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**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT for Dunn County**

Name	Bruce Radle	
Address	E4981 330 th Ave.	
City	Menomonie	
State & Zip	WI	54751

PLUMBER:	CST:
Michael Hassett	Michael Hassett

GENERAL INFORMATION

CST BM Elev.: 100'	Insp. BM Elev.: 100'
BM Description: Top of lot corner iron pipe.	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Huffcutt	1200
Dosing		

TANK SETBACK INFORMATION

TYPE	P/L	WELL	BLDG	VENT TO AIR INTAKE
Septic	36	88	18	
Dosing				

PUMP/SIPHON INFORMATION

Manuf/Model #				
Lift	Friction Loss	System Head	TDH Ft.	
Forcemain	Length	Dia.	Dist. to Well	

SOIL ABSORPTION SYSTEM

Bed/trench dimensions	Width 3	Length 75	No. of Trenches 2		
Setback	Type of System	P/L	Bldg	Well	Lake/Stream
Information	Conventional	44	42	105	

DISTRIBUTION SYSTEM

Header/Manifold Length	Dia.	Distribution pipe(s) Length	Dia.	Spacing	X Hole Size	X Hole Spacing
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WI FUND: _____ Yes No _____ Maybe
REASON: _____

COMMENTS:
Hi-capacity infiltrators

New House / Double Wide	<input checked="" type="checkbox"/>
New Mobile Home	<input type="checkbox"/>
New Other	<input type="checkbox"/>
Replace/Repair/Reconnect	<input type="checkbox"/>

5/26/00
date

M. Helgen
Inspector's Signature

224978
Cert. No.

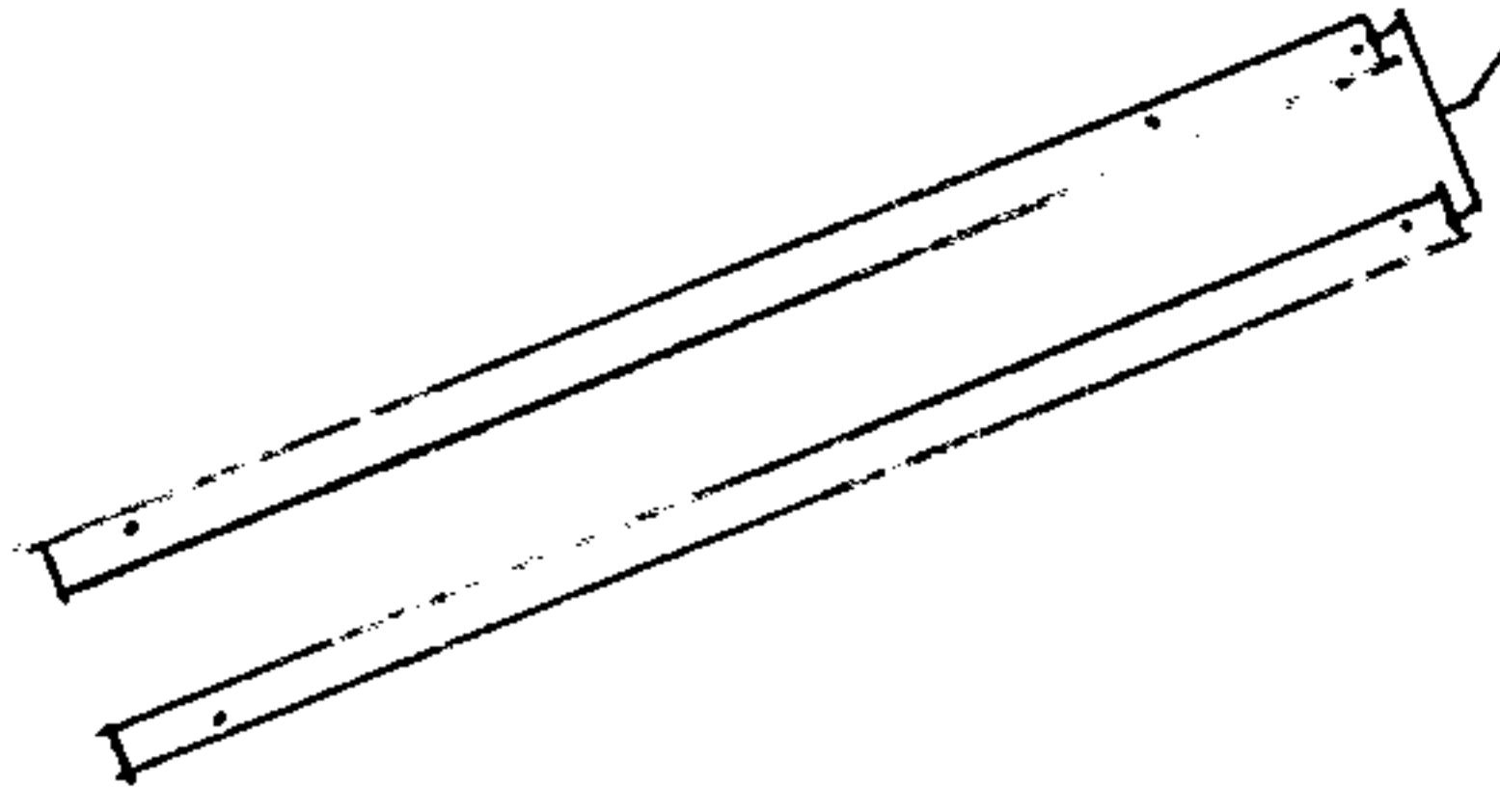
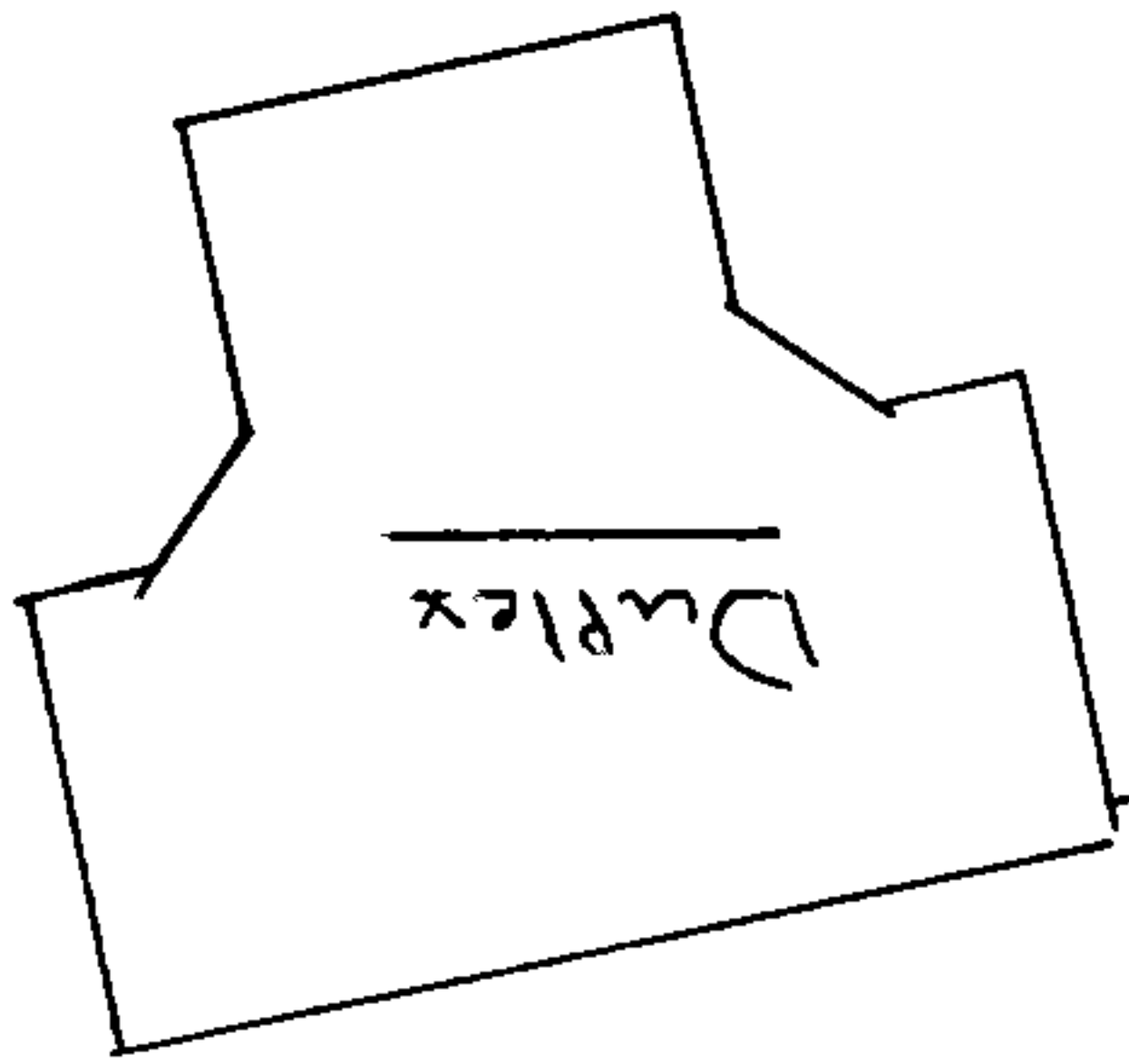
Property Address/City	N7981 & N7983 588 th St. Menomonie, WI 54751
Town of	Tainter
Legal	GL. 3 29 29-12
Subdivision	
CSM #	Lot 3 CSM #1594
Sanitary permit #	3382578
State Plan ID #	
Parcel tax #	291229.00309
Computer #	038-1096-03-012

