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

| | | |
|---|---|---|
| Name | Dennis Fedderly | |
| Address | N3893 STH 25 | |
| City | Menomonie | |
| State & Zip | WI | 54751 |

| PLUMBER: | CST: |
|---|---|
| Jack Bowman | Loretta Larrabee |

| | |
|---|---|
| Property Address/City | E3387 440th Ave. |
| Town of | Menomonie |
| Legal | SW SW 5 27-13 |
| Subdivision | |
| CSM # | Lot 2 CSM #2734 |
| Sanitary permit # | **445117** |
| State Plan ID # | 925881 |
| Parcel tax # | 271305.30305 |
| Computer # | 016-1020-06-011 |

GENERAL INFORMATION

| | |
|---|---|
| CST BM Elev.: | Insp. BM Elev.: |
| BM Description: Nail in tree | |

TANK INFORMATION

| TYPE | MANUFACTURER | CAPACITY |
|---|---|---|
| Septic | Wieser | 1200 |
| Dosing | Combination | 800 |

TANK SETBACK INFORMATION

| TYPE | P/L | WELL | BLDG | VENT TO AIR INTAKE |
|---|---|---|---|---|
| Septic | 124 | * | * | |
| Dosing | 124 | * | * | |

PUMP/SIPHON INFORMATION

| Manuf/Model # | Zoeller #137 | | |
|---|---|---|---|
| Lift 14.03 | Friction Loss .50 | System Head 4.55 | TDH Ft. 19.08 |
| Forcemain | Length 26 | Dia. 2" | Dist. to Well * |

ELEVATION DATA

| STATION | ELEVATION | ELEVATION |
|---|---|---|
| Benchmark | | 100.00 |
| Well | | -- |
| Bldg. Sewer | | 85.92 |
| St/Ht Inlet | | 85.44 |
| St/Ht Outlet | | -- |
| Dt. Inlet | | -- |
| Dt. Bottom | | 82.08 |
| Header/Man. | | 96.11 |
| Dist. Pipe | | 95.40 |
| Bottom system | | |
| Top of manhole cover | | 94.97 |
| | | |
| | | |
| | | |

SOIL ABSORPTION SYSTEM

| | | | | | |
|---|---|---|---|---|---|
| Bed/trench dimensions | Width 7' | Length 86 | | No. of Trenches | |
| Setback | Type of System | P/L | Bldg | Well | Lake/Stream |
| Information | Mound | 45' | * | * | |

DISTRIBUTION SYSTEM

| | | | |
|---|---|---|---|
| Header/Manifold Length 42" Dia. 2" | Distribution pipe(s) Length 84 Dia. 1 1/2 Spacing 42" | X Hole Size 5/32 | X Hole Spacing 36" |

WI FUND: _____Yes ___X___ No ____ Maybe COMMENTS:
REASON: _____

*No well or dwelling on site at time of inspection

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

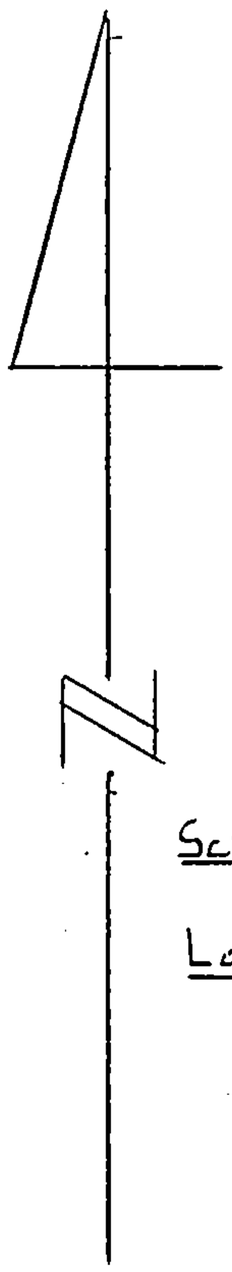
10/23/03
Date

M. Helgeson
Inspector's Signature

224978
Cert. No.

NORTH LOT LINE

WEST LOT LINE

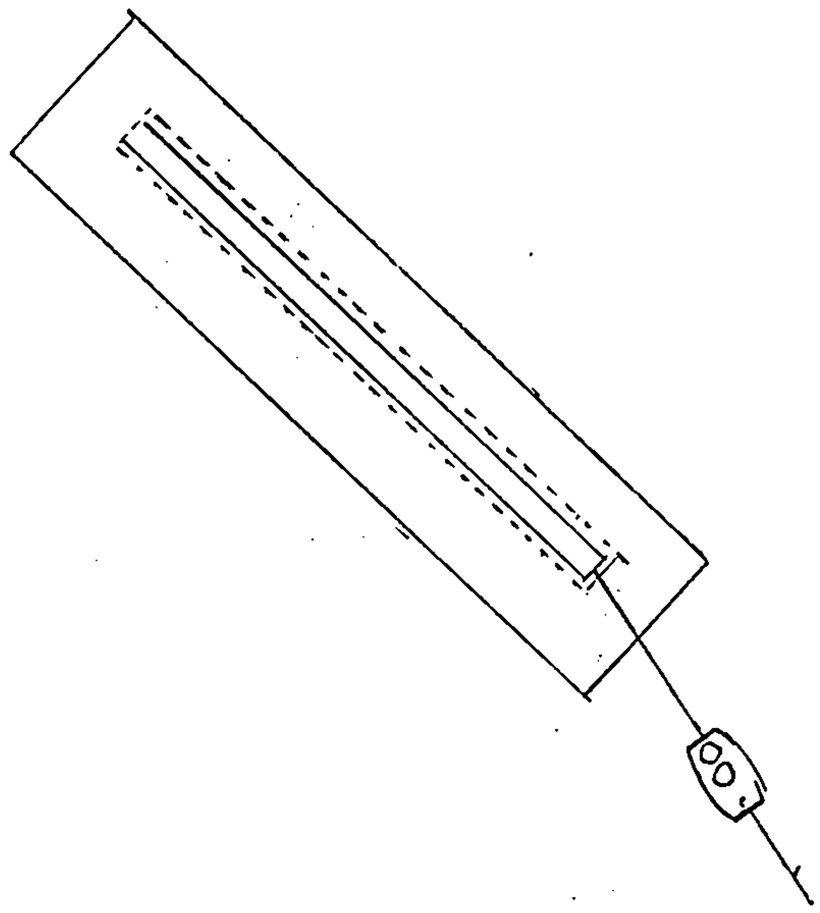


Scale: 1"=40'

LOT 2 CSM# 2734

7.71 ACRES

EAST LOT LINE




No Dwelling or Well

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

July 31, 2018

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 90 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.**

## Dunn County Sanitary Maintenance Certification Form

*(Please have your pumper/inspector **check off the boxes and 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.**

| Pumper/Inspector Signature | License Number | Date of Pumping/Inspection |
|---|---|---|
| T. L. SINZ PLUMBING, INC.<br>E5609 708th AVE.<br>MENOMONIE WI 54751 | 82240 | 9/13/18 |

**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).** ✓

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

| Permit # & Parcel # | Year of Installation/Replacement | Lot/CSM/Sub. & Parcel Address |
|---|---|---|
| Permit#:445117 \| 445117 | 10/23/2003 | PT. SW SW LOT 2 CMP 2734 |
| Parcel #: 17016227130533000002 | | E3387 440TH AVE |

RANDALL D & PATRICIA M RADLE
E3387 440TH AVE,
MENOMONIE WI 54751

11-11-13

# Environmental Services Department

**Planning & Zoning Division**
**390 Red Cedar St., Suite C,**
**Menomonie, WI 54751**
**Telephone: 715.231.6521**
**FAX: 715.232.4099**

October 14, 2015

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 (6.9.02), 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.**

**As per NR113.07(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).**

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 30 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)***

L. SINZ PLUMBING, INC.
E6609 708th AVE. 82240 Date of pumping 11-11-13
MENOMONIE WI 54751
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_____
Signature of inspector and license number

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

**Year of installation or replacement**

✓

445117 016 271305.30305 2003 Lot/CSM/Sub. & Parcel Address

RANDALL D & PATRICIA M
RADLE
E3387 440TH AVE
MENOMONIE WI 54751

2 CSM #2734
E3387 440TH AVE

# DUNN COUNTY

Parcel 271305.
Comp. 016-
Address

# SANITARY PERMIT

No. **445117**

NEW
OWNER DENNIS FEDDERLY, N3893 STH 25, MENOMONIE, WI

PLUMBER JACK BOWMAN LICENSE 222839

TOWN OF MENOMONIE LOCATED SE-SW

SECTION 5 T 27 N - R 13 W

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

**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.

Janet Riedel AUTHORIZED ISSUING OFFICER - DATE 10/14/03

THIS PERMIT EXPIRES 10/14/05 UNLESS RENEWED BEFORE THAT DATE

(TWO YEARS FROM THE ORIGINAL DATE OF ISSUANCE)

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

SBD-6499(R. 08/92)

Wisconsin
Department of Commerce

Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707 – 7162
(608) 266-3151

County: Dunn

Sanitary Permit Number (to be filled in by Co.): 45117

State Plan I.D. Number: transid # 925881

# Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

Project Address (if different than mailing address)

## I. Application Information – Please Print All Information

Property Owner's Name: Mr. Dennis Fedderly

Parcel # | Lot # | Block #

Property Owner's Mailing Address: N3893 St. Hwy 25

Property Location: SE ¼, SW ¼, Section 5

City, State: Menomonie WI | Zip Code: 54751 | Phone Number: 715/235-2991

T 27 N; R 13 (E) or W (circle one)

