

FEE \$75.00

## DUNN COUNTY ZONING PERMIT APPLICATION

PERMIT #	#05-213
DATE	8-3-05
TOWNSHIP	Tainter
COMPUTER	038-1140-08

OWNER	DAVE & NANCY STERGAHL
ADDRESS	ES971 800 <sup>th</sup>
CITY	COLFAX
STATE	WI 54703
TELEPHONE	715-231-1255

## Project Location

Parcel Size: 1.3 AC	— 1/4 — 1/4; Sec: 20 T 29 N-R 12 W	Lot # 8	Blk #
Building Address: E5971 800 <sup>th</sup>	Subdivision OR Certified Survey Map # GIPPS ADDITION	Zoning District: R1	

Type of Work to be done: (check applicable box and fill out appropriate lines)

Project	Occupancy	Construction Type	Stories	Uses
<input type="checkbox"/> New <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Move <input type="checkbox"/> Other	<input type="checkbox"/> Single Family <input type="checkbox"/> Two Family <input checked="" type="checkbox"/> Garage <input type="checkbox"/> Other	<input checked="" type="checkbox"/> On-Site-Built <input type="checkbox"/> Manufactured <input type="checkbox"/> WI UDC (Wausau, etc) <input type="checkbox"/> U.S. HUD (Single wide) <input type="checkbox"/> U.S. HUD (Double wide)	<input checked="" type="checkbox"/> 1-Story <input type="checkbox"/> 2-Story <input type="checkbox"/> Other <input type="checkbox"/> Basement	<input checked="" type="checkbox"/> Permanent <input type="checkbox"/> Seasonal (cabin, etc) <input type="checkbox"/> Other
Inside Plumber: NA		Outside Plumber: NA		Permit # (if required)
General Contractor: JACK CONSTRUCTION				Value: \$ 18,000

## Setbacks

Name of nearest road: 800 <sup>th</sup>	Distance to Road Center line - □: OR Road R.O.W. <input checked="" type="checkbox"/> 231'
Distance to Side Lot Lines: 29'	Distance to Rear Lot Line: 109'
Ordinary High Water Mark:	

Attachments:	
<input checked="" type="checkbox"/> Plot plan <input type="checkbox"/> CSM <input type="checkbox"/> Wetland Review	<input type="checkbox"/> Deed <input type="checkbox"/> Floodplain Review <input type="checkbox"/> Zoning Review

Driveway Permit Issued: ☐ YES ☒ N/A

Comments:

Kevin Jack 7/24/05  
Owner/agent/applicant Date

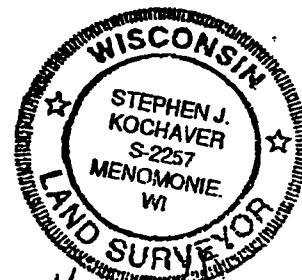
Jane Riedel  
Zoning Official

# MAP OF SURVEY

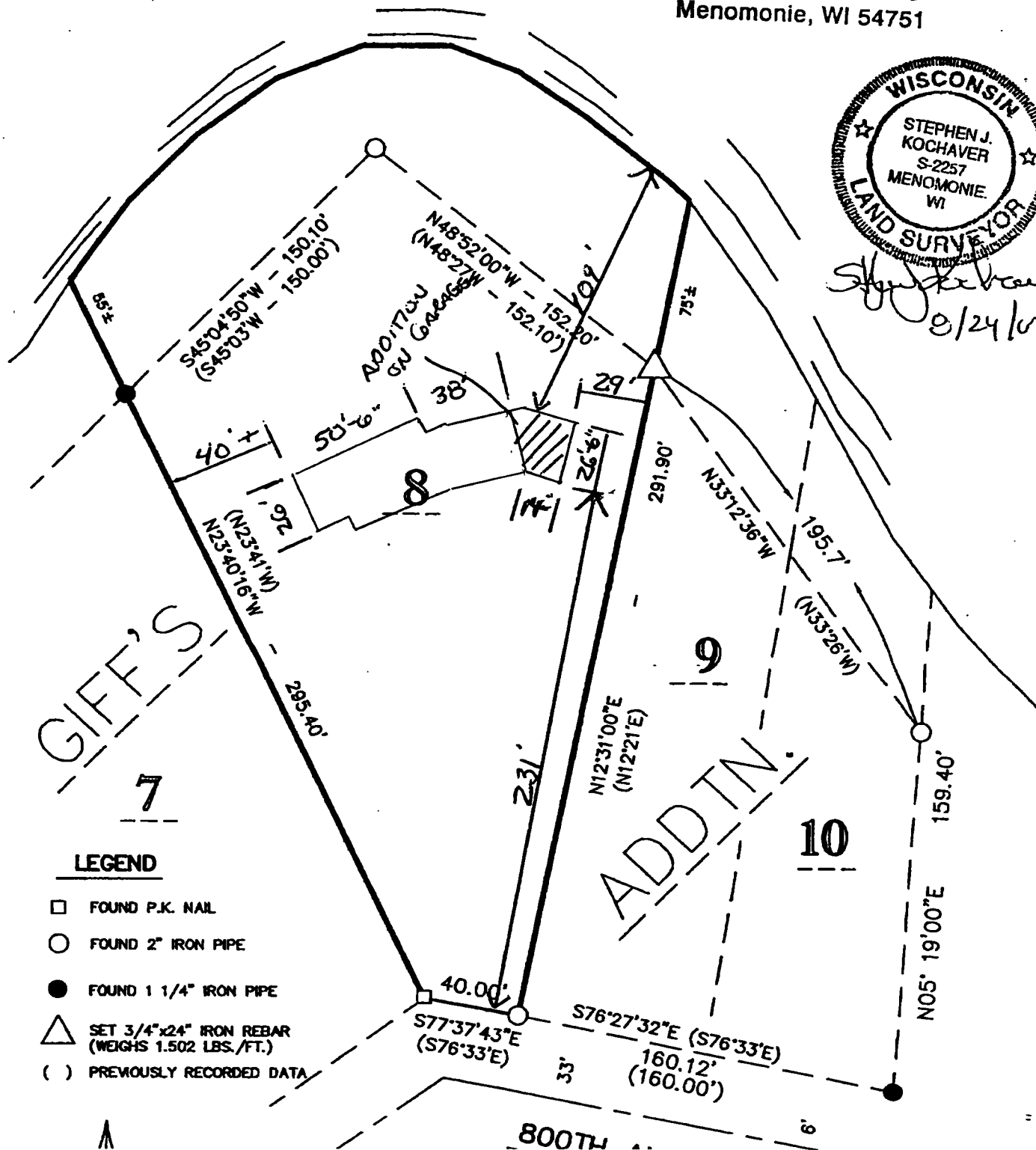
BEING A MAP OF LOT 8, PLAT OF GIFF'S ADDITION, WHICH IS LOCATED IN GOVERNMENT LOT 5, SECTION 20, T.29N., R.12W., TOWN OF TAINTER, DUNN COUNTY, WISCONSIN:

## LAKE TAINTER

Jack Construction  
E4627 330th Avenue  
Menomonie, WI 54751



*Stephen J. Kochaver*  
8/24/03



038-1140-08  
2912.20.00508

REPORT ON INSPECTION OF SANITARY PERMIT # State: 23421 Co. 25

(1) Name and Address of Permit Holder <u>Johnson Family Trust</u> Name, Address, License No. of Installing Plumber <u>5971 800th Ave, Menom.</u> <u>Ascar &amp; Jerry Miland</u>	(2) Date of Inspection <u>August 11, 1981</u> Time of Inspection <u>1:30 p.m.</u>
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(3) INSTALLATION CONSISTS OF: ☒ Septic Tank ☒ Seepage Trench ☐ Dosing Chamber  
☐ Seepage Pit ☐ Seepage Bed ☐ Holding Tank ☐ Fill System

(4) BENCHMARK: (Permanent reference Point) Describe: Top of poured concrete foundation wall  
Elevation of vertical reference point: 300' Slope at site: 0%

(5) MATERIAL AND DEPTH OF SEWER: cast iron

(6) SEPTIC TANK: Manufacturer: Custom Precast Liquid Capacity: 1,000 gallons  
Tank Inlet Elevation: 97.15 Tank Outlet Elev: 97.40  
# ft to lot or property line: 40 # ft to well: > 50

(7) DOSING TANK: Manufacturer: \_\_\_\_\_ # of gallons: \_\_\_\_\_  
# of gallon pump set for a cycle \_\_\_\_\_ gallons; total capacity of distribution  
lines \_\_\_\_\_ gallon; size of pump \_\_\_\_\_ head; gallon per minute \_\_\_\_\_;  
horsepower \_\_\_\_\_; brand name of pump and model number \_\_\_\_\_  
Is the warning device installed? ☐ YES ☐ NO Wired? ☐ YES ☐ NO