ELEVATION DATA

STATION	ELEVATION	ELEVATION
Benchmark		100.00
Well		107.91
Bldg. Sewer		
St/Ht Inlet		101.88
St/Ht Outlet		101.51
Dt. inlet		
Dt. Bottom		
Header/Man.	Top of shells	96.72
Dist. pipe	Top of shells	96.60
Bottom system		95.10

Lot 3 CSM # 1594

Well



DUNN COUNTY

11:30
Thursday

SANITARY PERMIT

No. ~~338257~~ 8

New

OWNER Bruce Radle, E4981 330th Ave., Menomonie

PLUMBER Michael Hassett LICENSE # 224974

TOWN OF Tainter LOCATED SE-NW

SECTION 29 T 29 N - R 12 W

AND/OR LOT 3 BLOCK _____

CSM #1594 DIVISION _____

Janet Riedel AUTHORIZED ISSUING OFFICER - DATE 10/13/99

THIS PERMIT EXPIRES 10/13/01 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 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

- 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

The information you provide may be used by other government agency programs [Privacy Law, s. 15.04 (1) (m)].

County <i>Dunn</i>
State Sanitary Permit Number <i>338258</i>
<input type="checkbox"/> Check revision to previous application
State Plan I.D. Number

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name <i>ISAAC ADAMS</i>		Property Location <i>SE 1/4 NW 1/4 S 29 T 29 N R 12 (or) W</i>	
Property Owner's Mailing Address <i>E 4981 330th Ave.</i>		Lot Number <i>3</i>	Block Number
City, State <i>Menomonie, WI</i>	Zip Code <i>54751</i>	Phone Number <i>(715) 664-8855</i>	Subdivision Name or CSM Number <i>1594 IN Loc. Lot # 3</i>

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

Public 1 or 2 Family Dwelling - No. of bedrooms *4*

City Village Town OF *Tainter* Nearest Road *800th Ave*

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 type="checkbox"/> Specify Type	41 <input type="checkbox"/> Holding Tank
12 <input checked="" type="checkbox"/> Seepage Trench <i>3' x 75' (2)</i>	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit <i>USE INFILTRATOR SIDEWINDER CHAMBERS 3' x 6.25' x 16"</i>			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill <i>12 CHAMBERS / TRENCH - 24 CHAMBERS TOTAL</i>			

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <i>600</i>	2. Absorp. Area Required (sq. ft.) <i>750</i>	3. Absorp. Area Proposed (sq. ft.) <i>763.2</i>	4. Loading Rate (Gals/day/sq. ft.) <i>.8</i>	5. Perc. Rate (Min./inch) <i>-</i>	6. System Elev. <i>95.2' Feet</i>	7. Final Grade Elevation <i>99.0' Feet</i>
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VII. TANK INFORMATION

	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<i>1200</i>	<i>-</i>	<i>1200</i>	<i>1</i>	<i>HUFFCUTT, INC.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber						<input 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) <i>MICHAEL J. HASSATT</i>	Plumber's Signature: (No Stamps) <i>Michael Hassatt</i>	MIP/MPSW No.: <i>224974</i>	Business Phone Number: <i>715 834-8610</i>
Plumber's Address (Street, City, State, Zip Code): <i>1503 FAIRWAY SE, EAU CLAIRE, WI 54701</i>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <i>200 + 30.-</i>	Date Issued <i>10/13/99</i>	Issuing Agent Signature (No Stamps) <i>[Signature]</i>
<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