Subdivision Name | CSM Number

## II. Type of Building (check all that apply)

■ 1 or 2 Family Dwelling – Number of Bedrooms: three 450gals

■ Public/Commercial – Describe Use: Concrete form storage shed 135gals

☐ State Owned – Describe Use: _____

☐ City ☐ Village ■ Township of: Menomonie

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

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

## IV. Type of POWTS System: (Check all that apply)

☐ Non –Pressurized In-Ground ☐ Mound ≥ 24 in. of suitable soil ■ Mound < 24 in. of suitable soil ☐ At-Grade ☐ Single Pass Sand Filter ☐ Constructed Wetland ☐ Pressurized In-Ground ☐ Holding Tank ☐ Peat Filter ☐ Aerobic Treatment Unit ☐ Recirculating Sand Filter ☐ Recirculating Synthetic Media Filter ☐ Leaching Chamber ☐ Drip Line ☐ Gravel-less Pipe ☐ Other (explain)

## V. Dispersal/Treatment Area Information:

| Design Flow (gpd) | Design Soil Application Rate(gpdsf) | Dispersal Area Required (sf) | Dispersal Area Proposed (sf) | System Elevation |
|---|---|---|---|---|
| 585 | 0.5 | 1200 Basal 600 Bed | 1548 Basal 602 Bed | 95.16' top of cell (sand) |

## VI. Tank Info

| | Capacity in Gallons: New Tanks | Capacity in Gallons: Existing Tanks | Total Gallons | Number of Units | Manufacturer | Prefab Concrete | Site Constructed | Steel | Fiber Glass | Plastic |
|---|---|---|---|---|---|---|---|---|---|---|
| Septic ~~or Holding Tank~~ | 1200 | + | 1200 | 1 | Wieser Concrete | X | | | | |
| ~~Aerobic Treatment Unit~~ | | | | | | | | | | |
| Dosing Chamber | 800 | | 800 | | Combination tank | X | | | | |

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

| Plumber's Name (Print) | Plumber's Signature | MP/~~MPRS Number~~ | Business Phone Number |
|---|---|---|---|
| Jack A. Bowman | Jack A. Bowman | #222839 | 715/235-4634 |

Plumber's Address (Street, City, State, Zip Code): 2819 Knapp St., Menomonie, WI 54751

## VIII. County/Department Use Only

| ☒ Approved / ☐ Disapproved / ☐ Owner Given Reason for Denial | Sanitary Permit Fee (includes Groundwater Surcharge Fee) | Date Issued | Issuing Agent Signature (No Stamps) |
|---|---|---|---|
| | 300 | 10.14.03 | Jack Reed |

## IX. Conditions of Approval/Reasons for Disapproval

Attach complete plans (to the County only) for the system on paper not less than 81/2 x 11 inches in size

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

**Jim Doyle, Governor**
**Cory L. Nettles, Secretary**

Wisconsin
Department of Commerce

October 09, 2003

CUST ID No.222839

*ATTN: POWTS Inspector*

JACK A BOWMAN
BOWMAN PLUMBING, INC.
2819 KNAPP ST
MENOMONIE WI 54751

ZONING OFFICE
DUNN COUNTY SPIA
800 WILSON AVE
MENOMONIE WI 54751

**CONDITIONAL APPROVAL**
**PLAN APPROVAL EXPIRES: 10/09/2005**

| Identification Numbers |
|---|
| **Transaction ID No. 925881**<br>**Site ID No. 665975** |
| Please refer to both identification numbers, above, in all correspondence with the agency. |

**SITE:**

Dennis Fedderly Proposed Res. & Shop
440th Avenue
Town of Menomonie
Dunn County
SE1/4, SW1/4, S5, T27N, R13W

**FOR:**

Description: Proposed Commercial/Residential Mound System - 135 gpd; sized for 585 gpd
Object Type: POWT System Regulated Object ID No.: 923497

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

**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, the "Mound Component Manual for Private Onsite Wastewater Systems VERSION 2.0" SBD-10691-P (N.01/01) and the "SSWMP Publication 9.6 Design of Pressure Distribution Networks for ST-SAS (01/81)".
- Limited activities are allowed in the area 15 feet down slope of the component area. Soil compaction, excavation, vehicular traffic and other similar activities that impact the treatment and dispersal are prohibited.A state approved effluent filter is required.
- **Maintenance information must be given to the owner of the tank explaining that periodic cleaning of the filter is required.** Access to the filter for cleaning must be provided per Comm 84 product approval conditions.
- 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.**
- This approval does not include plans for the general plumbing systems or sewer piping leading to the septic tank that may be required for this project. See section Comm 82.20, Wis. Adm. Code, to determine if plan submittal and approval is required.
- **The approval covers only domestic/sanitary wastes directed into this POWTS.** Please contact Jim Kinney of the DNR @ 608-266-0232 for evaluation of the project regarding treatment and disposal of any industrial wastes being generated by the storage facility that may be entering the POWTS.
- The discharge of hazardous wastes to a private sewage system is prohibited by state and federal regulations. Accidental discharge of any hazardous substance to a private sewage system must be reported to the Department of Natural Resources or the Wisconsin Division of Emergency Government.

P.O.W.T.S.
*Conditionally*
APPROVED

**Conditions of Approval Continued**

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

**Owner Responsibilities:**

- **Comm 83.52(1)(a)** - The owner of a POWTS shall be responsible for ensuring that the operation and maintenance of the POWTS occurs in accordance with this chapter and the approved management plan under s. **Comm 83.54(1).**
- **Comm 83.52(2)** - A POWTS that is not maintained in accordance with the approved management plan or as required under s. **Comm 83.54(4)** shall be considered a human health hazard. In the event this soil absorption system or any of its component parts malfunctions so as to create a health hazard, the property owner must follow the contingency plan as described in the approved plans.
- The owner is responsible for submitting a maintenance verification report per **Comm 83.55**, that is acceptable to the county for maintenance tracking purposes. Reports shall be submitted at intervals appropriate for the component(s) utilized in the POWTS.

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

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

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

Sincerely,

Gerard M. Swim
POWTS Plan Reviewer - Integrated Services
(608)-789-7892, Mon. - Fri. 7:30 am to 4:15 pm
jswim@commerce.state.wi.us

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

WiSMART code: 7633

cc: Leroy G Jansky, Wastewater Specialist, (715) 726-2544

# MOUND AND PRESSURE DISTRIBUTION COMPONENT DESIGN

Residential & Commercial application

**INDEX AND TITLE PAGE**



| | |
|---|---|
| Project name: | Fedderly |
| Owner's name: | Dennis Fedderly |
| Owner's address: | N3893 St. Hwy 25<br>Menomonie, WI 54751 |
| Legal description: | SE, SW, S5, T27N/R 13W |
| Township: | Menomonie (S) |
| County: | Dunn |
| Subdivision name: | N.A. |
| Lot number | N.A. |
| Plan transaction no: | |



Attachments: copy of soil test to state's plan

Designer: loretta / Jack A. Bowman
Date: Sept. 18th, 2003
Signature:

License number: MP22839
Phone no. 715/235-4634
Fax no. 715/235-3650
Internet bowmanpb@wwt.net

Designed pursuant to the Mound Component Manual for POWTS Version 2.0 SDB-10691-P (N. 01/01), and SSWMP Publication 9.6 design of pressure distribution networks for ST-SAS (01/81)

## GENERAL INFORMATION

Concrete foundation business storage shed, (1 floor drain, 5 employees)
90gals *1.5 = 135gal DWF(business) plus 450gal DWF (house) = 585gal DWF total
Residential site, three bedroom home, 450gal DWF

