

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT**

County: <i>Jackson</i>
Sanitary Permit Number: <i>406470</i>
State Plan ID Number: <i>N/A</i>
Parcel Tax Number: <i>010-0590-0025</i>

GENERAL INFORMATION

(ATTACH TO PERMIT)

Personal information you provide may be used for secondary [Privacy Law, s. 15.94(1)(m)].

Permit Holder's Name: <i>Tom Callahan</i>	City, Village or Town of: <i>Brockway</i>	State Plan ID Number: <i>N/A</i>
CST BM Elevation: <i>100</i>	Insp. BM Elevation: <i>100</i>	BM Description: <i>Bottom of Pole shed</i>

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	<i>ALS</i>	<i>1000</i>
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark	<i>3.75</i>	<i>103.75</i>		<i>100</i>
Alt. Benchmark	<i>Top of filter cover</i>		<i>5.37</i>	<i>98.38</i>
Bldg. Sewer				
Tank Inlet			<i>8.5</i>	<i>95.25</i>
Tank Outlet			<i>8.67</i>	<i>95.08</i>
Pump Tank In				
Pump Tank Out				
Pump Pad				
Header "T"				
Bottom Cell #1	<i>Upper</i>		<i>9.83</i>	<i>93.92'</i>
Pipe Cell #1	<i>Top of pipe</i>		<i>9.0</i>	<i>94.75</i>
Bottom Cell #2	<i>Lower</i>		<i>9.83</i>	<i>93.92</i>
Pipe Cell #2	<i>Top of pipe</i>		<i>9.0</i>	<i>94.75</i>
Bottom Cell #3				
Pipe Cell #3				
Original C/L	<i>Upper</i>		<i>6.83</i>	<i>96.92</i>
Top of Well	<i>Lower c/c</i>		<i>7.67</i>	<i>96.03</i>
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT	ROAD
Septic	<i>>25'</i>	<i>>35'</i>	<i>>10'</i>	<i>-</i>	<i>NA</i>
Dosing					<i>NA</i>
Aeration					<i>NA</i>
Holding					

PUMP/SIPHON INFORMATION

Manufacture:		DEMAND GPM
Model Number:	<i>N/A</i>	
TDH Lift:	Friction Loss	System Head
Forcemain Length:	Diameter:	Dist. to Well:

** Zoeller filter installed PIN 170-0078*

SOIL ABSORPTION SYSTEM

Latitude: <i>44° 18' 77"</i>	Longitude: <i>90° 48' 979"</i>
<i>44° 18' 46.26"</i>	<i>90° 48' 58.74"</i>

BED/TRENCH DIMENSIONS	Width	Length	Number of Trenches	PIT DIMENSIONS	Number of Pits	Inside Diameter	Liquid Depth
	<i>6'</i>	<i>75'</i>	<i>2</i>		<i>-</i>	<i>-</i>	<i>-</i>
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE/STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type of System: <i>CONVENTIONAL</i>	<i>>5'</i>	<i>>15'</i>	<i>>25'</i>	<i>N/A</i>		Model Number: <i>-</i>

DISTRIBUTION SYSTEM

Header / Manifold Length <i>10'</i>	Diameter <i>4"</i>	Distribution Pipe(s) Length <i>75'</i>	Diameter <i>4"</i>	Spacing <i>3'</i>	X Hole Size	X Hole Spacing	Vent to Air Intake <i>obs / vent</i>
-------------------------------------	--------------------	----------------------------------------	--------------------	-------------------	-------------	----------------	--------------------------------------

SOIL COVER

Depth Over Bed/Trench Center <i>-</i>	Depth Over Bed/Trench Edges <i>-</i>	Depth of Topsoil <i>-</i>	Seeded / Sodded <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	--------------------------------------	---------------------------	-------------------------------------------------------------------------------------	-----------------------------------------------------------------------------

COMMENTS: (Include code discrepancies, persons present, etc.)

- system installed, however no residential structure on site yet. Inlet of the tank just plugged for now. final grading & seeding needs to be done.

*Wayne opelt
Tom Callahan
Tom's son*

Plan revision required? Yes No

11 3 05

[Signature]

2 2 7 1 9 6

Use other side for additional information

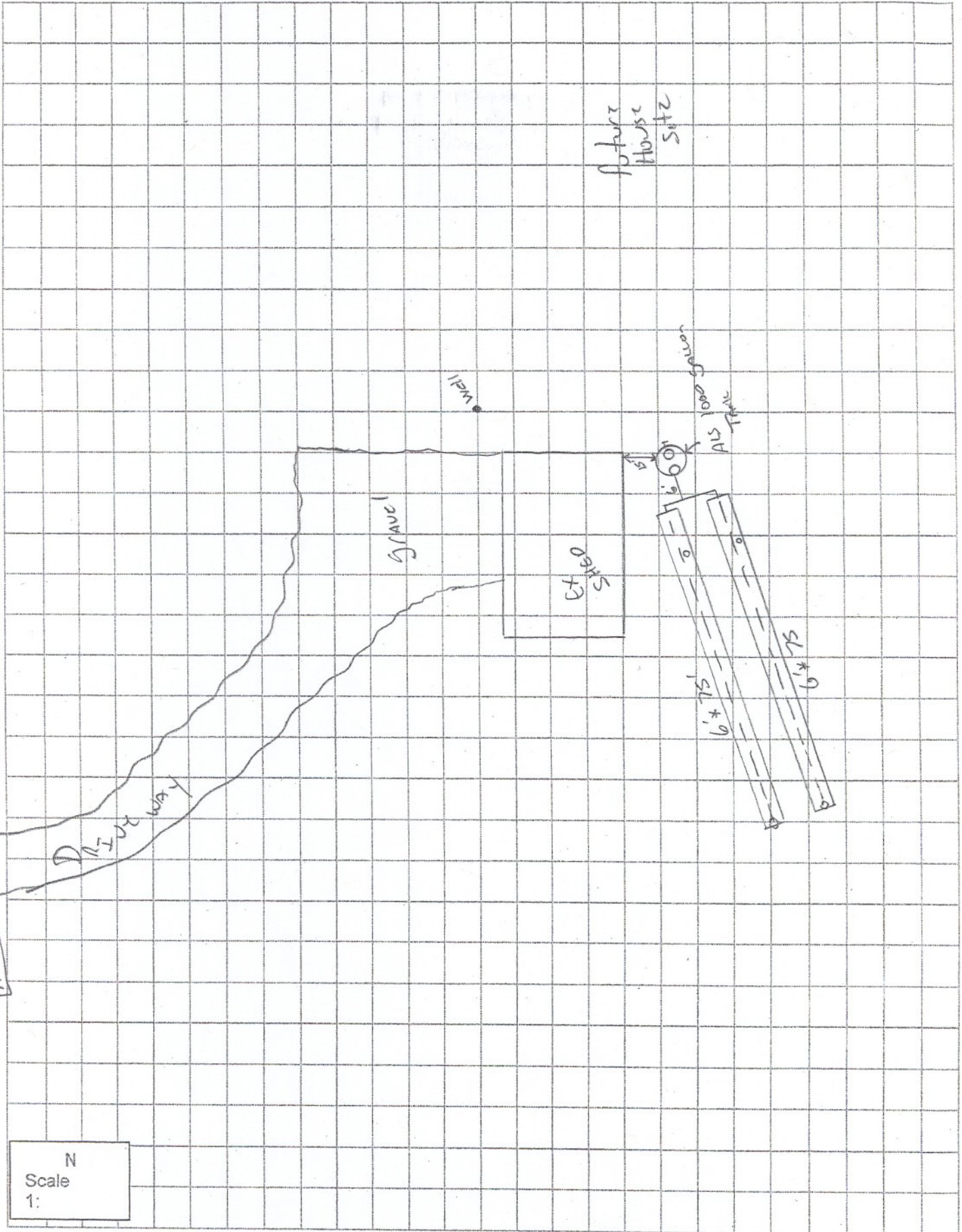
Date

POWTS Inspector's Signature

Cert. Number

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 400470





201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707 - 7162
(608) 266-3151

