



Environmental Services Department

Planning and Zoning Division
800 Wilson Avenue, Room 310
Menomonie, WI 54751
Telephone: 715.231.6521
Fax: 715.232.4099

October 27, 2017

According to State Statutes and Chapter 6 of the Dunn County Code of Ordinances, all owners of septic systems in the County shall participate in the private onsite waste treatment systems maintenance program. The maintenance program requires all septic tanks to be inspected and/or pumped every three years. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Code of Ordinances, you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be pumped by a licensed septic tank pumper. You may decide to have your septic tank pumped without an initial inspection.

In either case, return this letter **within 60 days** with the appropriate signature. Septic tank maintenance ensures maximum service life of your private sewage system and may avoid premature failure and very costly replacement.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

As per NR 113.07(1)(b)2 Waste removed from septic systems due to a routine pumping may not be land applied during months when the ground is frozen or snow covered. Waste removed in these pumping situations shall be taken to a publicly owned wastewater treatment work (POTW).

Dunn County Sanitary Maintenance Certification Form

(Have your pumper/inspector, complete remainder of form)

- The septic tank was recently pumped by a licensed septic tank pumper.
- The septic tank was inspected and is less than 1/3 full of sludge and scum.
- The effluent filter has been inspected and/or cleaned. *Note – All systems approved after July 1, 2000 were required to have an effluent filter installed in the septic tank.*
- The drainfield was visually inspected, and there is no ponding/surfacing.
- The private sewage disposal system is in proper operating condition.

Comments: _____

The undersigned certify that the system was inspected and is functioning properly.

[Signature]
Pumper/Inspector Signature

82637
License Number

Nov 2017
Date of Pumping/Inspection

RETURN TO:
Dunn County Zoning Office
800 Wilson Ave. Room 310
Menomonie, WI 54751

Year of installation
or replacement

338233

038 291234.10101

1999

Lot/CSM/Sub. & Parcel Address

LESTRUD TRUST OF 2001
N7225 690TH ST
MENOMONIE WI 54751

E6816 COUNTY RD B

PRIVATE SEWAGE SYSTEM INSPECTION REPORT for Dunn County

Name	Ruby Lestrud	
Address	E6816 Cty Rd. B	
City	Colfax,	
State & Zip	WI	54730

PLUMBER	CST
Jack Bowman	Loretta Larrabee

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Top of bird house.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	MWP	1000
Dosing	MWP	650

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	>100'	106'	52'	
Dosing	>100'	115'	62'	

PUMP/SIPHON INFORMATION

Manuf/Model #	Zoeller 98		
Lift	Friction	System	TDH
4.89	Loss 1.82	Head 2.5	9.21 Ft.
Forcemain	Length	Dia.	Dist. to Well

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 10'	Length 94'	No. of Trenches 1
Setback	Type of System	P/L	Bldg
Information	At-grade	>100'	89'
			Well 120'
			Lake/Stream

DISTRIBUTION SYSTEM

Header/Manifold	Distribution pipe(s)	X Hole Size	X Hole Spacing
Length Dia.	Length 92' Dia. 1 1/2" Spacing	1/4"	33"

COMMENTS:

WI FUND ___ Yes ___ No X Maybe

New House / Double Wide	
New Mobile Home	
New Other	
Replace/Repair/Reconnect	X

10/28/99
date

Cleo Herick
Inspector's Signature

5167
Cert. No.

Property Address/City	E6816 CTH B Colfax, WI 54730
Town of	NE-NE 34-29-12
Legal	Tainter ↵ ↴
Subdivision	
CSM #	
Sanitary permit #	338233
State Plan ID #	248966
Parcel tax #	291234.10101
Computer #	038-1127-02

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well		104.11
Bldg. Sewer		96.97
St/Ht Inlet		95.28
St/Ht Outlet		
Dt. inlet		
Dt. Bottom		91.36
Header/Man. T		96.20
Dist. pipe		96.25
Bottom system		

C.T.H. B

HOUSE
E6816

MWP 1000/650
GAL. S.T./D.T.

SHED

10' x 94' AT-GRADE



B.M. TOP OF
BIRD HOUSE
ELEV. 100'



SCALE: 1" = 40'

C.T.H. B

HOUSE
E6816

MWP 1000/650
GAL. S.T./D.T.

SHED

10' x 94' AT-GRADE

W

B.M. TOP OF
BIRD HOUSE
ELEV. 100'

SCALE: 1" = 40'

SANITARY PERMIT

No. 338233

Replacement

OWNER Ruby Lestrud, E6816 Cty Rd. B, Colfax, WI

PLUMBER Jack Bowman LICENSE # 5875

TOWN OF Tainter LOCATED NE - NE

SECTION 34 T 29 N - R 12 W

AND/OR LOT _____ BLOCK _____

_____ DIVISION _____

Janet Riedel _____ AUTHORIZED ISSUING OFFICER - DATE 9/30/99

THIS PERMIT EXPIRES 9/30/01 UNLESS RENEWED BEFORE THAT DATE

(TWO YEARS FROM THE ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.135 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 on force on the date of issue.

(c) The sanitary permit is valid 2 years from original date of issuance 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.



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
201 W. Washington Avenue
P O Box 7302
Madison, WI 53707-7302

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

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

County	Dunn
State Sanitary Permit Number	338233
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	248966 Trans. ID#

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name Ms Ruby Lestrud		Property Location NE 1/4 NE 1/4, S 34 T 29, N, R 12 (or) (W)	
Property Owner's Mailing Address E 6816 Cty Rd B		Lot Number N.A.	Block Number N.A.
City, State Colfax WI	Zip Code 54730	Phone Number (715) 235-7805	Subdivision Name or CSM Number N.A.

II. TYPE OF BUILDING: (check one) State Owned

Public 1 or 2 Family Dwelling - No. of bedrooms 3

City Village Town OF Tainter Nearest Road Cty Rd B

III. BUILDING USE: (if building type is public, check all that apply)

1 <input type="checkbox"/> Apartment / Condo	6 <input type="checkbox"/> Medical Facility / Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales / Repairs	11 <input type="checkbox"/> Restaurant / Bar / Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station / Car Wash
4 <input type="checkbox"/> Church / School	9 <input type="checkbox"/> Office / Factory	13 <input type="checkbox"/> Other: specify _____
5 <input type="checkbox"/> Hotel / Motel		

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

A) 1. New System 2. Replacement System 3. Replacement of Tank Only 4. Reconnection of Existing System 5. Repair of an Existing System

B) A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input checked="" type="checkbox"/> Specify Type <u>At-Grade</u>	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (sq. ft.) <u>750</u>	3. Absorp. Area Proposed (sq. ft.) <u>750</u>	4. Loading Rate (Gals/day/sq. ft.) <u>0.60</u>	5. Perc. Rate (Min./inch) <u>+</u>	6. System Elev. <u>95.76 Feet</u>	7. Final Grade Elevation <u>97.05 Feet</u>
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VII. TANK INFORMATION

	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Con-structed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>1000</u>	<u>-</u>	<u>1000</u>	<u>1</u>	<u>Midwestern Precast</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber	<u>650</u>	<u>-</u>	<u>650</u>	<u>Combination</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) <u>Jack A. Bowman</u>	Plumber's Signature: (No Stamps) <u>[Signature]</u>	MP/MAPRSW No.: <u>5875</u>	Business Phone Number: <u>(715) 235-4634</u>
Plumber's Address (Street, City, State, Zip Code) <u>2819 Knapp St. Menomonie, WI 54751</u>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surchage Fee) <u>350.00</u>	Date Issued <u>9/30/99</u>	Issuing Agent Signature (No Stamps) <u>[Signature]</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

INSTRUCTIONS

1. A sanitary permit is valid for two (2) years.
2. Your sanitary permit may be renewed before the expiration date, and at a time of renewal any new criteria in the Wisconsin Administrative Code will be applicable.
3. All revisions to this permit must be approved by the permit issuing authority.
4. Changes in ownership or plumber requires a Sanitary Permit Transfer / Renewal Form (SBD-6399) to be submitted to the county prior to installation
5. Onsite sewage systems must be properly maintained. The septic tank(s) must be pumped by a licensed pumper whenever necessary, usually every 2 to 3 years.
6. If you have questions concerning your onsite sewage system, contact your local code administrator or the State of Wisconsin, Safety and Buildings Division, 608-266-3151.

To be complete and accurate this sanitary permit application must include:

- I. Property owner's name and mailing address. Provide the legal description and parcel tax number(s) of where the system is to be installed.
- II. Type of building being served. Check only one and complete # of bedrooms if 1 or 2 Family Dwelling.
- III. Building use. If building type is public, check all appropriate boxes that apply.
- IV. Type of permit. Check only one on line A. Complete line B if permit is for tank replacement, reconnection, or repair.
- V. Type of system. Check appropriate box depending on system type.
- VI. Absorption system information. Provide all information requested for numbers 1 through 7.
- VII. Tank information. Fill in the capacity of every new/or existing tank, list the total gallons, number of tanks and manufacturer's name, indicate prefab or site constructed and tank material. Complete for *all* septic, pump/siphon and holding tanks for this system. Check experimental approval only if tanks received experimental product approval from DILHR.
- VIII. Responsibility statement. Installing plumber is to fill in name, license number with appropriate prefix (e.g. MP, etc.), address and phone number. Plumber must sign application form.
- IX. County / Department Use Only.
- X. County / Department Use Only.

Complete plans and specifications not smaller than 8 1/2 x 11 inches must be submitted to the county. The plans must include the following: A) plot plan, drawn to scale or with complete dimensions, location of holding tank(s), septic tank(s) or other treatment tanks; building sewers; wells; water mains/water service; streams and lakes; pump or siphon tanks; distribution boxes; soil absorption systems; replacement system areas; and the location of the building served; B) horizontal and vertical elevation reference points; C) complete specifications for pumps and controls; dose volume; elevation differences; friction loss; pump performance curve; pump model and pump manufacturer; D) cross section of the soil absorption system if required by the county; E) soil test data on a 115 form; and F) all sizing information.

GROUNDWATER SURCHARGE

1983 Wisconsin Act 410 included the creation of surcharges (fees) for a number of regulated practices which can effect groundwater.

The monies collected through these surcharges are used for monitoring groundwater contamination investigations and establishment of standards.

September 24, 1999

CUST ID No.260751

ATTN: POWTS INSPECTOR

BOWMAN PLUMBING INC
2819 KNAPP ST
MENOMONIE WI 54751

ZONING OFFICE
DUNN COUNTY SPIA
800 WILSON AVE
MENOMONIE WI 54751

**RE: CONDITIONAL APPROVAL
APPROVAL EXPIRES: 09/24/2001**

Identification Numbers
Transaction ID No. 248966
Site ID No. 181248
Please refer to both identification numbers, above, in all correspondence with the agency.

SITE:

Site ID: 181248
Dunn County, Town of Tainter
NE1/4, NE1/4, S34, T29N, R12W
Facility: Ruby Lestrud Residence

FOR:

Description: Three Bedroom At-grade System
Object Type: POWT System Regulated Object ID No.: 492553

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**.

