR.

B₁M = Top of Iron Pipe

B₂M = 100.00'

Observation wells

3-6' x 50' Dist. Cells

Dist. Box

1500 gal. concrete compo tank
MFG. Ledgerview
with Zabel A-100

3 Bedroom Home

Well

System Elevation 96.50'

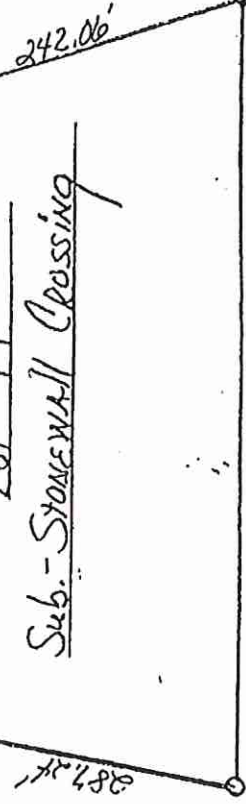
A = Borings

Scale 1" = 50'

Lot # 18

Lot # 19

Sub. - Stone Wall Crossing



Revised

B. R. 02

John Stader

N7067 Rocky Knoll Parkway

Plymouth, WI 53073

LD # 223582

Owner - AL Stader.

Location - SW 1/4, SW 1/4, S. 3, T15 N, R21 E.

Town of Plymouth

Sheboygan County

Tennifer Dr.

$B_m = \text{Top of Iron Pipe}$

$$B_{av} = 100.00'$$

Observations wells

2-6'-75' Dist. cells

System Elevation 97.20'

 $\Delta = \text{Bohrings}$

Scale 1" = 50'

1500 gal. concrete combo tank

MFC. Ledger view

wilk Zabel A-100

Bedroom Home

4th sch 40

Well

81# 104

lot # 19

Sub.-Stonewall Crossing

242.06'

210.00.

Wm. S. Ward

17067 Rocky Knoll Parkway

① 4 months WI 53073.

40# 223582

Hand Plumbing LLC
N7067 Rocky Knoll Parkway
Plymouth, WI 53073

HAND PLUMBING & SEPTIC SYSTEMS

Conventional Soil Absorption Component Users Manual

1. Diagrams of all component components and their location are shown on system plot plans.
2. Names and phone numbers of local health authority, component manufacturer or POWTS service contractor to be contacted in the event of component failure or malfunction are as follows:
 - Local Health Authority-Sheb. Co. Planning Dept.- (920)459-3060
 - Septic tank manufacturer-Ledgeview Precast - (920)921-2530
 - Zabel filter system-Zabel Co. - (800)221-5742
3. Maintenance information:
 - Septic tank is to be pumped and inspected every three years or less.
 - Zabel A-100 filter is to be inspected and cleaned when the septic tank is normally inspected and pumped.
4. The replacement area for this system is to remain undisturbed and all setbacks described in Wisconsin State Code Com '83 are to be enforced in the reserve area. Contact the Local Health Authority or system installer for information on setbacks etc.



A100/A300

Maintenance

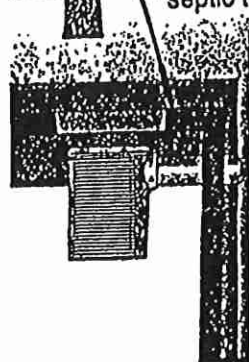
The interval for servicing septic tanks is set by state and local code. Throughout the United States there is a wide difference of opinion on what this interval should be, but most regulatory agencies suggest two to five years. The Zabel™ filter, which does not increase the frequency of servicing for the tank, should be cleaned when the septic tank is normally inspected and pumped. However, our filter is virtually self-cleaning. The continued action of the anaerobic organisms on the Zabel filter causes lodged particles to disintegrate and fall to the bottom of the tank. If your filter contains a SmartFilter™ alarm, you will be notified by an alarm when the filter needs servicing.

