Wisconsin
Department of Commerce
Safety and Buildings Division

PRIVATE ONSITE WASTE TREATMENT SYSTEMS (POWTS) INSPECTION REPORT

(ATTACH TO PERMIT)

County	Sanitary Permit No:	State Plan Transaction ID#:	Parcel Tax No:
LaCrosse	509427	1384215	5-1619-1

GENERAL INFORMATION

N/A

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

Permit Holder's Name:	☐ City ☐ Village ☒ Town of:	CST BM Elev:	Insp BM Elev:	BM Description:
Marco Pete	Farmington	100	100	Grade @ Stake

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Crest	1250/750
Dosing	Combo	
Aeration		
Holding		

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	100	145	45		NA
Dosing	105	145	45	45	NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer	Goulds		Demand 33.66 GPM
Model Number	EPOS11		
TDH 8.68 Lift	Friction Loss 2.19	System Head 3.8	TDH 14.67 Ft
Forcemain	Length 85	Dia 2	Dist. To Well

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark	2.90	102.90		100
ABM		@ pump case	2.66	100.00
Bldg. Sewer			5.80	97.10
St / Ht Inlet			7.76	95.14
St / Ht Outlet			8.06	94.84
Dt Inlet				
Dt Bottom			11.70	91.20
Installation Contour			3.69	99.21
Header / Man.				
Dist. Pipe			3.02	99.88
Infiltrative Surface			3.69	99.21
Final Grade		≈	1.85	101.05

DISPERSAL CELL INFORMATION

1020

DIMENSIONS	Width 10	Length 102	No of Cells 1	
SETBACK INFORMATION	P/L	Bldg	Well	OHWM of Nav Waters
CELL TO	83	86	180	—

Type of System		Manufacturer:
AT-Grade	LEACHING CHAMBER	Model Number:

DISTRIBUTION SYSTEM

X Pressure Systems Only

Header / Manifold	Distribution Pipe(s)	X Hole Size	X Hole Spacing	Observation Pipes
Length ____ Dia ____	Length 74/26 Dia 2 Spac ____	3/16	2'	☒ Yes ☐ No

SOIL COVER

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded	Mulched
13-15	17-19	13-19	☒ Yes ☐ No	☒ Yes ☐ No

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

Hess

6 18/07 field

Plan revision required? ☐ Yes ☒ No

Date				POWTS Inspector's Signature	Cert No
6	18	07	Take	Reuss	8 9 2 7 1 0
8	17	07	final		

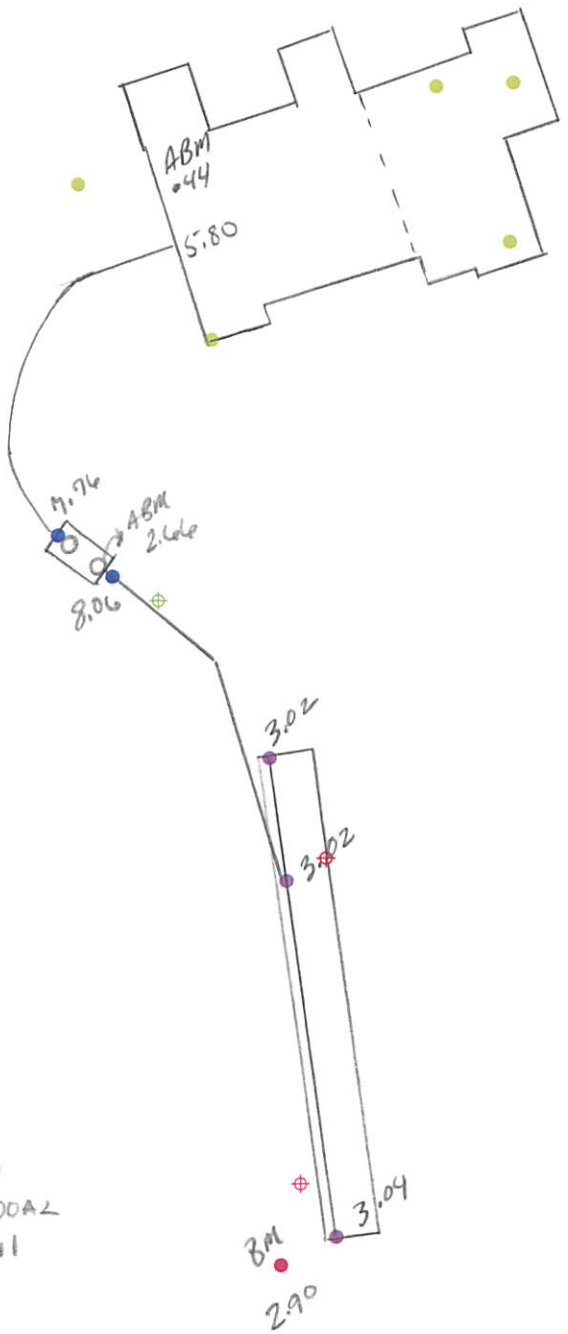
Use other side for additional information

Bureau of Field Operations, PO Box 7302, Madison, WI 53701-7302
SBD-6710 (R.3/01)

6/15/07 Field
6/18/07 tank

SPS509427

S-1609-1



Crest 1250/750
Simtech STF100A2
Goulds EPOS11

David W. Sawvell

0 20 40 Feet

LA CROSSE COUNTY, WISCONSIN
SEPTIC SYSTEM COMPLIANCE CERTIFICATE No. 9248
State Sanitary Permit No. 509427

Applicant
PETE MARCO

Plumber MICHAEL HESS

PETER A, MARY J
MARCO
N15444 SOUTH RD
MELROSE WI 54642

This certifies that the installation as described herein, is in reasonable compliance with the Sanitary Ordinance of La Crosse County and the laws of the State of Wisconsin.

Disclaimer: The inspection of this system by La Crosse County does not imply complete compliance with State Administrative Codes. There are other components of the system that are impossible to inspect at this point of construction. La Crosse County assumes no liability for system operation. However, if failure is noted, the County will make every effort to determine cause of failure.

PROPERTY DESCRIPTION:

Tax Parcel	Municipality	Town	Range	Section	QtrQtr
5-1619-1	Town of Farmington	18	07	25	NW of the SE

Property Address
N7815 COUNTY ROAD W HOLMEN WI 54636

TYPE OF INSTALLATION

New At-Grade
For Residential Single Family Home
Number of Bedrooms 4

TANK INFORMATION:

Quantity	Type		Total Capacity	Manufacturer
1	N	SEPTIC	1250	Crest Combo
1	N	DOSING	750	Crest Combo

Dispersal
Square Footage Total 1020.00

INSPECTIONS:

Date	Type	Inspected By	License No
6/18/2007	Installed	David Sawvell	892710

.....
Authorized Signature

6/18/07
.....
Date

RECEIVED APR 2 4 2007

commerce.wi.gov
Wisconsin Department of Commerce

Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707-7162

County: La Crosse
Sanitary Permit Number (to be filled in by Co.): 509427

Sanitary Permit Application

State Transaction Number: 1384215

In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

Project Address (if different than mailing address):

I. Application Information – Please Print All Information

Property Owner's Name: Pete Marco

Parcel #: 5-1619-1

Property Owner's Mailing Address: W15049 West Indies Rd.

