

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT
(ATTACH TO PERMIT)**

County: JACKSON
Sanitary Permit No.: 260937
State Plan ID No.: N/A
Parcel Tax No.: 010-1012.0000

GENERAL INFORMATION

Permit Holder's Name: Rick Johnson	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: ADAMS	
CST BM Elev.: 100	Insp. BM Elev.: 100	BM Description: NAIL IN TREE

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Crest	1000
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	5.77	105.77		100
Bldg. Sewer				
St/Ht Inlet			4.73	101.04
St/Ht Outlet			4.93	100.94
Dt Inlet				
Dt Bottom				
Drop Box IN Header/Man.				
Dist. Pipe T ₁ (Upper)			6.15	99.62
Bot. System T ₁			6.98	98.79
Final Grade T ₁			4.98	100.79
Dist. pipe T ₂ (Lower)			7.62	98.15
Bot. System T ₂			8.45	97.32
Final Grade T ₂			6.45	99.32

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	> 100'	> 35'	> 15'	-	NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer					Demand
Model Number					GPM
TDH	Lift	Friction Loss	System Head	TDH	Ft
Forcemain	Length	Dia.	Dist. To Well		

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
	5'	75'	2				
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
Type Of System:	CONCRETE	> 70'	> 25'	750'	N/A		Model Number:

DISTRIBUTION SYSTEM

Header / Manifold Length 12' Dia. 4"	Distribution Pipe(s) Length 75' Dia. 4" Spacing 2.5'	x Hole Size	x Hole Spacing	Vent To Air Intake > 20' FROM DOWN ON WINDOW
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SOIL COVER

x Pressure Systems Only

xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	xx Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

- Due to house being moved upslope, the Driveway was changed Driveway.

GARRETT SHAW
Rob McPeak
Ed Schoen
(2 other workers)

Plan revision required? Yes No
Use other side for additional information.