Jackson

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

406470

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)

State Plan I.D. Number

N/A

Project Address (if different than mailing address)

W 10101 LEVIE'S CREEK RD
BRF, WI 54615

I. Application Information - Please Print All Information

Property Owner's Name

Tom Callahan

Parcel # Lot # Block #

010-0590-0025 #1

Property Owner's Mailing Address

W10210 Levis Creek Rd

Property Location

NE SW
S00 1/4, NE 1/4, Section 8 12

City, State

Black River Falls, WI

Zip Code

54615

Phone Number

(715) 284-8148

21 4 (circle one)
T 26 N; R 2 E of W

II. Type of Building (check all that apply)

1 or 2 Family Dwelling - Number of Bedrooms 3

Public/Commercial - Describe Use

State Owned - Describe Use

Subdivision Name

CSM Number

2146

City Village Township of Albion

Blackwater

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 \geq 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) 450 Design Soil Application Rate(gpdsf) .7 Dispersal Area Required (sf) 643 Dispersal Area Proposed (sf) 648 System Elevation 93.4

VI. Tank Info	Capacity in Gallons		Total Gallons	Number of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	1000		1000	1	AI'S Concrete	X				
Aerobic Treatment Unit										
Dosing Chamber										

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

Plumber's Name (Print) Wayne Oplet Plumber's Signature Wayne Oplet MP/MPRS Number 841761 Business Phone Number (715) 743 2440

Plumber's Address (Street, City, State, Zip Code)
N3648 River Rd Neilsville, WI 54456

VIII. County/Department Use Only

Approved Disapproved Owner Given Reason for Denial
Sanitary Permit Fee (includes Groundwater Surcharge Fee) \$225.00 Date Issued 4/29/05 Issuing Agent Signature (No Stamps) [Signature]

IX. Conditions of Approval/Reasons for Disapproval

1) Well which is NOT shown on the plot plan must be located \geq 25' to SEPTIC TANK
 \geq 50' to absorption field

Attach complete plans (to the County only) for the system on paper not less than 8 1/2 x 11 inches in size

CT) spts + BLOBS Owner plumber

INDEX SHEET

Gravity Flow Conventional System

Excel Plumbing LLC
N3648 River Rd
Neillsville, WI 54456
(715) 743-2440

Property Owner: Tom Callahan

Address: W10210 Levis Creek Rd
Black River Falls WI 54615

Phone: (715) 299-8148

Legal Description: ~~SW 1/4, NE 1/4, S8, T26, N, R2W~~
NE SW 21 R4W

Township: ~~Albion~~
Bradway

County: Jackson

APPROVED
4/29/05 [Signature]

Contents:

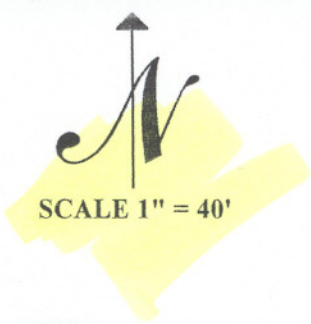
- Page 2 – Plot Plan
- Page 3 – System Plan View, Cross Section, and Distribution Network
- Page 4 – Tank Cross Section
- Page 5 – Filter Information
- Page 6 – Management and Contingency Plan
- Page 7 – Soil Evaluation
- Page 8 – Soil Evaluation Continued
- Page 9 – Soil Evaluation Addition
- Page 10 – Soil Evaluation Addition Continued

Plumber: Wayne Opelt
Credential Number: 841761
Signed: *Wayne Opelt*

Date: April 06 2005

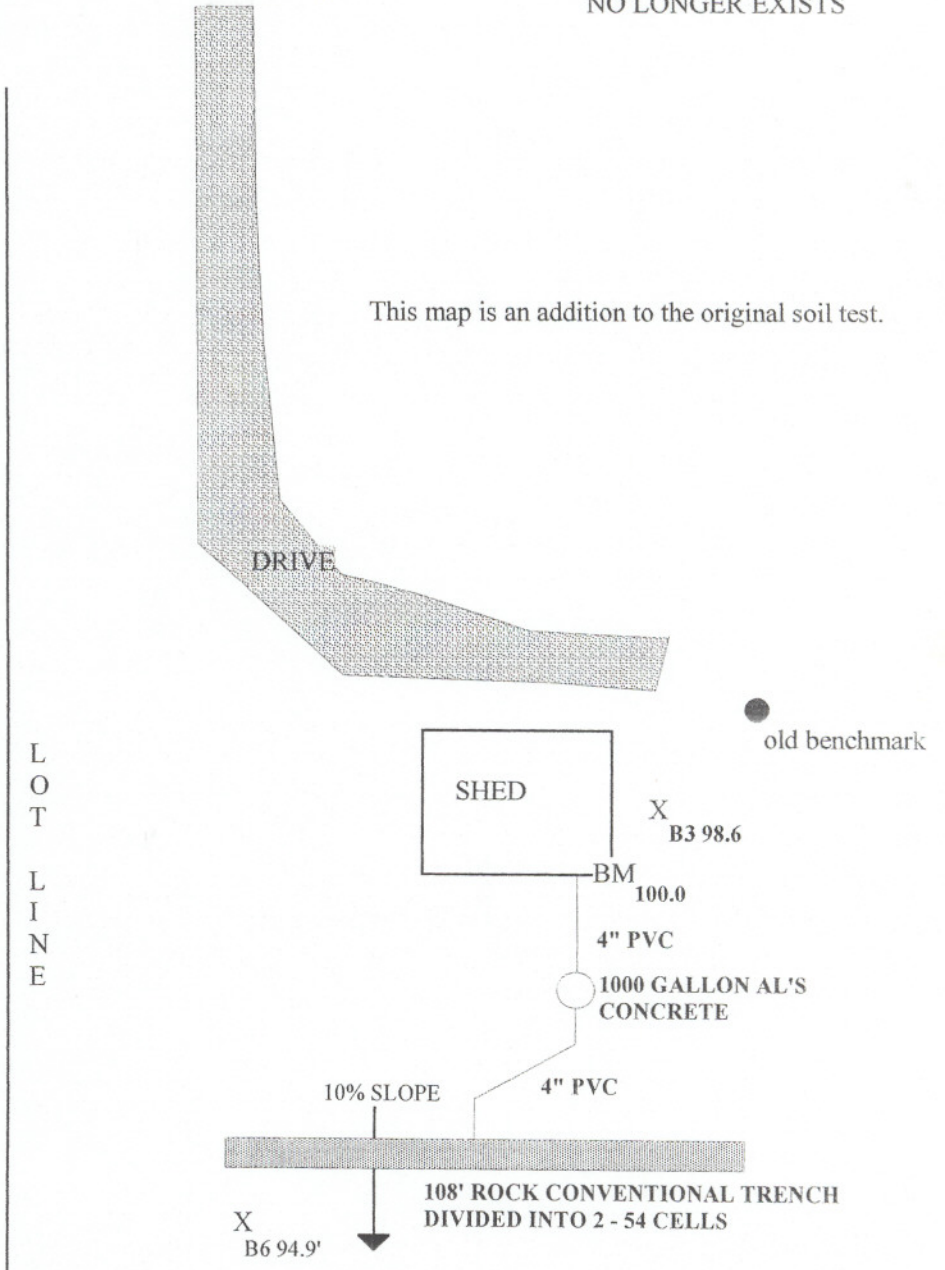
Designed Pursuant Component Manual SBD 10705-P (N01/01)