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

- This system is to be constructed and located in accordance with the enclosed approved plans and with the Wisconsin At-Grade Soil Absorption System Manual (Pub. 15.21).
- In the event this soil absorption system or any of its component parts malfunctions so as to create a health hazard by discharge of partially treated or untreated liquid wastes to ground surface or into surface waters or groundwaters of the state, the owner will employ a properly licensed plumber to repair, modify or replace this system (including the possibility of installation of a holding tank with proper disposal) with such action approved by the Division and appropriate local officials.
- 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 private sewage system 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. Stats.

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

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

Sincerely,



Gerard M. Swim
POWTS Plan Reviewer - Integrated Services
(608)-785-9348, Mon. - Fri. 7:15 AM to 4:00 PM
jswim@commerce.state.wi.us

DATE RECEIVED 09/17/1999

FEE REQUIRED \$ 180.00

FEE RECEIVED \$ 180.00

BALANCE DUE \$ 0.00

WiSMART code: 7633

RESIDENTIAL AT-GRADE DESIGN
Pressurized - Sloping Site
INDEX AND TITLE SHEET

RECEIVED

SEP 17 1999

SAFETY & BLDGS DIV.

Project Lestrud

Owner Ruby Lestrud

Address E6816 Cty Rd. B

Colfax, WI 54730

Legal Description NE,NE,34,29,12W

Township Tainter County Dunn

Subdivision Name N.A. Lot No. N.A.

Parcel ID Number N.A.

Plan Transaction Number _____

P.O.W.T.S.
Conditionally
APPROVED
DEPARTMENT OF COMMERCE
DIVISION OF SAFETY AND BUILDINGS
[Signature]
SEE CORRESPONDENCE

Index sheet	Page 1
At-grade calculations	Page 2
At-grade drawings	Page 3
Pres. dist. calcs. and laterals	Page 4
TDH and pump tank drawing	Page 5
Pump information	Page 6
Site plan	Page 7
On-site verification form	Page 8
Application form	Page 9
Attachment (soil test 1,2&3of3)	Page 10

Designer Ioretta/ Jack A. Bowman

License Number MP 5875

Signature *[Signature]*

Phone Number (715)235-4634

Date 9/15/99

Notice: Tampering with this file by unauthorized persons is prohibited.
Deliberate modification will result in disciplinary action under s. 145.10, Wis. Stats.
Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

PRESSURIZED AT-GRADE DESIGN

At-grade Calculations - Sloping Site

Complete information in red framed boxes as necessary.
Sizing and site data entry.

1000 gpd maximum.

	Inch-pounds	Metric
Residential or commercial?	r (r or c)	
Wastewater flow rate	450 gpd	1703.3 Lpd
Depth to limiting factor	38.0 in	96.5 cm
In situ soil infiltration rate	0.6 gpd/ft ²	24.4 Lpd/m ²
Linear loading rate	4.8 gpd/ft	59.5 Lpd/m
Contour elev. below lateral	95.26 ft	29.04 m
Slope	3.0 %	

Pressure distribution data entry.

Hole diameter	0.250 in	0.125, 0.156, 0.188, 0.219, 0.25, 0.281, or 0.313 inch only.	Center or end connect	c (c or e)
Estimated hole space	2.70 ft	Not a final calculation.	Pump tank elevation	87.00 ft
Minimum dose is ≥	5.0 times lat. void vol.		Forcemain length	70.0 ft
			Forcemain diameter	2.0 in
			Forcemain actual I.D.	2.067 in

System solutions.

	Inch-pounds	Metric
Estimated daily wastewater flow	450.0 gpd	1703.3 Lpd
Design load rate & area	0.6 gpd/ft	750.0 ft ²
Minimum basal absorption area required	750.0 ft ²	69.68 m ²
Actual linear loading rate	4.79 gpd/ft	69.68 m ²
		59.4 Lpd/m

Proposed effective absorption width (A)	8.00 ft	2.44 m
Maximum effective width permitted	8.00 ft	2.44 m

Aggregate width including support (C)	10.00 ft	3.05 m
Aggregate length (B)	94.00 ft	28.65 m

Supporting components		
Perimeter fill beyond aggregate (D)	5.0 ft	1.52 m
Total at-grade width (W)	20.00 ft	6.10 m
Total at-grade length (L)	104.00 ft	31.70 m
Observation pipe spacing 1/6 B	15.7 ft	4.79 m
Observation pipe spacing 1/2 B	47.0 ft	14.33 m
Minimum topsoil cover depth	6.0 in	15.2 cm
Minimum soil cover at center	12.0 in	30.5 cm

HOLE DIAMETER CONVERSIONS	
1/8	= 0.125
5/32	= 0.156
3/16	= 0.188
7/32	= 0.219
1/4	= 0.25
9/32	= 0.281
5/16	= 0.313

Project: Lestrud
Transaction Number:

PRESSURE DISTRIBUTION CALCULATIONS

Lateral specifications

	Inch-pounds	Metric
Number laterals	2	
Hole spacing (X)	33 in	83.8 cm
Holes/lateral	17 holes	
Lateral length (P)	45.38 ft	13.83 m
Hole diameter	0.250 in	6.4 mm
Lat. dis. rate	19.81 gpm	1.2 L/s
Sys. dis. rate	39.62 gpm	2.5 L/s

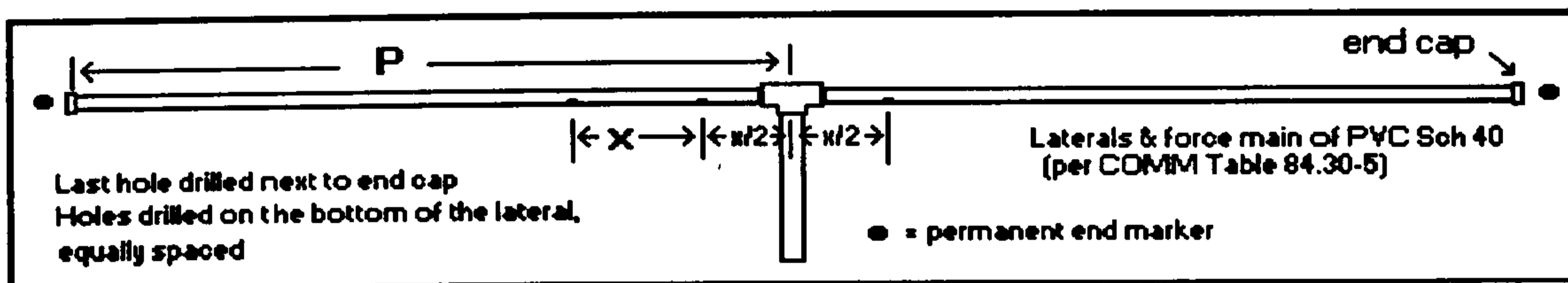
Lateral diameter

Designer must "X" one choice from the options provided.

Pipe diameter	Design options	Design choice	
1 in (25 mm)			Place X in red box of chosen diameter.
1.25 in (32 mm)			
1.5 in (40 mm)	X	X	
2 in (50 mm)	X		
3 in (75 mm)	X		

LATERAL DIAGRAM - CENTER CONNECTION

Place correct lateral diagram by clicking in one of the drawings at right and dragging the diagram into this area.
Do not press delete when lateral diagrams are in use.



	Inch-pounds	Metric
Lateral connection point	center	
Lateral length (P)	45.38 ft	13.83 m
Hole spacing (X)	33 in	83.8 cm
Hole diameter	0.250 in	6.4 mm
Lateral diameter	1.50 in	40 mm
Forcemain diameter	2.00 in	50 mm

TDH and Pump Tank Drawing

Total dynamic head

Operational head	2.50 ft	0.76 m
Vertical lift	8.01 ft	2.44 m
Friction loss	1.82 ft	0.55 m
Total dynamic head	12.33 ft	3.76 m

Dose Volume

Lateral void volume	9.6 gal	36.3 L
Minimum dose	112.5 gal	425.9 L
Drain back	12.2 gal	46.2 L
Dose volume	124.7 gal	472.0 L

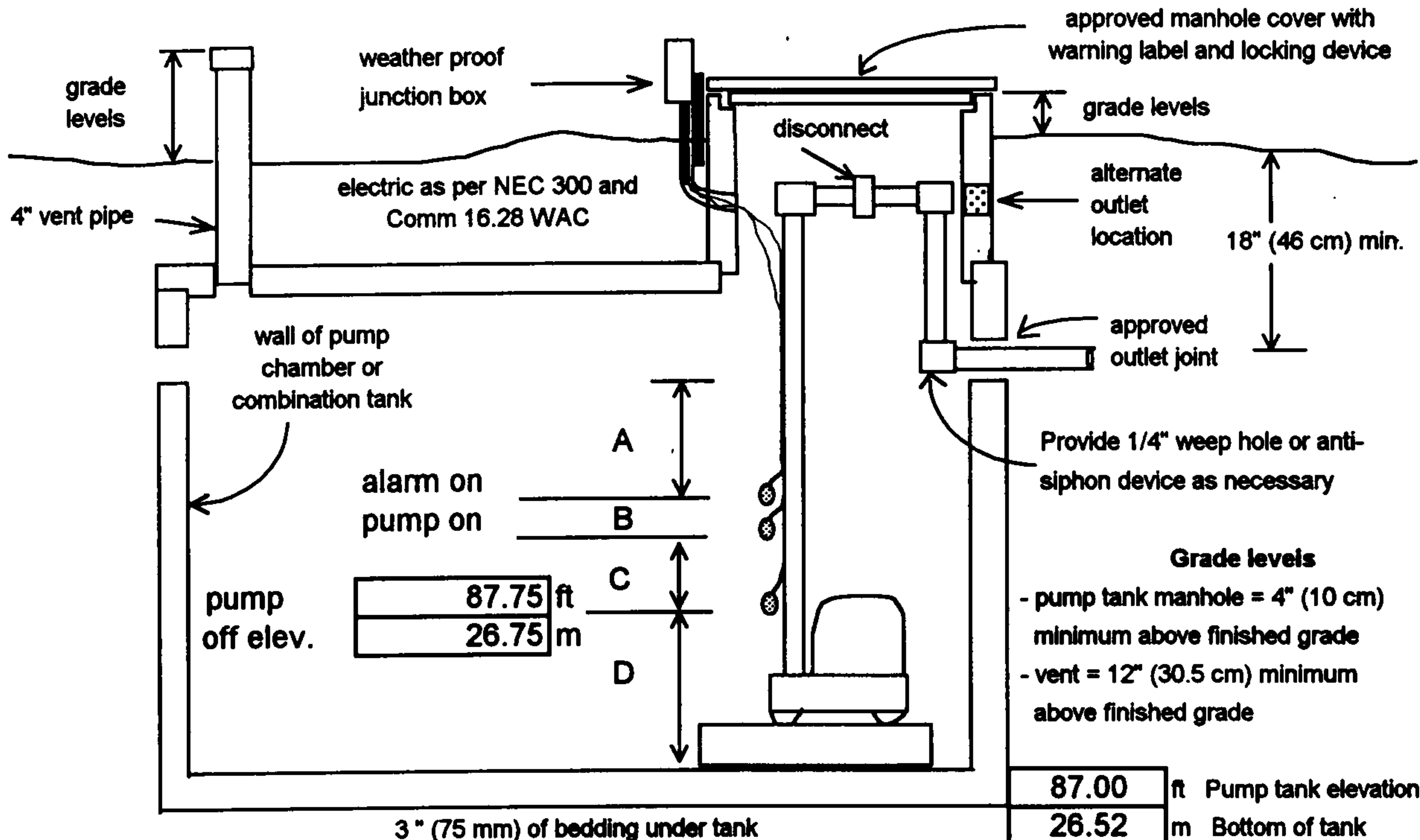
Are laterals the highest point in the system? Yes "X" here.