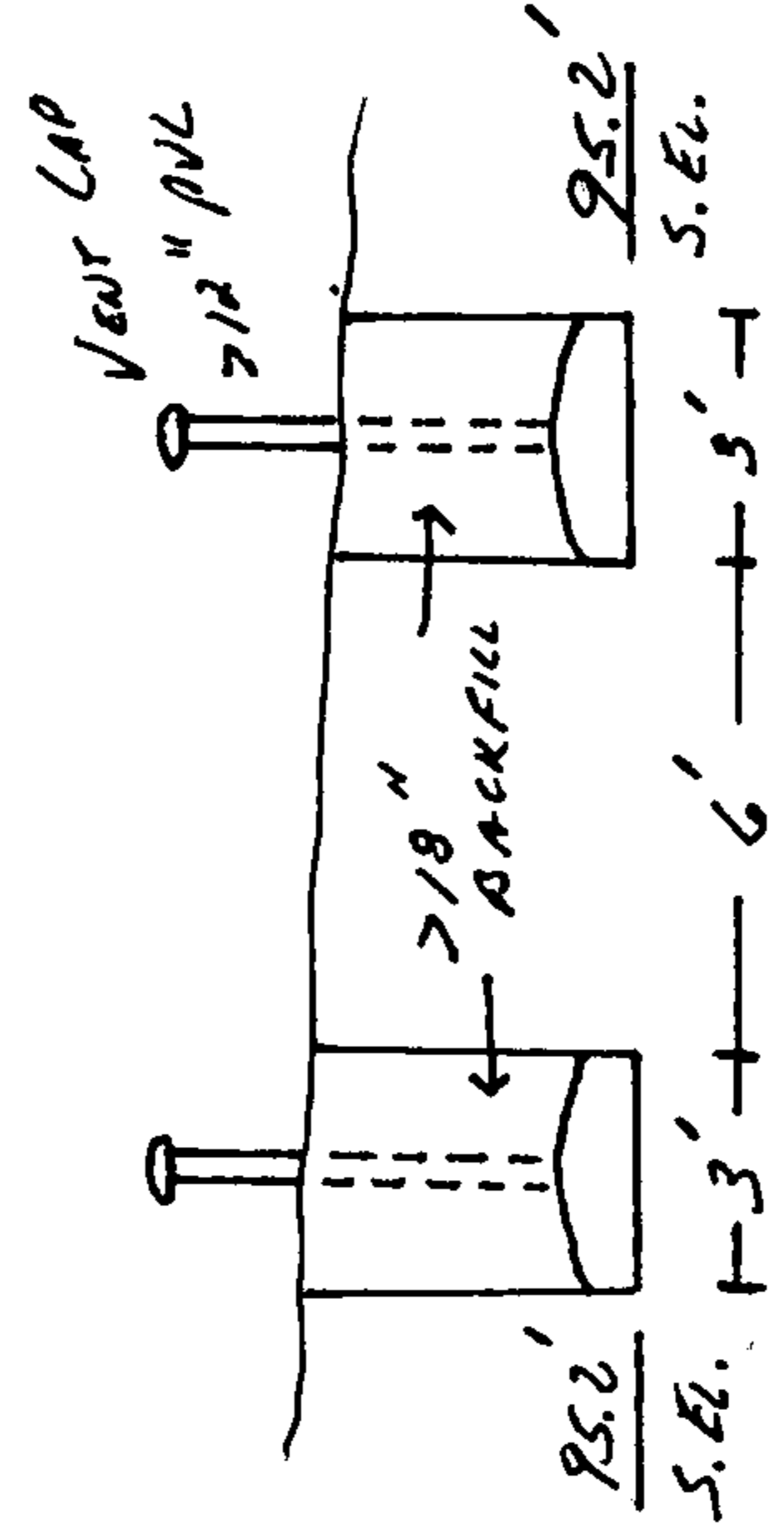
1983 Wisconsin Act 410 included the creation of surcharges (fees) for a number of regulated practices which can effect groundwater.

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

PROJECT NAME: BRUCE CARLE
 PROJECT LOCATION: SE. 1/4, 29, 29, 12N
V. OF LANDERS, DEAN CO.

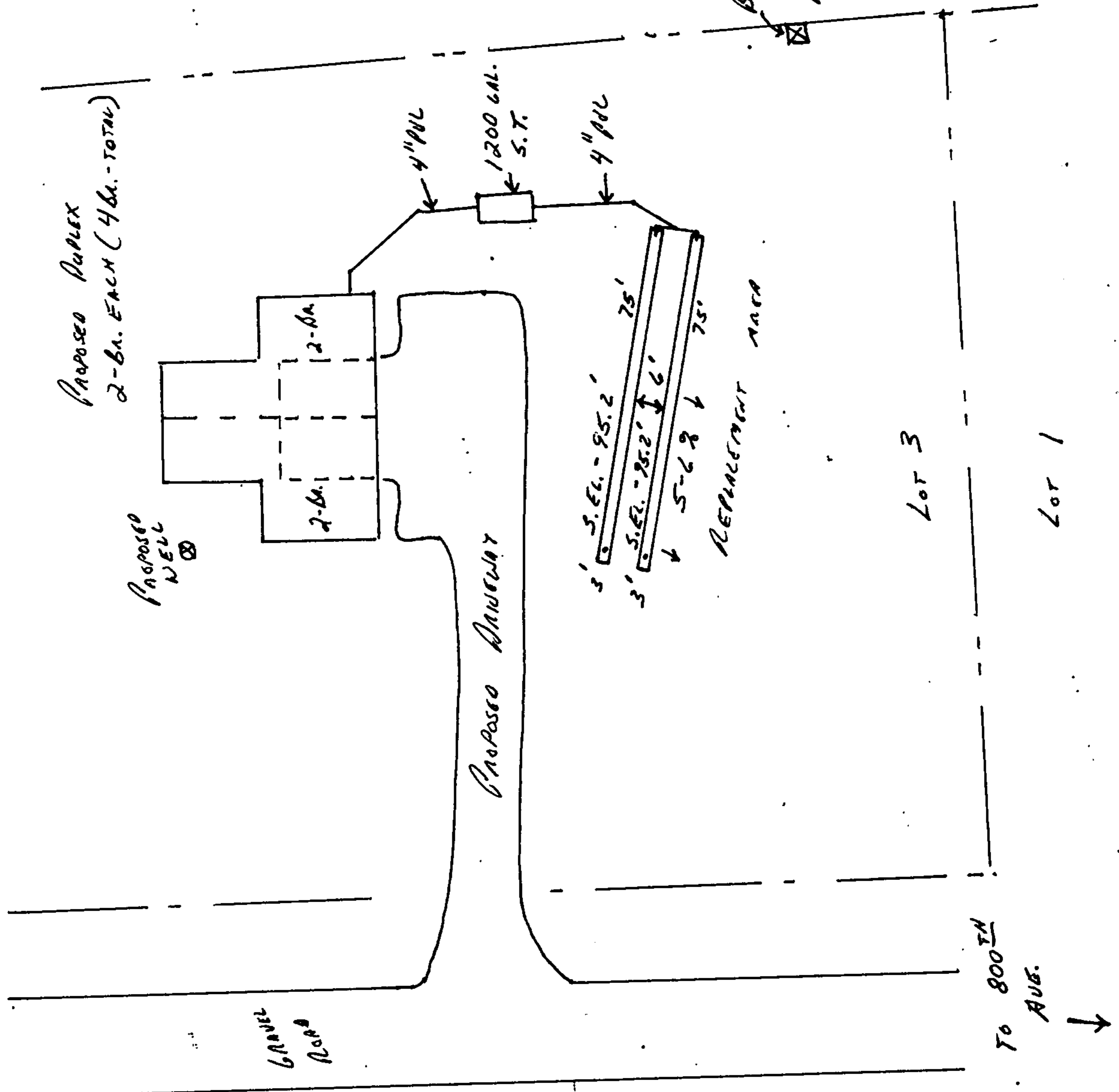
M.P. LICENSE #: 224974 - MICHAEL J. HASSERT
 SIGNATURE: [Signature]
 DATE: 10-7-99