PLOT PLAN FOR CALLAHAN PROPERTY
SW 1/4, NE 1/4, S8, T26, N, R2W
TOWN OF ALBION, JACKSON COUNTY



- = SOIL PIT
- W = PROP. WELL
- BM = BENCHMARK
100' AT BOTTOM OF TIN ON SHED.
- x = SOIL BORING
- = OLD BENCHMARK
NO LONGER EXISTS

This map is an addition to the original soil test.



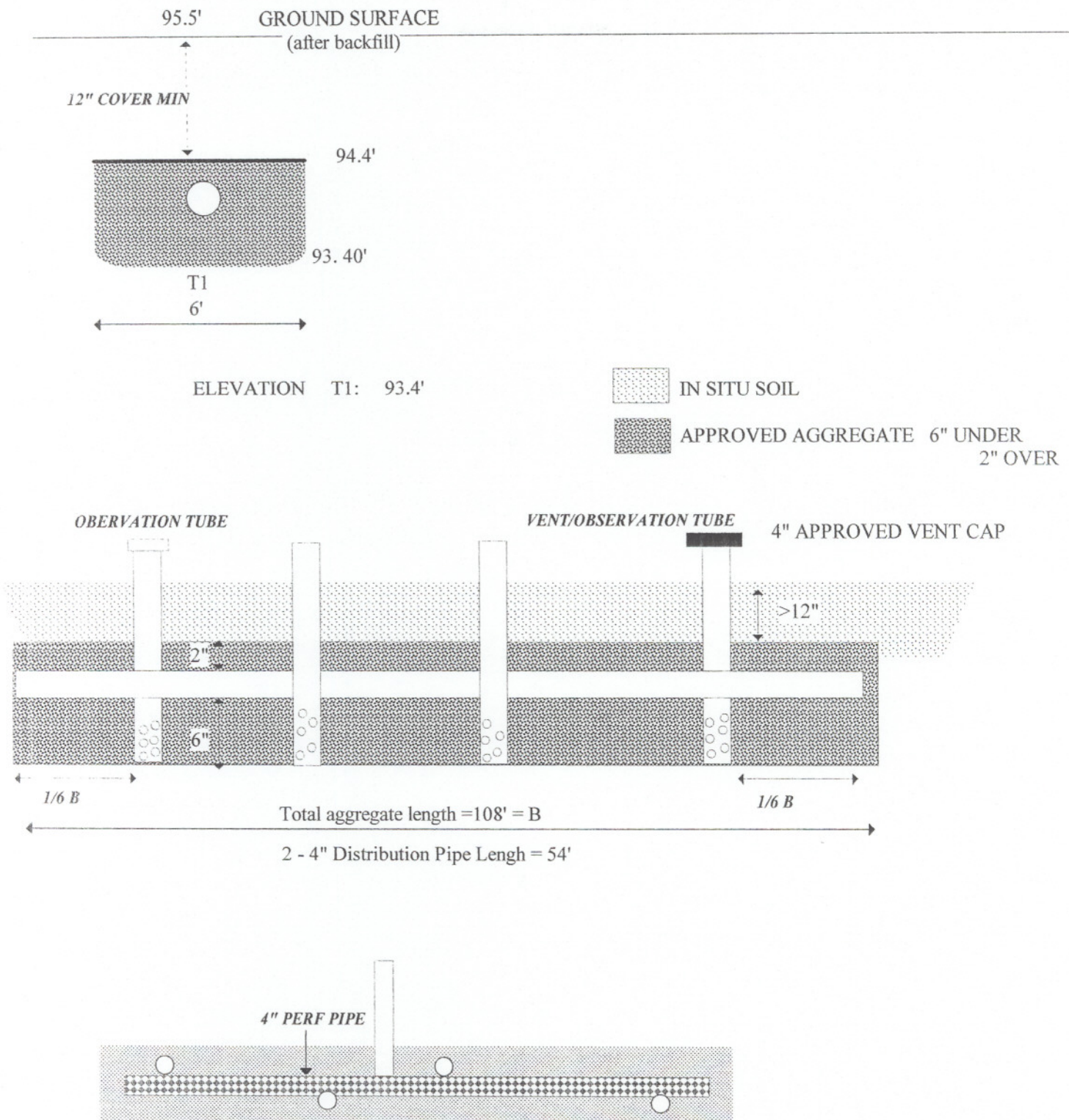
Elevation on B6 refers to new benchmark on corner of building.
 B3 elevation refers to old benchmark that has been destroyed.