If no, what is the highest elevation (ft) downstream of pump?

Does forcemain drain back to tank? (x one) Yes
 No

Typical Pump Chamber Layout

In combination with state approved treatment tank. Tank construction as per Comm 83.20(3) WAC.



Tank manufacturer
 Pump tank capacity
 Pump tank volume

Midwestern Precast Inc.
16.9 gal/in
650 gal

Pump manufacturer
 Pump model number

Zoeller
98

Alarm manufacturer
 Alarm model number

S. J. Electro
S-J1

	Inches	Gallons
A	23.1	390.1
B	2.0	33.8
C	7.4	124.7
Dimensions	6.0	101.4

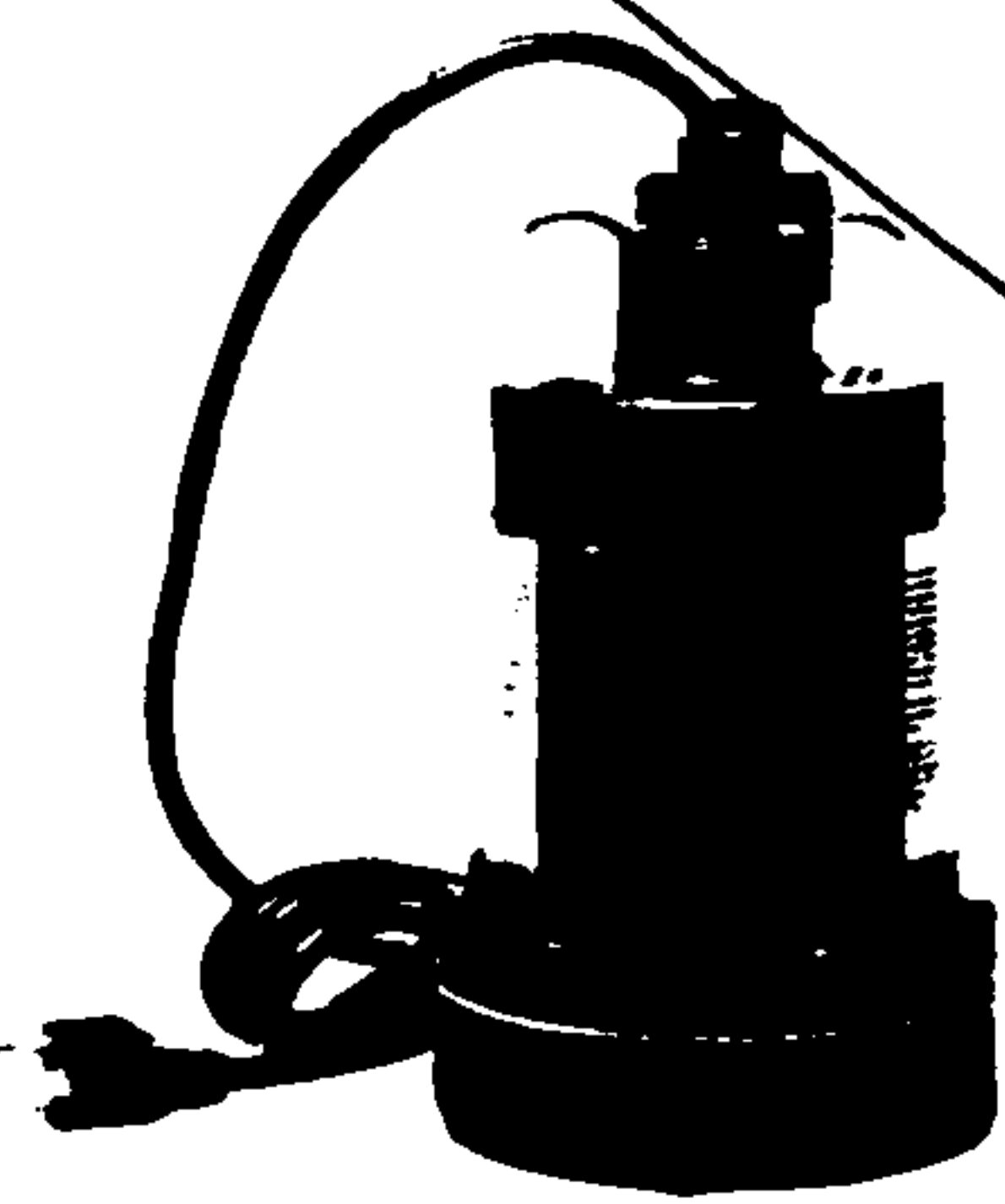
Project: Lestrud
 Transaction Number:

TOELLER CO.

Effluent and Dewatering Pumps

MODEL "42"

FLOOR SUCKER[®] UTILITY PUMP



- Non-automatic
- 115V - 1PH - 6 amps
- Pumps down to within 1/8" of base
- UL listed 8', 3-wire power cord and plug
- Corrosion resistant
- Oil-filled motor
- Rotary shaft seal
- Thermal overload protected
- 1 1/2" NPT vertical discharge with a garden hose adaptor
- Compact design will fit in a 6" opening

HEAD		CAPACITY UNITS/MIN	
Feet	Meters	Gal.	Ltrs.
5	1.52	15	57
10	3.05	13.5	51.3
15	4.57	8.5	32.3
20	6.10	7	26.5
Lock Valve:		21'	

NEW!

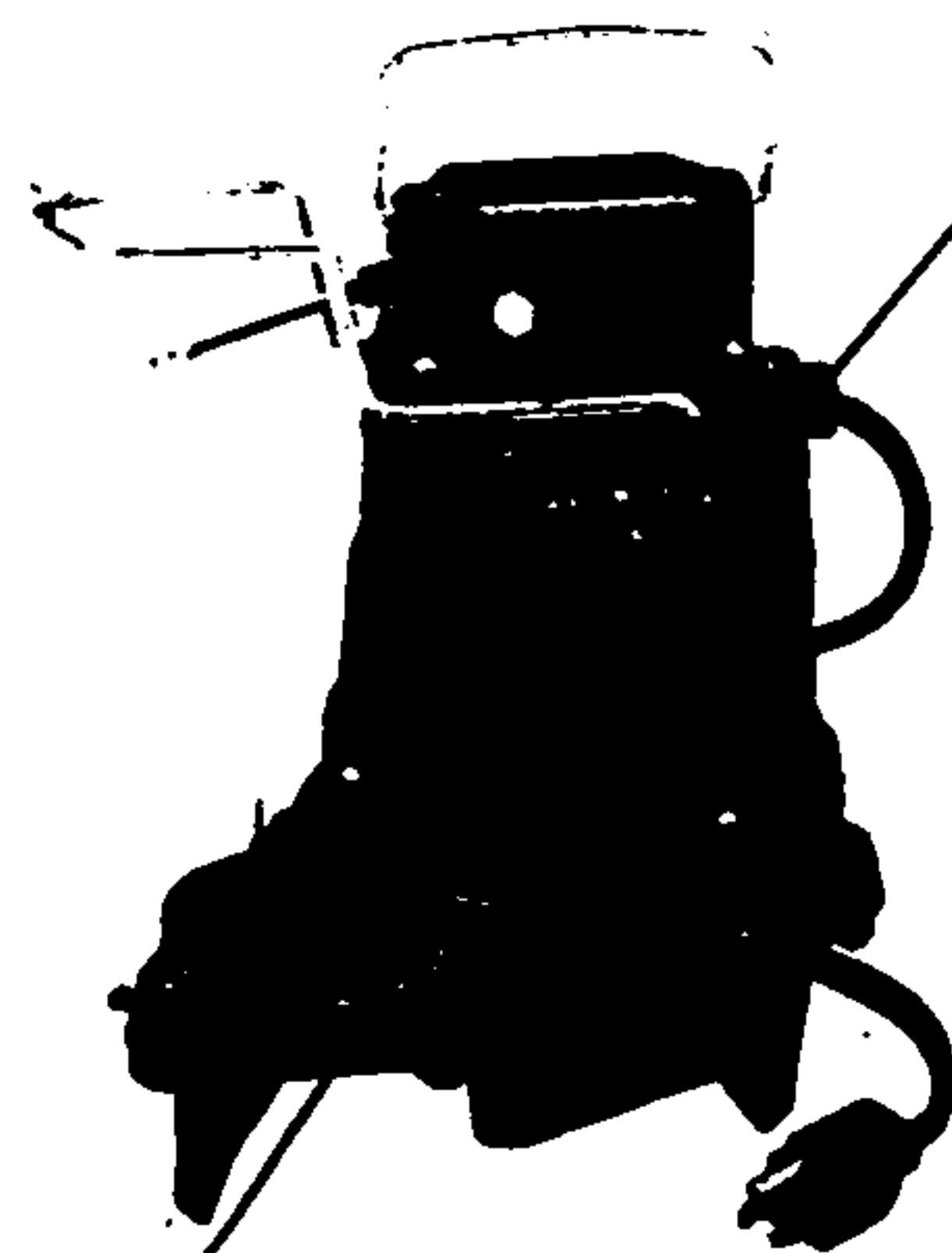
Water Ridd'r II[®] "48" CAST IRON SERIES



- Automatic
- 115 Volt/Single Phase/60 Cycle, 1/4 HP
- Oil-Filled Hermetically sealed motor
- Passes 3/8" solids (sphere)
- 1 1/2" NPT Discharge
- Rugged cast iron motor housing.
- Efficient heat sink for Heat dissipation
- Engineered thermoplastic motor cover & base
- Non-Clog Vortex Impeller Engineered Glass filled
- Automatic Reset thermal overload protected
- UL Listed 9', 3-wire cord and plug
- Carbon & Ceramic Rotary Seal
- Watertight neoprene seal between motor and cover
- Stainless Steel Screws (No sheet metal parts)

HEAD		CAPACITY UNITS/MIN	
Feet	Meters	Gal.	Ltrs.
3 1/2	1.06	29.5	112
5	1.52	29	110
10	3.05	25	95
15	4.57	18	68
20	6.10	7	26.5
Lock Valve:		22'	

"53" CAST IRON SERIES* / "57" CAST IRON SERIES "55" BRONZE SERIES** / "59" BRONZE SERIES***



53 Series SC-4425
55 Series SB-4415
57 Series SC-2225
59 Series SB-1115

- Automatic or Non-Automatic.
- .3 H.P., 1 Ph., 115V or 230V.
- Non-clogging vortex impeller design.
- Passes 1/2 inch solids (sphere).
- 1 1/2" NPT discharge.
- float operated, submersible (NEMA 6) 2 pole mechanical switch.
- Automatic reset thermal overload protection.
- Stainless steel screws and switch arm.
- Cast iron switch case, motor and pump housing.
- Engineered, glass filled impeller with metal insert.*
- Glass filled polypropylene base.*
- Models 55 and 59 have stainless steel handle & guard.