(8) HOLDING TANK: Manufacturer \_\_\_\_\_; # of gallons \_\_\_\_\_;  
construction \_\_\_\_\_; depth to the cover \_\_\_\_\_ ft; If septic tank is  
being used are baffles removed? ☐ YES ☐ NO; \_\_\_\_\_ ft from residence;  
\_\_\_\_\_ ft from well; \_\_\_\_\_ ft from property line. Type of warning device \_\_\_\_\_  
Is the warning device installed? ☐ YES ☐ NO; Wired? ☐ YES ☐ NO;  
Locking device on cover? ☐ YES ☐ NO; Diameter of vent and material \_\_\_\_\_;  
Distance from building to vent \_\_\_\_\_

(9) SEEPAGE PIT SIZE: \_\_\_\_\_ # of pits; \_\_\_\_\_ ft diameter; \_\_\_\_\_ ft liquid depth;  
\_\_\_\_\_ ft to residence; \_\_\_\_\_ ft to well; \_\_\_\_\_ ft to property line;  
\_\_\_\_\_ ft to ordinary high water mark of lake or stream; \_\_\_\_\_ ft to edge of slopes  
greater than \_\_\_\_\_; seepage pit inlet pipe-elevation \_\_\_\_\_ ft; bottom of  
seepage pit elevation \_\_\_\_\_ ft.

(10) SEEPAGE BED SIZE: \_\_\_\_\_ ft width; \_\_\_\_\_ ft length; \_\_\_\_\_ tile depth;  
\_\_\_\_\_ lineal feet tile; \_\_\_\_\_ ft to residence; \_\_\_\_\_ ft to well; \_\_\_\_\_ ft to lot or  
property line; \_\_\_\_\_ ft to ordinary high water mark of lake or stream; \_\_\_\_\_ ft to edge  
of slopes greater than 20% falling away toward lakes, water courses or drainage ditches  
Elevation of tank discharge line entering bed \_\_\_\_\_ ft.