CONVENTIONAL SYSTEM CROSS SECTION

NO SCALE

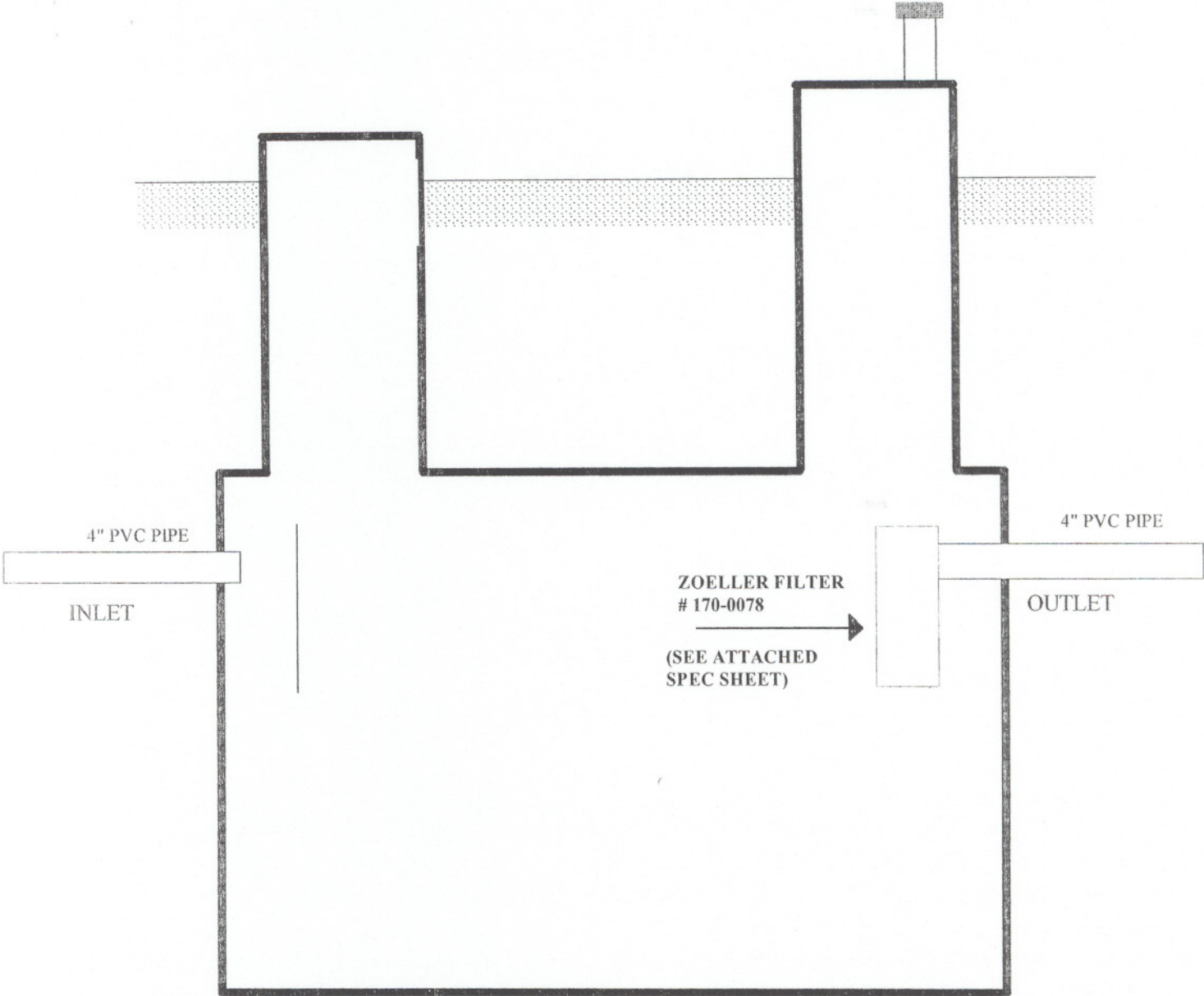
Design Parameters

450 gpd flow @ .7 gpd/ft² soil application rate = 643 ft² (2 - 6' x 54' cells)



AL'S CONCRETE 1000 GALLON SEPTIC TANK

NO SCALE



Zoeller Residential Septic Tank Effluent Filter Specifications

Application: Single family homes.

Filter Area: 122 Linear Feet of 1/16" filtration.

Flow Rate: 1000 gpd.

Material: All materials are noncorrosive in the septic tank environment. Sleeve is PVC, primary filter is polypropylene, and filter connection element is neoprene.

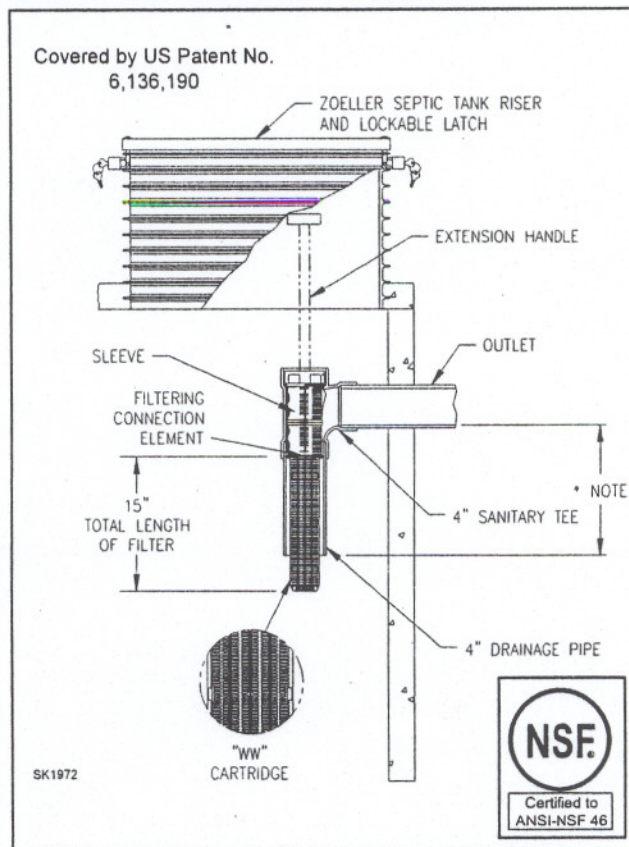
Easy to install or retrofit: The Zoeller Septic System Filter fits inside any 4" sanitary tee. Slide the filter cartridge into the filter sleeve. Lock the cartridge and sleeve together by holding the sleeve stationary and rotating the cartridge clockwise. Slide the assembled cartridge and sleeve into the sanitary tee at the tank's outlet. Ensure the sleeve latch is pointing toward the outlet of the septic tank before filter placement into the tee. The drain field is now protected from solids greater than 1/16".

Adding an extension handle: Zoeller's effluent filter can be easily retrofitted with an extension handle. Attach a 1/2" PVC pipe to the top of the filter with properly installed stainless steel screws. Cut off to appropriate length below the lid. A 1/2" PVC Tee can be added to the pipe for added leverage and control.

Easy to maintain: The filter cartridge can be maintained by rotating the cartridge counterclockwise and removing for cleaning. The sleeve should remain in the sanitary tee while cleaning the cartridge. To clean the cartridge, hold cartridge over septic tank opening and thoroughly rinse with hose until clean, washing filtered trash back into septic tank. After cleaning the cartridge, it is imperative that the sleeve be cleaned inside and out, by reinserting the cartridge; turning it clockwise in the sleeve and removing the sleeve from the sanitary tee. The Zoeller filter should be cleaned each time the septic tank is pumped or when the need is indicated by slow flows from the house. More frequent cleanings will not hurt the filter and could even improve the performance of your septic tank. For installations that exceed the design flow rate of the filter, more frequent cleanings may be required or manifold more than one sanitary tee to accept more than one filter.

Trouble shooting, repair, and replacement: Follow the install and maintenance instructions above. For replacement components, call 1-800-928-PUMP.

Lifetime Warranty: Every Zoeller filter is guaranteed to be free from defects in materials and workmanship for the lifetime of the homeowner/purchaser. Free repair or replacement, excluding labor, will be made on return of the filter prepaid to the factory. This warranty is limited to product proven to be free from abuse or improper installation.



***NOTE:** State and local plumbing codes may require a specific liquid penetration. For example, 25% - 45% into the liquid depth or 9" off the tank bottom.

ALL ZOELLER ON-SITE WASTEWATER PRODUCTS MUST BE INSTALLED IN ACCORDANCE WITH LOCAL AND/OR STATE PLUMBING AND/OR HEALTH DEPARTMENT CODES.


<http://www.zoeller.com>

ZOELLER
 PUMP CO.

MAIL TO: P.O. BOX 16347
 Louisville, KY 40256-0347
 SHIP TO: 3649 Cane Run Road
 Louisville, KY 40211-1961
 (502) 778-2731 • 1 (800) 928-PUMP
 FAX (502) 774-3624

Manufacturers of...
 "QUALITY PUMPS SINCE 1939"

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

Owner:

DESIGN PARAMETERS

3 Bedroom - 450 gallon per day design flow rate

.5 gal/day/ft² loading rate according to site & soil evaluation.

Effluent not pretreated.

Maximum effluent particle size of 1/8 inch diameter.