To service the filter:

**Servicing any zabel filter should only be done by a certified septic tank pumper or installer.*

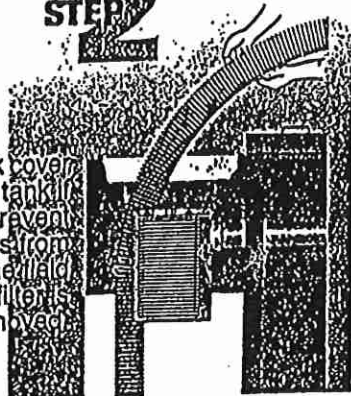
STEP 1

Locate the outlet of the septic tank.



STEP 2

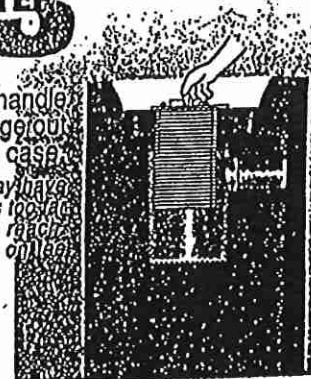
Remove the tank cover and pump the tank if necessary to prevent any solids from escaping to the field when the filter is removed.



STEP 3

Firmly pull the filter handle and slide the cartridge out of the case.

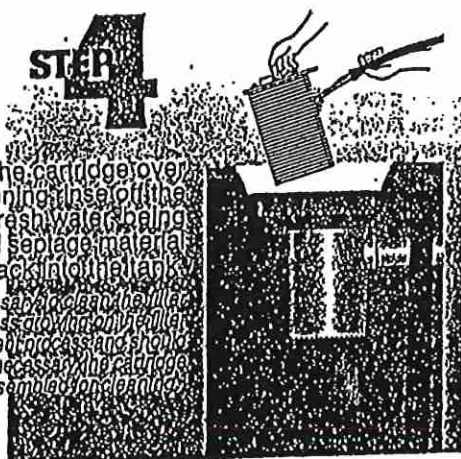
**Note: A tee handle may have to be used if the filter is too far below ground level to reach. Contact Zabel for info on tee handles.*



STEP 4

While holding the cartridge over the access opening, use of the cartridge with fresh water being careful to rinse all sewage material back into the tank.

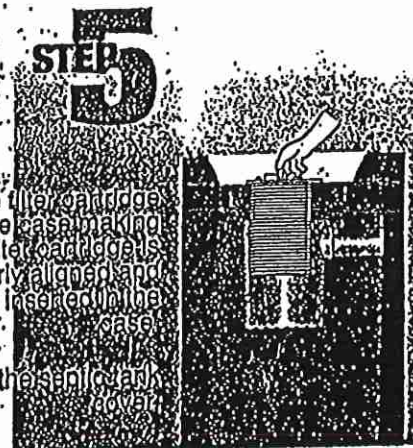
**Note: It is not necessary to clean the filter "spotless". The biomass growing on the filter aids in the pretreatment process and should be left on the filter. (If necessary, the cartridge may be disassembled and cleaned.)*



STEP 5

Insert the filter cartridge back in the case making sure the filter cartridge is properly aligned and completely inserted in the case.

Replace the septic tank cover.