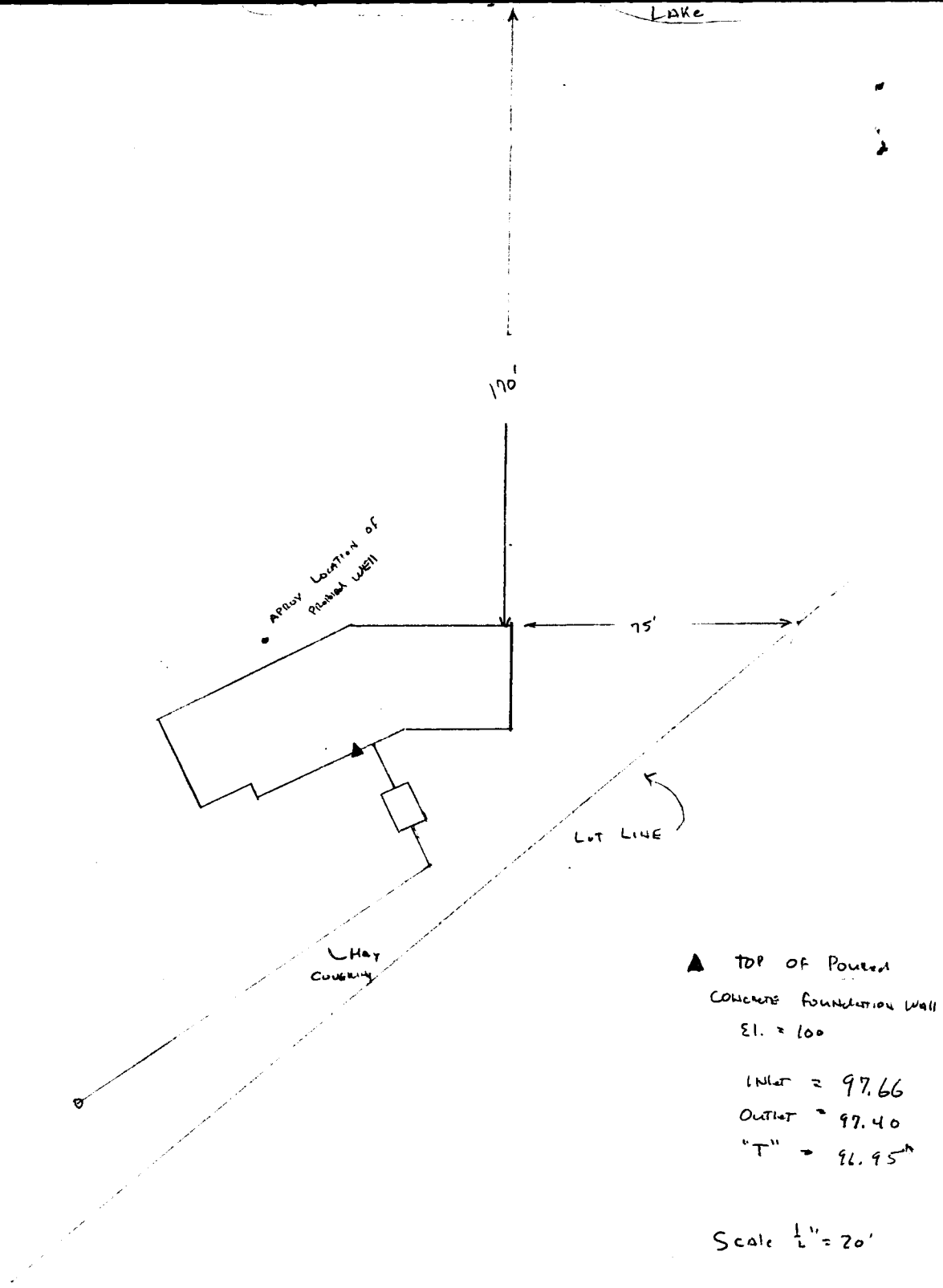
(11) SEEPAGE TRENCH: Total length of seepage trench \_\_\_\_\_ ft; width \_\_\_\_\_ ft;  
tile depth \_\_\_\_\_ ft; \_\_\_\_\_ ft to well; \_\_\_\_\_ ft to ordinary high water mark of  
lake or stream; \_\_\_\_\_ ft to edge of slopes greater than 20% falling away toward lakes,  
water courses or drainage ditches; elevation of tank discharge line entering seepage  
trench 96.75 ft.

(12) Has system been installed in area indicated on EH 115? ☒ YES ☐ NO

(13) Has system been installed in floodway? ☐ YES ☒ NO Floodplain? ☐ YES ☒ NO

DILHR-SBD-6095(N.05/80)

Signature of Inspector: [Signature]



▲ TOP OF Poured  
CONCRETE FOUNDATION WALL  
E.L. = 100

INLET = 97.66  
OUTLET = 97.40  
"T" = 96.95"

Scale  $\frac{1}{2}" = 20'$

PLB 68

DUNN

COUNTY

# SANITARY PERMIT

Aug 4

1:30

May 1981

~~75~~ 75 County

No. 1342157

ISSUED TO OSBERNE JOHNSON

PLUMBER TERRY MILAND LIC. # 6142

TOWN OF TAMPER LOCATED Gov. Lot 5

SEC 26 T 29 N R 12 ☒

AND/OR LOT        BLOCK       

       SUBDIVISION

## CHAPTER 145.185 WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of issue.
- (c) The sanitary permit is valid for 2 years and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.
- (d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may impede renewal.
- (f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.
- If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

AUTHORIZED ISSUING OFFICER - DATE July 14, 1981

THIS PERMIT EXPIRES July 14, 1983 UNLESS RENEWED BEFORE THAT DATE

# POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT  
DURING CONSTRUCTION

# APPLICATION FOR A ZONING PERMIT

The undersigned makes application for a Zoning Permit and agrees that all work will be performed in accordance with all applicable laws and regulations of Dunn County and the State of Wisconsin.

Osborne Johnson

Owner or Agent 4199 N. Richards St.