HEAD		CAPACITY UNITS/MIN	
Feet	Meters	Gal.	Ltrs.
5	1.52	43	163
10	3.05	34	129
15	4.57	19	72
Lock Valve:		19.25'	

** Bronze motor and pump housing, switch case.

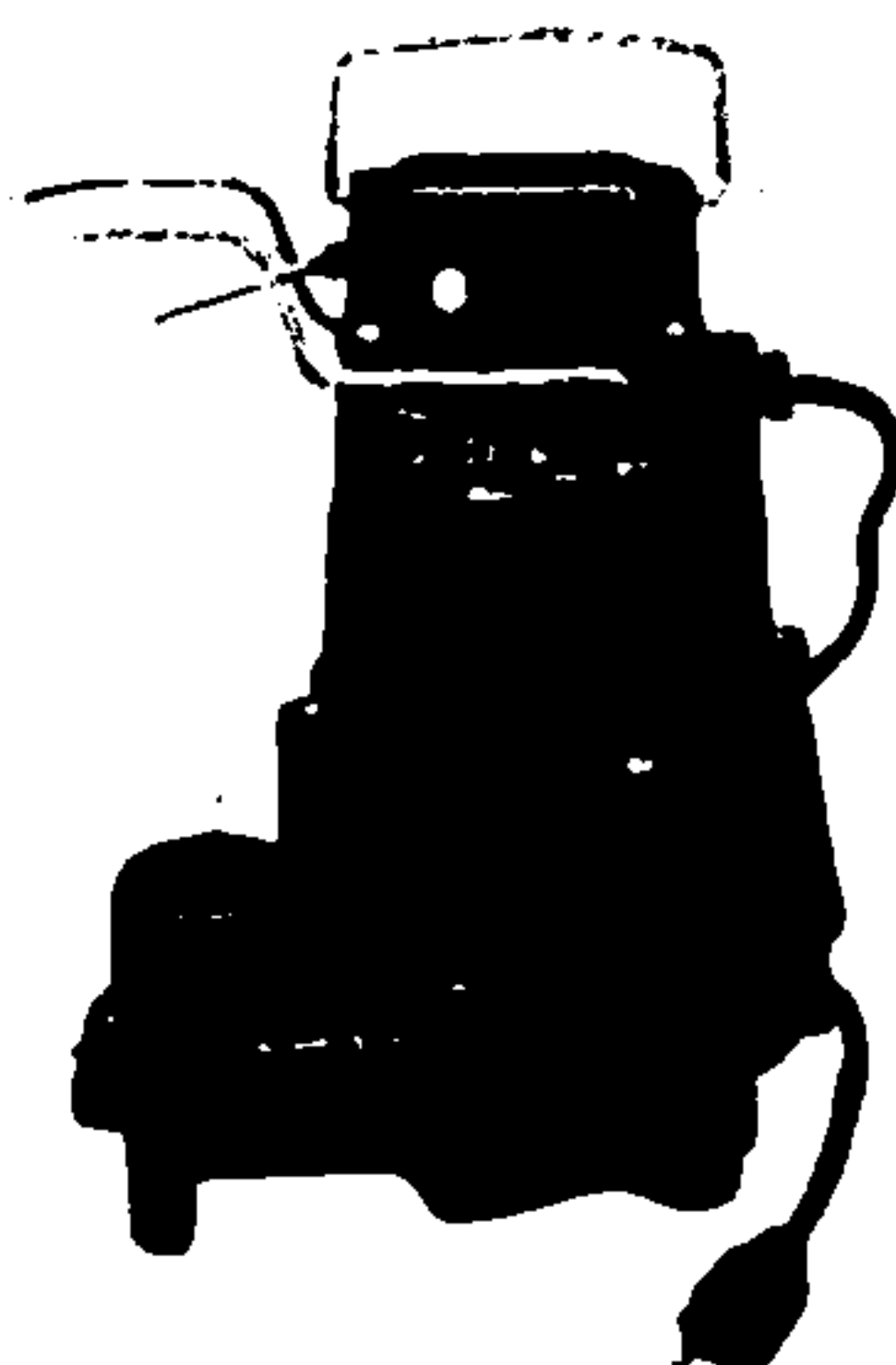
*** Bronze motor and pump housing, switch case, base and impeller

8158, non-automatic, available packaged with a piggyback mercury float switch.



Canadian Standards Assoc approval available

"98" CAST IRON SERIES



- Automatic or Non-Automatic.
- 1/2 H.P., 1 Ph., 115V or 230V.
- Non-clogging vortex impeller design.
- Passes 1/2 inch solids (sphere).
- 1 1/2" NPT discharge.
- Float operated, submersible (NEMA 6) 2 pole mechanical switch.
- Automatic reset thermal overload protection.
- Stainless steel screws, guard, handle and arm and switch assm.
- Watertight neoprene "□" ring between motor and pump housing.



98 Series SC-2225

HEAD		CAPACITY UNITS/MIN	
Feet	Meters	Gal.	Ltrs.
5	1.52	72	273
10	3.05	61	231
15	4.57	45	170
20	6.10	25	95
Lock Valve:		23'	

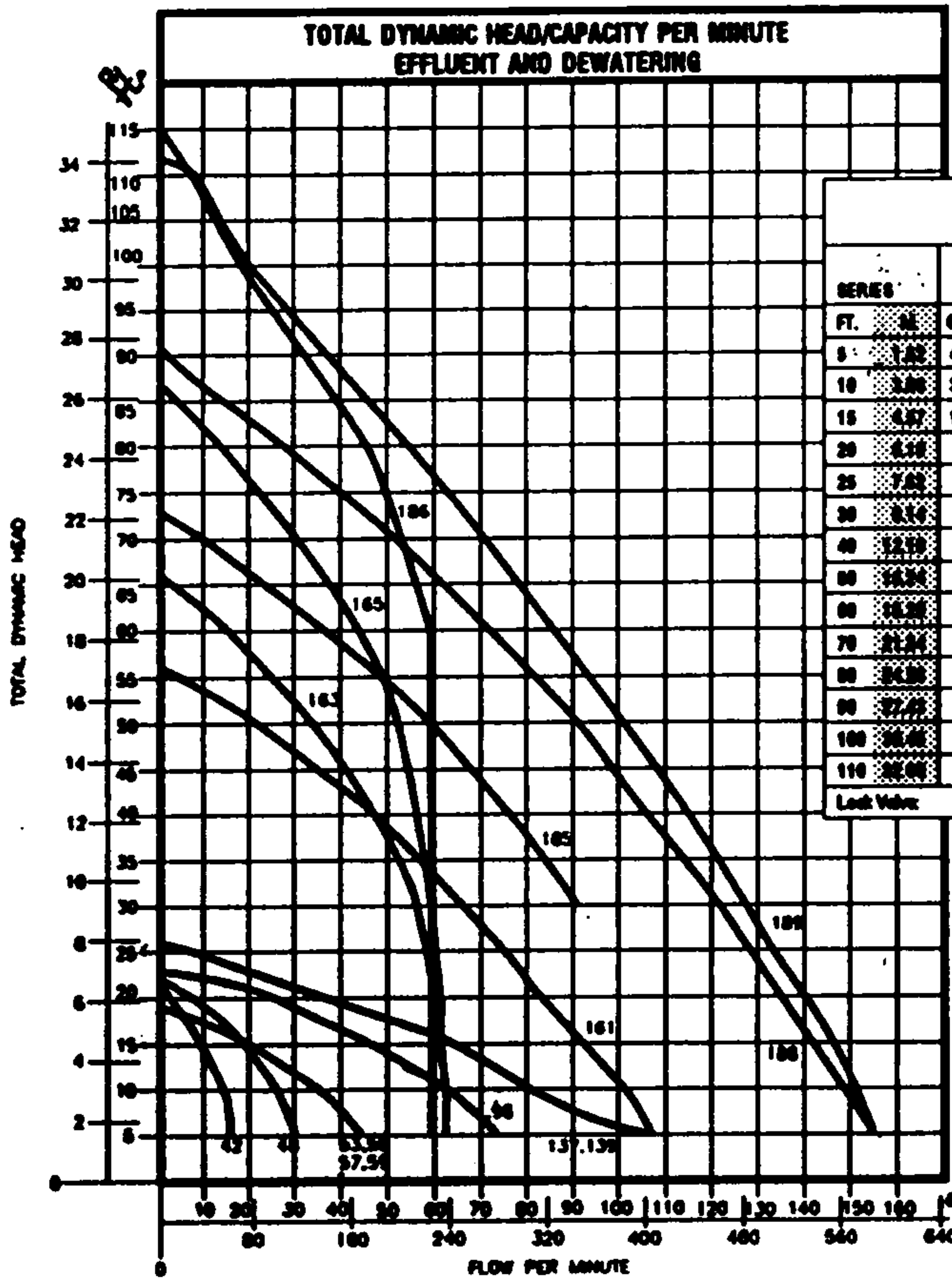


Canadian Standards Assoc approval available

8198, non-automatic, available packaged with a piggyback mercury float switch.