Equal or greater than 36" of suitable soil.

SYSTEM SPECIFICATIONS

Holding Tank Capacity of 1000 gallons, poured in place.

Effluent Filter Model 170-0078 manufactured by Zoeller.

MAINTENANCE AND MANAGEMENT SCHEDULE

Every three years:

- Inspect condition of tank.
- Pump contents if scum level equals (1/3) of tank volume
- Inspect entire dispersal cell.
- Make any maintenance or management actions needed and/or contact appropriate agencies.

Every 13 months:

- Inspect downslope edge of at-grade along three sections of at-grade system for ponding or excessive wetness.
- Inspect observation tubes in all three sections for ponding or excessive loading of one section of at-grade system.
- Inspect distribution box to insure that the box has remained completely level and evenly distributing effluent to the three sections of the at-grade.
- Inspect and clean effluent filter.

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber; Master Plumber Restricted Sewer; POWTS Maintainer; Septage Servicing Operator. Tank Inspections must include a visual inspection of the tank (s) to identify any cracks or leaks, measure the volume of combined sludge and scum and to check for any backup or ponding effluent on the ground surface. The dispersal cell (s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any tank equals one-third (1/3) or more of the tank volume, the entire contents of the tanks shall be removed by a Septage Servicing Operator and disposed of in accordance with ch. NR 113, Wisconsin Administrative Code.

The servicing of effluent filters, mechanical or pressurized POWTS components, pretreatment components, and any maintenance or monitoring at intervals of 12 months or less shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 10 days of completion of any service event.

START UP AND OPERATION

For new construction, prior to use of the POWTS check treatment tanks(s) for the presence of painting products or other chemicals that may impede the treatment process and /or damage the dispersal cell (s). If high concentrations are detected have the content of the tank (s) removed by a septage servicing operator prior to use.

Do not drive or park vehicles over task and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) water; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications, oil, painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONMENT

When the POWTS fails and /or its permanently taken out of service the following steps shall be taken insure that the system is properly and safely abandoned in compliance with ch. Comm 83.33, Wisconsin Administrative Code:

- All piping to tanks and pits shall be disconnected and the abandoned pipe opening sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operation.
- After pumping, all tanks and pits shall be excavation and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

- The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.

<< WARNING >>

SEPTIC, PUMP AND OTHER TREATMENT TANKS MAY CONTAIN LETHAL GASES AND /OR INSUFFICIENT OXYGEN. DO NOT ENTER A SEPTIC, PUMP OR OTHER TREATMENT TANK UNDER ANY CURCUMSTANES. DEATH MAY RESULT; RESCUE OF A PERSON FROM THE INTERIOR OF A TANK MAY BE DIFFICULT OR IMPOSSIBLE.

Additional Comments:

POWTS INSTALLER

Name: Wayne Opelt
Phone: 715-743-2440

POWTS MAINTAINER

Name: Excel Plumbing LLC
Phone: 715-743-2440

SEPTIAGE SERVICING OPERATOR (Pumper)

Name: B.J. Septic Pumping
Phone: 715-238-7350

LOCAL REGULATORY AUTHORITY

Name: Jackson County Zoning & Planning
Phone: 715-284-0220

Maintenance Management Plan for POWTS Systems

Owner: Tom Callahan

Site Address: W10101 Lewis Creek Rd

W10101 LEWIS CREEK RD
BRF, W2 54615

BRF, W2 54615

Legal Description: Lot #1 of Csm # 2146

NE 1/4 SW 1/4 Section 12, T 21 N, R 4 ~~W~~ Town of Brackley
Jackson County, Wisconsin.

The Owner of a Private On-Site Wastewater Treatment System (POWTS) is responsible for ensuring the proper operation and maintenance of the system.

MAINTENANCE REQUIREMENTS:

The septic tank has a filter installed as the outlet baffle to ensure that wastewater particle size greater than 1/8" does not leave the tank. The filter requires cleaning when the septic tank is serviced or when clogged (slow or sluggish draining indicates filter may be getting clogged).

Note: A clogged filter can cause tank to overflow or backup into the home. Septic and pump tank servicing shall be performed at least once every three (3) years or when the sludge and scum equals 1/3 of the volume of the septic tank. Septic and pump tank are to be serviced and pumped by a licensed pumper or POWTS maintainer.

CERTIFICATE OF OPERATION & INSPECTION

We certify that the sewage disposal system meets the following conditions:

is in proper operating condition
 is being used in conformity with the purpose for which it was designed
 Septic tank is less than 1/3 full of sludge and scum
 Septic tank and pump chamber were just pumped. Date pumped: _____

Owner's Signature _____ Date inspected _____
Inspector's Signature _____ License No. _____

Printed on recycled paper

Homeowners:

To comply with the requirements of the laws of the State of Wisconsin and the Private On-Site Wastewater Treatment System (POWTS) Ordinance of Jackson County, all private sewage systems shall be subject to an Inspection/Maintenance Program. The owner of each system will receive a Certification of Operation and Inspection postcard every three (3) years, which must be signed by the owner and a person authorized to conduct such an inspection. The person(s) authorized to conduct this inspection are Licensed Septic Tank Pumpers or Licensed Master Plumbers.

This purpose of this program is to provide good operation and a longer life for your private sewage system through proper maintenance. It will also help to protect our groundwater, streams, lakes and rivers. Here are some household tips to follow that will assist this:

DO

- * **Do** limit the water entering your tank. Use water-saving fixtures. Fix toilet float valves, leaks and dripping faucets.
- * **Do** have your tank pumped every 3 years or sooner, if necessary by a licensed Septage Pumper. **This is required by law.**
- * **Do** divert surface drainage water away from absorption field.

DON'T

- * **Do not** connect the basement sump or other clean water discharges to the septic tank.
- * **Do not** put materials down drains that will clog the septic tank (fats, greases, coffee grounds, paper towel, Sanitary napkins, disposable diapers, etc.)
- * **Do not** put toxic chemicals in drains that might end up in the ground water (cleaning fluids, paints, oils, pesticides, etc.)

The Jackson County Environmental Health and Zoning Department appreciates your cooperation in helping to protect our natural resources. **THANK YOU!** If you have any questions, contact us at (715) 284-0220.

Copy to:

Landowner

County

STATE SANITARY PERMIT

TRANSFER/RENEWAL PREVIOUS NO. _____

OWNER Tom Callahan

PLUMBER Wayne Oplet LIC.# 841761

TOWN OF Brockway NE/SW

SEC 12, T 21 N, R 4 EW

AND/OR LOT # 1 BLOCK —

CSM # 2146 SUBDIVISION

Tony A. [Signature] AUTHORIZED ISSUING OFFICER — DATE 4/29/05

THIS PERMIT EXPIRES 4/29/07 UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

CHAPTER 145.135 (2) WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of approval.
- (c) The sanitary permit is valid and may be renewed for a specified period.
- (d) Changed regulations will not impair the validity of a sanitary permit.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- (f) The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

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	Jackson
Parcel I.D.	
Reviewed by	Date

Property Owner <u>Scott + Kari Peterson</u>		Property Location Govt. Lot <u>SW 1/4 NE 1/4 S 2 T 26 N R 2 E (or) W</u>	
Property Owner's Mailing Address <u>406 Crestwood St.</u>		Lot #	Block #
City <u>Black River Falls</u>	State <u>WI</u>	Zip Code <u>54615</u>	Phone Number <u>(715) 284-1610</u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town		Nearest Road <u>Lewis Creek Rd / Paulley Rd</u>	
<input type="checkbox"/> New Construction Use: <input checked="" type="checkbox"/> Residential / Number of bedrooms <u>4</u> Code derived design flow rate <u>600</u> GPD		<input type="checkbox"/> Replacement <input type="checkbox"/> Public or commercial - Describe: _____	
Parent material _____		Flood Plain elevation if applicable <u>N/A</u> ft.	
General comments and recommendations: <u>site suitable for conventional system</u>			

1 Boring # Boring Pit Ground surface elev. 98.4 ft. Depth to limiting factor 772 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/ft ²	
									*Eff#1	*Eff#2
1	0-5	10y1r 3/1	—	ls	lsbk	m v fr	cs	2m/2f	.7	1.2
2	5-12	7.5y1r 3/4	—	ls	o sg	m v fr	gs	3m/2f	.7	1.2
3	12-30	7.5y1r 4/6	—	ls	o sg	m fr	gs	1m/1f	.7	1.2
4	30-45	10y1r 5/6	—	s	o sg	m v fr	gs	—	.7	1.2
5	45-72	10y1r 6/8	—	co s	o sg	m v fr	—	—	.7	1.2

2 Boring # Boring Pit Ground surface elev. 98.1 ft. Depth to limiting factor 772 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/ft ²	
									*Eff#1	*Eff#2
1	0-5	10y1r 3/2	—	ls	lmsbk	m fr	cs	2m/2f	.7	1.2
2	5-12	7.5y1r 4/4	—	ls	lmsbk	m fr	gs	1m/1f	.7	1.2
3	12-36	10y1r 3/4	—	ls	lmsbk	m fr	gs	1m/1f	.7	1.2
4	36-51	10y1r 4/6	—	s	o sg	m l	gs	1m	.7	1.2
5	51-72	10y1r 5/8	—	s	o sg	m l	—	—	.7	1.2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) <u>Kevin Schoen</u>	Signature <u>Kevin Schoen</u>	CST Number <u>224246</u>
Address <u>W5711 Poertner Rd Neilsville, WI 54456</u>		Telephone Number <u>(715) 713 2440</u>
Date Evaluation Conducted <u>4/5/01</u>		

RECEIVED
4/23/01

Property Owner Peterson

Parcel ID # _____

Page 2 of 3

Boring # 3 Pit _____ Ground surface elev. 98.6 ft. Depth to limiting factor 772 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/ff	
									*Eff#1	*Eff#2
1	0-4	10y1r 3/2	_____	1s						
2	4-14	10y1r 4/4	_____	S						
3	14-32	10y1r 4/6	_____	S						
4	32-60	10y1r 5/6	_____	S						
5	60-72	10y1r 6/4	_____	S						

Boring # 4 Pit _____ Ground surface elev. 98.9 ft. Depth to limiting factor >72 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/ff	
									*Eff#1	*Eff#2
1	0-12	10YR 4/4	_____	1s						
2	12-32	7.5YR 4/6	_____	S						
3	32-62	10YR 5/6	_____	S						
4	62-72	10YR 6/4	_____	S						

Boring # 5 Pit _____ Ground surface elev. 98.3 ft. Depth to limiting factor 772 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/ff	
									*Eff#1	*Eff#2
1	0-4	10y1r 3/2	_____	1s						
2	4-19	7.5YR 4/6	_____	S						
3	19-36	10YR 5/8	_____	S						
4	36-72	10YR 6/4	_____	S						

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

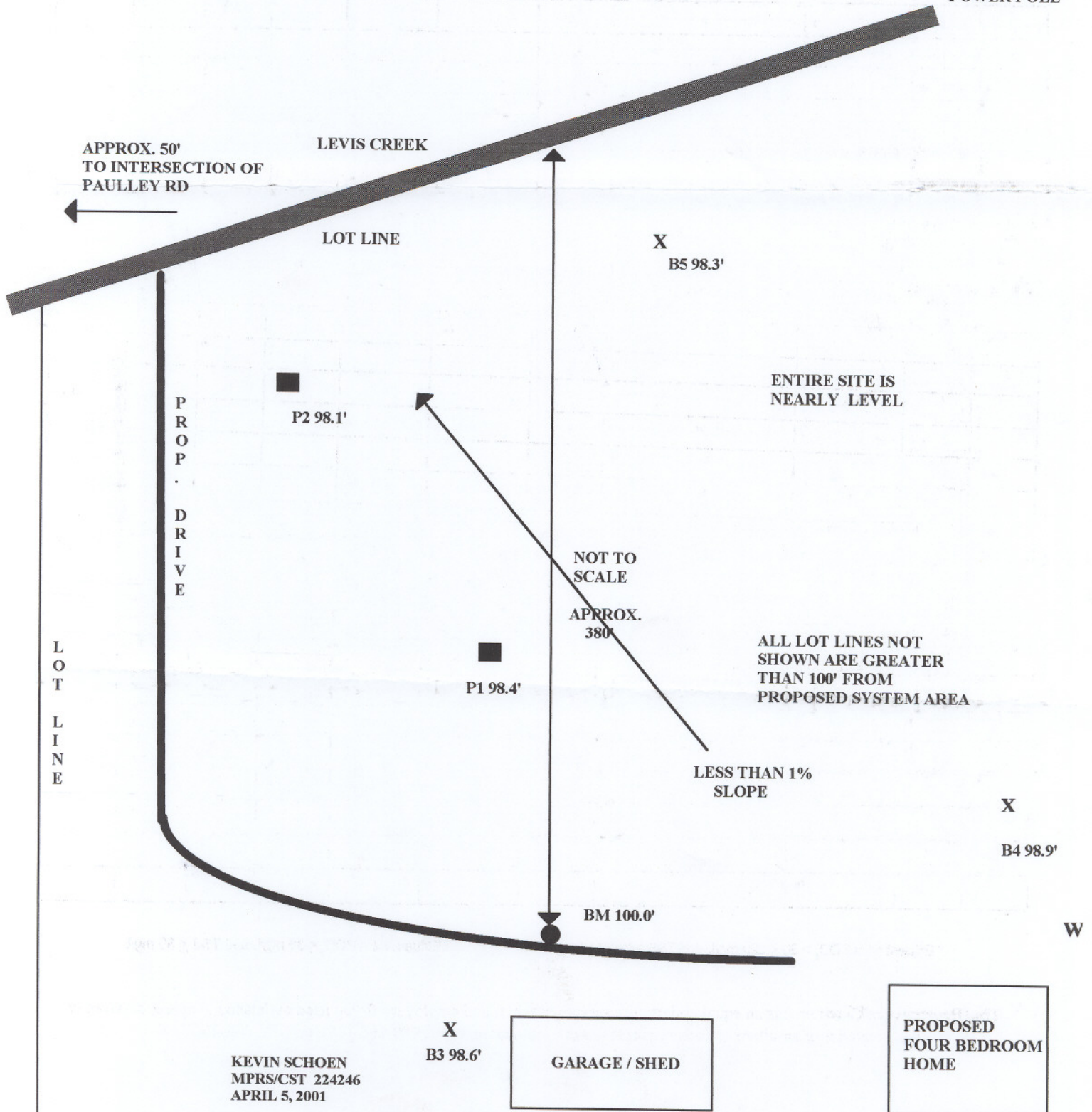


PLOT MAP FOR PETERSON PROPERTY
S7W 1/4, NE 1/4, S8 T26, N, R2W
TOWN OF ALBION, JACKSON COUNTY



SCALE 1" = 40'