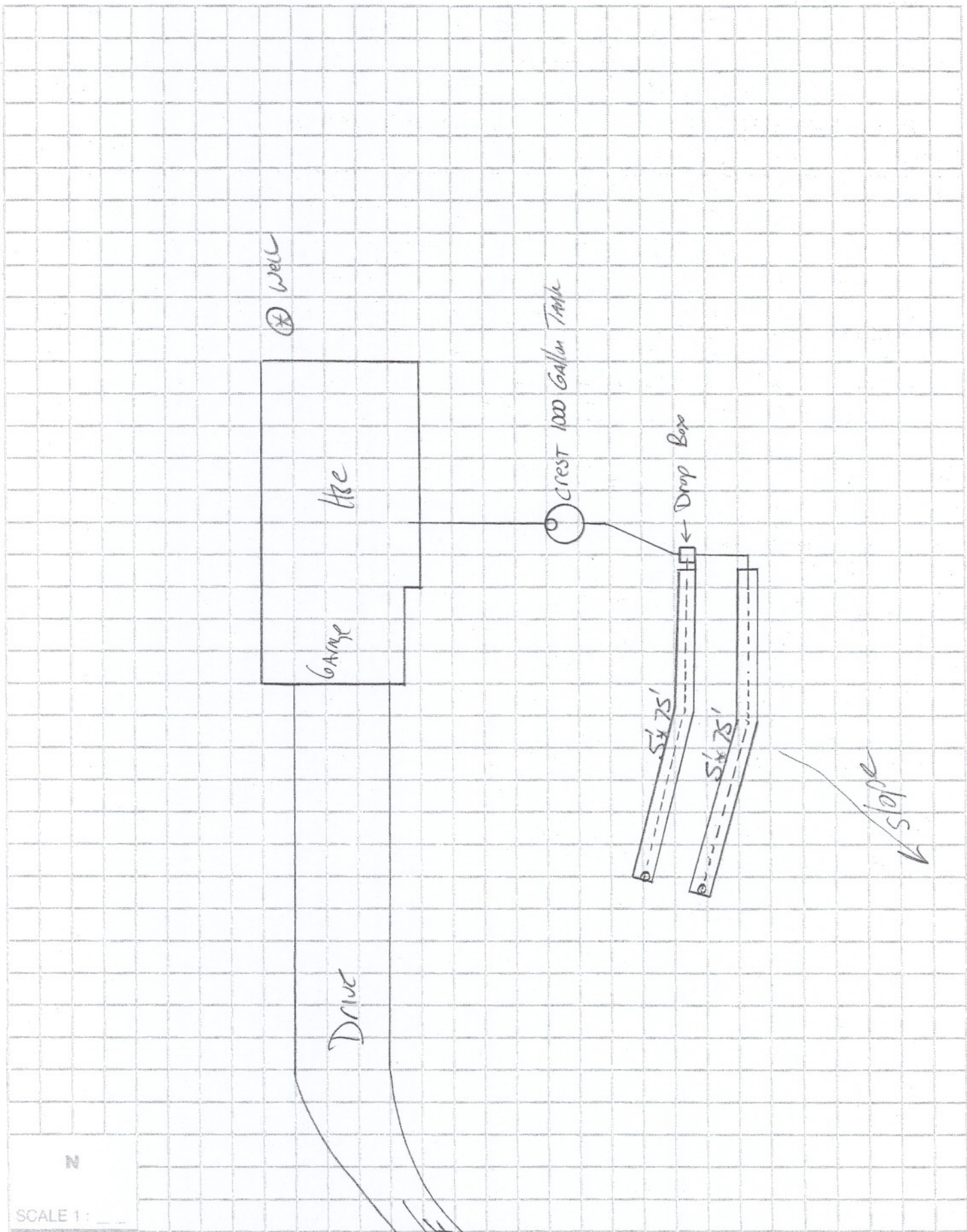
4 24 97
Date

[Signature]
Inspector's Signature

4941
Cert. No.

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 260987



N

SCALE 1: _ _



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
Bureau of Building Water Systems
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	Jackson
State Sanitary Permit Number	260887
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	N/A

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name Pick: Laura Johnston		Property Location SW 1/4 SW 1/4, S 33 T 22, N, R 4 (or) W	
Property Owner's Mailing Address 317 Starling Ave		Lot Number	Block Number
City, State Bellevue, WI	Zip Code 54615	Phone Number (715) 284-5831	
Subdivision Name or CSM Number			

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

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

City Village Town OF Adams Nearest Road COTRY E

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

Parcel Tax Number(s)
010-1012-0000

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	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>0.6</u>	5. Perc. Rate (Min./inch) <u>N/A</u>	6. System Elev. T: <u>98.79</u> B: <u>97.32</u> Feet	7. Final Grade Elevation <u>99.4</u> Feet
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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	<u>1000</u>	<u>1000</u>	<u>1</u>	<u>Crest products</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					<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) <u>Marlon Johnson</u>	Plumber's Signature: (No Stamps) <u>Marlon Johnson</u>	MP/MRSW No.: <u>MP5634</u>	Business Phone Number: <u>715-284-7753</u>
Plumber's Address (Street, City, State, Zip Code): <u>113 Oak St Bellevue WI</u>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>\$131.00</u>	Date Issued <u>4-30-97</u>	Issuing Agent Signature (No Stamps) <u>Terry A. Schmidt</u>
<input type="checkbox"/> Owner Given Initial Adverse Determination				

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

SANITARY PERMIT

No 260887

OWNER RICK & LAURA JOHNSON

PLUMBER B.R. P.C. LIC. # 139328

MARLON JOHNSON
TOWN OF ADAMS LOCATED SW 1/4

SW 1/4 SEC 33 T 22 N; R 4 W

AND/OR LOT BLOCK

 SUBDIVISION

Tony A. Schmitt AUTHORIZED ISSUING OFFICER - DATE 4-30-97

THIS PERMIT EXPIRES 4-30-99 UNLESS RENEWED BEFORE THAT DATE

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 in force on the date of issue.

(c) The sanitary permit is valid for 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.