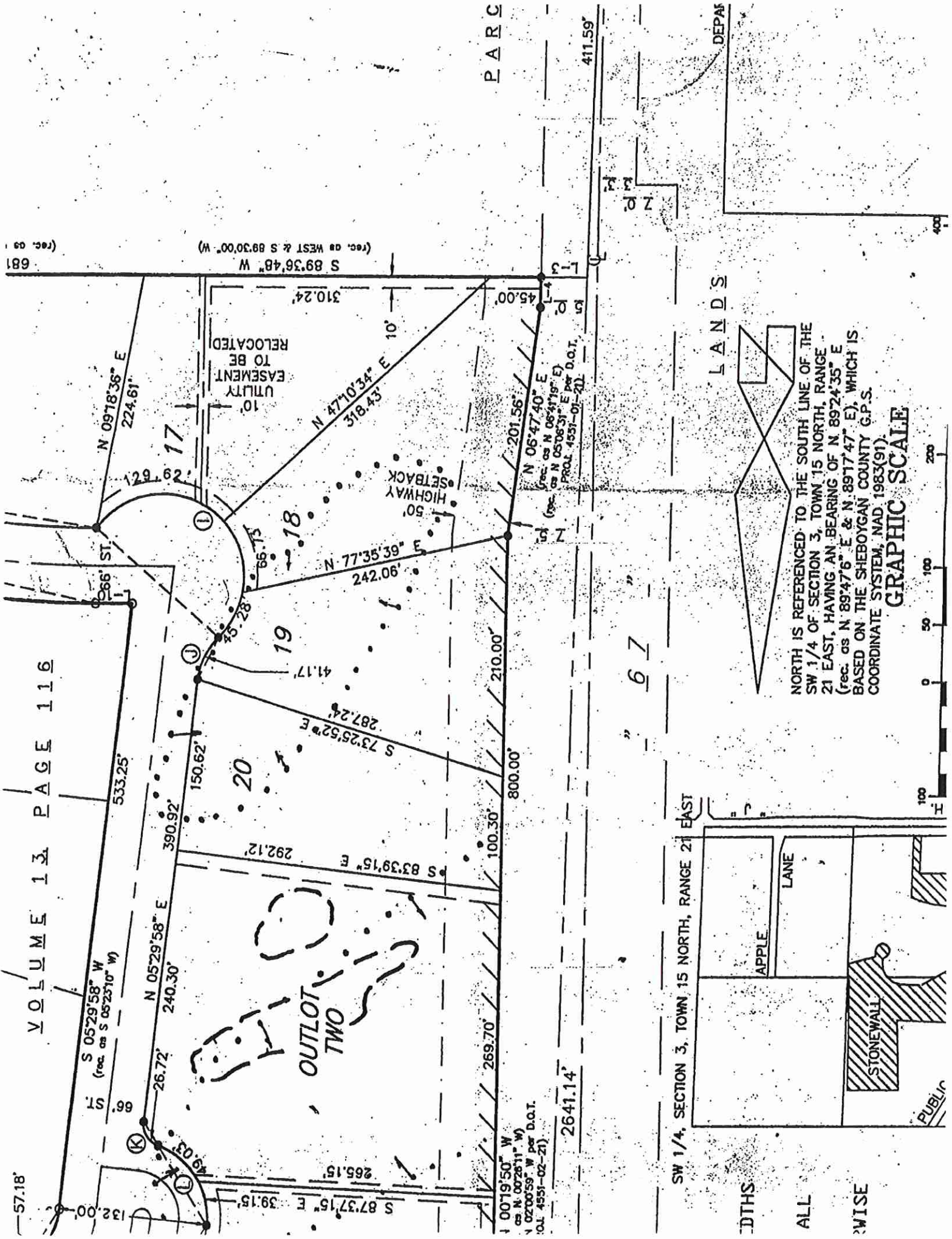
The product(s) shown are covered by one or more of the following patents:

U.S. 5,762,793, 5,580,453, 5,591,331, 5,769,393, 5,683,577, 5,582,716, 5,779,896, 5,593,584, 5,795,472, 5,736,035, 4,710,295, 5,382,357, 5,482,621
U.S. Des. 386,241, 349,067, 460,550, 509,856, Des. 309,007, Australia: 134,440; Canada: 2,135,937; Israel: 111,574; New Zealand: 264,824,
Other Patents Pending

Call for a free ZABEL ZONE An Onsite Wastewater Magazine 1-800-221-5742 • Website <http://www.zabel.com>

A100300-1-M, 61499

57.18'



681 (rec. 09)

(rec. 08 WEST & S 89°30'00" W)