City, State: Melrose WI

Zip Code: 54642

Phone Number:

Property Location
Govt. Lot ____
NW ¼, SE ¼, Section 25 (circle one)
T 18 N; R 7 E or W

II. Type of Building (check all that apply)

☒ 1 or 2 Family Dwelling – Number of Bedrooms 4

☐ Public/Commercial – Describe Use ____

☐ State Owned – Describe Use ____

Lot #:

Block #:

CSM Number:

Subdivision Name:

☐ City of ____
☐ Village of ____
☒ Town of Farmington

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A.	☒ New System	☐ Replacement System	☐ Treatment/Holding Tank Replacement Only	☐ Other Modification to Existing System (explain)	
B.	☐ Permit Renewal Before Expiration	☐ Permit Revision	☐ Change of Plumber	☐ Permit Transfer to New Owner	List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device: (Check all that apply)

☐ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☒ At-Grade ☐ Mound ≥ 24 in. of suitable soil ☐ Mound < 24 in. of suitable soil

☐ Holding Tank ☐ Other Dispersal Component (explain)____ ☐ Pretreatment Device (explain)____

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
600	.6	1000	1020	100.0'

VI. Tank Info

	Capacity in Gallons: New Tanks	Capacity in Gallons: Existing Tanks	Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
Septic or Holding Tank	1250		1250	1	Crest	X				
Dosing Chamber	750		750							

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
Michael Hess	Michael Hess	224981	(608) 788-1763

Plumber's Address (Street, City, State, Zip Code): W3939 CTH M Coon Valley, WI 54623

VIII. County/Department Use Only

☒ Approved	☐ Disapproved ☐ Owner Given Reason for Denial	Permit Fee	Date Issued	Issuing Agent Signature
		$50+25=$75 pd	4/24/07	

IX. Conditions of Approval/Reasons for Disapproval

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

SBD-6398 (R. 01/07) Valid thru 01/09

5510ld(p)

commerce.wi.gov
Wisconsin
Department of Commerce

Safety and Buildings
4003 N KINNEY COULEE RD
LA CROSSE WI 54601-1831
TDD #: (608) 264-8777
www.commerce.wi.gov/sb/
www.wisconsin.gov

Jim Doyle, Governor
Mary P. Burke, Secretary

April 11, 2007

CUST ID No. 224736

ATTN: POWTS Inspector

MARK H PALMER
PALMER SOIL TESTING & CONSULTING
N27128 LINDSTROM RD
BLAIR WI 54616

ENVIRONMENTAL HEALTH DIVISION
LA CROSSE COUNTY SPIA
300 N FOURTH ST
LA CROSSE WI 54601-3228

CONDITIONAL APPROVAL
PLAN APPROVAL EXPIRES: 04/11/2009

Identification Numbers
Transaction ID No. 1384215 **Site ID No. 723879**
Please refer to both identification numbers, above, in all correspondence with the agency.

SITE:
Pete Marco
County Road W
Town of Farmington
La Crosse County
NW1/4, SE1/4, S25, T18N, R7W

FOR:
Description: At-Grade / Four Bedroom / Sloping Site
Object Type: POWTS Component Manual Regulated Object ID No.: 1125055
Maintenance required; 600 GPD Flow rate; 38 in Soil minimum depth to limiting factor from original grade;
System: At-grade Component Manual, SBD-10570-P (R.6/99),
Pressure Distribution Component Manual, SBD-10573-P (R.6/99); Biofilter

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been CONDITIONALLY APPROVED. The owner, as defined in chapter 101.01(10), Wisconsin Statutes, is responsible for compliance with all code requirements.

No person may engage in or work at plumbing in the state unless licensed to do so by the Department per s.145.06, stats.

The following conditions shall be met during construction or installation and prior to occupancy or use:

Reminders

- This system is to be constructed and located in accordance with the enclosed approved plans and with the component manuals listed above.
- The bench mark as located is in an area that will be disturbed during the construction of the component. A new bench mark is needed that is located outside of the disturbance area and still accessible for the construction of the system
- The pit #3 that is located under the stone aggregate and distribution pipe shall be inspected by the county for proper filling and compaction prior to plowing of the site. This area maybe subject to settling after the construction of the at-grade component. The area of the pit shall not be considered as part of the effective absorption area.
- Per manual cited above, limited activities are allowed in the area 15 feet down slope of the component area. Soil compaction, excavation, vehicular traffic and other similar activities that impact the treatment and dispersal are prohibited.

Condit
APPR
DEPARTMENT
DIVISION OF SAFT
SEE CORRE

- The well must be a minimum of 25 feet from any POWTS tank, and a minimum of 50 feet from the absorption area. chs. **NR 811 & 812c**

- A Sanitary Permit must be obtained from the county where this project is located in accordance with the requirements of **Sec. 145.135 and 145.19, Wis. Stats.**

- Inspection of the POWTS installation is required. Arrangements for inspection shall be made with the designated county official in accordance with the provisions of **Sec. 145.20(2)(d), Wis. Stat**

- **Comm 83.22(7)** A copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors.

Owner Responsibilities:

- **Comm 83.52** Responsibilities. The owner of a POWTS shall be responsible for ensuring that the operation and maintenance of the POWTS occurs in accordance with this chapter and the approved management plan under s. **Comm 83.54(1).**

- **Comm 83.52(2)** A POWTS that is not maintained in accordance with the approved management plan or as required under s. **Comm 83.54(4)** shall be considered a human health hazard.

- **Comm 83.55** The owner is responsible for submitting a maintenance verification report acceptable to the county for maintenance tracking purposes. Reports shall be submitted at intervals appropriate for the component(s) utilized in the POWTS.

All permits required by the state or the local municipality shall be obtained prior to commencement of construction/installation/operation.

In granting this approval the Division of Safety & Buildings reserves the right to require changes or additions should conditions arise making them necessary for code compliance. As per state stats 101.12(2), nothing in this review shall relieve the designer of the responsibility for designing a safe building, structure, or component.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

The above left addressee shall provide a copy of this letter to the owner and any others who are responsible for the installation, operation or maintenance of the POWTS.

Sincerely,

Charles L Bratz

Charles L Bratz
POWTS Reviewer II , Integrated Services
(608)789-7893 , 7:45 am - 4:30 pm Monday - Friday
charles.bratz@wisconsin.gov

Fee Required $	175.00
Fee Received $	175.00
Balance Due $	0.00

WiSMART code: 7633

cc: Dennis R Sorenson, Wastewater Specialist, (608) 785-9336
Michael J Hess , Hess Excavating & Plumbing (Plans Mailed To)

AT-GRADE COVER SHEET

System is to Comply with Provisions of SBD-10570-P (R.6/99)
At-Grade Component Manual and SBD-10573-P(R.6/99)
Pressure Distribution Component Manual

SAFETY & BUILDINGS
APR 0 2 2007
RECEIVED

LOCATION: NW ¼ SE ¼ S 25 T 18 N R 7 W

TOWN: Farmington

COUNTY: La Crosse

OWNER: NAME/ADDRESS: Pete Marco
W15049 West Lindiss Rd.
Melrose, WI 54642

DESIGNER: NAME/ADDRESS: MARK PALMER
N27128 LINDSTROM ROAD
BLAIR, WI 54616

LICENSE # 1508-007

SIGNATURE: MHP DATE: 3-31-07

ATTACHMENTS:



PAGE 1: PLOT PLAN

PAGE 2: PLAN VIEW CROSS SECTION

PAGE 3: PIPE LATERAL LAYOUT

PAGE 4: TANK SPECIFICATIONS

PAGE 5: ☒ PUMP CURVE ☐ SIPHON SPECIFICATIONS

PAGE 6: OWNER'S MANUAL

PAGE 7: MANAGEMENT PLAN

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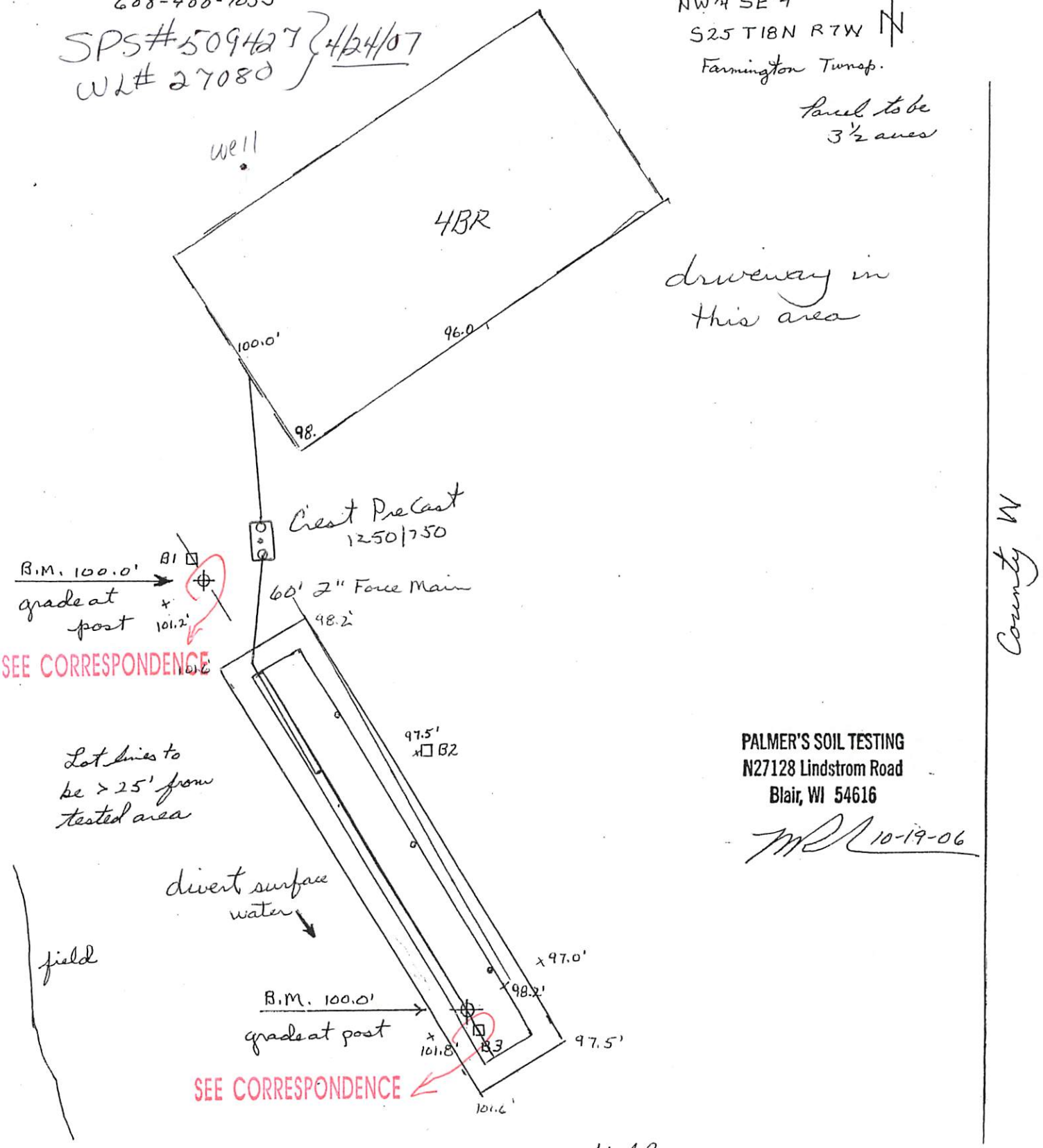
Site Plan

Pete Marco
W15049 Westlindies Rd.
Melrose, WI 54642
608-488-7033

SPS# 509427 } 4/24/07
WL# 27080

Scale 1" = 30'
NW 1/4 SE 1/4
S25 T18N R7W
Farmington Twnsp.

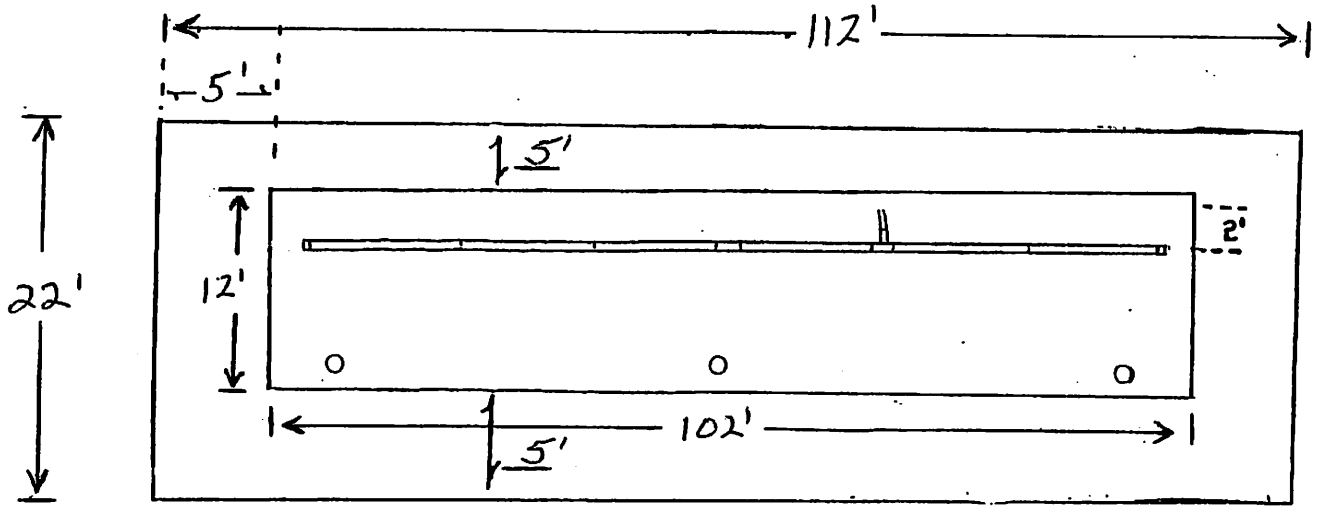
Parcel to be 3 1/2 acres



PALMER'S SOIL TESTING
N27128 Lindstrom Road
Blair, WI 54616

10-19-06

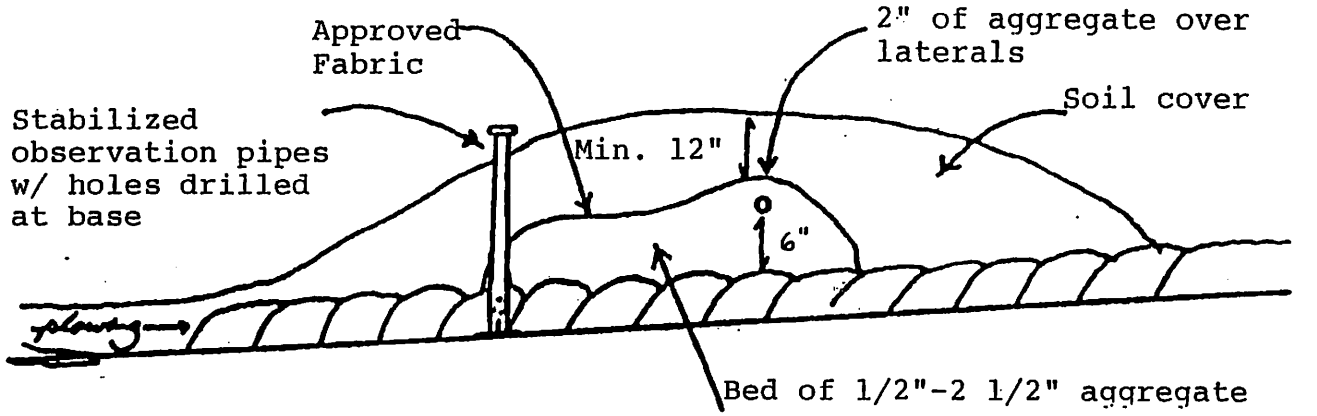
AT-GRADE PLAN VIEW & CROSS SECTION



Slope 15%

System Contour 100.0'