HEAD/CAPACITY CURVE EFFLUENT and DEWATERING

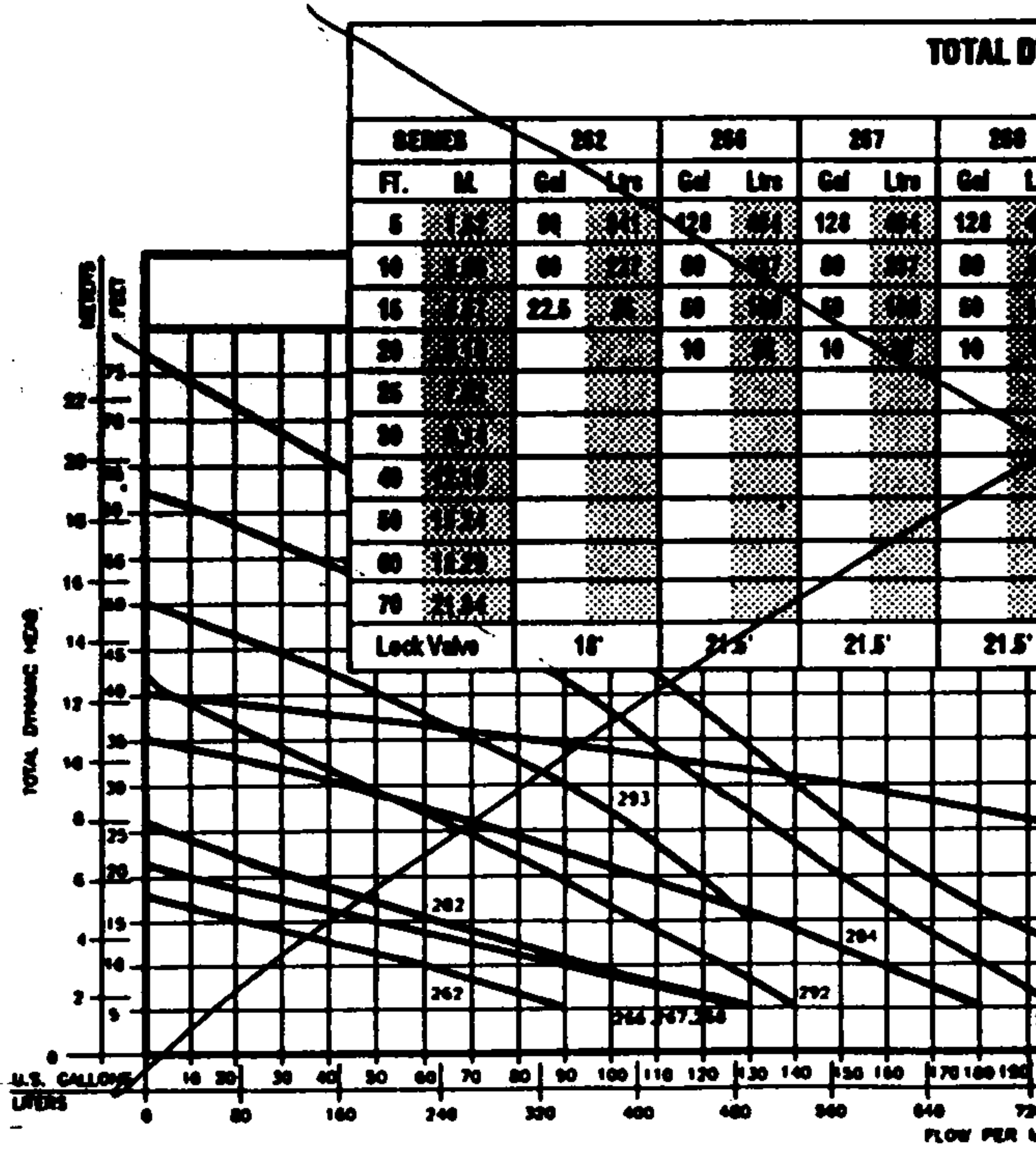
WARNING: Model 185 should not be subjected to less than 30 feet TDH.



SERIES	53-85		87-88		90		157-130		161		163		165		166		168		169			
	FT.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.			
5	1.25	43	163	72	272	104	394	100	361	61	221	61	221		60	220	100	361	100	361		
10	2.50	84	326	67	239	70	250	100	361	61	221	61	221		60	220	140	500	101	372		
15	3.75	119	439	46	174	64	230	91	344	60	217	60	217		60	220	142	512	140	500		
20	5.00			25	90	26	100	62	216	60	217	60	217		60	220	120	410	140	500		
25	6.25					0	30	74	260	57	205	60	217		60	220	120	410	130	463		
30	7.50							60	216	60	217	60	217		60	220	121	430	127	461		
40	12.50							48	174	48	172	60	216	75	265	60	220	100	361	114	401	
60	18.75							21	76	20	72	61	216	60	216	60	220	60	216	100	361	
80	25.00									15	57	43	161	36	130	60	216	71	255	85	311	
70	21.25											20	72	18	66	62	161	61	216	70	250	
60	18.75													14	50		48	170	20	72	64	230
60	18.75															22	79	2	0	37	130	
100	30.00															15	50			21	70	
110	36.00															7	30			6	20	
Lock Valve																						

HEAD/CAPACITY CURVE SEWAGE and DEWATERING

WARNING: Model 293 should not be subjected to less than 15 feet TDH.



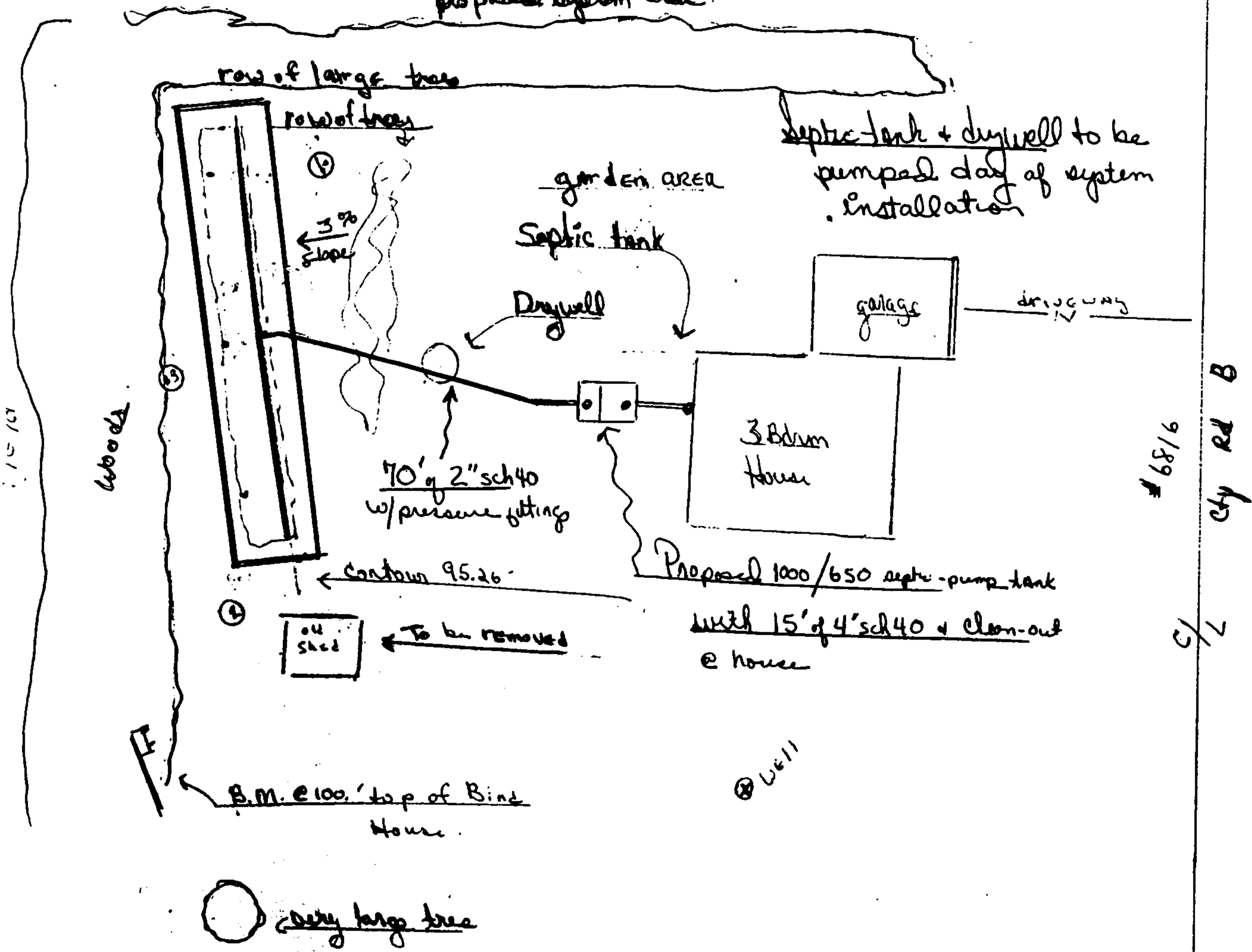
SERIES	292		294		297		298		292		294		292		293		294		296		400*		
	FT.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.	Gal. Ltrs.		
5	1.25	60	241	120	404	128	464	128	464	130	470	140	504			100	361	225	807	400	1411		
10	2.50	60	241	60	202	60	202	60	202	65	230	150	540	124	444			161	581	206	745	360	1280
15	3.75	22.5	80	60	200	60	200	60	200	60	200	136	490	100	361	130	465	165	595	165	595	300	1080
20	5.00			10	30	10	30	10	30	20	70	105	375	60	216	110	396	150	540	160	576	250	880
25	6.25											76	272	60	216	100	361	136	490	163	585	200	720
30	7.50											48	172	47	167	60	216	121	435	140	504	160	576
40	12.50													5	18	60	216	94	338	115	415		
60	18.75															60	216	60	216	60	216		
80	25.00															16	58	60	216	60	216		
70	21.25																	25	90				
Lock Valve																							

PLOT PLAN

Ruby Lestrud
 NE, NE, 34, 29, 12W
 Tainter township
 Dunn county



All lot lines > 40' of proposed system area



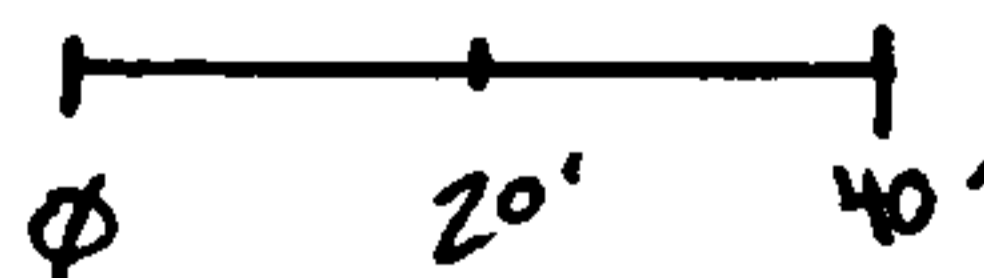
LEGEND

BM: 100.' top of bird house
 O-borings

System Elev. 95.76' on contour 95.26'

out building area.

Scale 1"=40' except where indicated



NO ILHR 83.10 problems

At-Grade System

Onsite Verification Report

Are the soil and landscape features accurately reported on the Soil and Site Evaluation Form

 X yes no

If no, provide a further description by including an onsite report, which may consist of a soil profile report, or provide a brief explanation below.

If yes, what other type of Private Owned Waste Treatment System (POWTS) could be used?

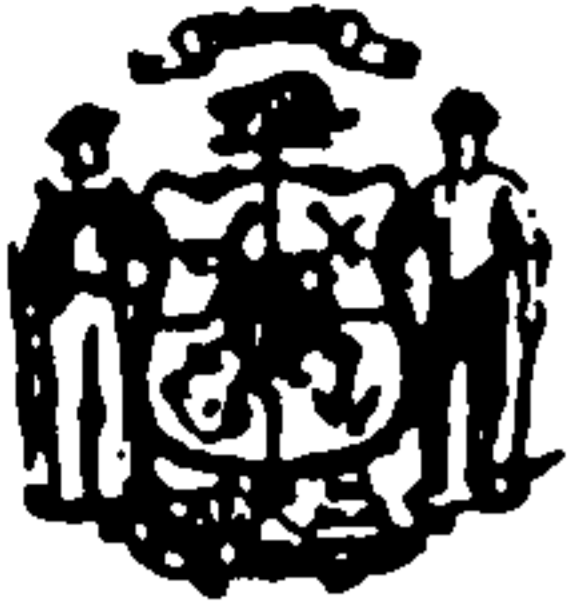
MOUND

Michael Helgeson
County Official Signature

9/1/99
Date

NE $\frac{1}{4}$ -NE $\frac{1}{4}$, Section 34, T29N-R12W, Town of Tainter, Dunn County, WI
Property Location

Ruby Lestrud
Landowners Name



State of Wisconsin \ Department of Industry, Labor and Human Relations

SAFETY & BUILDINGS DIVISION

APPLICATION FOR THE USE OF AN AT-GRADE SYSTEM

201 E. Washington Avenue
P.O. Box 7969
Madison, Wisconsin 53707

Location: NE 1/4 NE 1/4 Section 34T29N R2E(or)W Tainter
Street Address: E 6816 Cty. Rd. B
Subdivision: N.A. County: Dunn
Landowners Name: Ruby S. Lestrud
Mailing Address: Colfax, Wis 54730

I (We), the undersigned, make application for an at-grade system on the above described premises. If approval is granted, I Agree to have the system constructed in conformance with the plans and specifications approved by the Department of Industry, Labor and Human Relations (DILHR).