1" = 40'
 0 20' 40'
 N ↓
 ALL COMM. 83.10 SETBACKS MET
 B.M. 2 - 105.75' TOP OF
 CABLE T.V. PEDESTAL



12 CHAMBERS / TRENCH
 24 CHAMBERS TOTAL

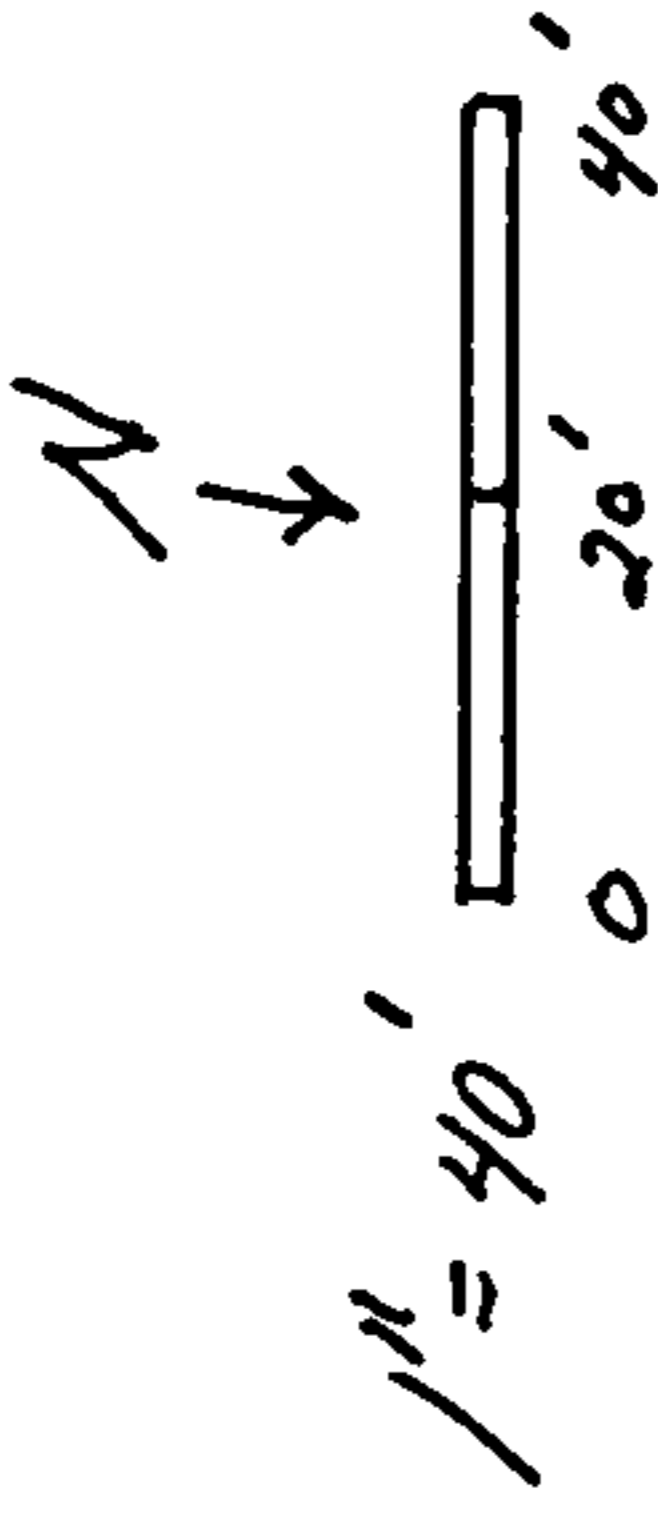
PLOT PLAN



PLOT PLAN

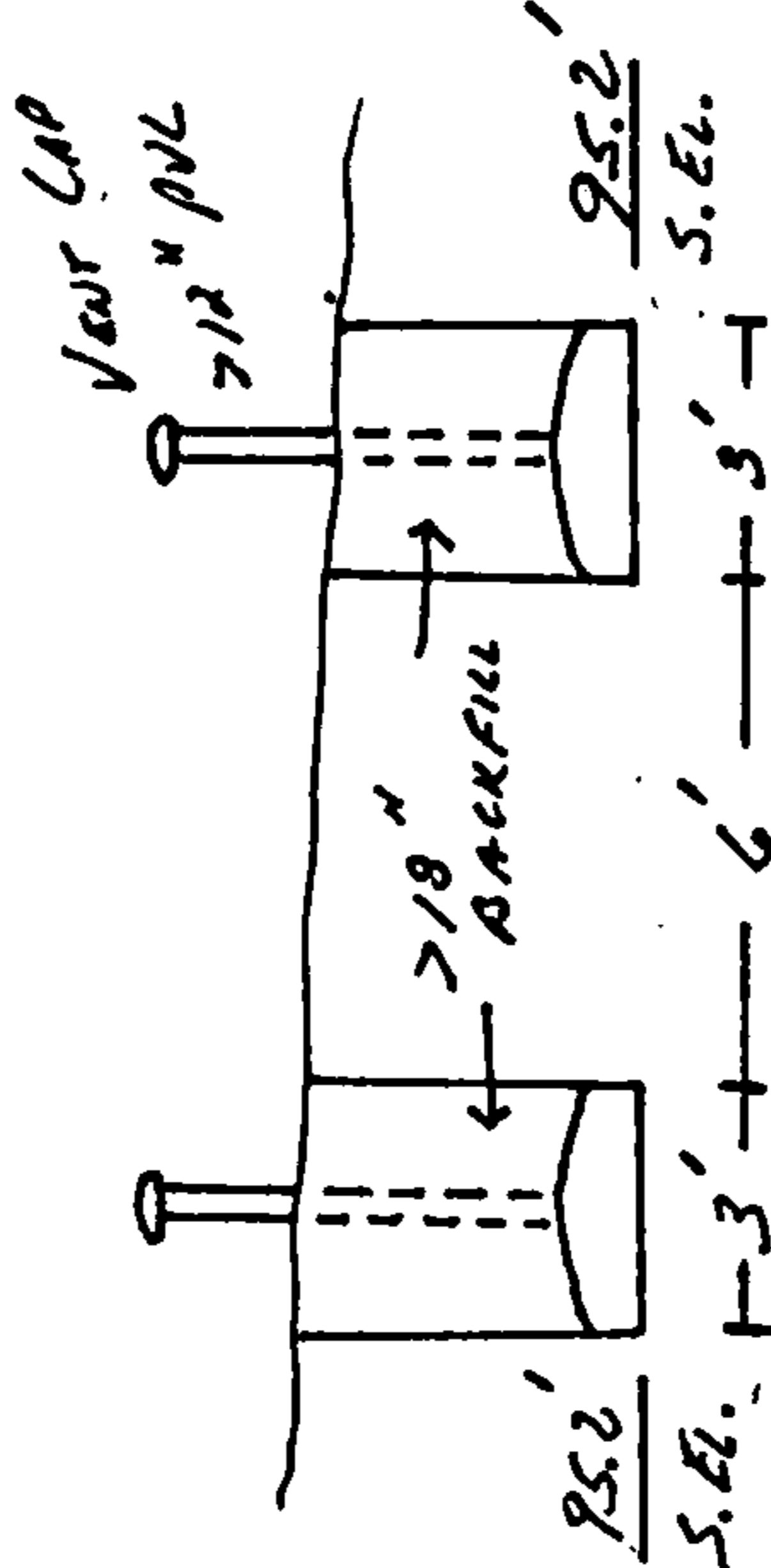
PROJECT NAME: Bruce Caple
 PROJECT LOCATION: SE 1/4 27, 29, 12N
T. of Painter, Dunn Co.