Rick JOHNSTON



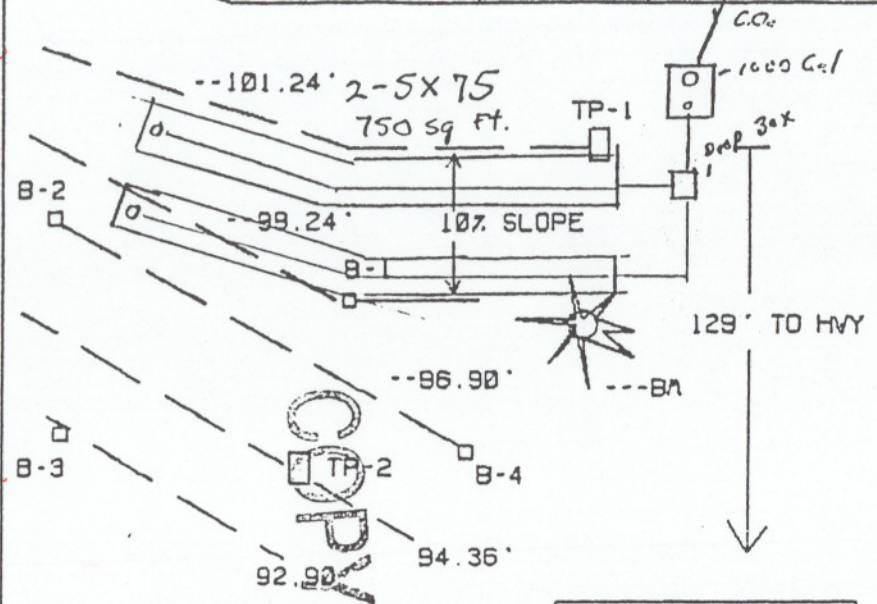
PROPOSED DRIVEWAY

PROPOSED GARAGE

PROPOSED 3 BEDROOM HOUSE

APPROVED
4-30-97

ALL TEST PITS & AND BORINGS ARE GREATER THAN 100' FROM LOT LINES



BA = 100.0'
 BA = NAIL IN LARGE OAK
 SCALE 1" = 30'

ELEVATIONS	
TP-1	101.24'
TP-2	94.36'
B-1	99.24'
B-2	96.90'
B-3	92.00'
B-4	96.90'

COUNTY HIGHWAY 'F'

Rick Johnston

CSTA 3410

MARCH 18, 1996

JOHNSTON PLOT PLAN

in accord with ILHR 83.05, 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 % of slope, scale or dimensioned, north arrow, and location and distance to nearest road.

COUNTY	Jackson
PARCEL I.D. #	002-0553.0005 010-1012.0000
REVIEWED BY	DATE
<i>TAS</i>	

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION

PROPERTY OWNER: Rick and Laura Johnston	PROPERTY LOCATION GOVT. LOT SW 1/4 SW 1/4, S33 T 22 ,N,R 4 SE (or) W		
PROPERTY OWNER'S MAILING ADDRESS 317 Sterling Ave	LOT #	BLOCK #	SUBD. NAME OR CSM #
CITY, STATE Black River Falls, WI	ZIP CODE 54615	PHONE NUMBER (715) 284-5831	NEAREST ROAD Co. Trk. "F"
	<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input checked="" type="checkbox"/> TOWN
	Adams		

[x] New Construction Use [x] Residential / Number of bedrooms 3 [] Addition to existing building _____
 [] Replacement [] Public or commercial describe _____

Code derived daily flow 450 gpd Recommended design loading rate n/a bed, gpd/ft² 0.6 trench, gpd/ft²
 Absorption area required n/a bed, ft² 563 trench, ft² Maximum design loading rate n/a bed, gpd/ft² 0.8 trench, gpd/ft²
 Recommended infiltration surface elevation(s) 94.9, 92.35, 90.0' ft (as referred to site plan benchmark)
 Additional design / site considerations recommend 0.6 w/ drop box design due to slope, short contours
 Parent material sandstone Flood plain elevation, if applicable -- 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
TP1 Ground elev. <u>101.24ft.</u> Depth to limiting factor >64"	1	0-13	10YR4/2	---	ls	1msbk	mvfr	gw	3f2m	--	0.8
	2	13-26	10YR4/6	---	ls	1msbk	mvfr	gw	2f2c	--	0.8
	3	26-39	10YR5/6	---	ls	1msbk	mvfr	gw	1f2m	--	0.8
	4	39-50	10YR5/6	---	sl	2msbk	mfr	gw	1f	--	0.6
	5	50-64	10YR5/6	---	s	0 sg	ml	--	1f	--	0.8