- W = PROP. WELL
- = SOIL PIT
- X = SOIL BORING
- = BENCHMARK
- IS 100.0' AT AT SCREW IN POWER POLE



KEVIN SCHOEN
 MPRS/CST 224246
 APRIL 5, 2001

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	Jackson
Parcel I.D.	
Reviewed by	Date

Property Owner Scott + Kari Peterson	Property Location Govt. Lot NE 1/4 SW 1/4 S12 T21 N R 4 (or W)		
Property Owner's Mailing Address 406 Crestwood St.	Lot #	Block #	Subd. Name or CSM#
City Black River Falls WI	State WI	Zip Code 54615	Phone Number (715) 284-1610
	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town
	Nearest Road Brockway		11 Levi's Creek Rd / Paulley Rd

New Construction Use: Residential / Number of bedrooms 3 Code derived design flow rate 600 GPD

Replacement Public or commercial - Describe: _____

Parent material _____ Flood Plain elevation if applicable N/A ft.

General comments and recommendations: site suitable for conventional system, will have to be pumped because of building sewer serving basement.

1 Boring # Boring Pit Ground surface elev. 98.4 ft. Depth to limiting factor 772 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/ff	
									*Eff#1	*Eff#2
1	0-5	10y1r 3/1	—	ls	lsbk	mifr	cs	3m/af	.7	1.2
2	5-12	7.5y1r 3/4	—	ls	Øsg	mifr	gs	3m/af	.7	1.2
3	12-30	7.5y1r 4/6	—	ls	Øsg	mfr	gs	1m/lf	.7	1.2
4	30-45	10y1r 5/6	—	s	Øsg	mifr	gs	—	.7	1.2
5	45-72	10y1r 6/8	—	co s	Øsg	mifr	—	—	.7	1.2

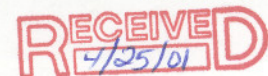
2 Boring # Boring Pit Ground surface elev. 98.1 ft. Depth to limiting factor 772 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ff	
									*Eff#1	*Eff#2
1	0-5	10y1r 3/2	—	ls	1msbk	mfr	cs	2m/af	.7	1.2
2	5-12	7.5y1r 4/4	—	ls	1msbk	mfr	gs	1m/lf	.7	1.2
3	12-36	10y1r 3/4	—	ls	1msbk	mfr	gs	1m/lf	.7	1.2
4	36-51	10y1r 4/6	—	s	Øsg	m1	gs	1m	.7	1.2
5	51-72	10y1r 5/8	—	s	Øsg	m1	—	—	.7	1.2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) Kevin Schoen	Signature <i>Kevin Schoen</i>	CST Number 224246
Address W5711 Poertner Rd Neillsville, WI 54456	Date Evaluation Conducted 4/5/01	Telephone Number (715) 743-2440



Property Owner Peterson

Parcel ID # _____

Page 2 of 3

Boring # 3 Pit Ground surface elev. 98.6 ft. Depth to limiting factor 772 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-4	10y1r 3/2	_____	1s						
2	4-14	10y1r 4/4	_____	S						
3	14-32	10y1r 4/6	_____	S						
4	32-60	10y1r 5/6	_____	S						
5	60-72	10y1r 6/4	_____	S						

Boring # 4 Pit Ground surface elev. 98.9 ft. Depth to limiting factor 772 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-12	10y1r 4/4	_____	1s						
2	12-32	10y1r 4/6	_____	S						
3	32-62	10y1r 5/6	_____	S						
4	62-72	10y1r 6/4	_____	S						

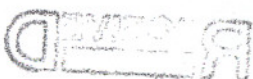
Boring # 5 Pit Ground surface elev. 98.3 ft. Depth to limiting factor 772 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									*Eff#1	*Eff#2
1	0-4	10y1r 3/2	_____	1s						
2	4-14	7.5y1r 4/6	_____	S						
3	14-36	10y1r 5/8	_____	S						
4	36-72	10y1r 6/4	_____	S						

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

The Department of Commerce is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, please contact the department at 608-266-3151 or TTY 608-264-8777.