Lateral Elev. 100.5



Site to be seeded and stabilized from erosion

⊕ Permanent Marker

O Observation Pipe

Spaced as per at-grade manual

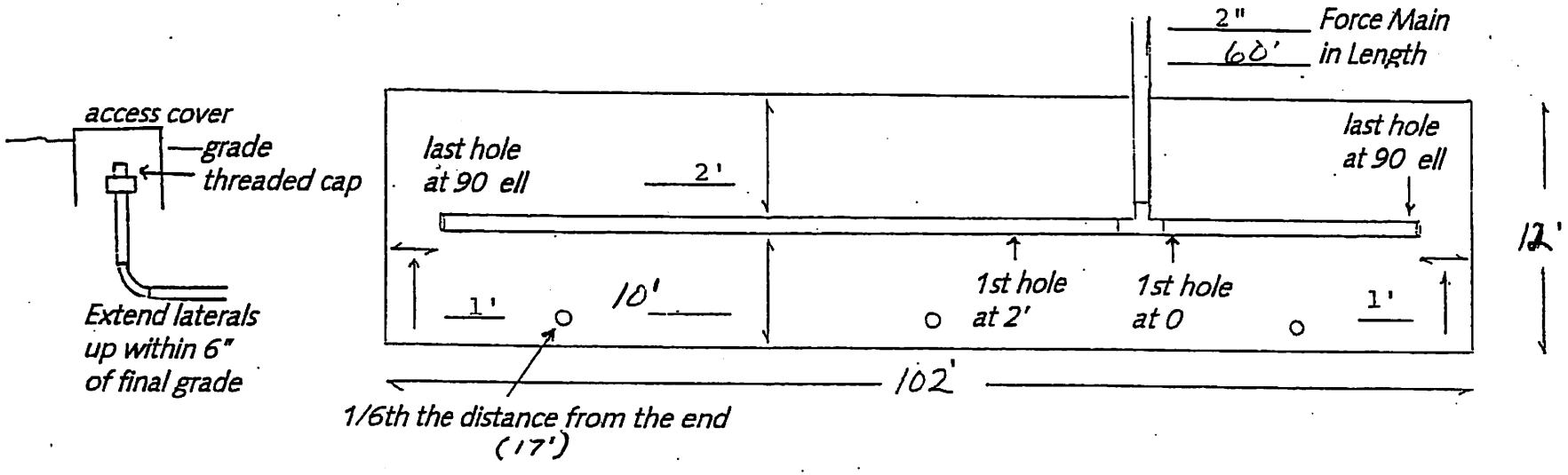
PIPE LATERAL LAYOUT

Right Feed

O Observation Pipe
Spaced as per
At-grade manual

100.0' System Elevation

100.5' Lateral Elevation



2" Diameter Lateral
(PVC Sch. 40)

74' & 26' in Length

3/16" Holes 37 & 14 Holes per Lateral

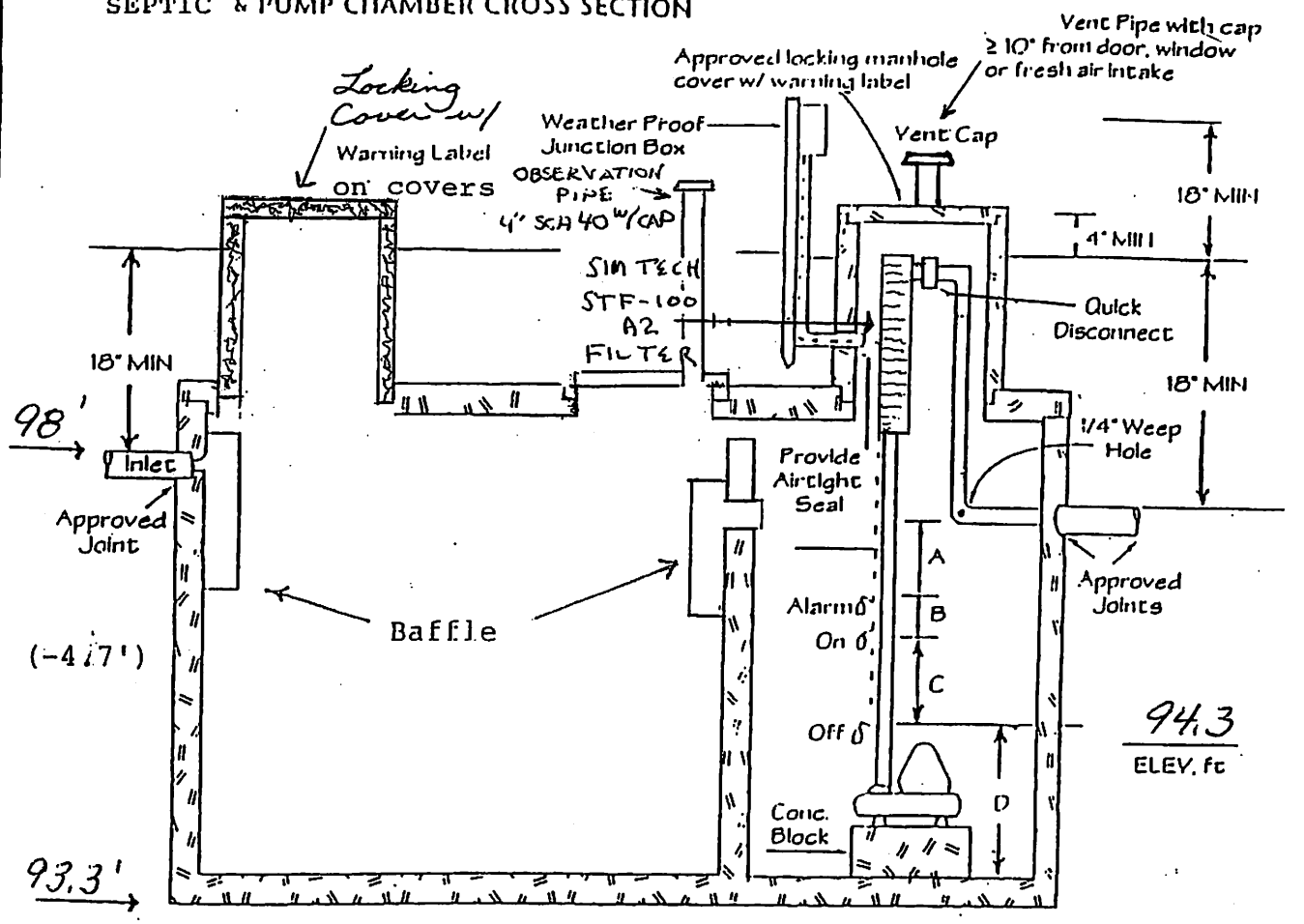
2' Hole Spacing

33.66 Gallons per Minute Discharge Rate

82.5 minimum gal. /dose

not to scale

SEPTIC & PUMP CHAMBER CROSS SECTION



SPECIFICATIONS

Note: Pump and alarm are on separate circuits as per ILHR 16.28 Wis. Adm. Code

Tank Manufacturer: Crest Precast
Tank Size: 1250/750 Gallons
Alarm Manufacturer: S.J. Electro
Model Number: HW 101

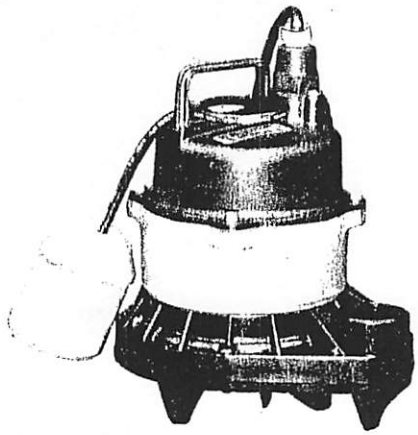
Pump Manufacturer: GOULDS
Model Number: 7871 EPO5
Minimum Discharge Rate: 33.66 GPM

Number of Doses: ~5.7 Per Day
Gallons Per Day /# of Doses: 106 Gallons
Volume of Backflow: 9.8 Gallons
Total Dose Volume: 115.85 Gallons

Capacities: A 31 inches or 513.05 Gallons
B 2 inches or 33.1 Gallons
C 7 inches or 115.85 Gallons
D 9 inches or 148.95 Gallons

FRICTION LOSS THRU FILTER 0.5 FT.
Vertical Difference Between Pump Off and Distribution Pipe: ..... : 6.2 Ft.
Minimum Required Supply Pressure: ..... + 3.3 Ft.
60 Ft. of Force Main x 2.58 Friction Factor/100 Ft. ..... + 1.6 Ft.
Total Dynamic Head = 11.6 Ft.