M.P. LICENSE #: 224974-MICHAEL J. HASSERT
 SIGNATURE: [Signature]
 DATE: 10-7-99



ALL COMM. 03.10 SETBACKS MET

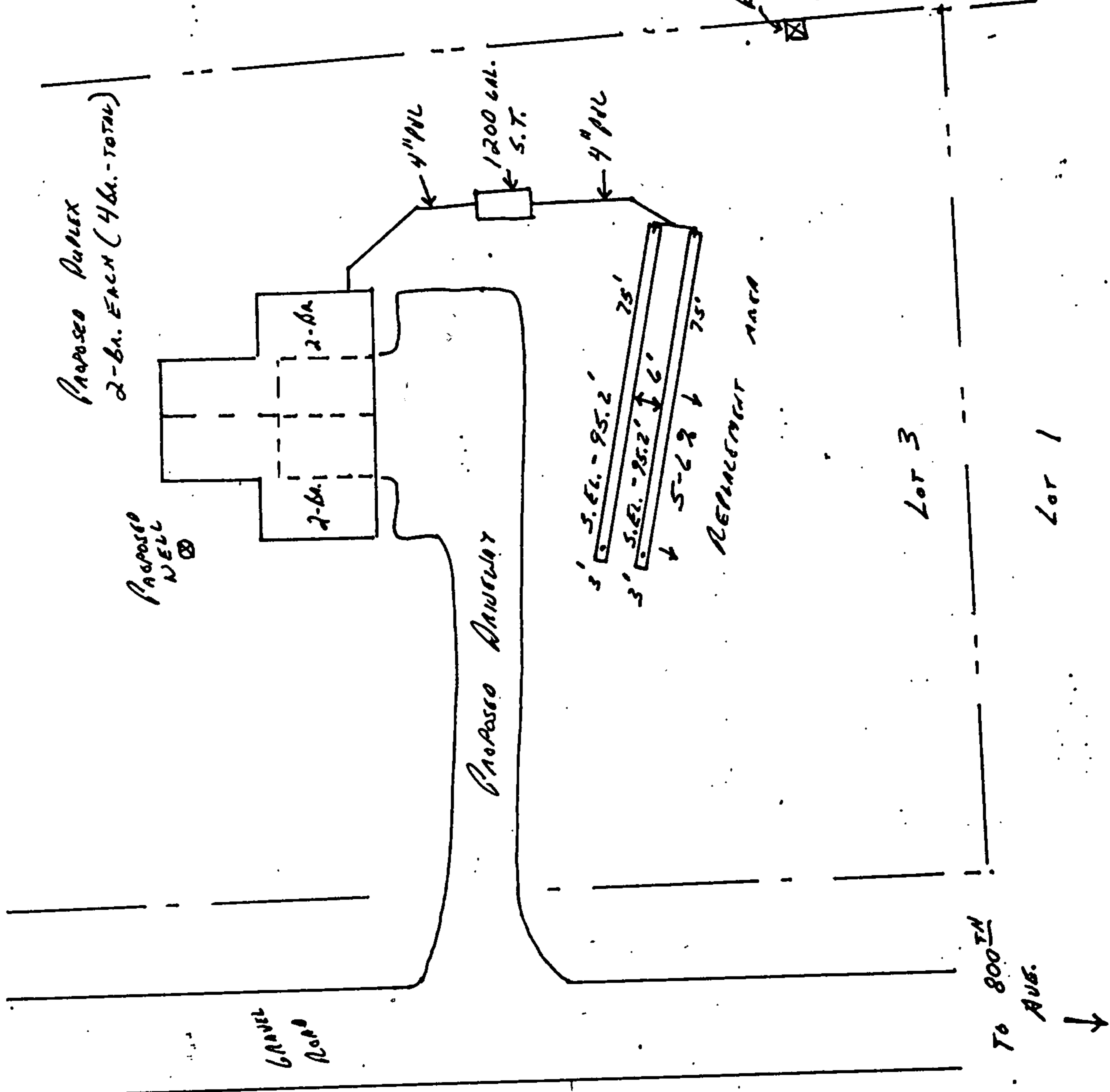
B.M. 2 - 105.75' TOP OF
 CABLE T.V. PEDestal →



CROSS-SECTION
 (NO SCALE)

USE INFILTRATOR SIDEWALK CHAMBERS
 3' x 6.25' x 12"