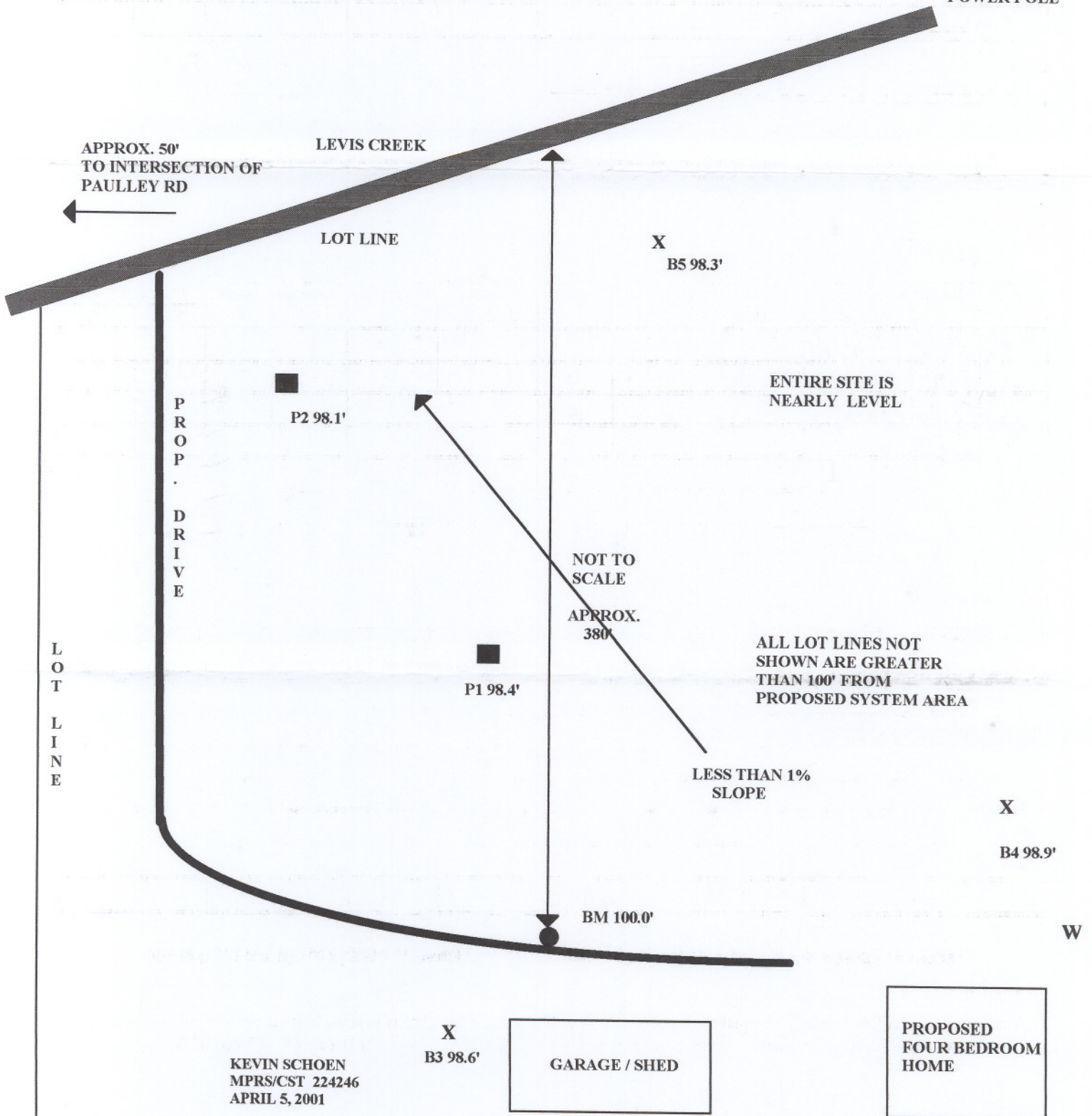


PLOT MAP FOR PETERSON PROPERTY
NE 1/4, SW 1/4, S12 T21, N, R4W
TOWN OF BROCKWAY, JACKSON COUNTY



SCALE 1" = 40'

- W = PROP. WELL
- = SOIL PIT
- X = SOIL BORING
- = BENCHMARK
- IS 100.0' AT
AT SCREW IN
POWER POLE



KEVIN SCHOEN
 MPRS/CST 224246
 APRIL 5, 2001

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	
Parcel I.D.	
Reviewed by	Date

Property Owner Tom Callahan	Property Location NE SW
Property Owner's Mailing Address W10210 Lewis Creek Rd	Govt. Lot SW 1/4 NE 1/4 S 8 T 26 N R 2 E (or) W
City State Zip Code Phone Number Black River Falls WI 54615 (715) 284-8148	Lot # Block # Subd. Name or CSM#
	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town Nearest Road Albion Broadway Lewis C. Rd

New Construction Use: Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD

Replacement Public or commercial - Describe: _____

Parent material _____ Flood Plain elevation if applicable _____ ft.

General comments and recommendations: **Shop already exists**
This boring is an addition to original soil test done 4/05/01

B6 Boring # Boring Pit Ground surface elev. 94.9 ft. Depth to limiting factor 57 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/ft ²	
									*Eff#1	*Eff#2
1	0-4	10y1r 3/2	—	1s						
2	4-16	10y1r 5/6	—	S						
3	16-22	10y1r 7/6	—	g1s						
4	22-40	10y1r 7/6	—	S						
5	40-49	10y1r 8/3	—	g1s						
6	49-57	10y1r 8/3	—	S						
7	57-65	10y1r 7/6	cod 7.5yr 5/8	g1s						

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/ft ²	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L * Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) Wayne Opet	Signature <i>Wayne Opet</i>	CST Number 841761
Address N3648 River Rd Neillsville, WI	Date Evaluation Conducted 10/2/01	Telephone Number (715) 743-2440

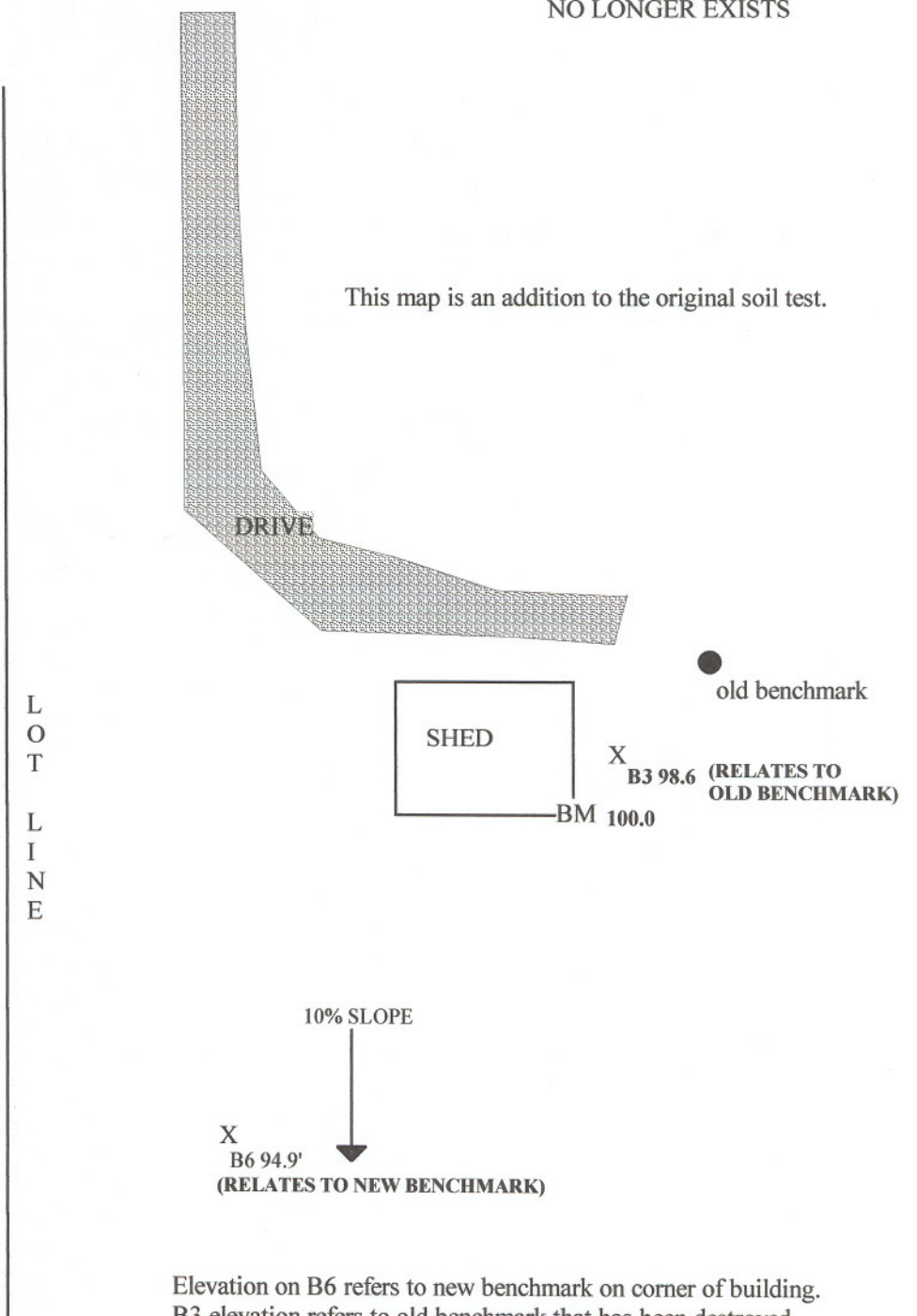
PLOT MAP FOR CALLAHAN PROPERTY
SW 1/4, NE 1/4, S8, T26, N, R2W
TOWN OF ALBION, JACKSON COUNTY



SCALE 1" = 40'

- = SOIL PIT
- W = PROP. WELL
- BM = BENCHMARK
100' AT BOTTOM OF TIN
ON SHED.
- x = SOIL BORING
- = OLD BENCHMARK
NO LONGER EXISTS

This map is an addition to the original soil test.



LOT
LINE



Elevation on B6 refers to new benchmark on corner of building.
B3 elevation refers to old benchmark that has been destroyed.