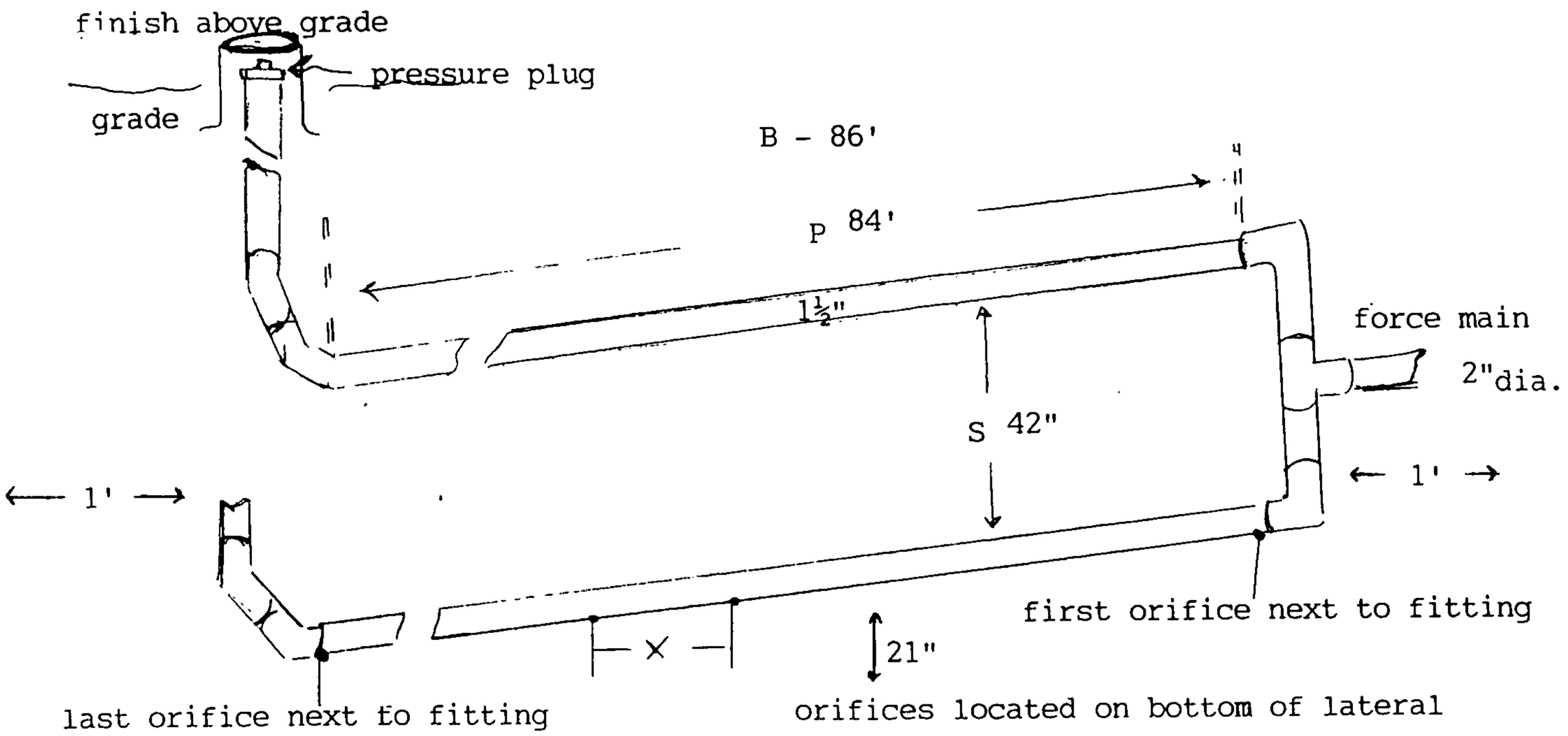
Soil application rate of 0.5
Limiting factor at 20 inches, (1.66')
Site area 3%
1200/800LP Wieser Concrete tank with Orenco FT-0822 filter
effluent quality is #1
contour line 93.5', 95.16'system elev., (top of dispersal)

end fed system, 2 laterals
orifice dia. 5/32" (0.156)
orifice spacing 3.ft. (36")
linear rate of 6.80sq.ft.
orifice sq/ft. 10.50

## END - LATERAL LAYOUT DIAGRAM
(not to scale)

2 lateral @ 84ft ea. (P)
manifold dia. 2 inches
lateral spacing length 42 inches
lateral dia.1 ½ inches

orifices per lateral – 29 orifices
15.66gpm per lateral, total system 31.32gpm
117gal ≤20% / 5times lateral void vol. 77.20gal



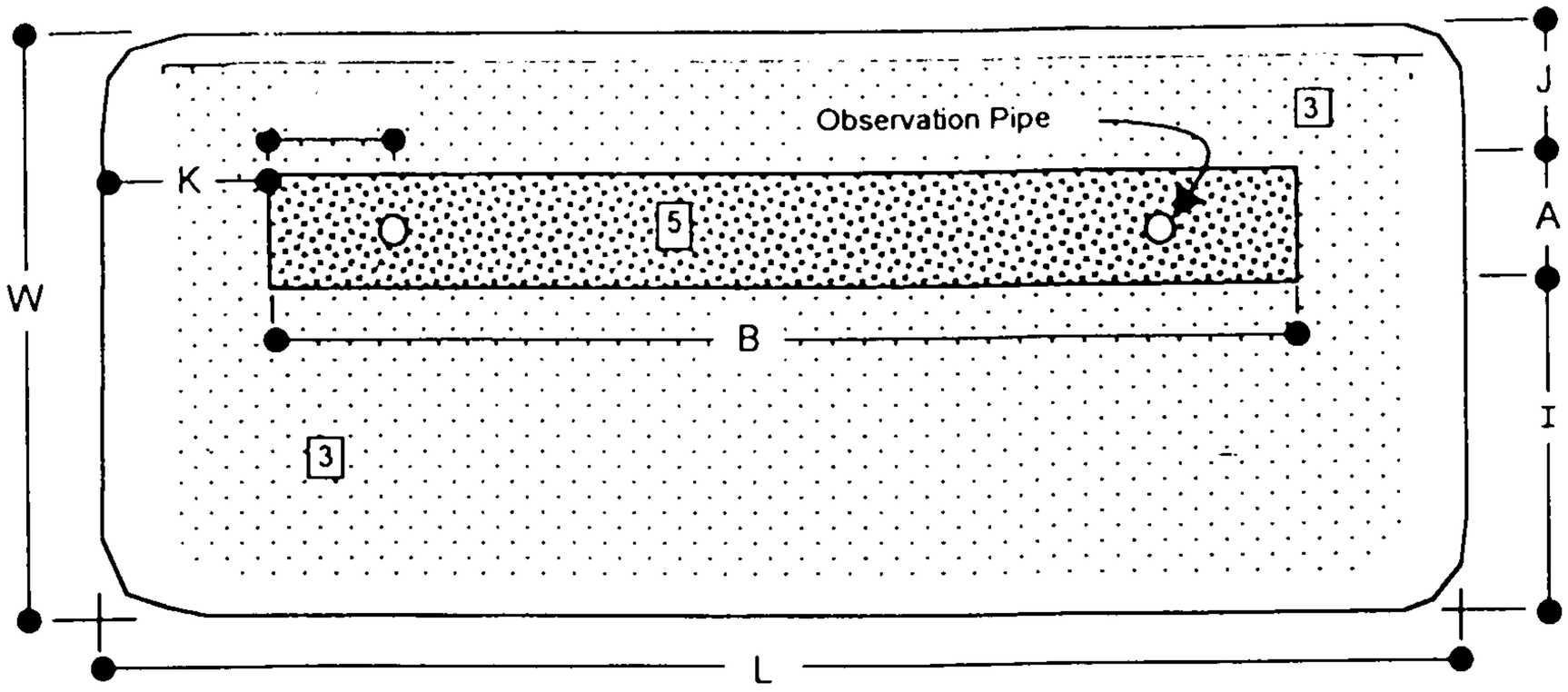
## MOUND PLAN VIEW
(not to scale)

J = 8.0ft.
A = 7.0ft.
I = 11.0ft.
W= 26.0ft.

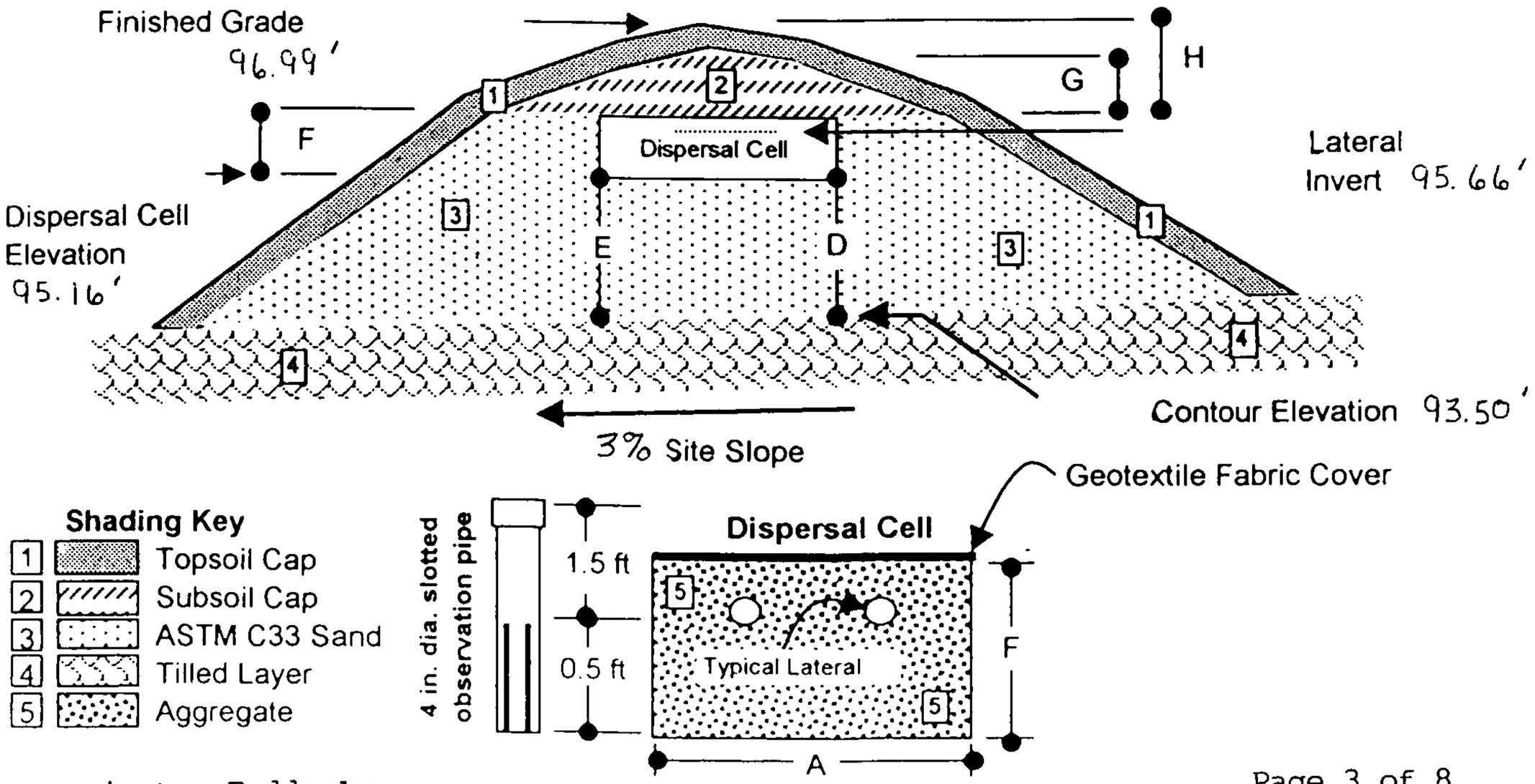
D = 1.66ft. (20inches)
E = 1.87ft (23inches)
F = 0.83ft.
G = 0.50ft.
H = 1.00ft.