Milwaukee, WI 53212

Address

Telephone Number: \_\_\_\_\_

Bergelin Construction

Contractor

Route 4, Box 570, Menomonie, WI

Address

Telephone Number: 664-8842

## DESCRIPTION:

### 1. WORK: (check one)

New Building X

Addition \_\_\_\_\_

Repairs \_\_\_\_\_

Alteration \_\_\_\_\_

Moving \_\_\_\_\_

### 2. CLASSIFICATION

Zone Residential

Use Home & Garage

### 3. OTHER REQUIRED PERMITS

(Date of application)

Sanitary 7-14-81

Zoning 7-21-81

Building NO

Well 7-21-81

Other \_\_\_\_\_

### 4. BUILDING DETAILS

Type of construction Wood

Size: 31 wide by 91 long

Number of stories 2

Approximate Value \$92,000

Lot Width \_\_\_\_\_

Lot Length \_\_\_\_\_

Square feet 21,900 sq. ft.

## DISTANCES FROM HOME TO:

Type of road(s) Town Road

Road(s) 180'

Any body of water 164'--LAKE

Right lot line 31'

Left lot line 39'

## REMARKS:

Permit denied NO Reason: \_\_\_\_\_

Shoreland permit X yes no

Certificate of Compliance issued on:

July 21, 1981 Fee \$8.00 total

## ACTION:

Date permit issued 7-21-81

Signature Don Bergelin

Fee \$8.00

Started NOW

Sam Mattison  
County Zoning

# SC15 Date 7-21-81 Owner Osborne Johnson Township TAINTER  
Subdivision Giff's Addition Gov't Lot 5 Block B Lot(s) 1/4 Section 20

# APPLICATION FOR A WELL PERMIT

To the County Zoning Administrator: The undersigned hereby makes application for a WELL PERMIT for the premises described herein. The undersigned agrees that all work performed and equipment installed shall be in accordance with the County Sanitary Code as contained in the Dunn County Sanitary Ordinance and with all applicable laws and regulations of the State of Wisconsin.

Osborne Johnson  
Owner or Agent

Milwaukee, WI 53212  
Owner's or Agent's Address

Wettstein  
Well Driller

Eau Claire  
Well Driller's Address

## DESCRIPTION:

1. Lot:        Acres  
       feet by        feet  
Lot area: 21,900 sq. ft.

2. Use: 1 family home

3. Well depth           

Water depth           

Diameter of casing       

Type of installation       

Water sample sent to State?

Safe        Unsafe       

## HOW FAR TO:

List all distances in feet.

Home to Well 10'

Well to Septic Tank over 25'

Well to Drainfield over 50'

Sand Point        yes X no

## ACTION:

Date permit issued 7-21-81 Signature Tom Bergelson

Sam Mattison Fee \$5.00 Started NOW  
County Zoning

Permit Denied        yes        no. Date denied           

Reason denied:   

Copy sent to DNR?        yes        no. Date           

## INSPECTION:

Date            Inspector           

Remarks   

# 28 Date 7-21-81 Owner Osborne Johnson Township TAINIER T 29 N R 12 W Section 20  
Lot(s) 8 Block        Subdivision Giff's Addition Gov't Lot 5 X        X

OSBORN JOHNSON

Sec 20 T29N

R12W Township of Tanager

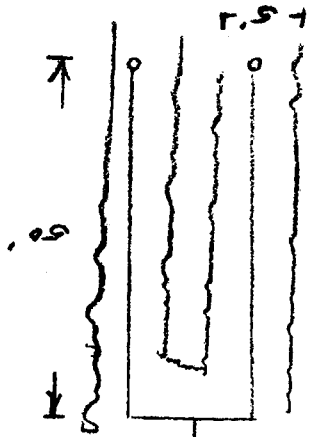
600 ft lot 5

Bottom Tank elev. 88.3

Top Bank elev. 100.0

Proposed  
Well

1000 Gal  
Septic Tank





PLB 67



State and County  
Permit Application  
for Private Domestic Sewage Systems

State Permit # 13421  
County Permit # 75  
County Dunn

\*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required \_\_\_\_\_ State Plan I.D. # \_\_\_\_\_

A. OWNER OF PROPERTY

Mailing Address:

OSBORNE JOHNSON 4199 N. RICHARDS ST. MILWAUKEE, WIS 53212

B. LOCATION: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4, Section \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E (or) W Lot# \_\_\_\_\_ City \_\_\_\_\_  
Subdivision Name, \_\_\_\_\_ nearest road, lake or landmark Blk# \_\_\_\_\_ Village \_\_\_\_\_  
Giff's Addition Township TAINTER

C. TYPE OF OCCUPANCY: \*Commercial \_\_\_\_\_ \*Industrial \_\_\_\_\_ \*Other (specify) \_\_\_\_\_ \*Variance \_\_\_\_\_  
Single family ☒ Duplex \_\_\_\_\_ No. of Bedrooms 3 No. of Persons 2

D. SEPTIC TANK CAPACITY 1000 Total gallons No. of tanks 1  
HOLDING TANK CAPACITY \_\_\_\_\_ Total gallons No. of tanks \_\_\_\_\_  
Prefab concrete ☒ Poured-in-Place \_\_\_\_\_ Steel \_\_\_\_\_ Fiberglass \_\_\_\_\_ Other (specify) \_\_\_\_\_  
New Installation ☒ Replacement \_\_\_\_\_  
Lift Pump Tank or Siphon Chamber \_\_\_\_\_ Total gallons Prefab concrete \_\_\_\_\_ Poured-in-Place \_\_\_\_\_ Other (Specify) \_\_\_\_\_

E. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 10 Class I Total Absorb Area 495 sq. ft.  
New ☒ Replacement \_\_\_\_\_ Alternate (Specify) \_\_\_\_\_  
Seepage Trench: ☒ No. of Lineal Ft. 100 Width 5' Depth \_\_\_\_\_ Tile depth (top) \_\_\_\_\_ No. of Trenches 2  
Seepage Bed: \_\_\_\_\_ Length \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Tile depth (top) \_\_\_\_\_ No. of Lines \_\_\_\_\_  
Seepage Pit: \_\_\_\_\_ Inside diameter \_\_\_\_\_ Liquid Depth \_\_\_\_\_ No. of Seepage Pits \_\_\_\_\_  
Percent slope of land \_\_\_\_\_ Distance from critical slope \_\_\_\_\_

WATER SUPPLY: Private ☒ Joint ☐ Community ☐ Municipal ☐

Owners name as listed on EH 115 if other than present owner: \_\_\_\_\_

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 THOMAS G. KUESTER C.S.T. # 55 559 and other information  
obtained from DON BERGETIN BLDR. (owner/builder).  
Plumber's Signature Don Bergetin MP/MPSW# 6142 Phone # 235-9585  
Plumber's Address R# 61 Box 212

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20. Well location shall be included on the sketch. Indicate or dimension location of all wells on the property or neighbors property. If well has not been drilled please indicate.

Do Not Write in Space Below - FOR COUNTY AND STATE DEPARTMENT USE ONLY

Date of Application 7-14-81 Fees Paid: State 14.00 County 21.00 Date 7-14-81

Permit Issued (date) 7-14-81 Issuing Agent Name Mike Holger

Inspection Yes ☒ No \_\_\_\_\_ State Valid# \_\_\_\_\_ Date Rec'd \_\_\_\_\_

1. county (white copy) 3. owner (green copy) DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701  
2. state (pink copy) 4. plumber (canary copy)

Revised Date 7/1/78

REPORT ON SOIL BORINGS AND PERCOLATION TESTS  
WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
P.O. BOX 309, MADISON, WISCONSIN 53701

County Lot 5  
LOCATION: 1/4, 1/4, Section 20, T 29 N, R 12 E (or) W, Township or Municipality Tainter  
Lot No. 8, Block No. Giff's Addition County Dunn  
Owner's/Buyer's Name: Osborn Johnson  
Mailing Address: 4199 North Richards street Milwaukee Wis. 53212  
TYPE OF OCCUPANCY: Residence ☒ No. of Bedrooms \_\_\_\_\_ COMMERCIAL \_\_\_\_\_  
EFFLUENT DISPOSAL SYSTEM: NEW ☒ REPLACEMENT \_\_\_\_\_ ALTERNATE SYSTEM \_\_\_\_\_ OTHER \_\_\_\_\_  
DATES OBSERVATIONS MADE: SOIL BORINGS Oct. 15, 1980 PERCOLATION TESTS \_\_\_\_\_  
SOIL MAP SHEET 54 NAME OF SOIL MAP UNIT HuA Hubbard Loamy sand