Depth of Liquid 49"
GALLON/inch 16.55



Goulds

Submersible Effluent Pump

MODEL

3871 EP04 EP05

APPLICATIONS

Specifically designed for the following uses:

- Effluent systems
- Homes
- Farms
- Heavy duty sump
- Water transfer
- Dewatering

SPECIFICATIONS

Pump: EP04

- Solids handling capability: ¾" maximum.
- Capacities: up to 55 GPM.
- Total heads: up to 24 feet.
- Discharge size: 1½" NPT.
- Mechanical seal: carbon-rotary/ceramic-stationary, BUNA-N elastomers.
- Temperature: 104°F (40°C) continuous 140°F (60°C) intermittent.
- Fasteners: 300 series stainless steel.
- Capable of running dry without damage to components.

Pump: EP05

- Solids handling capability: ¾" maximum.
- Capacities: up to 60 GPM.
- Total heads: up to 31 feet.
- Discharge size: 1½" NPT.
- Mechanical seal: carbon-rotary/ceramic-stationary, BUNA-N elastomers.
- Temperature: 104°F (40°C) continuous 140°F (60°C) intermittent.
- Fasteners: 300 series stainless steel.
- Capable of running dry without damage to components.

Motor:

- EP04 Single phase: 0.4 HP, 115 or 230 V, 60 Hz, 1550 RPM, built in overload with automatic reset.
- EP05 Single phase: 0.5 HP, 115 V, 60 Hz, 1550 RPM, built in overload with automatic reset.
- Power cord: 10 foot standard length, 16/3 SJTO with three prong grounding plug. Optional 20 foot length, 16/3 SJTW with three prong grounding plug (standard on EP05).
- Fully submerged in high grade turbine oil for lubrication and efficient heat transfer.

Available for automatic and manual operation. Automatic models include Mechanical Float Switch assembled and preset at the factory.

FEATURES

■ **EP04 Impeller:** Thermoplastic Semi-open design with pump out vanes for mechanical seal protection.

■ **EP05 Impeller:** Thermoplastic **enclosed** design for improved performance.

■ **Casing and Base:** Rugged thermoplastic design provides superior strength and corrosion resistance.

■ **Motor Housing:** Cast iron for efficient heat transfer, strength, and durability.

■ **Motor Cover:** Thermoplastic cover with integral handle and float switch attachment points.

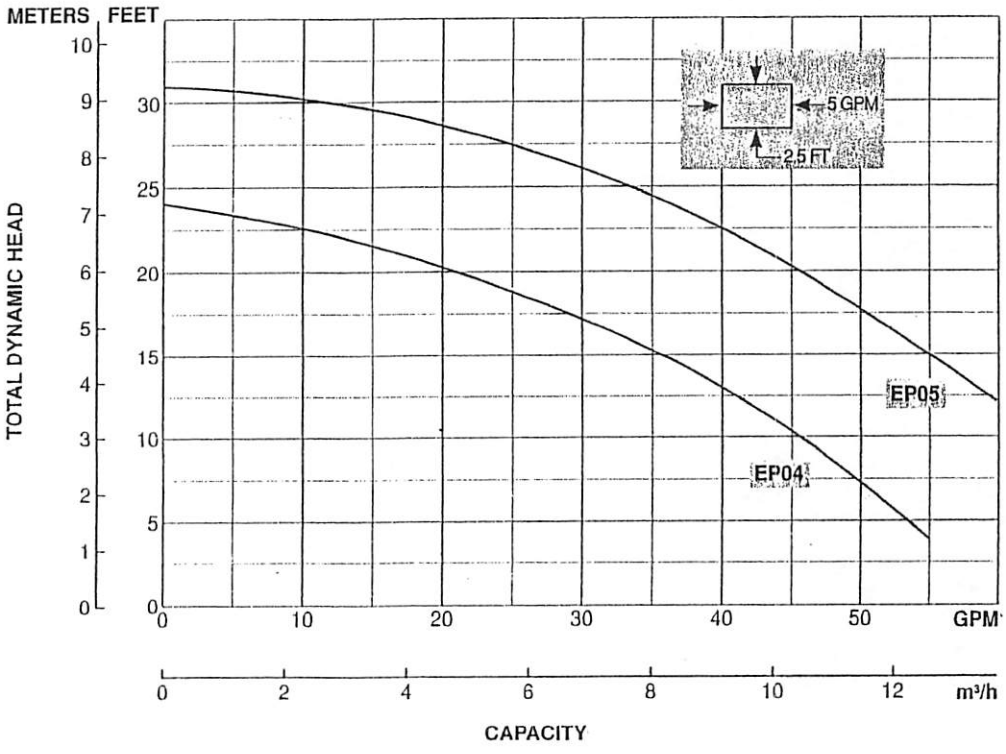
■ **Power Cable:** Severe duty rated oil and water resistant.

■ **Bearings:** Upper and lower heavy duty ball bearing construction.

AGENCY LISTING

Canadian Standards Association

(CSA listed model numbers end in "F" or "AC".)



© 1995 Goulds Pumps, Inc

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

FILE INFORMATION

Owner	Pete Marco
Permit #	509427

DESIGN PARAMETERS

Number of Bedrooms	4	☐ NA
Number of Commercial Units		☒ NA
Estimated flow (average)	400 gal/day	
Design flow (peak), (Estimated × 1.5)	600 gal/day	
Soil Application Rate	.6 gal/day/ft^2	
Influent/Effluent Quality	Monthly average*	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD_5)	≤220 mg/L	
Total Suspended Solids (TSS)	≤150 mg/L	
Pretreated Effluent Quality ☐ NA	Monthly average**	
Biochemical Oxygen Demand (BOD_5)	≤30 mg/L	
Total Suspended Solids (TSS)	≤30 mg/L	
Fecal Coliform (geometric mean)	≤10^4 cfu/100ml	
Maximum Effluent Particle Size	⅛ inch diameter	

SYSTEM SPECIFICATIONS

Septic Tank Capacity	1250 gal	☐ NA
Septic Tank Manufacturer	Crest	☐ NA
Effluent Filter Manufacturer	Simtech	☐ NA
Effluent Filter Model STF	100 A2	☐ NA
Pump Tank Capacity	750 gal	☐ NA
Pump Tank Manufacturer	Crest	☐ NA
Pump Manufacturer	Gould	☐ NA
Pump Model 3871	EP05	☐ NA

Pretreatment Unit ☒ NA

☐ Sand/Gravel Filter ☐ Peat Filter
☐ Mechanical Aeration ☐ Wetland
☐ Disinfection ☐ Other:
Manufacturer

Dispersal Cell(s)

☐ In-ground (gravity) ☐ In-ground (pressurized)
☒ At-grade ☐ Mound
☐ Drip-line ☐ Other:

* Values typical for domestic (non-commercial) wastewater and septic tank effluent.
** Values typical for pretreated wastewater.

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Inspect condition of tank(s)	At least once every 3 ☐ months ☒ year(s) **(Maximum 3 yrs.)**
Pump out contents of tank(s)	When combined sludge and scum equals one-third (⅓) of tank volume
Inspect dispersal cell(s)	At least once every 3 ☐ months ☒ year(s) **(Maximum 3 yrs.)**
Clean effluent filter	At least once every 1 ☐ year(s)
Inspect pump, pump controls & alarm	At least once every ☐ months ☐ year(s) ☐ NA
Flush laterals	At least once every ☐ months ☐ year(s) ☐ NA
Other:	At least once every ☐ months ☐ year(s) ☐ NA
Other:	At least once every ☐ months ☐ year(s) ☐ NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber; Master Plumber Restricted Sewer; POWTS Inspector; POWTS Maintainer; Septage Servicing Operator. Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and to check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any tank equals one-third (⅓) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with ch. NR 113, Wisconsin Administrative Code.

The servicing of effluent filters, mechanical or pressurized POWTS components, pretreatement components, and any other maintenance or monitoring at intervals of 12 months or less shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 10 days of completion of any service event.

START UP AND OPERATION

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products or other chemicals that may impede the treatment process and/or damage the dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a septage servicing operator prior to use. System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During power outages pump tanks may fill above normal highwater levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in one large dose, overloading the cell(s) and may result in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) water; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONEMENT

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with ch. Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks and pits shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

☐ A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at that time.