12 CHAMBERS / TRENCH
 24 CHAMBERS TOTAL

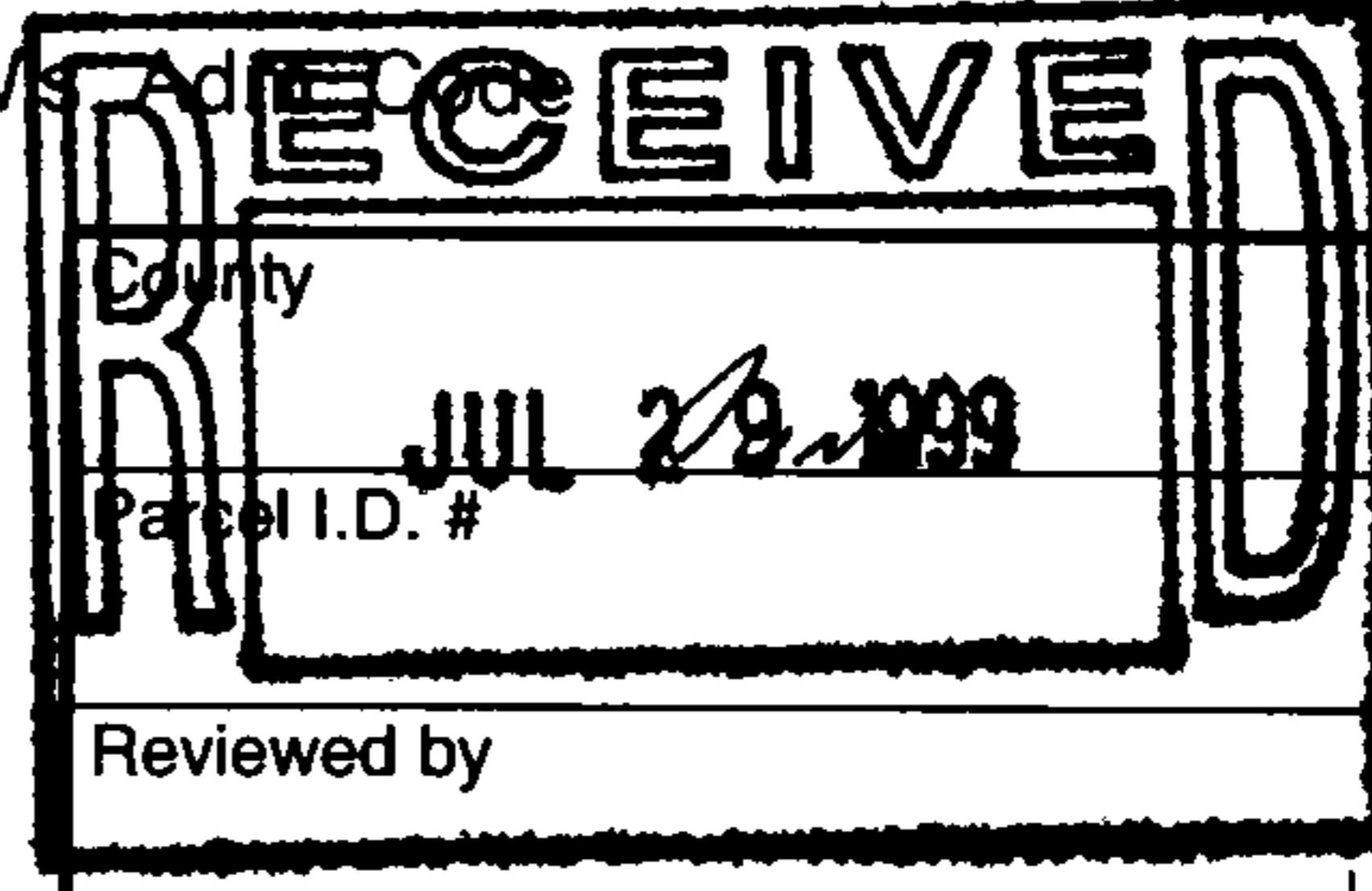


B.M. - 100' - TOP
 OF 1800' PIPE
 BY LARGE
 TREE

SOIL AND SITE EVALUATION

in accordance with Comm 83.09, Wis. Admin. 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.



APPLICANT INFORMATION - Please print all information.

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


Property Owner <u>BAULE MADLE</u>				Property Location Govt. Lot <u>3 SE 1/4 NW 1/4, S 29 T 29 N, R 12 E (or W)</u>			
Property Owner's Mailing Address <u>E 4981 330th AVE.</u>				Lot # <u>3</u>	Block# <u>-</u>	Subd. Name or CSM# <u>1594 Vol. 6, Pg. 144</u>	
City <u>MENOMONIE</u>	State <u>WI</u>	Zip Code <u>54751</u>	Phone Number <u>(715) 664-8855</u>	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town	Nearest Road <u>VAINTER 800th AVE.</u>

New Construction Use: DUPLEX Residential / Number of bedrooms 4 Addition to existing building _____
 Replacement Public or commercial - Describe: _____

Code derived daily flow 600 gpd Recommended design loading rate .6 bed, gpd/ft² .7 trench, gpd/ft²
 Absorption area required 858 bed, ft² 750 trench, ft² Maximum design loading rate .7 bed, gpd/ft² .8 trench, gpd/ft²
 Recommended infiltration surface elevation(s) 30"-50" BELOW GRADE - ON ft (as referred to site plan benchmark)
 Additional design/site considerations DUPLEX WILL HAVE A WALKOUT ON NORTH SIDE
 Parent material OUTWASH Flood plain elevation, if applicable NA ft

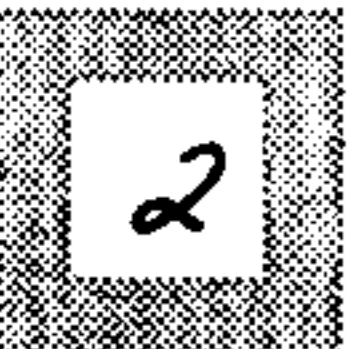
S = Suitable for system	Conventional	Mound	In-Ground Pressure	AT-Grade	System in Fill	Holding Tank
U = Unsuitable for system	<input checked="" type="checkbox"/> S <input type="checkbox"/> U	<input checked="" type="checkbox"/> S <input type="checkbox"/> U	<input checked="" type="checkbox"/> S <input type="checkbox"/> U	<input checked="" type="checkbox"/> S <input type="checkbox"/> U	<input checked="" type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input checked="" type="checkbox"/> U

SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
1 	1	0-31	10YR 2/2	-	ls	1 f sbk	mfr	gs	lf-m	.6	.7
	2	31-48	10YR 3/4	-	ls	1 f sbk	mufr	cs	lf-m	.6	.7
	3	48-55	10YR 4/6	-	s	sg	m1	cs	-	.7	.8
	4	55-92	10YR 5/4	-	M+C s	sg	m1	-	-	.7	.8


Ground elev. 99.25 ft.
 Depth to limiting factor >92 in.

Remarks: _____

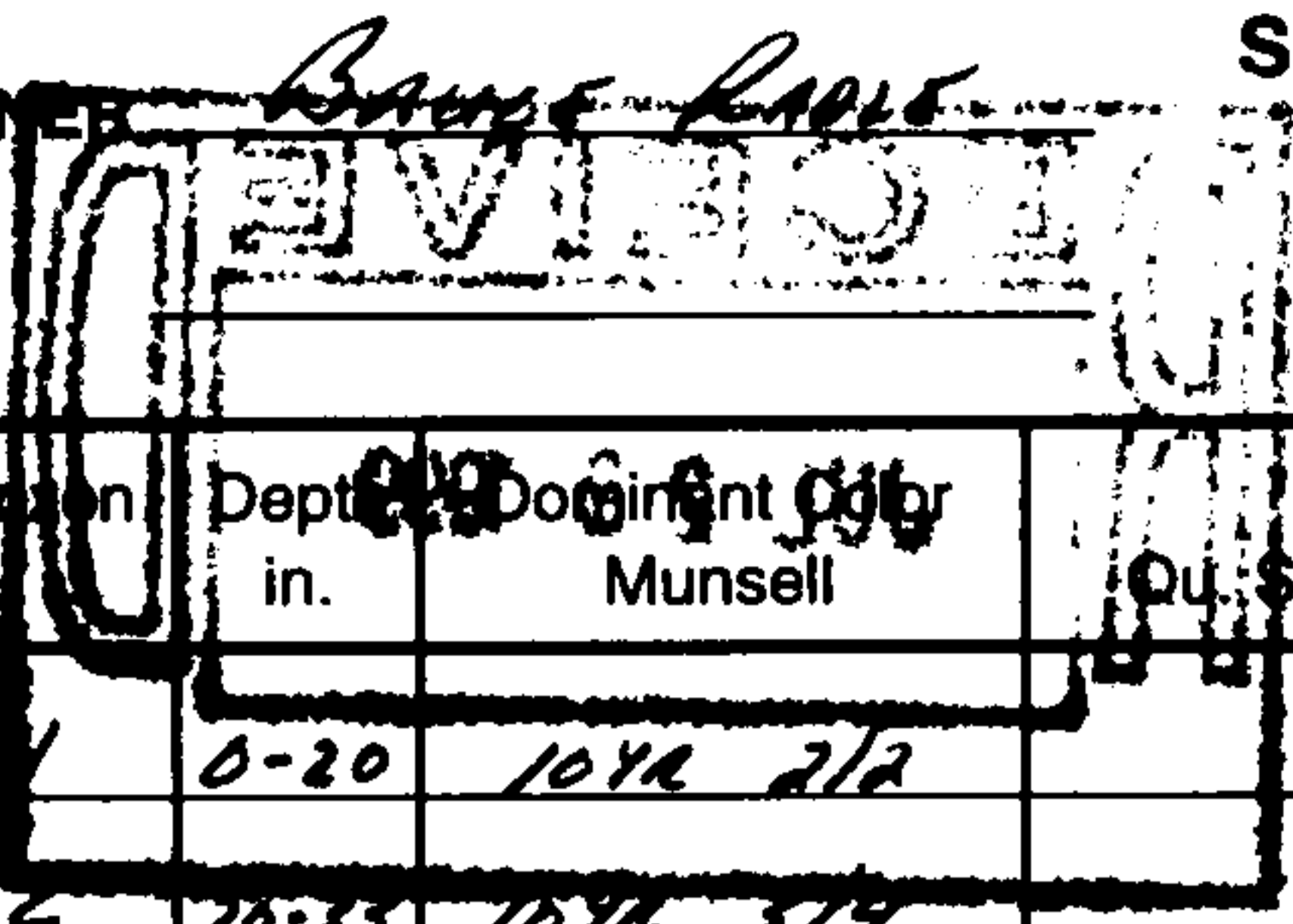
Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
2 	1	0-20	10YR 2/2	-	ls	1 f sbk	mfr	gs	lf-m	.6	.7
	2	20-36	10YR 3/4	-	ls	1 f sbk	mufr	cs	lf-m	.6	.7
	3	36-48	10YR 5/6	-	s	sg	mufr	cs	-	.7	.8
	4	48-90	10YR 5/4	-	M+C s	sg	m1	-	-	.7	.8