I further understand that an at-grade system is somewhat different than a conventional onsite sewage system and as such will require detailed inspection during construction and monitoring after the system is put into use. I agree to permit both county officials charged with administering county sanitary ordinances and DILHR employees or other authorized persons such as the system designer, to have access to the above described premises at any reasonable time for the purpose of inspecting the construction, or of monitoring the system. I agree to either personally or by my agent contact DILHR or county officials to arrange the time and date to begin construction of the system, after obtaining a sanitary permit. I agree to pay the cost of any monitoring wells required by DILHR for the purpose of measuring the wastewater treatment performance of this at-grade system.

I understand that this application does not permit me (the applicant) or my agent (the contractor) to begin construction. (If the system is approved, DILHR will send the applicant a letter of approval which authorizes construction of the system after all necessary permits have been obtained.)

I agree to give notice to any subsequent buyer that an application for an at-grade system has been made and if installed, that the premises are served by an at-grade system, and further agree to give the buyer a copy of this application.

Ruby S. Lestrud 8-24-99
Signature of Applicant Date
(valid only if notarized)

STATE OF WISCONSIN
COUNTY OF Dunn

Subscribed and sworn to before me this
(date:) Aug. 24, 1999
DIANE BOWMAN
NOTARY PUBLIC
Notary Public, State of Wisconsin

My Commission Expires: 11/11/2001

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 <u>Dunn</u>
Parcel I.D. #
Reviewed by _____ Date _____

Property Owner <u>Ms. Ruby Lestrud</u>		Property Location Govt. Lot <u>NE 1/4 NE 1/4 S 34 T 29 N R 12 (NW)</u>	
Property Owner's Mailing Address <u>E 6816 City Rd B</u>		Lot # <u>N.A.</u>	Block # <u>N.A.</u>
City <u>CALFAX</u>	State <u>WI</u>	Zip Code <u>54730</u>	Phone Number <u>(715) 235-7805</u>
City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/>		Nearest Road <u>CITY RD B</u>	

New Construction Use: Residential / Number of bedrooms 3 Addition to existing building N.A.
 Replacement Public or commercial - Describe: N.A.

Code derived daily flow 450 gpd Recommended design loading rate 0.5 bed, gpd/ft² 0.6 trench, gpd/ft²
Absorption area required 900 bed, ft² 750 trench, ft² Maximum design loading rate 0.5 bed, gpd/ft² 0.6 trench, gpd/ft²
Recommended infiltration surface elevation(s) system elev. 96.26' mound 95.26' contour ft (as referred to site plan benchmark)
Additional design/site considerations recommend system elev. 95.76' at grade contour 95.26' with 0.6 gpd/ft²
Parent material Billetts Sandy loam Flood plain elevation, if applicable N.A. ft

S = Suitable for system	Conventional <input type="checkbox"/> S <input checked="" type="checkbox"/> U	Mound <input checked="" type="checkbox"/> S <input type="checkbox"/> U	In-Ground Pressure <input type="checkbox"/> S <input checked="" type="checkbox"/> U	AT-Grade <input checked="" type="checkbox"/> S <input type="checkbox"/> U	System in Fill <input type="checkbox"/> S <input checked="" type="checkbox"/> U	Holding Tank <input type="checkbox"/> S <input checked="" type="checkbox"/> U
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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.	1.	0-8	10YR 2/2		sl	2, m, gr	mfr	gs	2r/lm	0.5	0.6
	2.	8-16	10YR 3/4		sil	2, m, abk	mfr	gs	2r/lm	0.5	0.6
	3.	16-29	10YR 3/6		sil	2, m, abk	mfr	gs	2f	0.5	0.6
	4.	29-40	10YR 5/8		s	m, sg	mfr	glw	lf	0.7	0.8
	5.	40-56	10YR 4/6	2d 7.5YR 6+7/8	sil	l, f, sbk	massive	—	—	0.2	0.3

Ground elev. 95.56ft.
Depth to limiting factor 40 in.

Remarks: Rit open

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
2.	1.	0-11	10YR 2/2		sil	2, m, abk	mfr	gs	2r/lm	0.5	0.6
	2.	11-22	10YR 4/6		sil	2, m, abk	mfr	gs	2r/lm	0.5	0.6
	3.	22-38	10YR 5/6		s	m, sg	mfr	gs	lf	0.7	0.8
	4.	38-45	10YR 4/6	2d 7.5YR 6+7/8	sil	l, f, sbk	mfr	cs	—	0.2	0.3
	5.	45-60	10YR 6/6		s	uf, sg	mfr	—	—	0.4	0.5

Ground elev. 94.86ft.
Depth to limiting factor 38 in.

Remarks:

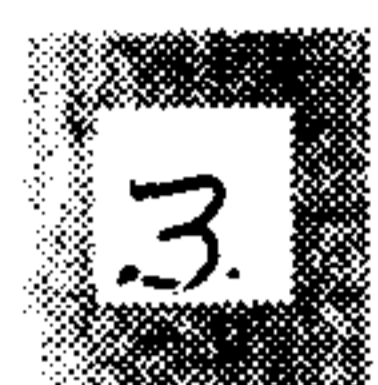
CST Name (Please Print) <u>Ms. Loretta A. Larrabee</u>	Signature <u>Loretta Larrabee</u>	Telephone No. Business: <u>(715) 235-4634</u>
Address Business: <u>Bowman Plumbing Inc., 2819 Knapp St., Menomonie, WI 54751</u>	Date <u>August 24, 1999</u>	CST Number <u>CSTM 3719</u>

PROPERTY OWNER Ruby Lestrud

SOIL DESCRIPTION REPORT

PARCEL I.D.# _____

Boring #



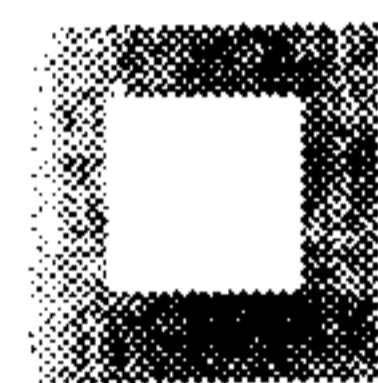
Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
1.	0-14	10 YR 2/2		sil	d, m, abk	mfr	gs	df+lm	φ 5	φ 6
2.	14-29	10 YR 4/6		sil	d, m, abk	mfr	gs	df+lm	φ 5	φ 6
3.	29-46	10 YR 3/6		sil	d, m, abk	mfr	gw	df	φ 5	φ 6
4.	46-52	10 YR 5/8		s	m, sg	mfr	gs	~	φ 7	φ 8
5.	52-56	10 YR 5/8	m d d 7.5 YR 6.5/8	vf s	vf, sg	mfp	~	~	φ 4	φ 5

Ground elev. 94.6 ft.

Depth to limiting factor 52 in.

Remarks: _____

Boring #



Several other pits were made in the yard (garden area & between buildings) soils are considered to be the same as BI-B-3.										
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Ground elev. _____ ft.

Depth to limiting factor _____ in.

Remarks: _____

Boring #



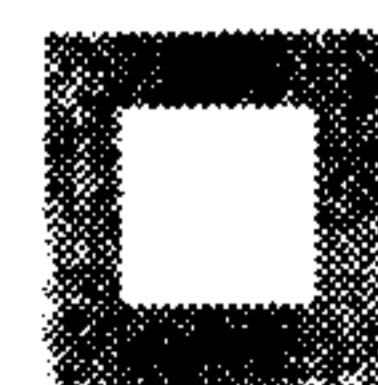
Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench

Ground elev. _____ ft.

Depth to limiting factor _____ in.

Remarks: _____

Boring #



Ground elev. _____ ft.

Depth to limiting factor _____ in.

Remarks: _____

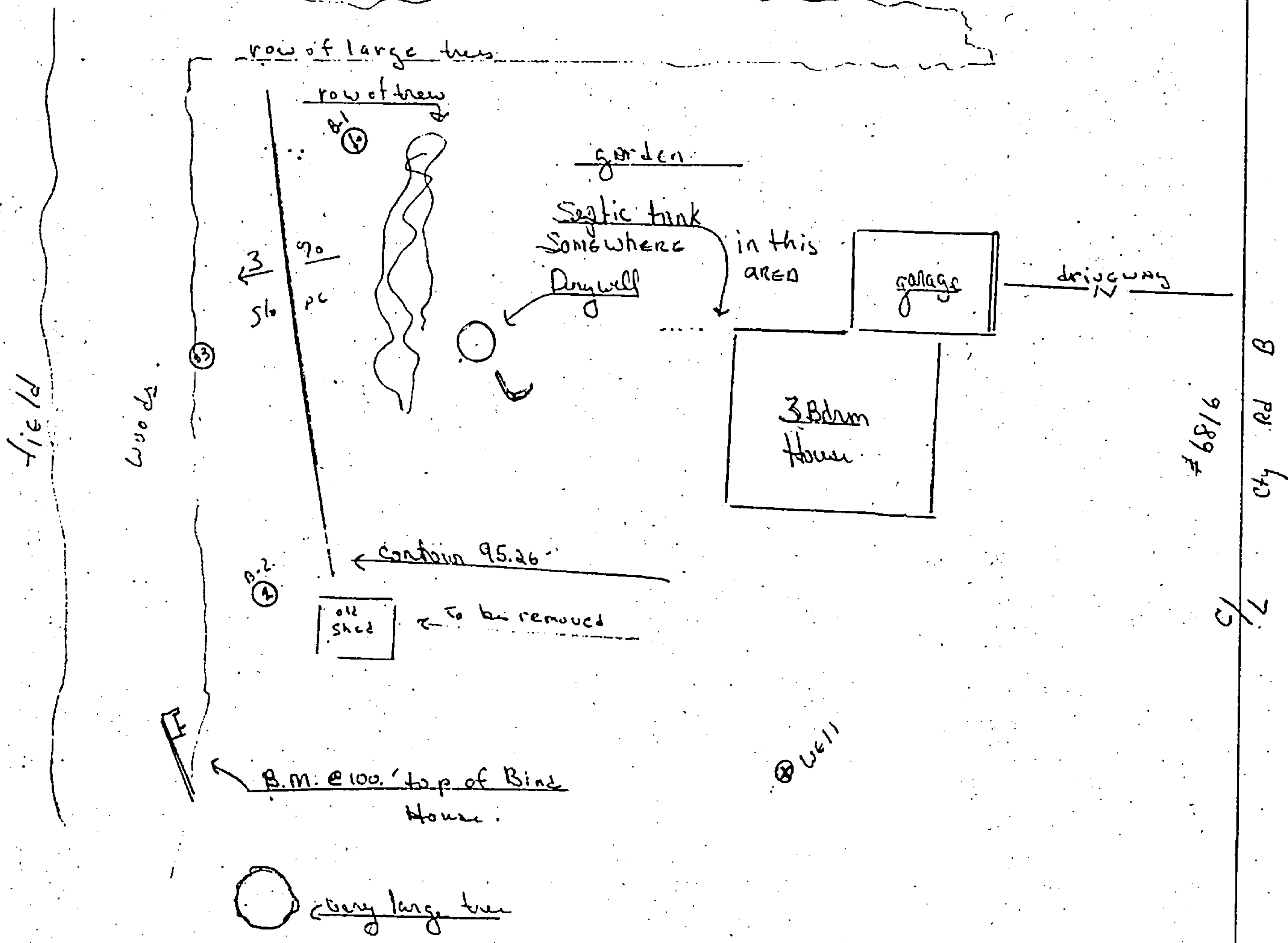
Ruby Lestrud
NE, NE, 34, 29, 12W
Tainter township
Dunn county