K = 11.0ft.
B = 86.0ft.
L = 108.0ft.
observation 1/5 @ 17ft.

required basel area 1200sq.ft.
proposed basel area 1548sq.ft.
required bed area 600sq.ft.
proposed bed area 602sq.ft.




## Mound Cross Section View
Aggregate Dispersal Area

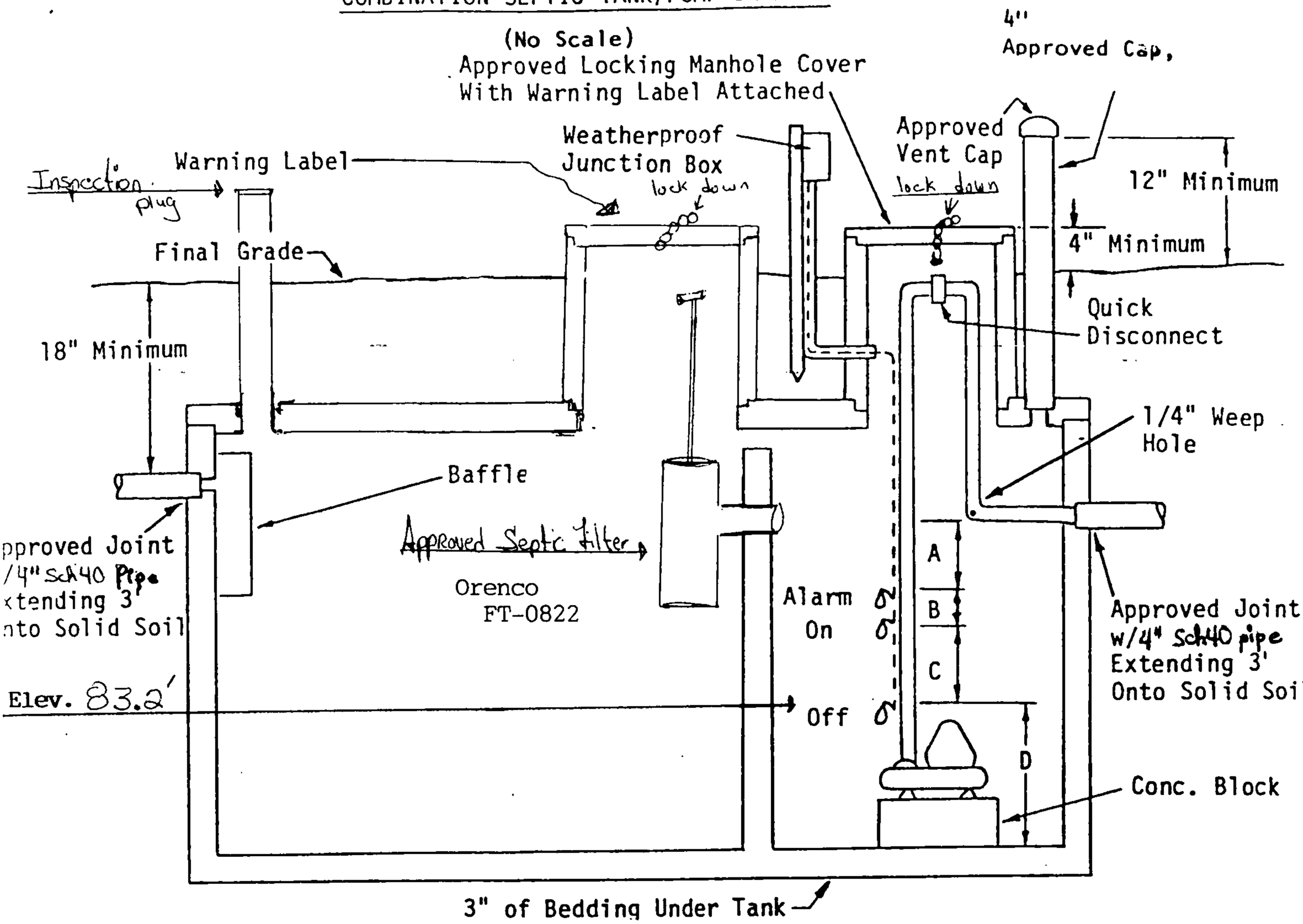



**Shading Key**

1 Topsoil Cap
2 Subsoil Cap
3 ASTM C33 Sand
4 Tilled Layer
5 Aggregate

Project: Fedderly

## COMBINATION SEPTIC TANK/PUMP CHAMBER




**Note: Pump and Alarm Are On Separate Circuits**

117 gal ≤ 20% + 77.20 gal void/vol System
T.M. void 5.7 gals
82.9 gal min — 122.70 gal max case

Tank Manufacturer: Weiser Concrete
Tank Size-Septic/Pump: 1200/800 Gallons
Alarm Manufacturer: S. J. Electro
Model Number: S-J1
Switch Type: mercury
Pump Manufacturer: Zoeller
Model Number: #137
Minimum Discharge Rate: 31.32 GPM

Capacities: A 19 inches or 422.56 Gallons
+ B 2 inches or 44.48 Gallons
+ C 5 inches or 111.20 Gallons
+ D 10 inches or 222.40 Gallons
Total.....= 36 inches or 800.64 Gallons

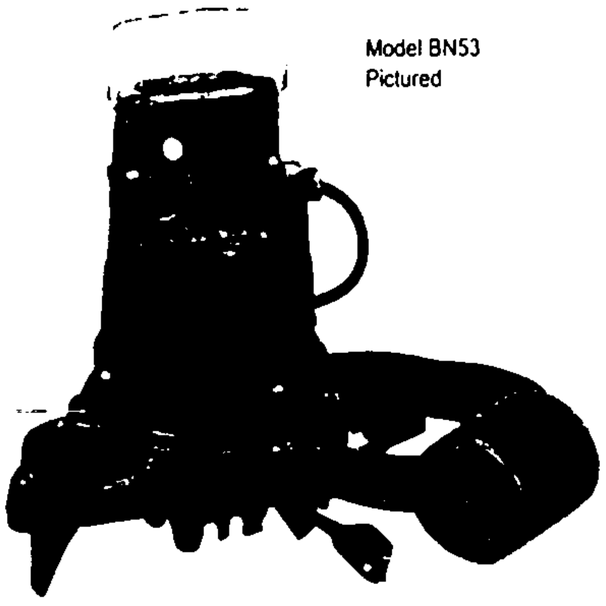
gal/in 22.24

Vertical Difference Between Pump Off and Distribution Pipe: 12.46 Feet
Minimum Required Supply Pressure:.....3.5 # 1.3.....+4.55 Feet
35 Feet of Force Main x 1.94 Friction Factor/100 Feet: +0.67 Feet
2 Inch Diameter Force Main
Total Dynamic Head:...=17.68 Feet

Project: Pedderly

# Effluent Pumps.... On-Site

## "53" Series / "57" Cast Iron Series



Model BN53
Pictured

- BN/BE Models available packaged with a piggyback variable level float switch.
- .3 H.P., 1 Ph., 115V or 230V.
- Non-Clogging vortex impeller design.
- Passes ½ inch solids (sphere).
- 1½" NPT discharge.
- Automatic reset thermal overload protection.
- Stainless steel screws.
- Cast iron switch case, motor and pump housing.
- Engineered, glass-filled impeller with metal insert (Model 53).
- Glass-filled polypropylene base. (Model 53).
- Model 57 all cast iron construction.
- UL listed 3-wire 15 ft. standard cord.

Canadian Standards Assoc approval available

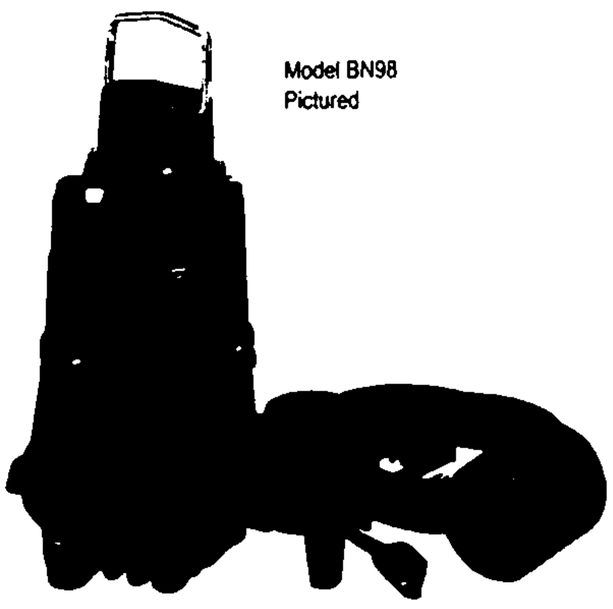
TOTAL DYNAMIC HEAD/CAPACITY PER MINUTE EFFLUENT AND DEWATERING

| 53-55 MODELS | | | |
|---|---|---|---|
| Ft. | Meters | Gal. | Ltrs. |
| 5 | 1.52 | 43 | 163 |
| 10 | 3.05 | 34 | 129 |
| 15 | 4.57 | 19 | 72 |
| Lock Valve: | | 19.25' | |

0098978

* *Cast iron motor housing, pump housing and switch case Glass-filled polypropylene impeller and base.*

## "98" Cast Iron Series



Model BN98
Pictured

- BN/BE Models available packaged with a piggyback variable level float switch.
- ½ H.P., 1 Ph., 115V or 230V.
- Non-Clogging vortex impeller design.
- Passes ½ inch solids (sphere).
- 1½" NPT discharge. (1½" X 2" PVC adapter fitting included with BN and BE models.)
- Automatic reset thermal overload protection.
- Stainless steel screws, guard, handle.
- Watertight neoprene "□" ring between motor and pump housing.
- UL listed 3-wire 15 ft. standard cord.