Ground elev. 98.15 ft.
 Depth to limiting factor >90 in.

Remarks: _____

CST Name (Please Print) <u>MICHAEL J. MASSETT</u>	Signature 	Telephone No. <u>715 834-8610</u>
Address <u>1503 FAIRWAY ST., EAU CLAIRE, WI 54701</u>	Date <u>6-1-99</u>	CST Number <u>224974</u>

PARCEL I.D.#



Boring #

3

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	0-20	10YR 2/2	-	ls	1 f sbk	mfr	gs	1f-m	.6	.7
2	20-33	10YR 3/4	-	ls	1 f sbk	mufr	gs	1f-m	.6	.7
3	33-48	10YR 5/6	-	s	sg	m1	gs	-	.7	.8
4	48-96	10YR 5/4	-	s	sg	m1	-	-	.7	.8

Ground elev. 96.6 ft.

Depth to limiting factor >96 in.

Remarks:

HAND Boring #

4

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	0-20	10YR 2/2	-	ls						
2	20-34	10YR 3/4	-	ls						
3	34-47	10YR 5/8	-	s						
4	47-90	10YR 5/4	-	s						

Ground elev. 98.9 ft.

Depth to limiting factor >90 in.

Remarks:

HAND Boring #

5

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	0-22	10YR 2/2	-	ls						
2	22-36	10YR 3/4	-	ls						
3	36-49	10YR 5/6	-	s						
4	49-90	10YR 5/4	-	s						

Ground elev. 97.6 ft.

Depth to limiting factor >90 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.

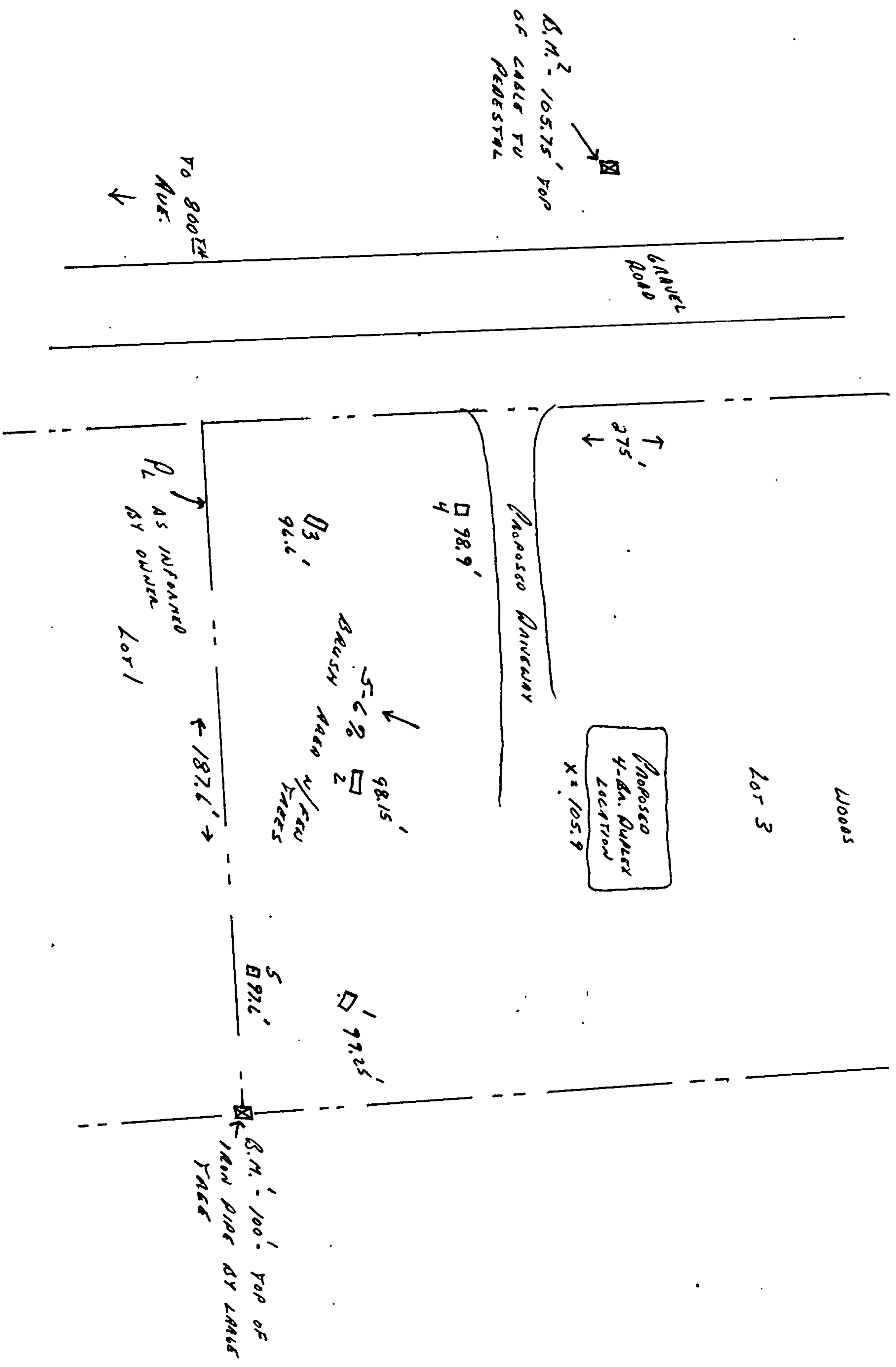
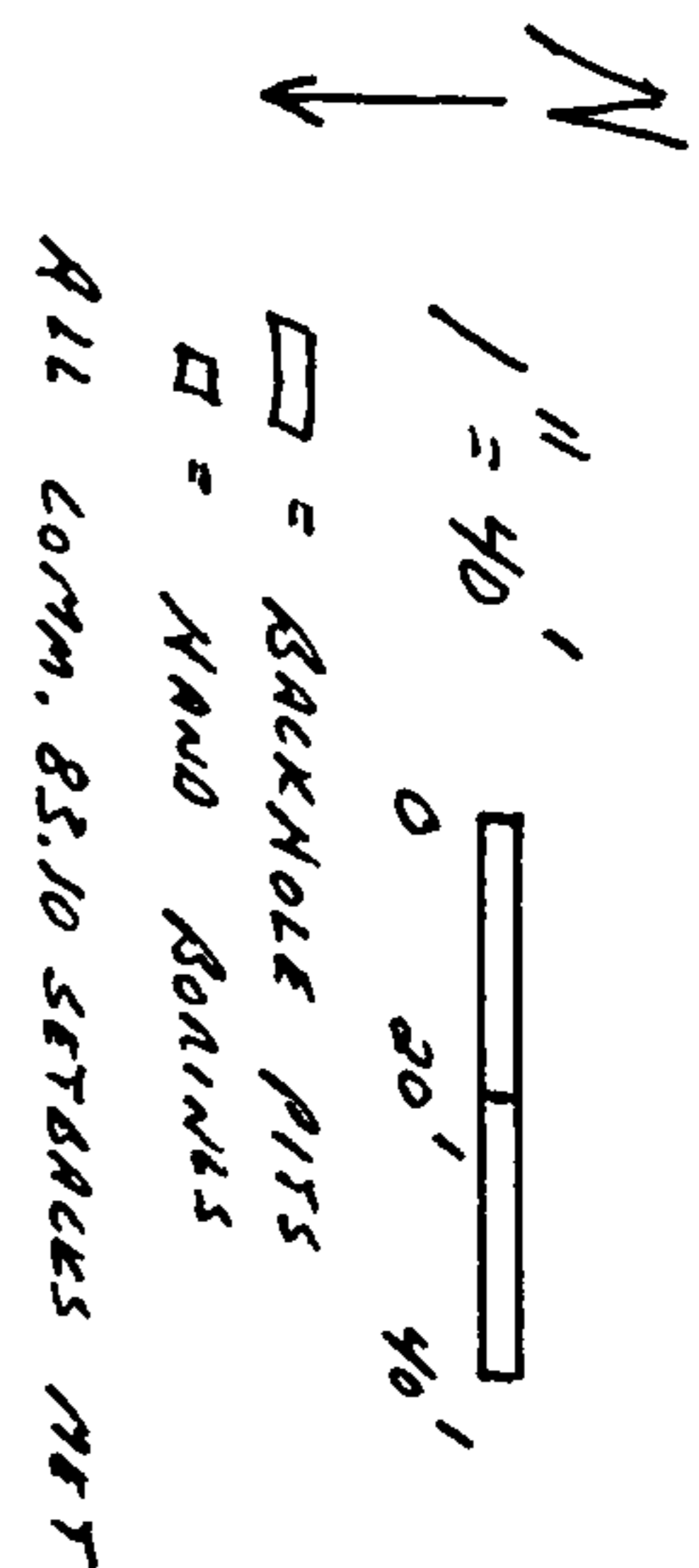
Depth to limiting factor in.