UTILITY EASEMENT TO BE RELOCATED

50' HIGHWAY SETBACK

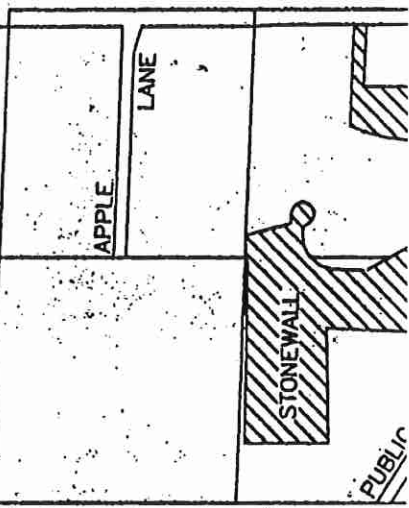
00°19'50" W
as N 00°26'11" W
02°00'59" W per D.O.T.
01. 4551-02-21

2641.14'

00°19'50" W
as N 00°26'11" W
02°00'59" W per D.O.T.
01. 4551-02-21

67

SW 1/4, SECTION 3, TOWN 15 NORTH, RANGE 21 EAST



ADTHS

ALL

WISE

LANDS

NORTH IS REFERENCED TO THE SOUTH LINE OF THE SW 1/4 OF SECTION 3, TOWN 15 NORTH, RANGE 21 EAST, HAVING AN BEARING OF N 89°24'35" E (rec. as N 89°47'6" E & N 89°17'47" E), WHICH IS BASED ON THE SHEBOYGAN COUNTY G.P.S. COORDINATE SYSTEM, NAD 1983(91).

GRAPHIC SCALE



SOIL AND SITE EVALUATION

In accord with Comm 83.05, Wis. Adm. Code

Eric Schmitz Corporation

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)).

County Sheboygan	
Parcel I.D.#	
Reviewed By <i>RA</i>	Date 3-21-00

Property Owner Allan Stader		Property Location Govt. Lot SW 14 SW 14 S 3 T 15 N R 21 E	
Property Owner's Mailing Address N7090 Hwy E		Lot# 19	Block#
City Plymouth	State WI	Zip Code 53073	Subd. Name or CSM# Stonewall Crossing ~~Proposed C.S.M.~~
Phone Number (920) 893-8097	☐ City	☐ Village Plymouth	☒ Town Nearest Road See Drawing

☒ New Construction	Use: ☒ Residential / Number of bedrooms 3	☐ Addition to existing building
☐ Replacement	☐ Public or commercial describe	
Code Derived daily flow 450 gpd Recommended design loading rate .4 bed, gpd/ft ² .5 trench, gpd/ft		
Absorption area required 1125 bed, ft ² 900 trench, ft ² Maximum design loading rate .4 bed, gpd/ft ² .5 trench, gpd/ft ²		
Recommended infiltration surface elevation(s) Area#1= 95.4, Area#2= 97.4 ft (as referred to site plan benchmark)		
Additional design / site consideration Any type of pre-treatment recommended (septic tank with exit filter minimum)		
Parent material Glacial Outwash		Flood plain elevation, if applicable NA ft

S=Suitable for system	Conventional	Mound	In-Ground Pressure	AT-Grade	System in Fill	Holding Tank
U=Unsuitable for system	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☐ 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	A _p	0-10	10YR3/3	-	sil	2fsbk	mvfr	as	2vf	0.5	~~0.6~~ .8
	B ₁	10-24	7.5YR4/4	-	sl & gr	2fsbk	mfr	cw	1vf	0.4	~~0.5~~ .6
	BC	24-36	10YR5/4	-	sl & gr	1fsbk	mfr	gw	-	0.4	~~0.5~~ .6
	C	36-110	10YR6/4	-	s & gr.	s.g.	ml	-	-	0.7	~~0.8~~ 1.2
			some bans and	pockets of:	sl	2fsbk	mfr	-	-	0.5	~~0.6~~ .9

Remarks:

2	A-1	0-11	10YR3/3	stripped area	sil & gr.	2fgr	mvfr	as	2vf	0.5	~~0.6~~ .8
	C	11-110	10YR6/4	-	sl & gr	2fsbk	mfr	gw	1vf	0.5	~~0.6~~ .9
			STRATIFIED	-	s	s.g.	ml	-	-	0.7	~~0.8~~ 1.2
				-	cs	s.g.	ml	-	-	0.7	~~0.8~~ 1.6
				-							