Canadian Standards Assoc approval available

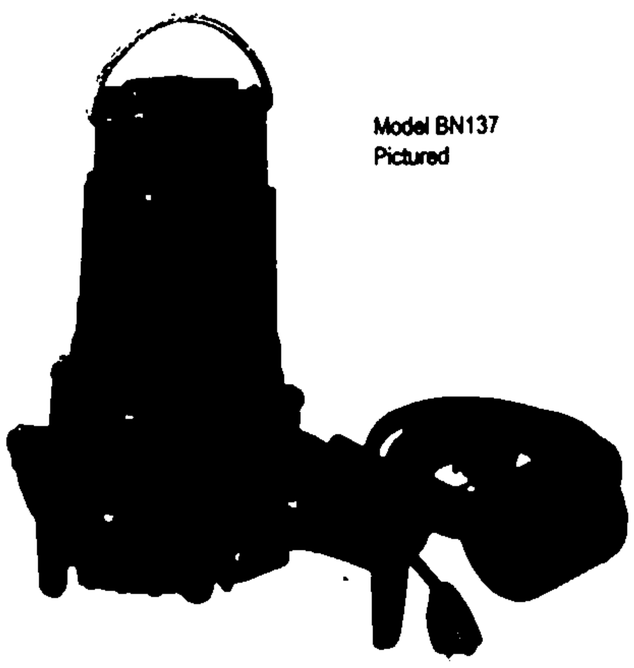
TOTAL DYNAMIC HEAD/CAPACITY PER MINUTE EFFLUENT AND DEWATERING

| MODEL 98 60 CYCLE | | | |
|---|---|---|---|
| Feet | Meters | Gallons | Liters |
| 5 | 1.5 | 72 | 273 |
| 10 | 3.1 | 61 | 231 |
| 15 | 4.6 | 45 | 170 |
| 20 | 6.1 | 25 | 95 |
| Lock Valve: 23' | | | |

0099718

********

## "137" Cast Iron Series



Model BN137
Pictured

- BN/BE Models available packaged with a piggyback variable level float switch.
- Durable cast iron construction.
- 1 & 3 Phase models available. (115, 200-208 & 230V - 1 Ph). (200-208, 230 & 460V - 3 Ph).
- Non-Clogging vortex impeller design.
- Passes 5/8" solids (sphere).
- 1½" NPT discharge. (1½" X 2" PVC adapter fitting included with BN and BE models.)
- Automatic reset thermal overload protection.
- Stainless steel screws, bolts, guard, handle.
- UL listed 3-wire 15 ft. standard cord.

Canadian Standards Assoc approval available

TOTAL DYNAMIC HEAD/CAPACITY PER MINUTE EFFLUENT AND DEWATERING

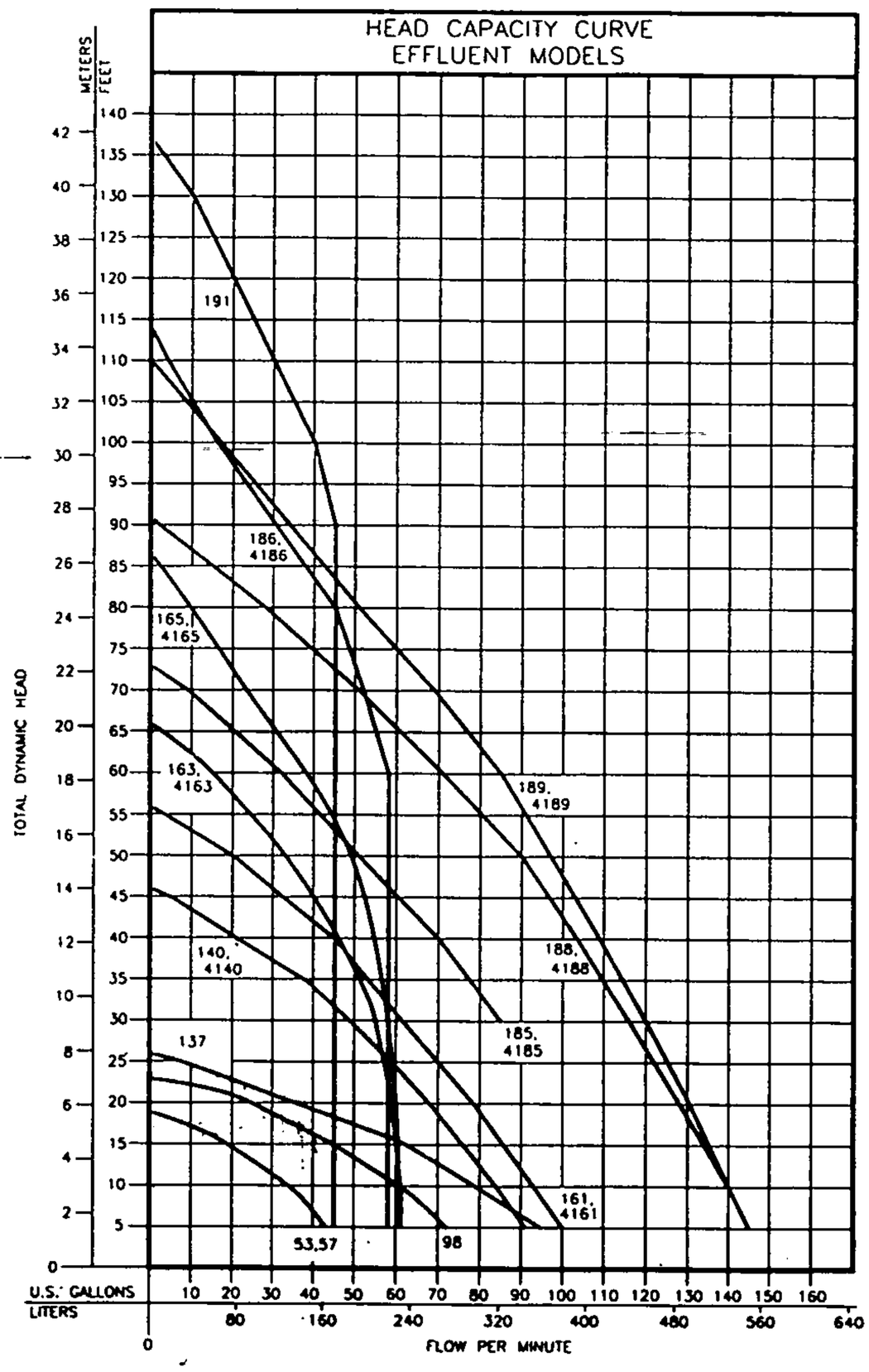
| MODELS 137 | | | |
|---|---|---|---|
| Ft. | Meters | Gal. | Ltrs. |
| 5 | 1.5 | 93 | 352 |
| 10 | 3.1 | 79 | 299 |
| 15 | 4.6 | 64 | 242 |
| 20 | 6.1 | 36 | 136 |
| 25 | 7.6 | 8 | 30 |
| Lock Valve: | | 26' | |