☐ A suitable replacement area is not available due to setback and/or soil limitations. Barring advances in POWTS technology a holding tank may be installed as a last resort to replace the failed POWTS.

☒ The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.

☐ Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

<<WARNING>>

SEPTIC, PUMP AND OTHER TREATMENT TANKS MAY CONTAIN LETHAL GASSES AND/OR INSUFFICIENT OXYGEN. DO NOT ENTER A SEPTIC, PUMP OR OTHER TREATMENT TANK UNDER ANY CIRCUMSTANCES. DEATH MAY RESULT. RESCUE OF A PERSON FROM THE INTERIOR OF A TANK MAY BE DIFFICULT OR IMPOSSIBLE.

ADDITIONAL COMMENTS recommend inspecting and cleaning filter every three months

POWTS INSTALLER

Name	Mike Hess
Phone	608-788-1763

POWTS MAINTAINER

Name	
Phone	

SEPTAGE SERVICING OPERATOR (PUMPER)

Name	
Phone	

LOCAL REGULATORY AUTHORITY

Agency	Lacrosse Health
Phone	608-785-9771

This document was drafted by the staffs of the Green Lake, Marquette and Waushara County Zoning and Sanitation agencies. This document meets the minimum requirements of ch. Comm 83.22(2)(b)(1)(d)&(f) and 83.54(1), (2) & (3), Wisconsin Administrative Code. Use of this document does not guarantee the performance of the POWTS

Wisconsin Department of Commerce
Division of Safety and Buildings

RECEIVED 2006

On Site Inspection
Date: 10/19/06
By:

SOIL EVALUATION REPORT

Page 1 of 3

in accordance with Comm 85, Wis. Adm. Code

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.

Please print all information.

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

County: ~~La Crosse~~ Jackson

Parcel I.D.: 5-1619-D

Reviewed by: Date:

Property Owner	Property Location
Pete Marco	Govt. Lot NW 1/4 SE 1/4 S 25 T 18 N R 7 W
Property Owner's Mailing Address: W15049 West Indies Rd	Lot # / Block # / Subd. Name or CSM#
City: Melrose | State: WI | Zip Code: 54642 | Phone Number: (608) 488-7033	☐ City ☐ Village ☒ Town — Nearest Road: Farmington | County W

☒ New Construction ☐ Replacement Use: ☒ Residential / Number of bedrooms: 4 Code derived design flow rate: 600 GPD ☐ Public or commercial - Describe:

Parent material: loess Flood Plain elevation if applicable: N/A ft.

General comments and recommendations: Suitable for at-grade system

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 100.0 ft. Depth to limiting factor 38 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft² *Eff#1	*Eff#2
1	0-12	10YR 3/2		sil	2msbk	mfr	gs	1F	.6	.8
2	12-21	10YR 4/4		sil	2msbk	mfr	gs	—	.6	.8
3	21-38	10YR 4/4		sil	2cabk	mfr	gs	—	.6	.8
4	38-41	10YR 5/4	C2d 10YR 6/2 7.5YR 5/8	sil	1cabk	mfr	—	—	.4	.6
5										

2 Boring # ☐ Boring ☐ Pit Ground surface elev. 97.5 ft. Depth to limiting factor 42 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft² *Eff#1	*Eff#2
1	0-7	10YR 3/2		sil	2msbk	mfr	cs	1F	.6	.8
2	7-14	10YR 4/4		sil	2msbk	mfr	gs	—	.6	.8
3	14-42	10YR 4/4		sil	2cabk	mfr	gs	—	.6	.8
4	42-46	10YR 5/4	F2d 10YR 6/2 7.5YR 5/8	sil	1cabk	mfr	—	—	.4	.6
5										

* Effluent #1 = BOD_5 > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent #2 = BOD_5 ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	Signature	CST Number
PALMER SOIL TESTING & CONSULTING		224736
Address: N27128 Lindstrom Road Blair, WI 54616	Date Evaluation Conducted: 10-19-06	Telephone Number: 608-525-3723

Property Owner P. Marco Parcel ID # _____ Page 2 of 3

3 Boring # ☐ Boring ☒ Pit Ground surface elev. 100.0' ft. Depth to limiting factor 46 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft² *Eff#1	*Eff#2
1	0-6	10YR 3/2		sil	2msbk	mfr	cs	1F	.6	.8
2	6-17	10YR 4/4		sil	2msbk	mfr	gs	—	.6	.8
3	17-46	10YR 4/4		sil	2cabk	mfr	gs	—	.6	.8
4	46-49	10YR 5/4	c2d 10YR 6/2 7.5YR 5/8	sil	1cabk	mfr	—	—	.4	.6
5										

4 Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft² *Eff#1	*Eff#2
1										
2										
3										
4										
5										

5 Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft² *Eff#1	*Eff#2
1										
2										
3										
4										
5										

* Effluent #1 = BOD_5 > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD_5 ≤ 30 mg/L and TSS ≤ 30 mg/L

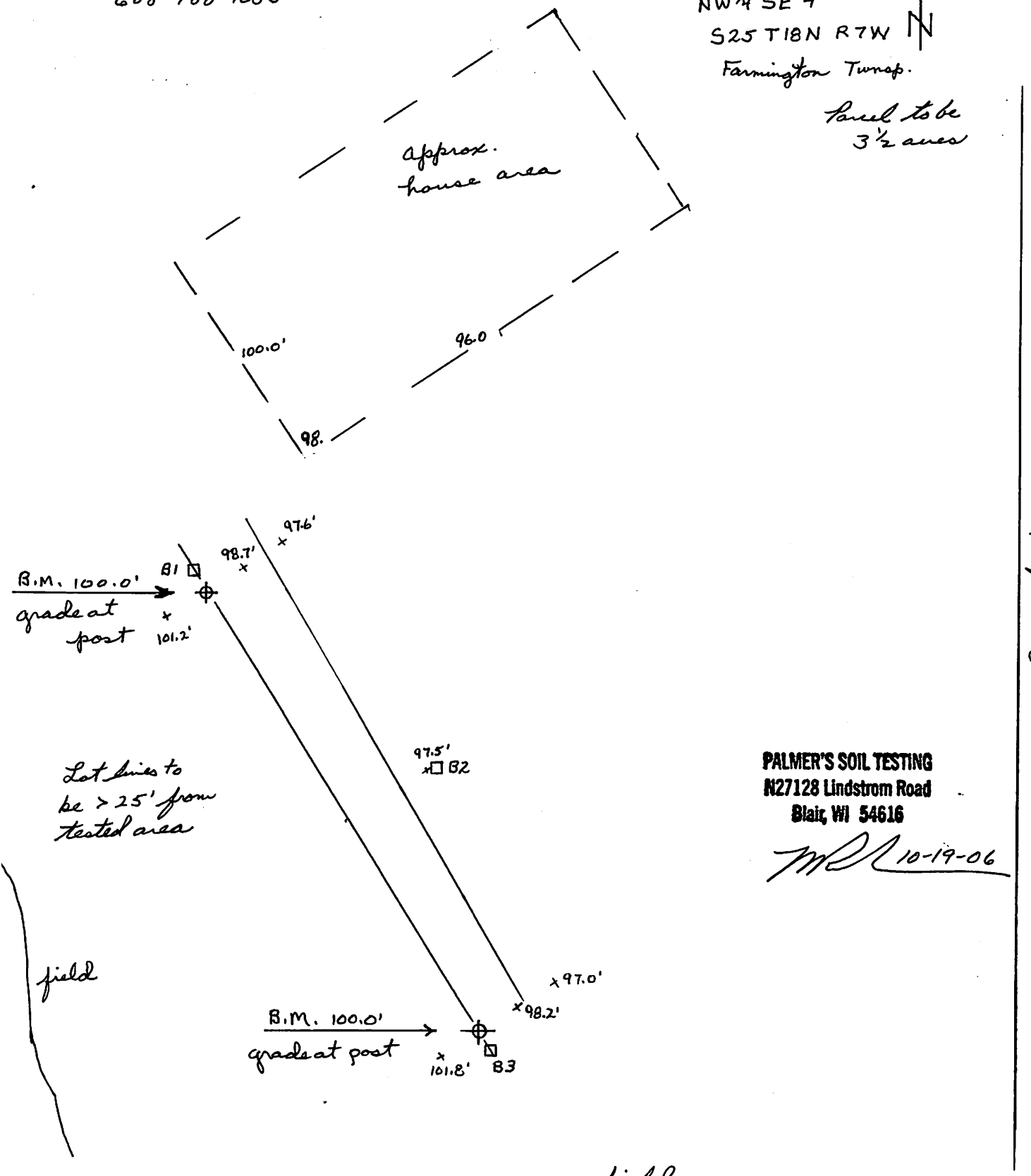
The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

Site Plan

Pete Marco
W15049 Westlindies Rd.
Melrose, WI 54642
608-488-7033

Scale 1" = 30'
NW 1/4 SE 1/4
S25 T18N R7W
Farmington Twnsp.