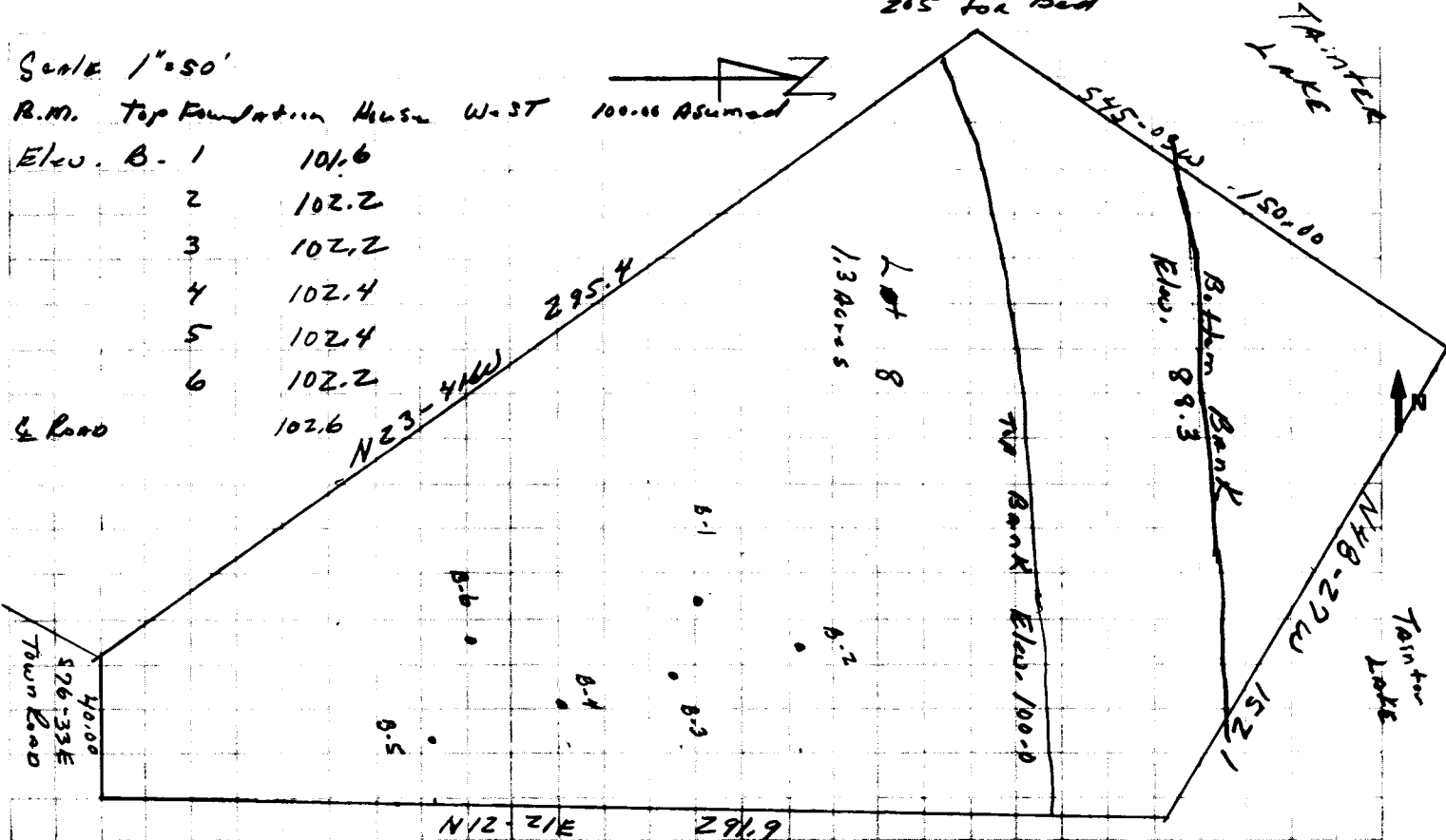
PERCOLATION TESTS

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			RATE MIN/IN
						PERIOD 1	PERIOD 2	PERIOD 3	
P-		<u>Hubbard 9.5</u>							
P-									
P-									
P-									
P-									
P-									
P-									

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, MOTTLED AND DEPTH TO BEDROCK IF OBSERVED IN INCHES	
		OBSERVED	ESTIMATED HIGHEST		
B- 1	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>
B- 2	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>
B- 3	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>
B- 4	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>
B- 5	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>
B- 6	72		<u>&gt; 72</u>	<u>2" Ts</u>	<u>70" cs Gr</u>

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 165 sq ft Per Bed 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) Thomas G. Kuester Certification No. SS 559  
Address Route 6 Menomonie Wis. 54751  
Name of installer if known \_\_\_\_\_