Remarks:

CST Name (Please Print) Douglas R. Butz	Signature <i>Doug Butz</i>	Telephone No. 414-338-0167
Address Eric Schmitz Corporation 2334A Stonebridge Circle, West Bend, WI 53095	Date 3/13/00	CST Number 221760
		Ref# 1263

	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
3 Ground elev 99.2 ft Depth to limiting factor >108"	A _p	0-8	10YR3/3	-	sil	2fsbk	mvfr	as	2vf	0.5	0.6
	B _t	8-16	7.5YR4/4	-	cl	2mabk	mfr	cw	1vf	0.4	0.5
	BC	16-45	10YR5/4	-	sl & gr	1fsbk	mfr	gw	-	0.4	0.5
	C	45-108	10YR6/4	-	s & gr.	s.g.	ml	-	-	0.7	0.8
			some bans and	pockets of :	lfs & gr	s.g.	ml	-	-	0.5	0.6

Remarks:

4 Ground elev 96.9 ft Depth to limiting factor >84"	A _p	0-12	10YR3/3	-	sl	2fsbk	mvfr	as	2vf	0.5	0.6
	B _t	12-36	7.5YR4/4	-	scl	2fsbk	mfr	gw	1vf	0.4	0.5
	C	36-84	10YR5/4	-	sicl	1mabk	mfr	-	-	0.2	0.3

Remarks: Note : B-5 is same profile as B-4 (slowly permeable soil conditions)

6 Ground elev 99.7 ft Depth to limiting factor >100"	A _p	0-10	10YR3/3	-	sil	2fsbk	mvfr	as	2vf	0.5	0.6
	B _t	10-24	7.5YR4/4	-	scl & gr	2fsbk	mfr	cw	1vf	0.4	0.5
	BC	24-30	10YR5/4	-	sl & gr	1fsbk	mfr	gw	-	0.4	0.5
	C	30-100	10YR6/4	-	s & gr.	s.g.	ml	-	-	0.7	0.8
			some bans and	pockets of :	sl & gr	2fsbk	mfr	-	-	0.5	0.6

Remarks:

7 Ground elev 100.0 ft Depth to limiting factor >100"	A _p	0-10	10YR3/3	-	sil	2fsbk	mvfr	as	2vf	0.5	~~0.6~~ .8
	BC	10-31	10YR5/4	-	sl & gr	1fsbk	mfr	cw	1vf	0.4	~~0.5~~ .6
	C	31-100	10YR6/4	-	sl 5% 6%	2fsbk	mfr	-	-	0.5	~~0.6~~ .9
			STRATIFIED		s	s.g.	ml	-	-	0.7	~~0.8~~ 1.2
					cs	s.g.	ml	-	-	0.7	~~0.8~~ 1.6

Remarks: Note : see attached location and detailed drawings.