Parcel to be 3 1/2 acres



PALMER'S SOIL TESTING
N27128 Lindstrom Road
Blair, WI 54616

10-19-06

RECEIVED OCT 18 1988

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

On Site Inspection
Date: 10/11/88
By:
LaCrosse County

SAFETY & BUILDINGS DIVISION
P.O. BOX 7969
MADISON, WI 53707

LOCATION:	SECTION:	TOWNSHIP/~~MUNICIPALITY~~:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
NW 1/4 SE 1/4	25 / T 18 N / R 7 ~~E (or)~~ W	Farmington	—	—	—

COUNTY:	~~OWNER'S~~/BUYER'S NAME:	MAILING ADDRESS:
LaCrosse	Peter and Mary Marco	Rt 2 Melrose, Wi 54642

USE

☒ Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	☒ New ☐ Replace
	3	—	

DATES OBSERVATIONS MADE

PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
10-16-88	Not req'd

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☐S ☒U	☒S ☒U	☐S ☒U	☐S ☒U	☐S ☒U	System At-Grade

If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:	DESIGN RATE:
Not req'd	

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: N/A

PROFILE DESCRIPTIONS

BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	DEPTH TO GROUNDWATER-INCHES EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B-			See attached		Soil Description Form for System At-Grade
B-					
B-					
B-					
B-					
B-					

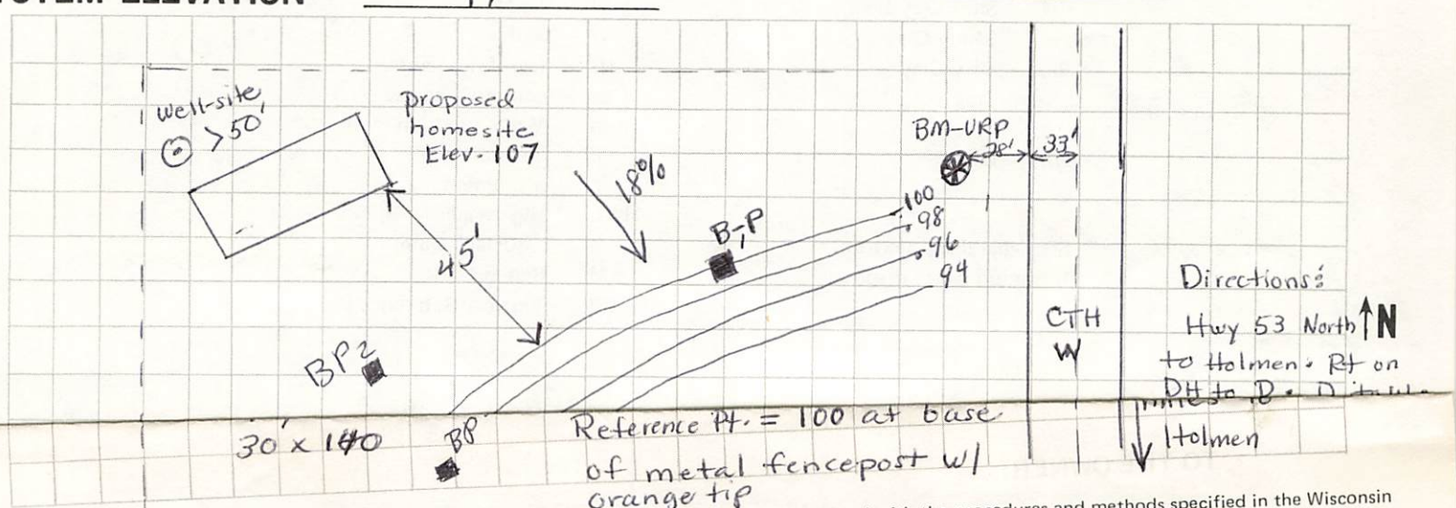
PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES PERIOD 1	PERIOD 2	PERIOD 3	RATE MINUTES PER INCH
P-							
P-		Not required	for System At-Grade				
P-							
P-							
P-							
P-							

PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slope.

SYSTEM ELEVATION 97

NOT TO SCALE



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 the location of the tests are correct to the best of my knowledge and belief.

NAME (print):	TESTS WERE COMPLETED ON:
Ray Pavelko	10-15-88
ADDRESS: Rt 1, Box 84 Mindoro, Wi 54644	CERTIFICATION NUMBER: CST 3191 / PHONE NUMBER (optional): 608 857-3192
	CST SIGNATURE: Ray Pavelko

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

– OVER –

SBD-6395 (R. 02/92)

INSTRUCTIONS FOR COMPLETING FORM 115 - SBD - 6395

To be a complete and accurate soil test, your report must include:

1. Complete legal description;
2. The use section must clearly indicate whether this is a residence or commercial project;
3. MAXIMUM number of bedrooms or commercial use planned;
4. Is this a new or replacement system;
5. Complete the suitability rating boxes. A SITE IS SUITABLE FOR A HOLDING TANK ONLY IF ALL OTHER SYSTEMS ARE RULED OUT BASED ON SOIL CONDITIONS;
6. PLEASE use the abbreviations shown here for writing profile descriptions and completing the plot plan;
7. MAKE A LEGIBLE diagram accurately locating your test locations. Drawing to scale is preferred. A separate sheet may be used if desired;
8. Make sure your benchmark and vertical elevation reference point are clearly shown, and are permanent;
9. Complete all appropriate boxes as to dates, names, addresses, flood plain data, percolation test exemption, if appropriate;
10. If the information (such as flood plain, elevation) does not apply, place N.A. in the appropriate box;
11. Sign the form and place your current address and your certification number;
12. Make legible copies and distribute as required. ALL SOIL TESTS MUST BE FILED WITH THE LOCAL AUTHORITY WITHIN 30 DAYS OF COMPLETION.

ABBREVIATIONS FOR CERTIFIED SOIL TESTERS

Soil Separates and Textures

st — Stone (over 10")
cob — Cobble (3 - 10")
gr — Gravel (under 3")
*s — Sand
cs — Coarse Sand
med s — Medium Sand
fs — Fine Sand
ls — Loamy Sand
*sl — Sandy Loam
*l — Loam
*sil — Silt Loam
si — Silt
*cl — Clay Loam
scl — Sandy Clay Loam
sicl — Silty Clay Loam
sc — Sandy Clay
sic — Silty Clay
*c — Clay
pt — Peat
m — Muck

* Six general soil textures for liquid waste disposal

Other Symbols

BR — Bedrock
SS — Sandstone
LS — Limestone
HGW — High Groundwater
Perc — Percolation Rate
W — Well
Bldg — Building
> — Greater Than
< — Less Than
Bn — Brown
Bl — Black
Gy — Gray
Y — Yellow
R — Red
mot — Mottles
w/ — with
fff — few, fine, faint
cc — common, coarse
mm — Many, medium
d — distinct
p — prominent
HWL — High water level, surface water
BM — Bench Mark
VRP — Vertical Reference Point

This soil test report is the first step in securing a sanitary permit. The county or the Department may request verification of this soil test in the field prior to permit issuance. A complete set of plans for the private sewage system and a permit application must be submitted to the appropriate local authority in order to obtain a permit. The sanitary permit must be obtained and posted prior to the start of any construction.