Loretta Larrabee

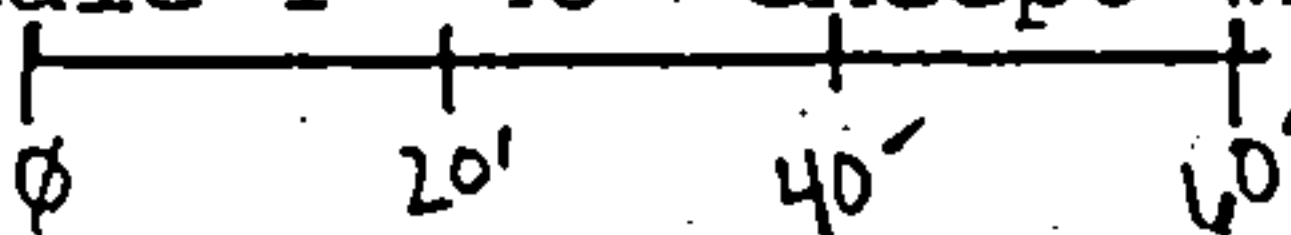
Loretta Larrabee
CSTM 3719

All lot lines > 40' of
proposed system area.



LEGEND

O-borings dug with back hoe
Scale 1"=40' except where indicated



BM: 100' top of bird house
NO ILHR 83;10 problems

out building area.

At-Grade System

Onsite Verification Report

Are the soil and landscape features accurately reported on the Soil and Site Evaluation Form

X yes no

If no, provide a further description by including an onsite report, which may consist of a soil profile report, or provide a brief explanation below.

If yes, what other type of Private Owned Waste Treatment System (POWTS) could be used?

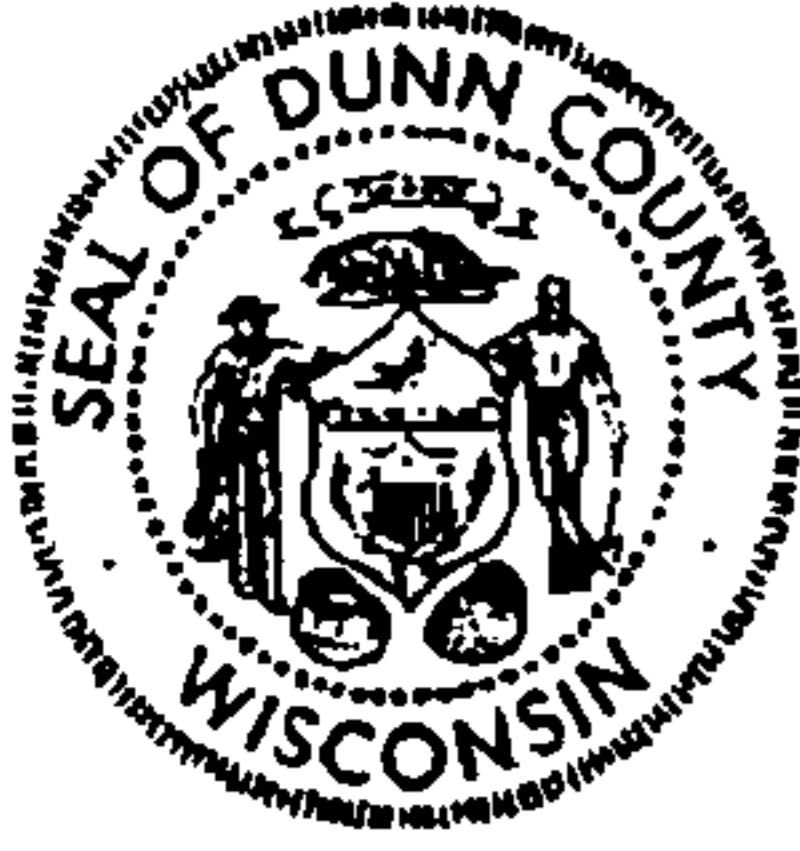
MOUND

Michael Helgeson
County Official Signature

9/1/99
Date

NE $\frac{1}{4}$ -NE $\frac{1}{4}$, Section 34, T29N-R12W, Town of Tainter, Dunn County, WI
Property Location

Ruby Lestrud
Landowners Name



COUNTY OF DUNN
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

Telephone (715) 232-1401

FAX: (715) 232-1324

November 9, 1999

Rudy Lestrud
E6816 Cty Rd. B
Colfax, WI 54730

RE: Parcel described as part of the NE-NE, Section 34, T29N-R12W
Town of Tainter, Dunn County, Wisconsin

Septic system installation address/fire number is – E6816 CTH B
Colfax, WI 54730

Dear Private Sewage System Owner:

Recently, a new or replacement on-site waste disposal system was installed on a parcel described above. This installation was inspected for code compliance and the inspection report together with the installing plumbers original forms are on permanent file with this office.

Wisconsin Statutes (ss 145.245(3)) requires maintenance of the septic tank for sludge content every three years. You, or the subsequent owner of this property will be notified in the spring/summer of 2002 to perform maintenance on this system. This maintenance requirement will involve pumping of the septic tank by a licensed septic tank pumper, or an inspection which verifies no pumping is required at this time. This notification of maintenance will follow every three years thereafter. This maintenance requirement is binding on all successors and assigns of this parcel. As the present owner, you are asked to disclose this requirement to the new owner(s) prior to sale.

The purpose of this maintenance requirement is to avoid premature failure of the private sewage system. A failed system presents a very serious environmental health risk to you and others.

If you have any question about this maintenance program, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Michael Helgeson".

Michael Helgeson
Zoning Administrator

MH/jr



October 2002

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during the year of 1990, 1993, 1996, or 1999. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections may be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

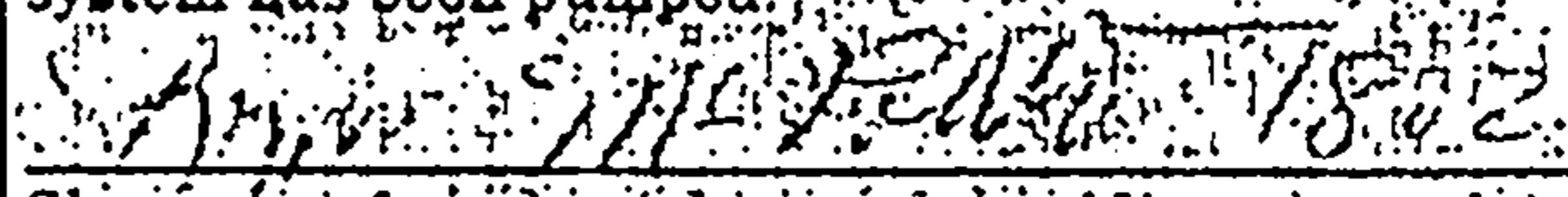
In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. This will be the only contact from this office. Failure to comply with this notice will lead to the filing of a non-compliance form to be attached to the State Sanitary Permit on file in this office. This filing will alert future buyers of this property that required maintenance was not performed.

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

Inspection of the private septic system components reveals that it <u>does</u> require pumping at this time. Contact septic pumper for service.
_____ Signature of inspector and license number
_____ Date of inspection

Inspection of the private septic system components reveals that the system <u>does not</u> require pumping at this time.
_____ Signature of inspector and license number
_____ Date of inspection

RETURN TO:
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751

(To be completed by septic tank pumper only) This system has been pumped.
 _____ Signature of septic tank pumper and license number
_____ Date of pumping

338233 038-1127-02 1999

*Lestrud Trust of 2001
N7225 690^m St
Menomonie, WI 54751*

*parcel address
E4816 Cty Rd B*



September 28, 2005

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during one of the following years: 1990, 1993, 1996, 1999, or 2002. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **This will be the only contact from this office. Failure to comply with this notice will lead to the filing of a non-compliance form to be attached to the State Sanitary Permit on file in this office. This filing will alert future buyers of this property that required maintenance was not performed.**

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service.

Signature of inspector and license number _____

Date of inspection _____

Inspection of the private septic system components reveal that the system does not require pumping at this time.

Signature of inspector and license number _____

Date of inspection _____

As per Com. 83.54(4d) a visual inspection as been made on all components of this system and no leakage problems are apparent.

RETURN TO:
Dunn County Zoning Office
800 Wilson Avenue
Menomonie, Wisconsin 54751
338233 038-1127-02 1999

(To be completed by septic tank pumper only) This system has been pumped.