LOI 16
PAGE 280

VOLUME 2 PAGE 6

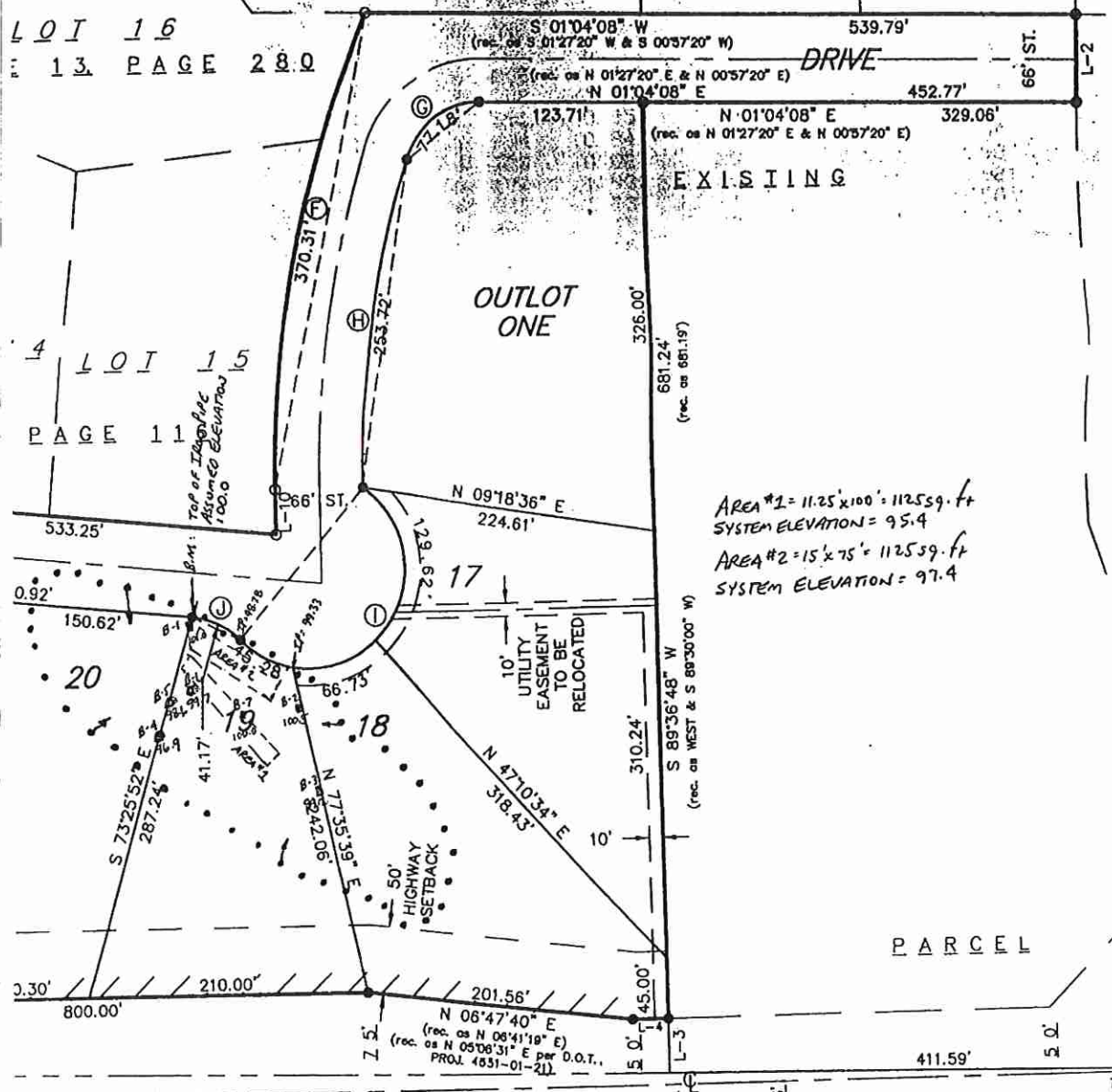
E. X. C. S. M.

I. R. "A"

I. R. "B"

V. 2. P. 373

LOI 15
PAGE 11



AREA #1 = 11.25' x 100' = 1125 sq. ft.
SYSTEM ELEVATION = 95.4
AREA #2 = 15' x 75' = 1125 sq. ft.
SYSTEM ELEVATION = 97.4

" 6 7 "



NORTH IS REFERENCED TO THE SOUTH LINE OF THE SW 1/4 OF SECTION 3, TOWN 15 NORTH, RANGE 21 EAST, HAVING AN BEARING OF N 89°24'35" E (rec. as N 89°47'6" E & N 89°17'47" E), WHICH IS BASED ON THE SHEBOYGAN COUNTY G.P.S. COORDINATE SYSTEM, NAD 1983(91).

GRAPHIC SCALE



(IN FEET)
1 inch = 100 ft.

LANDS

DEPARTMENT OF ADM

SHEBOYGAN COUNTY
PLANNING & RESOURCES DEPT
RECEIVED

MAY 20 2000

HINZE & AS

SYSTEM ELEVATION - EVALUATION FORM

SHEBOYGAN COUNTY

PROPERTY OWNER

AL Spadee

SECTION

3

TOWN

P. West

115 SOIL TEST DATE

3-13-00

FINISH GRADE
ELEVATION



SYSTEM
ELEVATION



TYPICAL FILTER BED CROSS SECTION

VERTICAL SCALE: 1"=1.0'

VERTICAL ELEVATION IN FEET

BORING -OR- PERC HOLE NUMBERS

BENCH MARK ELEVATION

102

B-1

B-2

B-7

B-6

B-3

B-

101

100

99

98

97

96

95

94

93

92

91

90



PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)

County <u>Shushong</u>
Sanitary Permit No: <u>7508</u>
State Plan Transaction ID#: <u>405908</u>
Parcel Tax No: <u>59016295456</u>

N6972 JENNIFER Dr.

GENERAL INFORMATION

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

Permit Holder's Name: <u>BUSS STADER</u>	☐ City ☐ Village ☒ Town of: <u>RYAN</u>	
CST BM Elev: <u>Same</u>	Insp BM Elev: <u>100.0</u>	BM Description: <u>Top of Lot Stake</u>

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	<u>Leagview</u>	<u>1500</u>
Dosing	<u>W.A. 100 Filter</u>	
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark	<u>2.90</u>	<u>102.90</u>		<u>100.0</u>
Bldg. Sewer			<u>3.74</u>	<u>99.16</u>
St / Ht Inlet			<u>4.40</u>	<u>98.50</u>
St / Ht Outlet			<u>4.74</u>	<u>98.16</u>
<u>Dr Inlet D. Box</u>			<u>5.42</u>	<u>97.48</u>
Dr Bottom				
Installation Contour				
Header / Man.			<u>5.57</u>	<u>97.33</u>
Dist. Pipe			<u>5.57</u>	<u>97.33</u>
Infiltrative Surface			<u>6.44</u>	<u>96.46</u>
Final Grade			<u>3.84</u>	<u>99.06</u>
<u>Top Stone</u>			<u>5.34</u>	<u>97.56</u>
<u>B.M. #2</u>			<u>2.56</u>	<u>100.34</u>

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	<u>30'</u>	<u>87'</u>	<u>18'</u>		<u>NA</u>
Dosing					<u>NA</u>
Aeration					<u>NA</u>
Holding					

PUMP / SIPHON INFORMATION

Manufacturer					Demand	
Model Number						
TDH	Lift	Friction Loss		System Head	TDH	Ft
Forcemain	Length	Dia	Dist. To Well			

DISPERSAL CELL INFORMATION

DIMENSIONS	Width 6	Length 50	No of Cells 3	
SETBACK INFORMATION	P / L	Bldg	Well	OHWM of Nav Waters
CELL TO	14'	30'	75'	—

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	X Pressure Systems Only	Observation Pipes
Length <u>17</u> Dia <u>4"</u>	Length <u>48</u> Dia <u>4"</u> Spac <u>4</u>	X Hole Size X Hole Spacing	☐ Yes ☐ No

SOIL COVER

Depth Over Cell Center <u>98.56</u> / <u>12"</u>	Depth Over Cell Edges <u>-</u>	Depth of Topsoil <u>6"</u>	Seeded / Sodded ☐ Yes ☒ No	Mulched ☐ Yes ☒ No
--	--------------------------------	----------------------------	---	---

COMMENTS: (Include code discrepancies, persons present, etc.)

Onsite on 8.19.02 w/ John Hana obs piping from house to tank set to tank, piping to D. Box set to 3 trenches elevation etc.

Plan revision required? ☐ Yes ☐ No

8 19 02

Use other side for additional information

Date

M. J. DeMester Z.A.

POWTS Inspector's Signature

2 2 4 9 3 7

Cert No

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 7508