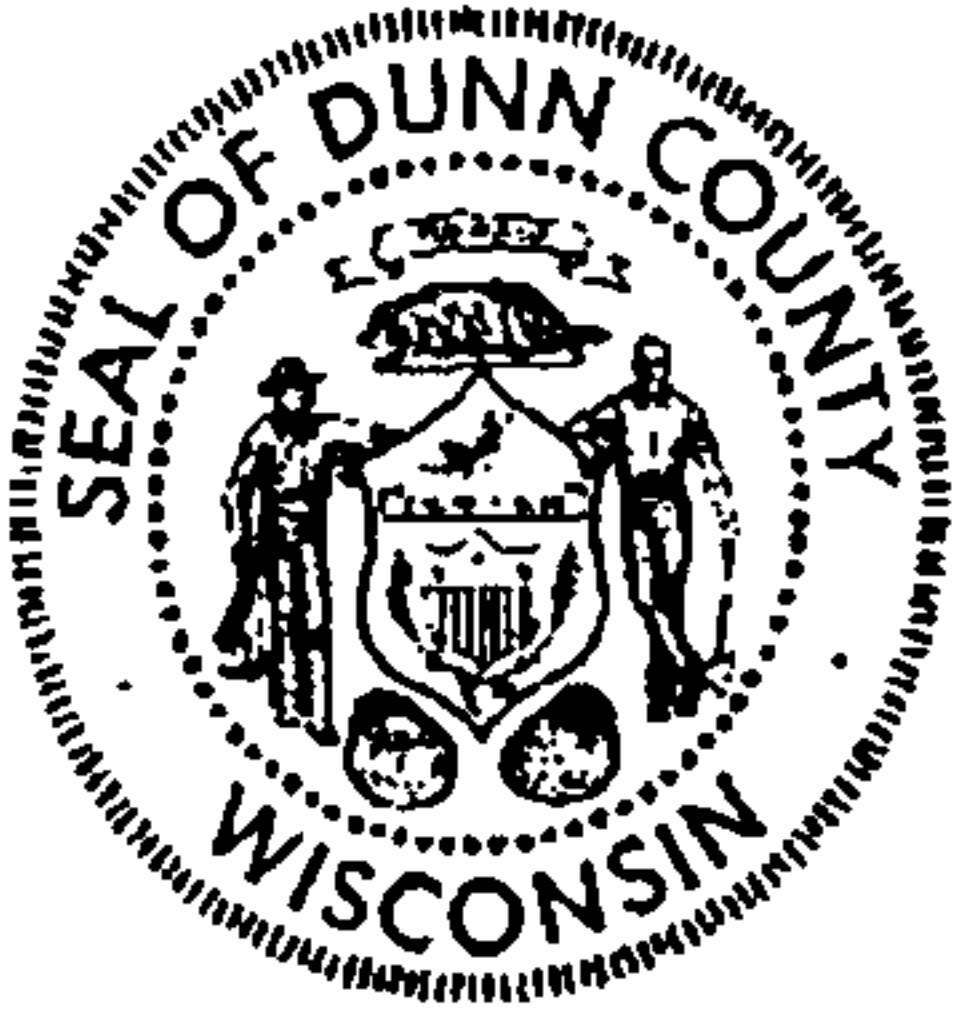
Remarks:

PLOT PLAN

P.L. 3053

PROJECT NAME: SHULE ROAD
 PROJECT LOCATION: Lot 3, Subdiv. 29, 29 N, 12 W
Co. of Tarrant, Tarrant Co.
 CST LICENSE #: 224974 DR. CHARLES T. WASSER
 SIGNATURE: [Signature]
 DATE: 6-1-99





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

Telephone (715) 232-1401
FAX: (715) 232-4099

July 12, 2000

Bruce Radle
E4981 330th Ave.
Menomonie, WI 54751

RE: Parcel described as part of the SE-NW, Section 29, T29N-R12W
Town of Tainter, Dunn County, Wisconsin Lot 3, CSM #1594

Septic system installation address/fire number is – N7981 & N7983 588th St.
Menomonie, WI 54751

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 2003 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 black ink that reads "Michael Helgeson" with "JR" written below it.

Michael Helgeson
Zoning Administrator

MH/jr