009921B

*NOTE No UL listing for 200-208/1Ph pumps*

Project: Fedderly

# Dynamic Head/Capacity ... On-Site




**⚠ CAUTION** Model 185/4185 should not be subjected to less than 30 feet TDH.

TOTAL DYNAMIC HEAD/
FLOW PER MINUTE
EFFLUENT AND DEWATERING

| MODEL | | 53,55, | | 98 | | 137 | | 140, 4140 | | 161, 4161 | | 163, 4163 | | 165, 4165 | | 185, 4185 | | 186, 4186 | | 188, 4188 | | 189, 4189 | | 191 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FT. | M. | 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 | 1.52 | 43 | 163 | 72 | 273 | 93 | 352 | 91 | 344 | 100 | 379 | 61 | 231 | 61 | 231 | | | 58 | 220 | 145 | 549 | 145 | 549 | 45 | 170 |
| 10 | 3.05 | 34 | 129 | 61 | 231 | 79 | 299 | 84 | 318 | 93 | 352 | 61 | 229 | 61 | 231 | | | 58 | 220 | 140 | 530 | 140 | 530 | 45 | 170 |
| 15 | 4.57 | 19 | 72 | 45 | 170 | 64 | 242 | 76 | 288 | 85 | 322 | 60 | 227 | 61 | 231 | | | 58 | 220 | 134 | 507 | 135 | 511 | 45 | 170 |
| 20 | 6.10 | | | 25 | 95 | 36 | 136 | 68 | 257 | 79 | 299 | 59 | 223 | 60 | 227 | | | 58 | 220 | 128 | 484 | 131 | 496 | 45 | 170 |
| 25 | 7.62 | | | | | 8 | 30 | 59 | 223 | 70 | 265 | 57 | 216 | 59 | 223 | | | 58 | 220 | 122 | 462 | 125 | 473 | 45 | 170 |
| 30 | 9.14 | | | | | | | 49 | 185 | 62 | 235 | 55 | 206 | 58 | 220 | 85 | 322 | 58 | 220 | 116 | 439 | 120 | 454 | 45 | 170 |
| 40 | 12.19 | | | | | | | 21 | 79 | 45 | 170 | 46 | 172 | 55 | 206 | 70 | 265 | 58 | 220 | 104 | 394 | 109 | 413 | 45 | 170 |
| 50 | 15.24 | | | | | | | | | 20 | 76 | 33 | 125 | 50 | 189 | 51 | 193 | 58 | 220 | 90 | 341 | 97 | 367 | 45 | 170 |
| 60 | 18.29 | | | | | | | | | | | 15 | 57 | 39 | 148 | 32 | 121 | 58 | 220 | 71 | 269 | 85 | 322 | 45 | 170 |
| 70 | 21.34 | | | | | | | | | | | | | 23 | 87 | 9 | 34 | 52 | 197 | 51 | 193 | 69 | 261 | 45 | 170 |
| 80 | 24.38 | | | | | | | | | | | | | 10 | 38 | | | 45 | 170 | 28 | 106 | 51 | 193 | 45 | 170 |
| 90 | 27.43 | | | | | | | | | | | | | | | | | 31 | 117 | 2 | 8 | 34 | 129 | 45 | 170 |
| 100 | 30.48 | | | | | | | | | | | | | | | | | 16 | 60 | | | 17 | 64 | 40 | 151 |
| 110 | 32.00 | | | | | | | | | | | | | | | | | 4 | 15 | | | | | 30 | 114 |
| 120 | 36.58 | | | | | | | | | | | | | | | | | | | | | | | 20 | 76 |
| 130 | 39.62 | | | | | | | | | | | | | | | | | | | | | | | 10 | 38 |
| LOCK VALVE: | | 19.25° | | 23° | | 26° | | 46° | | 56° | | 66° | | 86.5° | | 73° | | 114° | | 91° | | 110° | | 137° | |

SSPMA MEMBER
SUMP AND SEWAGE PUMP MFRS. ASSN.

# SITE PLAN

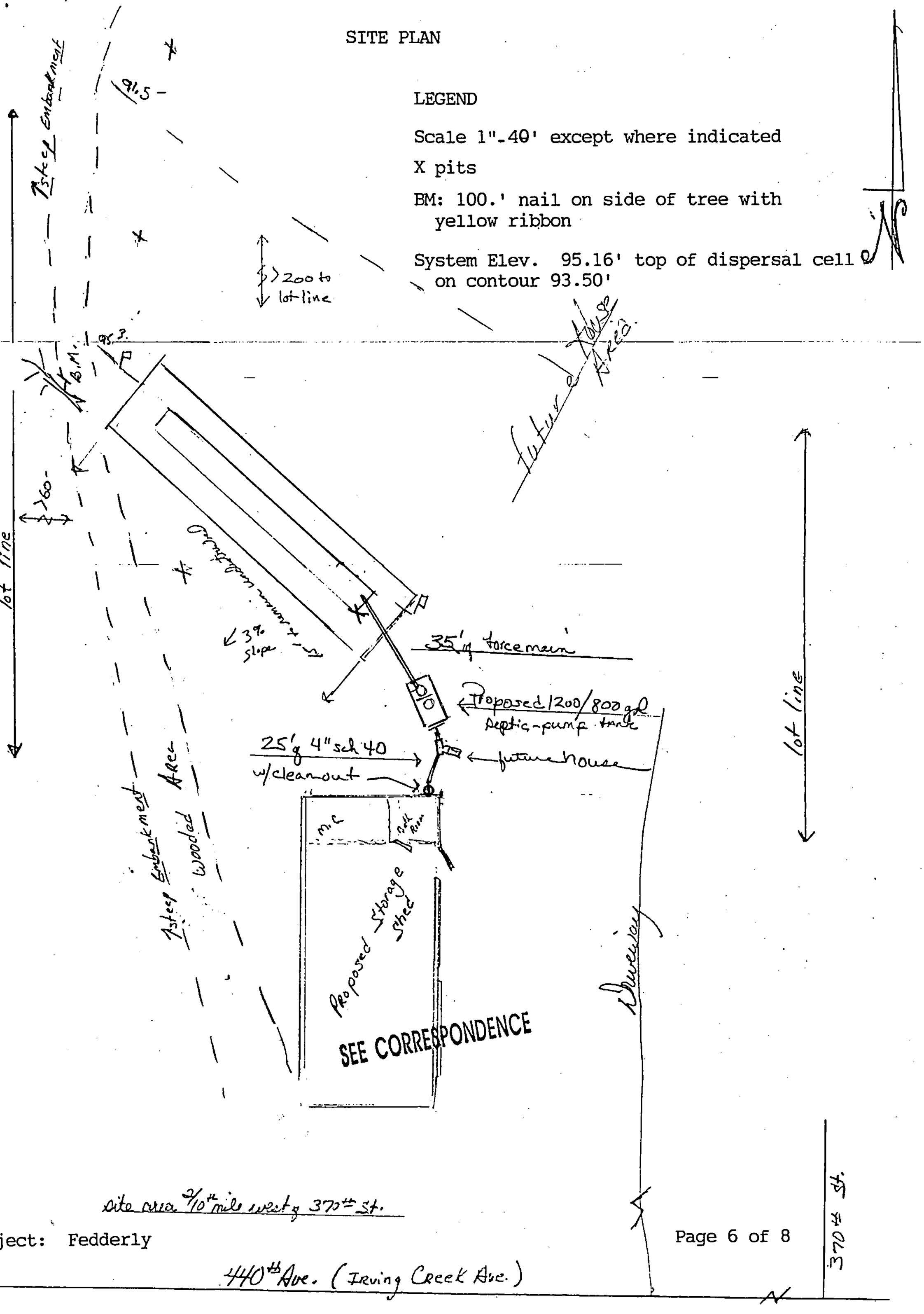
LEGEND

Scale 1"-40' except where indicated

X pits

BM: 100.' nail on side of tree with yellow ribbon

System Elev. 95.16' top of dispersal cell on contour 93.50'




Project: Fedderly

# Mound System Maintenance and Operation Specifications

| | | | |
|---|---|---|---|
| Service Provider's Name | Bowman Plumbing Inc. | Phone | 715/235-4634 |
| POWTS Regulator's Name | Dunn County Zoning | Phone | 715/232-1401 |

## System Flow and Load Parameters

| | | | | | |
|---|---|---|---|---|---|
| Design Flow - Peak | 300 | gpd | Maximum Influent Particle Size | 1/8 | in |
| Estimated Flow - Average | 200 | gpd | Maximum BOD5 | 220 | mg/L |
| Septic Tank Capacity | 1000 | gal | Maximum TSS | 150 | mg/L |
| Soil Absorption Component Size | 300 | $ft^2$ | Maximum FOG | 30 | mg/L |
| Type of Wastewater | Domestic | | Maximum Fecal Coliform | >10E4 | cfu/100 mL |

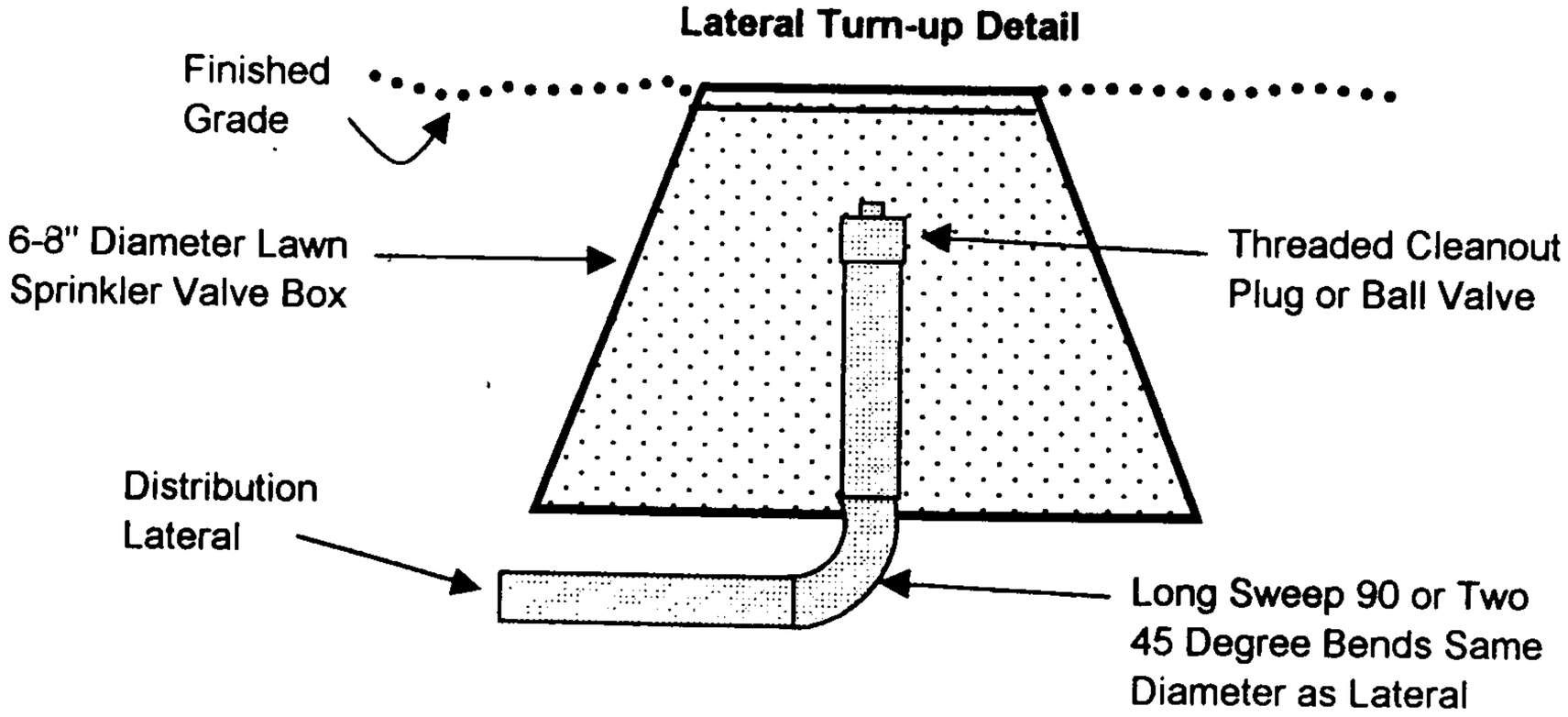
## Service Frequency

| | |
|---|---|
| Septic and Pump Tank | Inspect and/or service once every 3 years |
| Effluent Filter | Should inspect and clean at least once every 3 years |
| Pump and Controls | Test once every 3 years |
| Alarm | Should test monthly |
| Pressure System | Laterals should be flushed and pressure tested every 1.5 years |
| Mound | Inspect for ponding and seepage once every 3 years |
| Other | initially filter to be checked every year |

## Miscellaneous Construction and Materials Standards

1. Observation pipes are slotted and materials conform to Table Comm 84.30-1, have a watertight cap, and are secured in as shown in the mound component manual.
2. Dispersal cell aggregate conforms to Comm 84.30 (6)(i), Wis. Adm. Code.
3. All gravity and pressure piping materials conform to the requirements in Comm 84, Wis. Adm. Code.
4. Tillage of the basal area is accomplished with a mold board or chisel plow.
5. The mound structure and other disturbed areas will be seeded and mulched to prevent soil erosion and help reduce frost penetration.

**Lateral Turn-up Detail**



# Mound System Management Plan

## Pursuant to Comm 83.54, Wis. Adm. Code

### General

This system shall be operated in accordance with Comm 82-84 Wis. Adm. Code, and shall maintained in accordance with its' component manuals [SBD-10691-P (N.01/01) and SSWMP Publication 9.6 (01/81)] and local or state rules pertaining to system maintenance and maintenance reporting.

No one should ever enter a septic or pump tank since dangerous gases may be present that could cause death.

Septic and pump tank abandonment shall be in accordance with Comm 83.33, Wis. Adm. Code when the tanks are no longer used as POWTS components.

Septic or pump tank manhole risers, access risers and covers should be inspected for water tightness and soundness. Access openings used for service and assessment shall be sealed watertight upon the completion of service. Any opening deemed unsound, defective, or subject to failure must be replaced. Exposed access openings greater than 8-inches in diameter shall be secured by an effective locking device to prevent accidental or unauthorized entry into a tank or component.

### Septic Tank

The septic tank shall be maintained by an individual certified to service septic tanks under s. 281.48, Stats. The contents of the septic tank shall be disposed of in accordance with NR 113, Wis. Adm. Code. The operating condition of the septic tank and outlet filter shall be assessed at least once every 3 years by inspection.

The outlet filter shall be cleaned as necessary to ensure proper operation. The filter cartridge should not be removed unless provisions are made to retain solids in the tank that may slough off the filter when removed from its enclosure. If the filter is equipped with an alarm, the filter shall be serviced if the alarm is activated continuously. Intermittent filter alarms may indicate surge flows or an impending continuous alarm.

The septic tank shall have its contents removed when the volume of sludge and scum in the tank exceeds 1/3 the liquid volume of the tank. If the contents of the tank are not removed at the time of a triennial assessment, maintenance personnel shall advise the owner of when the next service needs to be performed to maintain less than maximum scum and sludge accumulation in the tank.

The addition of biological or chemical additives to enhance septic tank performance is generally not required. However, if such products are used they shall be approved for septic tank use by the Department of Commerce.

### Pump Tank

The pump (dosing) tank shall be inspected at least once every 3 years. All switches, alarms, and pumps shall be tested to verify proper operation. If an effluent filter is installed within the tank it shall be inspected and serviced as necessary.

### Mound and Pressure Distribution System

No trees or shrubs should be planted on the mound. Plantings may be made around the mound's perimeter, and the mound shall be seeded and mulched as necessary to prevent erosion and to provide some protection from frost penetration. Traffic (other than for vegetative maintenance) on the mound is not recommended since soil compaction may hinder aeration of the infiltrative surface within the mound and snow compaction in the winter will promote frost penetration. Cold weather installations (October-February) dictate that the mound be heavily mulched as protection from freezing.

Influent quality into the mound system may not exceed 220 mg/L $BOD_5$, 150 mg/L TSS, and 30 mg/L FOG for septic tank effluent or 30 mg/L $BOD_5$, 30 mg/L TSS, 10 mg/L FOG, and $10^4$ cfu/100 mL for highly treated effluent. Influent flow may not exceed maximum design flow specified in the permit for this installation.

The pressure distribution system is provided with a flushing point at the end of each lateral, and it is recommended that each lateral be flushed of accumulated solids at least once every 18 months. When a pressure test is performed it should be compared to the initial test when the system was installed to determine if orifice clogging has occurred and if orifice cleaning is required to maintain equal distribution within the dispersal cell.

Observation pipes within the dispersal cell shall be checked for effluent ponding. Ponding levels shall be reported to the owner, and any levels above 6 inches considered as an impending hydraulic failure requiring additional, more frequent monitoring.

### Contingency Plan

If the septic tank or any of its components become defective the tank or component shall be repaired or replaced to keep the system in proper operating condition.

If the dosing tank, pump, pump controls, alarm or related wiring becomes defective the defective component(s) shall be immediately repaired or replaced with a component of the same or equal performance.

If the mound component fails to accept wastewater or begins to discharge wastewater to the ground surface, it will be repaired or replaced in its' present location by increasing basal area if toe leakage occurs or by removing biologically clogged absorption and dispersal media, and related piping, and replacing said components as deemed necessary to bring the system into proper operating condition.

See Page 7 of this plan for the name and telephone number of your local POWTS regulator and service provider.

Wisconsin Department of Commerce
Division of Safety and Buildings

# SOIL EVALUATION REPORT



in accordance with Comm 85, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

***Please print all information.***

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

County: Dunn

Parcel I.D.:

Reviewed by: JP  Date:

| Property Owner | Property Location |
|---|---|
| Mr. Dennis Fedderly | Govt. Lot SE 1/4 SW 1/4 S 5 T 27 N R 13 E (or) W |
| Property Owner's Mailing Address: N3893 St. Hwy 25 | Lot # Process; Block #; Subd. Name or CSM#: of Being Survey |
| City: Menomonie; State: WI; Zip Code: 54751; Phone Number: (715) 235-2991 | ☐ City ☐ Village ■ Town; Nearest Road: Irving Creek Ave. 440th Ave. Menomonie (S) |

■ New Construction ■ Use: Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD
☐ Replacement ■ Public or commercial - Describe: Concrete shop (storage) 1 floor drain & 5 employees =
Parent material silt Flood Plain elevation if applicable 135 gals DWF ft.
General comments and recommendations: recommend a mound system w/ 20" sand lift (1.66') 585 total DWF
site area - open bean field,
recommend system on contour 93.50'

**1.** Boring # ☐ Boring ■ Pit  Ground surface elev. 92.70 ft.  Depth to limiting factor 18 in.

| Horizon | Depth in. | Dominant Color Munsell | Redox Description Qu. Sz. Cont. Color | Texture | Structure Gr. Sz. Sh. | Consistence | Boundary | Roots | Soil Application Rate GPD/ft² *Eff#1 | Soil Application Rate GPD/ft² *Eff#2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Ø-9 | 10YR 3/2 | | sil | 2, m, abk | mfr | c.s | if | Ø.5 | Ø.8 |
| 2. | 9-18 | 10YR 5/4 | | sil | 2, m, abk | mfr | g.s | + | Ø.5 | Ø.8 |
| 3. | 18-25 | 10YR 5/4 | c2f 7.5YR 6/0 & 5/8 | sil | 2, m, abk | mfi | g.s | + | Ø.5 | Ø.8 |
| 4. | 25-30 | 10YR 5/4 | c3d 7.5YR 6/0 & 5/8 | sil | 1, f, sbk | mfi | g.s | + | Ø.2 | Ø.3 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

**2.** Boring # ☐ Boring ■ Pit  Ground surface elev. 94.40 ft.  Depth to limiting factor 19 in.

| Horizon | Depth in. | Dominant Color Munsell | Redox Description Qu. Sz. Cont. Color | Texture | Structure Gr. Sz. Sh. | Consistence | Boundary | Roots | Soil Application Rate GPD/ft² *Eff#1 | Soil Application Rate GPD/ft² *Eff#2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Ø-9 | 10YR 3/2 | | sil | 2, m, abk | mfr | c.s | if | Ø.5 | Ø.8 |
| 2. | 9-19 | 10YR 5/4 | | sil | 2, m, abk | mfr | g.s | + | 0.5 | 0.8 |
| 3 | 19-26 | 10YR 5/4 | c2f 7.5YR 6/0 & 5/8 | sil | 2, m, abk | mfr | g.s | + | Ø.5 | Ø.8 |
| 4. | 26-31 | 10YR 5/4 | c2d 7.5YR 6/0 & 5/8 | sil | 1, f, sbk | mfi | g.s | + | Ø.2 | Ø.3 |
| 5 | 31-45 | 10YR 5/4 | heavily glayed | sil | massive | mfi | | | Ø.Ø | Ø.2 |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

| CST Name (Please Print) | Signature | CST Number |
|---|---|---|
| loretta larrabee | Loretta Larrabee | CSTM 224580 |
| **Address** | **Date Evaluation Conducted** | **Telephone Number** |
| N2089 Cty. Y, Menomonie, WI 54751 | April 29, 2003 | BowmanPlg 715/236-4634<br>Home 715/664-8184 |

SBD-8110 (R07/00)

Property Owner Dennis Feddersly Parcel ID # _____ Page 2 of 3.

3. Boring # ☐ Boring ■ Pit Ground surface elev. 96.10 ft. Depth to limiting factor 16 in.

| Horizon | Depth in. | Dominant Color Munsell | Redox Description Qu. Sz. Cont. Color | Texture | Structure Gr. Sz. Sh. | Consistence | Boundary | Roots | Soil Application Rate GPD/ft² *Eff#1 | Soil Application Rate GPD/ft² *Eff#2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Ø-7 | 10YR 3/2 | | sil | 2, m, sbk | mfr | c,s | lf | Ø.5 | Ø.8 |
| 2. | 7-16 | 10YR 5/4 | | sil | 2, m, sbk | mfr | g.s | + | Ø.5 | Ø.8 |
| 3 | 16-20 | 10YR 5/4 | c2d 7.5YR 6/0 ∝ 5/8 | sil | 2, m, sbk | mfr | g.s | + | Ø.5 | Ø.8 |
| 4 | 20-26 | 10YR 5/4 | C2C 7.5YR 6/0 ∝ 5/8 | sil | 1, f, sbk | mfr | g.s | + | Ø.2 | Ø.3 |
| 5 | 26-42 | 10YR 5/4 | played | sil | massive | | | | Ø.Ø | Ø.2 |
| | | | | | | | | | | |
| | | | | | | | | | | |

4. Boring # ☐ Boring ■ Pit Ground surface elev. 93.20' ft. Depth to limiting factor 18 in.

| Horizon | Depth in. | Dominant Color Munsell | Redox Description Qu. Sz. Cont. Color | Texture | Structure Gr. Sz. Sh. | Consistence | Boundary | Roots | Soil Application Rate GPD/ft² *Eff#1 | Soil Application Rate GPD/ft² *Eff#2 |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Ø.9 | 10YR 3/2 | | sil | 2, m, sbk | mfr | c.s | lf | Ø.5 | Ø.8 |
| 2. | 9-18 | 10YR 5/4 | | sil | 2, m, sbk | mfr | g.s | + | Ø.5 | Ø.8 |
| 3. | 18-26 | 10YR 5/4 | C2f 7.5YR 6/0 ∝ 5/8 | sil | 2, m, sbk | mfr | g.s | + | Ø.5 | Ø.8 |
| 4 | 26-32 | 10YR 5/4 | C2d 7.5YR 6/0 ∝ 5/8 | sil | 1, f, sbk | mfi | g.s | + | Ø.2 | Ø.3 |
| 5 | 32-42 | 10YR 5/4 | becoming heavily played | sil | massive | | | | Ø.Ø | Ø.2 |
| | | | | | | | | | | |
| | | | | | | | | | | |

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

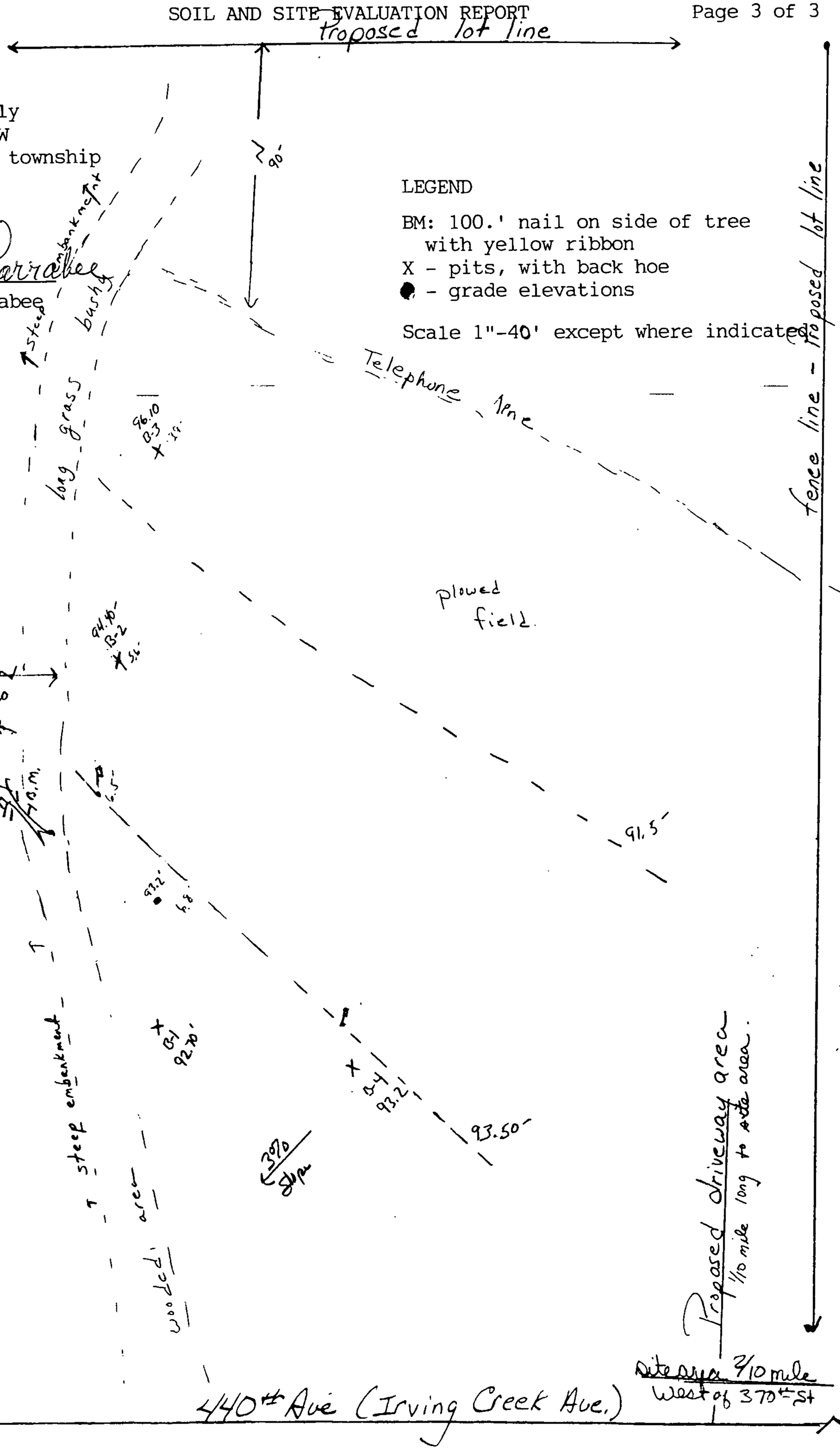
| Horizon | Depth in. | Dominant Color Munsell | Redox Description Qu. Sz. Cont. Color | Texture | Structure Gr. Sz. Sh. | Consistence | Boundary | Roots | Soil Application Rate GPD/ft² *Eff#1 | Soil Application Rate GPD/ft² *Eff#2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |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

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

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

Dennis Fedderly
SE,SW,5,27,13W
Menomonie (S) township
Dunn County

Loretta Larrabee
loretta larrabee
cstm 224580




LEGEND

BM: 100.' nail on side of tree
with yellow ribbon
X - pits, with back hoe
● - grade elevations

Scale 1"-40' except where indicated

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

Telephone (715) 232-1401

FAX: (715) 232-4099

February 5th, 2004

Dennis Fedderly
N3893 STH 25
Menomonie, WI 54751

RE: Parcel described as part of the SW¼ of the SW¼, Section 5, T27N-R13W
Town of Menomonie, Dunn County, Wisconsin Lot 2 CSM #2734

Septic system installation address/fire number is – E3387 440th Ave.

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 2006 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,

Michael Helgeson

Michael Helgeson
Zoning Administrator

MH/jr

# Environmental Services Department

**Land Assessment, Land conservation, Planning**
**Solid waste, Surveying, Zoning**

**Telephone: 715.231.6521**
**FAX: 715.232.4099**


July 30, 2009

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.

_____ 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)*

[signature] #2387 Date of pumping Aug 14, 2009
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_____
Signature of inspector and license number

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

**Year of installation**

445117 016 271305.30305 2003

Lot/CSM/Sub. & Parcel Address

DENNIS & MARILYN K
FEDDERLY
E3387 440TH AVE
MENOMONIE WI 54751

2 CSM #2734
E3387 440TH AVE