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
TP2 Ground elev. <u>94.36ft.</u> Depth to limiting factor >62"	1	0-7	10YR3/3	---	ls	1fsbk	mvfr	cs	2f2m	--	0.8
	2	7-31	10YR5/6	---	ls	2msbk	mvfr	gw	1f1m	--	0.8
	3	31-46	10YR6/8	---	s	0 sg	ml	gw	1f	--	0.8
	4	46-62	10YR7/6	---	s	0 sg	ml	--	1f	--	0.8

Remarks: # w/ 10YR4/6 mfr ls bands at 48, 50, 53, 56 and 60" *Rec'd 3-20-97*

CST Name:—Please Print	Richard C. Halverson	Phone:	715-284-2556
Address:	180 Gebhardt Rd	Black River Falls, WI 54615	
Signature:	<i>Rich Halverson</i>	Date:	3-18-97
		CST Number:	3410

PARCEL I.D.# 010-1012.0000

Boring #

B1

Ground elev. 9.24ft.

Depth to limiting factor >59"

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	0-8	10YR 3/3	----	ls	-----	----	---	--	--	--
2	8-29	10YR 5/6	----	ls	-----	----	---	--	--	--
3	29-45	10YR 6/8	----	s	-----	----	---	--	--	--
4	45-59	10YR 7/6	----	s	-----	----	---	--	--	--

Remarks:

Boring #

B2

Ground elev. 6.90ft.

Depth to limiting factor >58"

1	0-6	10YR 3/3	----	ls	-----	----	---	--	--	--
2	6-31	10YR 5/6	----	ls	-----	----	---	--	--	--
3	31-47	10YR 6/8	----	s	-----	----	---	--	--	--
4	47-58	10YR 7/6	----	s	-----	----	---	--	--	--

Remarks:

Boring #

B3

Ground elev. 2.00ft.

Depth to limiting factor >58"

1	0-7	10YR 3/3	----	ls	-----	----	---	--	--	--
2	7-30	10YR 5/6	----	ls	-----	----	---	--	--	--
3	30-46	10YR 6/8	----	s	-----	----	---	--	--	--
4	46-58	10YR 7/6	----	s	-----	----	---	--	--	--

Remarks:

Boring #

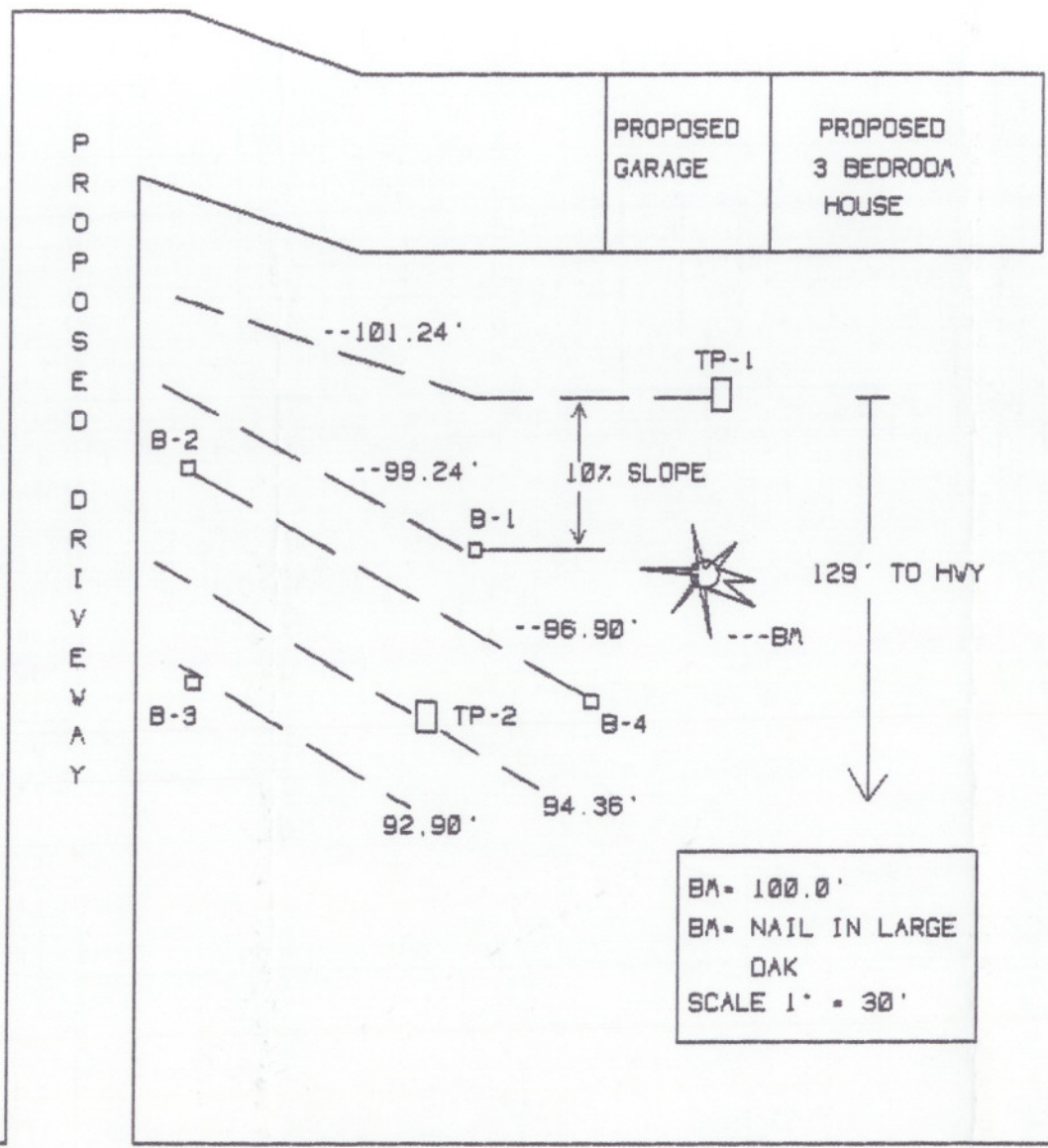
B4

Ground elev. 6.90ft.

Depth to limiting factor >59"

1	0-8	10YR 3/3	----	ls	-----	----	---	--	--	--
2	8-31	10YR 5/6	----	ls	-----	----	---	--	--	--
3	31-47	10YR 6/8	----	s	-----	----	---	--	--	--
4	47-59	10YR 7/6	----	s	-----	----	---	--	--	--

Remarks:



ALL TEST PITS & BORINGS ARE GREATER THAN 100' FROM LOT LINES

ELEVATIONS	
TP-1	101.24'
TP-2	94.36'
B-1	99.24'
B-2	96.90'
B-3	92.00'
B-4	96.90'

BM = 100.0'
 BM = NAIL IN LARGE OAK
 SCALE 1" = 30'

COUNTY HIGHWAY 'F'

Richtel

CSTA 3410

MARCH 18, 1996

JOHNSTON PLOT PLAN

**JACKSON COUNTY ZONING DEPARTMENT
REPORT**

Name Johnson, Rich	Address 317 Sterling Ave BRF, W2 5405
Legal Description of Property SW 1/4, SW 1/4, Sec 33, T22N, R4W Town of Adams	Date 3-11-97

Bright Sunshine ± 40°

Comments Soil on-site w/ Rich Halverson

P1						
0-13	10gr 4/2	ls	1 Fgr	mvfr	gs	1c 2m
13-26	10gr 4/6	ls	1 msk	mfr	gw	1m IF
26-39	10gr 5/6	ls	1 msk	mfr	gw	IF
39-50	10gr 5/6	sl	1 cask	mfr	gs	lvf
50-64	10gr 6/6	M	59	ml	-	lvf

2nd Pit that was dug was stopped because a large telephone service wire was hit. After I left the site, it was later determined that this line was dead

Use Reverse Side For Sketch

Signature

1 mth
with
castles