[Handwritten Signature]

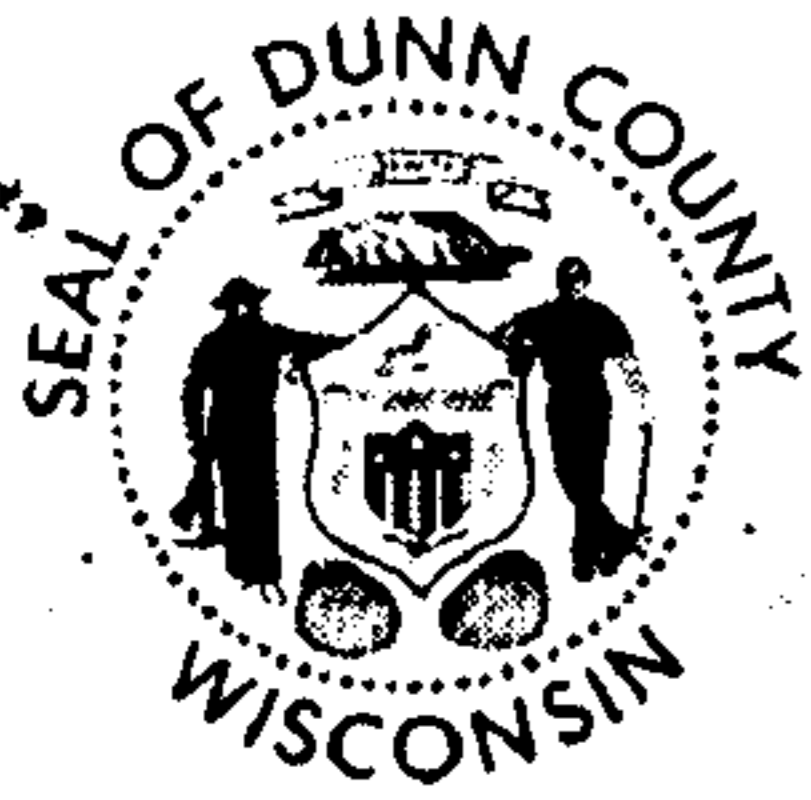
Signature of septic tank pumper and license number _____

Date of pumping 10/26/25

LESTRUD TRUST OF 2001
N7225 690TH ST
MENOMONIE WI 54751

Lot/CSM/Sub. & Parcel Address

E6816 COUNTY RD B



Environmental Services Department

Land Conservation, Planning, Solid Waste

Surveying, and Zoning Divisions

390 Red Cedar St., Suite C, Menomonie, WI 54751

Telephone: 715.231.6521

FAX: 715.232.4099

June 27, 2014

A private sewage system or replacement was installed on property you own during the year listed below. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

Inspection of the private septic system components reveal that it <u>does</u> require pumping at this time. Contact septic pumper for service. (PLEASE INDICATE IF PUMPING WAS COMPLETED BEFORE MAILING BACK THIS FORM)	
_____	Date of inspection _____
Signature of inspector and license number *****	
I certify that the septic system on the property mentioned below <u>is not</u> ponding on the ground surface or backing up into the structure, and that the septic tank has been visually inspected and pumped. <i>(To be completed by septic tank pumper only)</i>	
_____	Date of pumping _____
Signature of septic tank pumper and license number *****	
Inspection of the private septic system components reveal that the system <u>does not require</u> pumping at this time.	
_____	Date of inspection _____
Signature of inspector and license number	

RETURN TO:

Dunn County Zoning Office

390 Red Cedar St. Suite C

Menomonie, Wisconsin 54751

338233

038 291234.10101

Year of installation

or replacement

1999

Lot/CSM/Sub. & Parcel Address

LESTRUD TRUST OF 2001
N7225 690TH ST
MENOMONIE WI 54751

E6816 COUNTY RD B

T. L. SINZ PLUMBING, INC.

E5609 708TH AVE
 MENOMONIE, WI 54751
 PHONE 715-235-2644

www.tlsinzplumbing.com

Invoice

DATE	INVOICE NO.
7/24/2014	5852

BILL TO
KEN LESTRUD N7225 690TH ST MENOMONIE WI 54751

**INVOICE DUE
 IN 10 DAYS**

TERMS	SERVICE TECH	PROJECT
DUE 10 DAYS	TAT	E6816 CTY RD B RENTAL

QTY	DESCRIPTION	RATE	AMOUNT
1	<p>PUMPED SEPTIC TANK AND DOSE CHAMBER AT E6816 CTY RD B ON 7-24-14.</p> <p>Ken, the bottom of the septic tank cover should be at least 4" above grade, and have chain and a padlock on it to be code compliant. Also, the electrical box has no screws in the cover, the box is mounted horizontal instead of vertical and has alot of sand and debris in it. This could be a potential danger. Please give us a call if you have questions or if you would like us to fix these issues.</p> <p><i>All problems have been repaired Kenneth E Lestrud</i></p> <p><i>Thank you</i></p>	150.00	150.00

ALL ACCOUNT BALANCES OVER 30 DAYS WILL BE ASSESSED A LATE CHARGE OF 1% PER MONTH, 12% ANNUAL.	Total	\$150.00
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IF BALANCE IS PAID WITH CREDIT CARD ADD 2.5% TO TOTAL.
 THANK YOU, WE APPRECIATE THE OPPORTUNITY TO SERVE YOU!

sq

COUNTY OF DUNN
Menomonie, WI 54751



Telephone: 715.231.6521
FAX: 715.232.4099

September 26, 2008

Dear Sir/Madame:

A private sewage system or replacement was installed on property you own during one of the following years: 1990, 1993, 1996, 1999, 2002 and 2005. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. **Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.**

TO BE COMPLETED BY PLUMBER OR SEPTIC TANK PUMPER

<p>Inspection of the private septic system components reveal that it <u>does</u> require pumping at this time. Contact septic pumper for service.</p> <p>_____ Signature of inspector and license number</p> <p>Date of inspection _____</p>
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<p>Inspection of the private septic system components reveal that the system <u>does not require</u> pumping at this time.</p> <p>_____ Signature of inspector and license number</p> <p>Date of inspection _____</p>

As per Com. 83.54(4d) a visual inspection has been made on all components of this system and no leakage problems are apparent.

RETURN TO:
Dunn County Zoning Office
390 Red Cedar St. Suite C
Menomonie, Wisconsin 54751

<p>(To be completed by septic tank pumper only) This system has been pumped.</p> <p>_____ Signature of septic tank pumper and license number</p> <p>Date of pumping _____</p>

338233 038 291234.10101 1999

LESTRUD TRUST OF 2001
N7225 690TH ST
MENOMONIE WI 54751

Lot/CSM/Sub. & Parcel Address
E6816 COUNTY RD B

T. L. SINZ PLUMBING, INC.
 E5609 708TH AVE
 MENOMONIE, WI 54751
 PHONE 715-235-2644
 www.tlsinzplumbing.com

Invoice

DATE	INVOICE NO.
3/12/2008	1537

BILL TO
KEN LESTRUD N7225 690TH ST MENOMONIE WI 54751

**INVOICE DUE
 IN 10 DAYS**

TERMS	SERVICE TECH	PROJECT
DUE 10 DAYS	CAF	

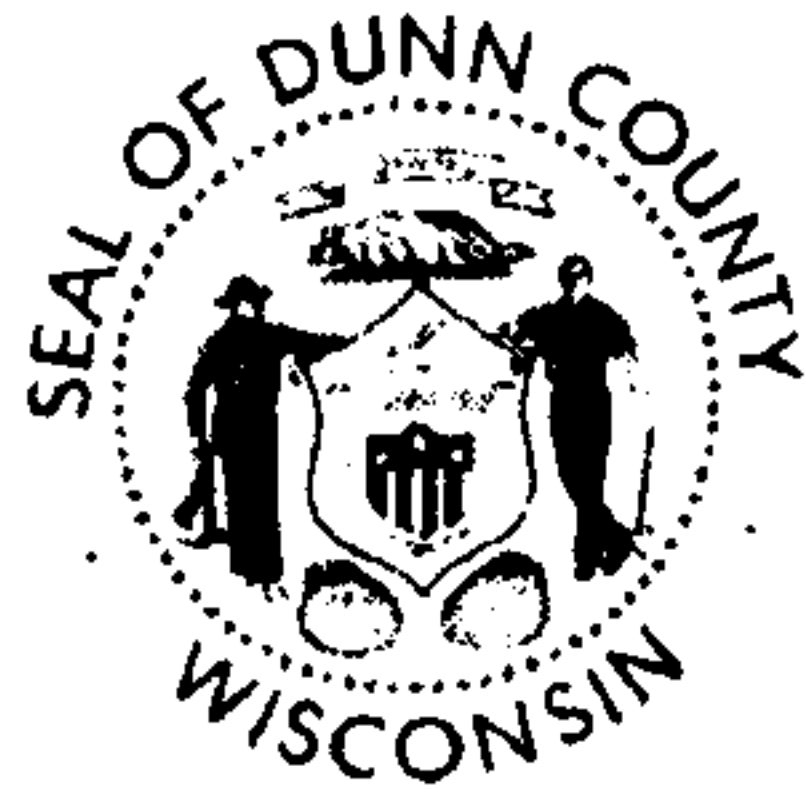
QTY	DESCRIPTION	RATE	AMOUNT
1	PUMPED SEPTIC TANK AND DOSE TANK ON 03/07/08	135.00	135.00
1	PADLOCK	6.01	6.01
	WI SALES TAX	5.50%	0.33
		Total	\$141.34

[Handwritten Signature]

ALL ACCOUNT BALANCES OVER 30 DAYS WILL BE ASSESSED A LATE CHARGE OF 1% PER MONTH, 12% ANNUAL.

THANK YOU, WE APPRECIATE THE OPPORTUNITY TO SERVE YOU!

*PA. 3/15/08
 Howe on B*



Environmental Services Department
Land Conservation, Planning, Solid Waste
Surveying, and Zoning Divisions

Telephone: 715.231.6521
FAX: 715.232.4099

May 27, 2011

A private sewage system or replacement was installed on property you own during the year listed below. As per 145.245(3) Wisconsin State Statutes and Chapter 6 of the Dunn County Comprehensive Zoning Ordinance (1993), you are required to be contacted by the Dunn County Zoning Office informing you of your responsibility to provide maintenance on the system. This maintenance program requires inspection of or pumping of the private sewage system at least once every three years.

As per 83.54.4(d) 1. Except as provided in subparagraph 3, a POWTS that exists prior to July 1, 2000, and that utilizes a treatment or dispersal component consisting in part of in situ soil shall be visually inspected at least once every 3 years to determine whether wastewater or effluent from the POWTS is ponding on the surface of the ground.

Inspections shall be conducted by a licensed master plumber, licensed journeyman plumber, licensed restricted plumber or licensed septic tank pumper. The inspection shall certify that the system is in proper operating condition and the septic tank is less than 1/3 full of sludge and scum. If the inspection reveals sludge and scum volume to be greater than 1/3 the volume of the tank, the tank shall be serviced by a licensed septic tank pumper. You may choose to go directly to pumping the tank and eliminate the need for an inspection which determines if the tank needs pumping.

In either case, please return this letter within 45 days with the appropriate signatures. Septic tank maintenance will ensure maximum service life of your private sewage system and avoid premature failure and very costly replacement. Filing of this signed letter will alert future buyers of this property, that required maintenance was or was not performed. This will be the only contact from this office.

Inspection of the private septic system components reveal that it does require pumping at this time. Contact septic pumper for service. (PLEASE INDICATE IF PUMPING WAS COMPLETED BEFORE MAILING BACK THIS FORM)
Date of inspection
Signature of inspector and license number
I certify that the septic system on the property mentioned below is not ponding on the ground surface or backing up into the structure, and that the septic tank has been visually inspected and pumped. (To be completed by septic tank pumper only)
Date of pumping
Signature of septic tank pumper and license number
Inspection of the private septic system components reveal that the system does not require pumping at this time.
Date of inspection June 24 2011
Signature of inspector and license number

RETURN TO:

Dunn County Zoning Office
390 Red Cedar St. Suite C
Menomonie, Wisconsin 54751
338233 038 291234.10101

Year of installation
or replacement
1999

Lot/CSM/Sub. & Parcel Address

LESTRUD TRUST OF 2001
N7225 690TH ST
MENOMONIE WI 54751

E6816 COUNTY RD B