RECEIVED OCT 18 1988

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

On Site Inspection
Date: 10/11/88
By:

SAFETY & BUILDINGS DIVISION
P.O. BOX 7969
MADISON, WI 53707

LaCrosse County

LOCATION:	SECTION:	TOWNSHIP/~~MUNICIPALITY~~:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
NW 1/4 SE 1/4	25 / T 18 N / R 7 ~~E (or)~~ W	Farmington	—	—	—

COUNTY:	~~OWNER'S~~/BUYER'S NAME:	MAILING ADDRESS:
LaCrosse	Peter and Mary Marco	Rt 2 Melrose, Wi 54642

USE

☒ Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	☒ New ☐ Replace
	3	—	

DATES OBSERVATIONS MADE

PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
10-16-88	Not req'd

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☐S ☒U	☒S ☒U	☐S ☒U	☐S ☒U	☐S ☒U	System At-Grade

If Percolation Tests are NOT required under s.H63.09(5)(b), indicate: Not req'd

DESIGN RATE:

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: N/A

PROFILE DESCRIPTIONS

BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	DEPTH TO GROUNDWATER-INCHES EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B-			see attached		Soil Description Form for System At-Grade
B-					
B-					
B-					
B-					
B-					

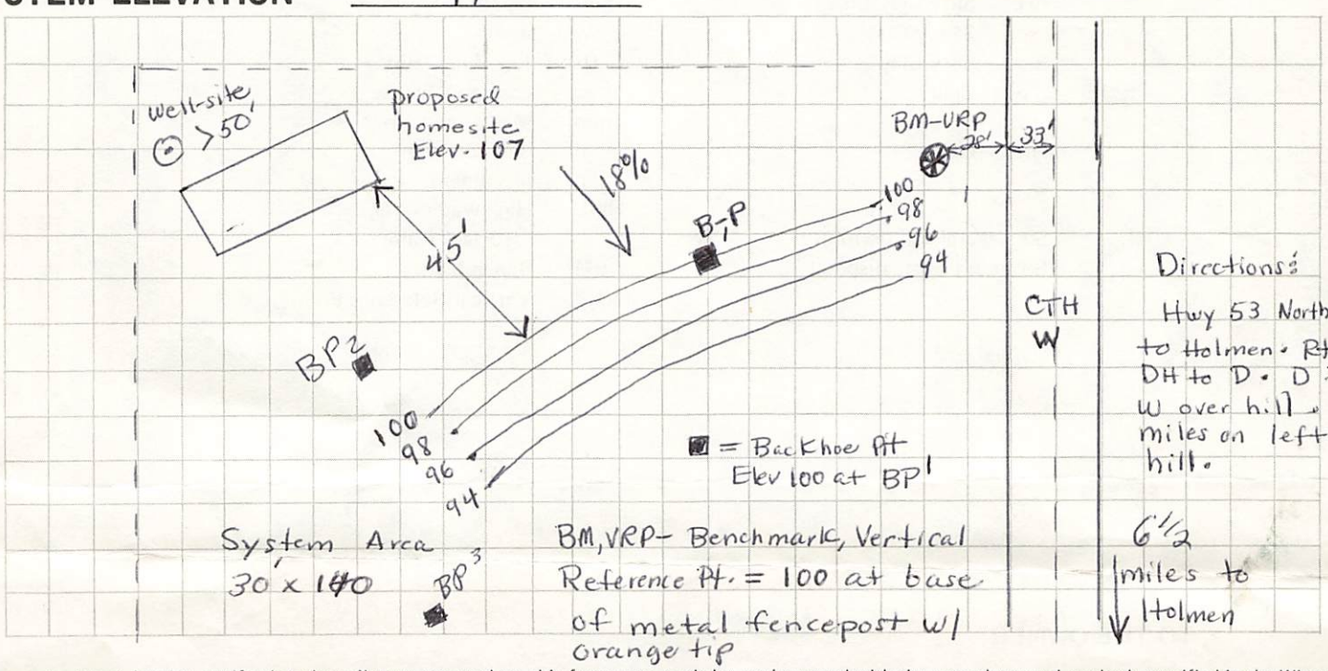
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P-		Not required for System At-Grade					
P-							
P-							
P-							
P-							

PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slope.

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Ray Pavelka	10-15-88	
ADDRESS:	CERTIFICATION NUMBER:	PHONE NUMBER (optional):
Rt 1, Box 84 Mindoro, Wi. 54644	CST 3191	608 857-3192
	CST SIGNATURE:	

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

SBD-6395 (R. 02/72)

– OVER –

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7. MAKE A LEGIBLE diagram accurately locating your test locations. Drawing to scale is preferred. A separate sheet may be used if desired;
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*sil — Silt Loam
si — Silt
*cl — Clay Loam
scl — Sandy Clay Loam
sicl — Silty Clay Loam
sc — Sandy Clay
sic — Silty Clay
*c — Clay
pt — Peat
m — Muck

* Six general soil textures for liquid waste disposal

Other Symbols

BR — Bedrock
SS — Sandstone
LS — Limestone
HGW — High Groundwater
Perc — Percolation Rate
W — Well
Bldg — Building
> — Greater Than
< — Less Than
Bn — Brown
Bl — Black
Gy — Gray
Y — Yellow
R — Red
mot — Mottles
w/ — with
fff — few, fine, faint
cc — common, coarse
mm — Many, medium
d — distinct
p — prominent
HWL — High water level, surface water
BM — Bench Mark
VRP — Vertical Reference Point

TO THE OWNER:

This soil test report is the first step in securing a sanitary permit. The county or the Department may request verification of this soil test in the field prior to permit issuance. A complete set of plans for the private sewage system and a permit application must be submitted to the appropriate local authority in order to obtain a permit. The sanitary permit must be obtained and posted prior to the start of any construction.

SOIL DESCRIPTION FORM

CLIENT: Peter and Mary Marco Rt 2, Melrose,

PURPOSE: Soil Test for At-Grade SLOPE: % 18

DESCRIPTION BY:(CST) Ray Pavelko Lic.# 3191 ASPECT:(Direction of slope) south-facing slope

DATE: 10-16-88 CURRENT LAND USE: pasture

COUNTY/STATE: La Crosse, Wisconsin VEGETATIVE COVER: grass

LOT DESCRIPTION: (Legal) Prt NW1/4 SE1/4 Sec 25 T18NR7W DRAINAGE CLASS: well-drained

LOCATION: (Bore) Backhoe Pit EROSION CLASS: mild

PARENT MATERIAL(s)/DEPTH: Loess of Peorian Age SOIL TYPE: Gale Silt loam

PHYSIOGRAPHY: sidehill SOIL CLASSIFICATION: Gray Brown Podzolic

HORIZON	DEPTH (in.)	MATRIX COLORS (moist)	MOTTLES	TEXTURE	STRUCTURE Gr. Cl. Ty.	CONSISTENCE	CLAYSKINS/ COATINGS	PORES	ROOTS	PH	BOUNDARY	REMARKS
A	0-8	dark brown 10YR 3/3	none	silt loam	mod-f-sbk	fr.	—	—	many		grad smooth	
A^2	8-11	dark brown 7.5YR 4/4	none	silt loam	W-M-sbk	fr	—	—	many		c-w	
B^1	11-14	Brown 7.5YR 4/4	none	silt loam	mod-f-sbk	fr.	—	—	many		g-w	
B^2	14-20	Brown 7.5YR 4/4	none	silt loam	mod-m-sbk	fr.	some	—	many		c-w	
B^3	20-28	Brown 7.5YR 5/6	none	silt loam	mod-c-abk	fr.	few		many		a-w	
D^1	28-40	Brown 7.5YR 5/4	none	loam	mod-c-abk	fr.	many		few		g-w	
D^2	40-60	Strong Brown	yellowish red 5YR 4/8	silt	massive	firm	none		few		—	

OTHER SITE FEATURES/NOTES:
Several backhoe pits and boreholes show conditions in this area substantially as described above.

GST Signature [signature] 10-16-88 Date

LIMITING FACTORS/DEPTH: