

Sanitary Final Inspection Report



Zoning, Planning & POWTS Department
307 Main Street, Suite B03, Black River Falls WI 54615
Ph: 715.284.0220 * Fax: 715.284.0220
www.co.jackson.wi.us

Sanitary Permit:

Permit Number: 2712010

Permit Information:

Report #: 38	Issued Date: 3/19/2012	Inspection Date: 4/2/2012
Authorization Name: Dustin McCune	Authorization Title: Zoning Technician and Sanitarian	File #: 02-21-03-04-23

Inspection Information:

State Plan ID #:	CST BM Elev: 100.00	Insp BM Elev: 100.00
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BM Desc:

grade at steel post

Parcel Information:

Parcel #: 01000390010	Owner Name: MIKE V SIMONIS	
Daytime Phone: --	Mailing Address: N6951 COUNTY RD A BLACK RIVER FALLS, WI 54615	
Evening Phone: --	Property Address:	
Cell Phone: --	Plat Description: NOT AVAILABLE	
CSM: 0	Lot:	Block:
Section: 4	Township: T21N	Range: R3W
Twp/City: TOWN OF BROCKWAY	Qtr Qtr: SW NW	Acres: 35.44

Legal Description:

LOT 2 CSM 2370 BEING PT OF THE SW NW EX LOT 3 CSM 2778

Tank Information #1:

Tank:

New/Existing	Age	Manufacturer:	Material:	Compartments	Type	Gallons
New Tank		AK Industries	Plastic	Single	Septic	1000.00

Filter: Manufacturer: Model Number:

Pump/Siphon:

Manufacturer:	Model Number:	Demand GPM:
TDH Lift:	Friction Loss:	System Head:
TDH:	Forcemain Length:	Forcemain Diameter:

Elevation:

Station	BS	HI	FS	ELEV
Benchmark		2.90	102.90	100.00
Alt. Benchmark			1.99	100.91
Alt. Bench. Comment	manhole cover over inlet			
Building Sewer			4.34	98.56
Tank Inlet			4.48	98.42
Tank Outlet			4.72	98.16
Pump Tank In				
Pump Tank Out				
Pump Pad				
Header "T"				
Bottom Cell #1			5.90	97.00
Pipe Cell #1				
Bottom Cell #2			5.90	
Pipe Cell #2				
Bottom Cell #3				
Pipe Cell #3				
Original C/L				
Top of Well				
Final Grade				
Latitude		44 Deg	19 Min	42.18 Sec
Longitude		90 Deg	45 Min	37.32 Sec

Tank Information #1 (cont):

Soil Absorption System:

Cell Dimensions

Width: 3 Length: 60

Width: 3 Length: 60

Width: Length:

Width: Length:

Width: Length:

Setback Information

System To	P/L	Building	Well	Lake/Stream
	>5'	>20'	not in	

Leaching Chamber or Unit

Manufacturer: Infiltrator Quick 4 Plus Standard (20.0) Model Number:

Distribution System:

Header/Manifold

Length: 10 Diameter: 4

Distribution Pipe(s)

Length: Diameter Spacing:

x Hole Size x Hole Spacing

Soil Cover:

Required to complete Soil Cover (>=12 inches)

Tank Setback Information:**Tank Setback #1**

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well	not in			
Adjacent Well				
Foundation	17'			
Property Line	>10'			
Navigable Water				

Tank Setback #2

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well				
Adjacent Well				
Foundation				
Property Line				
Navigable Water				

Tank Setback #3

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well				
Adjacent Well				
Foundation				
Property Line				
Navigable Water				

Additional Notes:

When I got out there they had the tank set and building sewer in and they were just working on setting the last of the shells. When they were finished setting shells we took shots and got the measurements that I needed. They still had to backfill the shells and connect the two trenches to the tank.

Person(s) present during inspection

Rob McPeak		
		<input type="checkbox"/> Plan revision required

Date:	Inspector's Signature	Cert No.
04/02/12	<i>Quate McPeak</i>	1046348

JACKSON COUNTY PRIVATE SEWAGE SYSTEM INSPECTION SKETCH

Onsite Date: 04/02/12

Inspector: Dustin McCune

Owner: Russell Simonis

Plumber: Rob McPeak

Permit Number: 2712010

Type of POWTS System: Conventional

SW 1/4 NW 1/4 Sec. 04 T 21 N, R 03 ~~E~~ or W

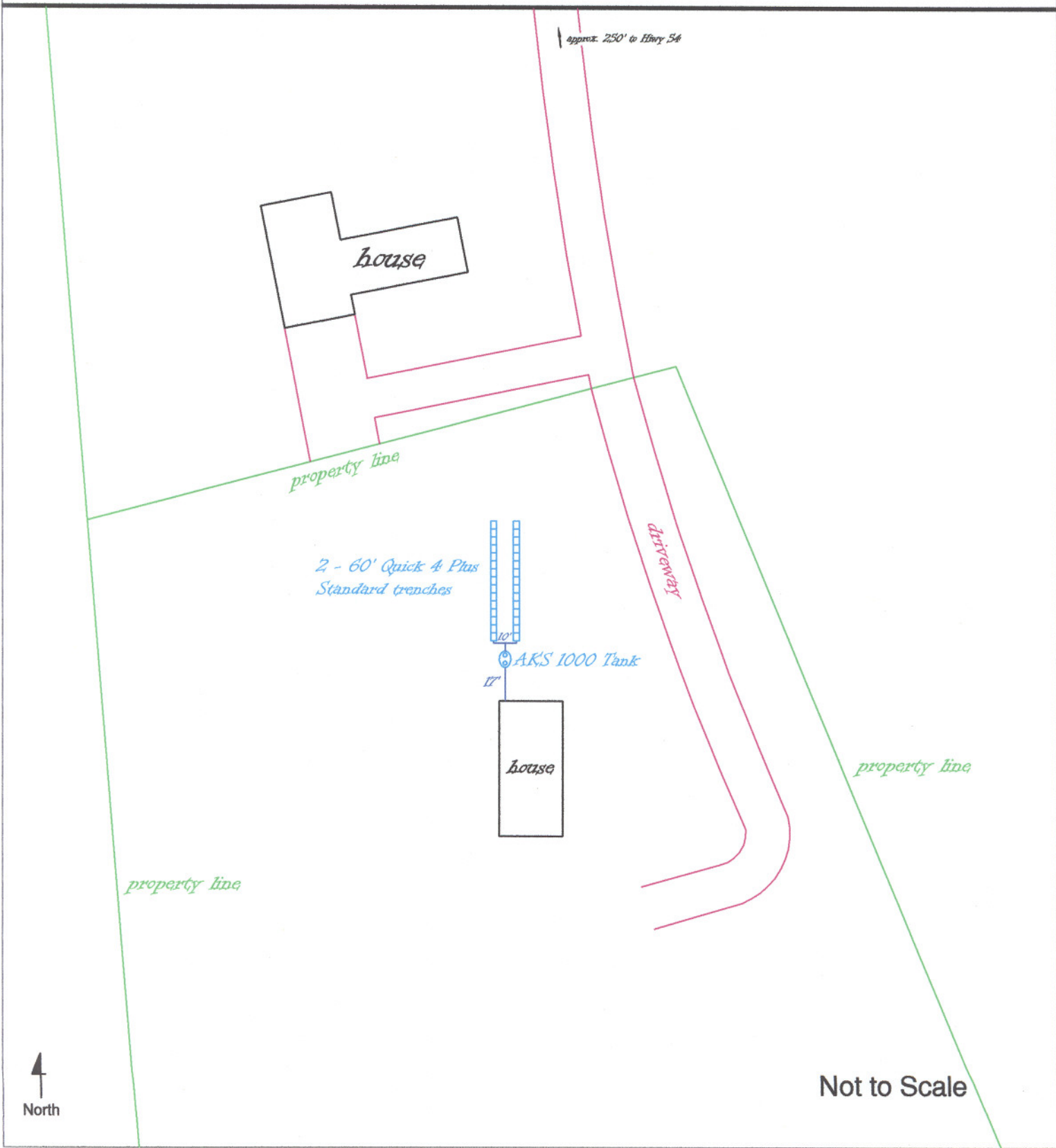
Township: Brockway Blk: —

Parcel Number: 010-0039.0020

Subdivision: —

Lot #: 4

CSM #: 3559



Not to Scale



commerce.wi.gov

Safety and Buildings Division
201 W. Washington Ave., P.O. Box 7162
Madison, WI 53707-7162

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

2712010

Sanitary Permit Application

In accordance with s. Comm. 83.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Commerce. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number
N/A
Project Address (if different than mailing address)

W8897 Hwy 54

I. Application Information - Please Print All Information

Property Owner's Name
Russ Simonis 40 Larry Simonis

Parcel #
010-0039-0020

Property Owner's Mailing Address
W8899 Hwy 54E

Property Location
Govt. Lot SW 1/4, NW 1/4, Section 4
T 21 N; R 3 (circle one) **W**

City, State
Black River Falls WI Zip Code 54615 Phone Number

II. Type of Building (check all that apply)
 1 or 2 Family Dwelling - Number of Bedrooms 2
 Public/Commercial - Describe Use _____
 State Owned - Describe Use _____

Lot # 4
Block # -
CSM Number **3559**
Subdivision Name _____
 City of _____
 Village of _____
 Town of Brockway

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 (explain) _____
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/Component/Device: (Check all that apply)

Non-Pressurized In-Ground Pressurized In-Ground At-Grade Mound ≥ 24 in. of suitable soil Mound < 24 in. of suitable soil
 Holding Tank Other Dispersal Component (explain) _____ Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow (gpd) 300 Design Soil Application Rate (gpd/sf) 1.5 Dispersal Area Required (sf) 600 Dispersal Area Proposed (sf) 600 System Elevation 97.0 + 97.0

VI. Tank Info	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	<u>1000</u>		<u>1000</u>	<u>1</u>	<u>AKS</u>					<input checked="" type="checkbox"/>
Dosing Chamber										

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

Plumber's Name (Print) Rob McPeak Plumber's Signature R. McPeak MP/MPRS Number 226252 Business Phone Number 406-380-4588
Plumber's Address (Street, City, State, Zip Code) W 10805 Hwy 54 E Bk. River Falls WI 54615

VIII. County/Department Use Only

Approved Disapproved Owner Given Reason for Denial
Permit Fee \$ **325.00** Date Issued **03/19/12** Issuing Agent Signature Quinn McGin

IX. Conditions of Approval/Reasons for Disapproval

- All setbacks must be met.
- Well must meet all NR811 + NR812 requirements.

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

county

IN-GROUND ABSORPTION SYSTEM COVER SHEET

Manual (Version 2.0) SBD-107-5-P (N.01/01)

LOCATION: SW 1/4 NW 1/4 S 4 T 21 NR 3 W

COUNTY: Jackson TOWN: Brookway

OWNER: NAME/ADDRESS: Russ Simonis

W8899 Hwy 54E

Black River Falls, WI 54615

PLUMBER: NAME/ADDRESS: Rob McPeak

LICENSE #: 226252 W10005 Hwy 54E

Black River Falls WI 54615

SIGNATURE: R. McPeak DATE: 3-15-12

ATTACHMENTS:

PAGE 1: PLOT PLAN

PAGE 2: PLAN VIEW PIPE LATERAL LAYOUT

PAGE 3: TANK SPECS

PAGE 4: OWNER'S MANUAL
MANAGEMENT PLAN

NAME: Russ Limonis

STREET: W 8899⁷ HW 54 E

CITY, STATE, ZIP CODE: Black River Falls, WI, 54615

COUNTY: JACKSON

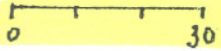
TOWNSHIP: Brookway

PARCEL SIZE: 5 AC

LEGAL DESCRIPTION:

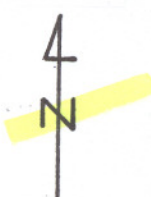
SW 1/4 NW 1/4 - SEC 4 - T21N - R3W

SCALE 1:30



-1-

↑
Approx
1000' to
Hwy 54



* Nearly Level Site *

Bm 100.0' grade spot

99.5 x 73
99.7
99.6

78' to
Property Line
as per owner

2-3' x 60'
cells
w/ ARC 36

P2
99.4

99.9 x
P1

AKS 1000 gal. S.T

OR
equivalent

4" 3034
PVC

99.4
at base of flag

Proposed
2 BED. HOUSE

2 BR

access route

NO WELL ON SITE
WELL SITE MUST COMPLY
WITH NR 811 & NR 812.

garage here

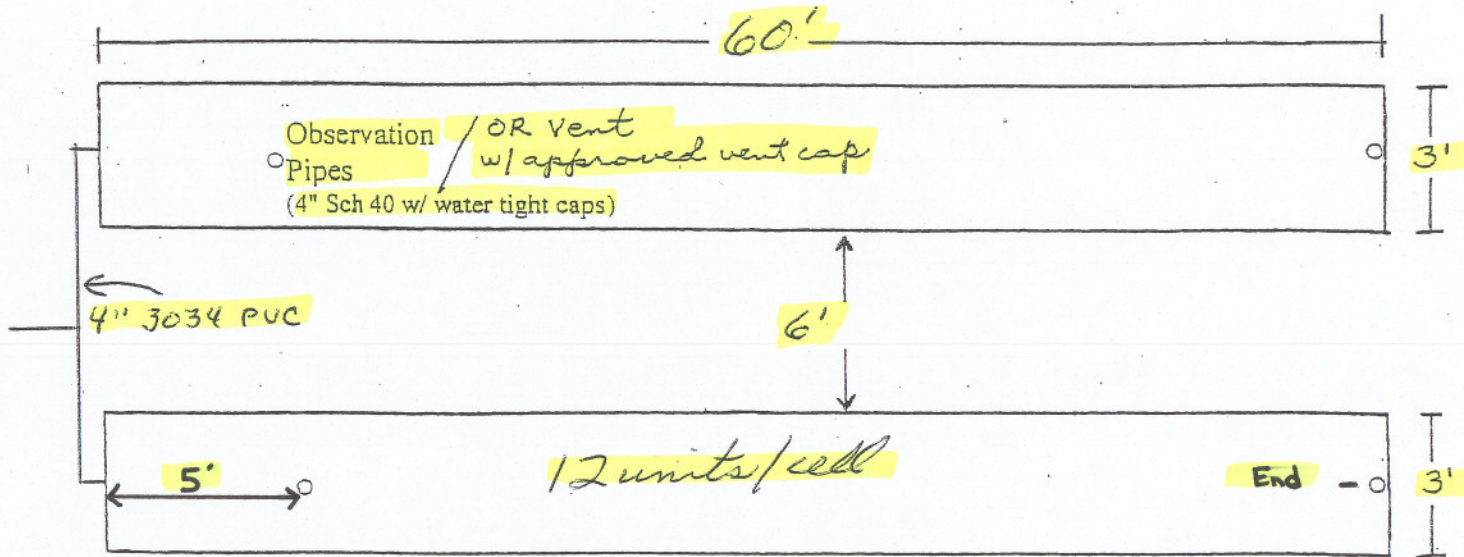
PALMER'S SOIL TESTING
N27128 Lindstrom Road
Blair, WI 54616

Plan View and Pipe Lateral Layout

Sizing: $300 \div .5 = 600$
 $600 \div 25 = 24 \text{ units}$

ARD - ARC 36
 5' chambers

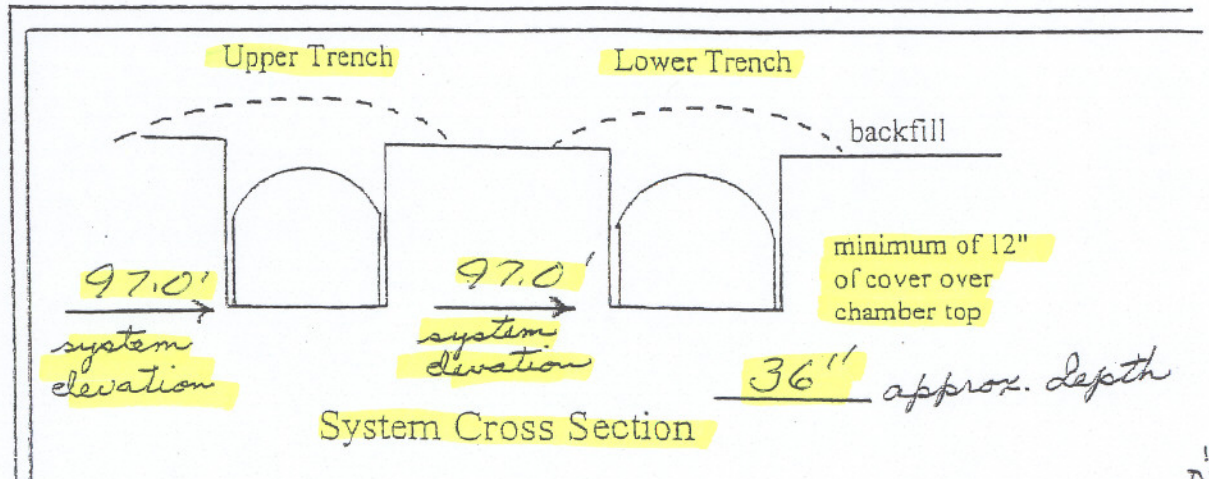
4" Sch. 40 PVC vent
 Bottom 6" slotted
 Stabilize pipe
 Approved vent cap



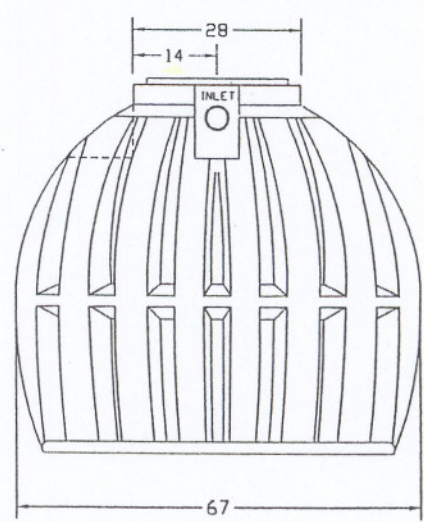
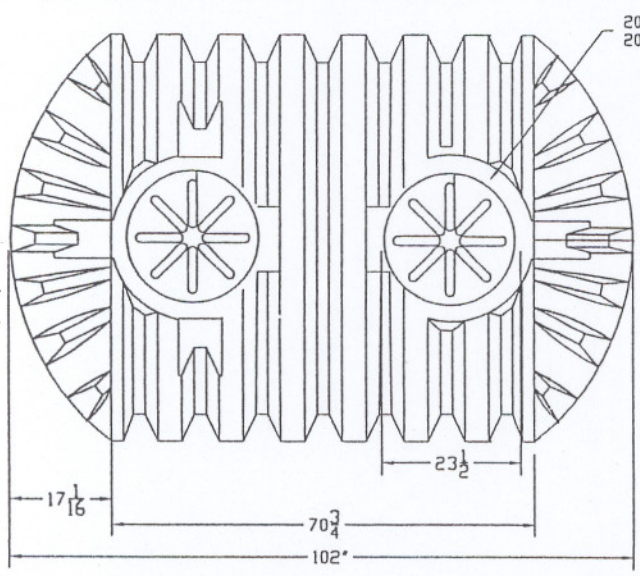
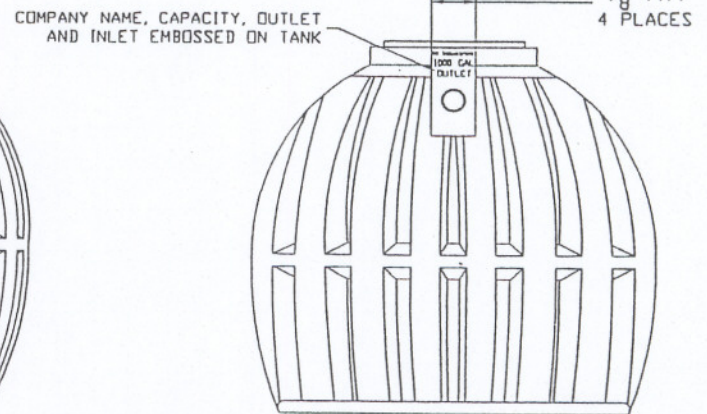
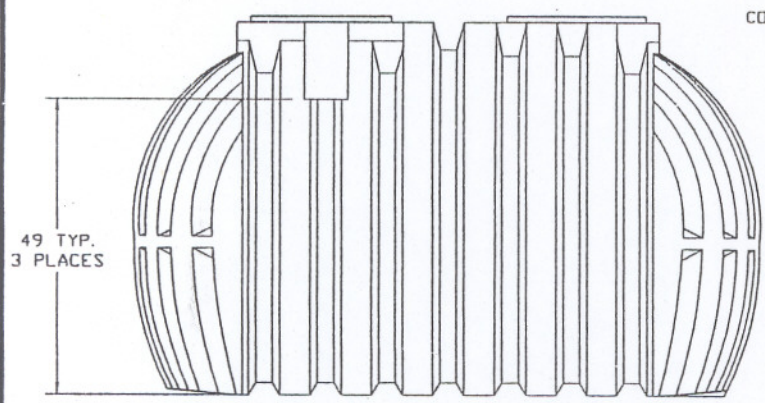
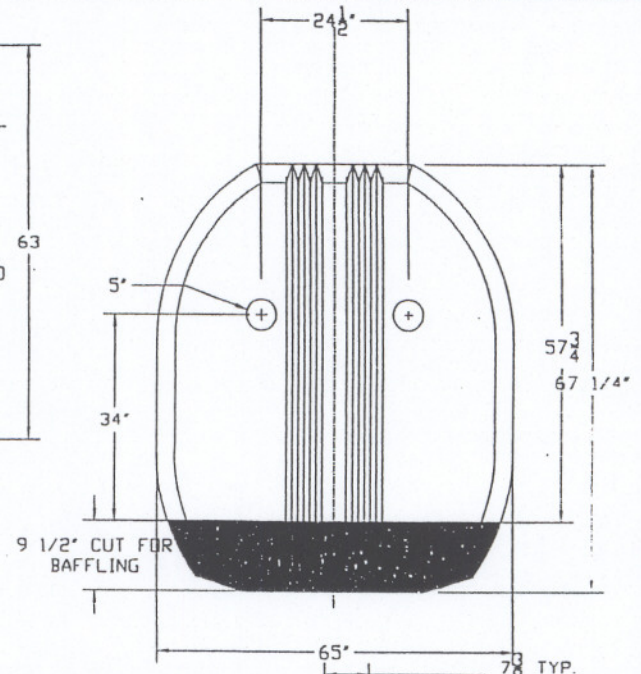
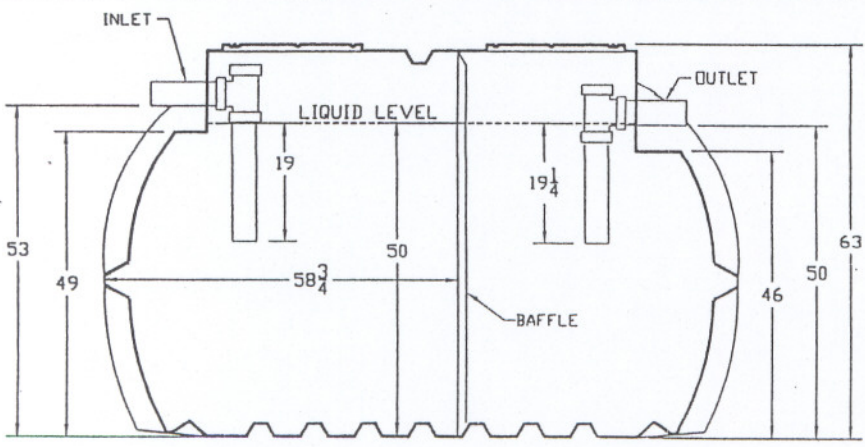
Construction Specifications

Install as per SBD-10705-P(N.01/01)

Place observation pipes $\frac{1}{5}$ - $\frac{1}{10}$ the length of the cell measured from the end of the cell



PART/PRINT NO. AKS60449	PART DESCRIPTION WISCONSIN SEPTIC/1000/BAFFLED/20&20 LID	REVISION 001	DATE 10/08/02
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- B.O.M.
- AKS70000 1000 SEPTIC PLAIN
 - AKS10200 1000 BAFFLE
 - AKS12400 (2) 4" JONES TIGHT FITTINGS
 - AKS11200 (2) 20" LID
 - AKS12500 (2) 4" TEE
 - AKR00000 4" SCH 40 PVC PIPING

DRAWN M.OLIVAREZ	MATERIAL POLYETHYLENE	TOLERANCE +/- .25 UNLESS SPECIFIED OTHERWISE	SIGNATURE
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POWTS MANAGEMENT

Proper functioning of the POWTS (Private on-site Wastewater Treatment System) or "septic system" is significantly dependent on the quality (i.e. contaminants) and quantity of wastewater that goes into the system. If you lower the volume and the amount of contaminants, the system will function better and last longer—simply put LESS IS BETTER! Typical system components include a septic tank to allow the solids to settle out and contain the greases and oils, and a filter on the outlet side to catch the solids that remain suspended in the wastewater. A system may also include a pump tank with a pump and controls, where the clarified effluent accumulates for dosing, and an absorption cell where the clarified effluent is dispersed and recycled in a manner that is meant to protect the groundwater quality and public health.

GENERAL GUIDELINES

1. Install water-saving appliances whenever and wherever possible.
2. Repair any leaks (no matter how small) as soon as possible.
3. Never pour greases or oils (i.e. contaminants) down any drain or stool.
4. If you do have a garbage disposal use it sparingly.
5. Tissue is the only paper product that should be put into the system.
6. No chemical of any kind should be put into the system.
7. Maintain steady regular flows of water; spread laundry washing throughout the week.
8. Avoid vehicular traffic over all system components.
9. Compaction or removal of snow cover may lead to hydraulic failure by freezing.

MAINTENANCE

1. CAUTION: NEVER ENTER A SEPTIC TANK.
2. The effluent filter should be cleaned and inspected by the owner or a licensed maintenance service technician every 3 months or more often if needed. FILTER MAINTANENCE IS THE RESPONSIBILITY OF THE SYSTEM OWNER.
3. A properly licensed person must inspect the septic system every three years. The septic tank will require pumping if the total amount of scum and solids equals one-third or more of the tank capacity. Pumping could be required more often, depending on building waste-water flows.
4. If the tank requires pumping it must only be done by a properly licensed individual. Filters should be cleaned and inspected at every pumping.
5. The homeowner should conduct periodic observation pipe inspections (i.e. quarterly of the absorption cell). If ponding is observed, increase the frequency of the inspections and if it persists call the maintainer or installer immediately.
6. If the system has specific treatment components not mentioned here, maintenance requirements will accompany their specifications.
7. If this system incorporates the use of a pump there is an alarm system wired to a separate electrical circuit. In the event that the alarm is activated, minimize or if possible eliminate the water use and notify the maintainer or installer as soon as possible. The system is designed to allow for some reserve liquid capacity to accumulate until the necessary repairs have been made; the reserve capacity is minimal—no more than a day or two should pass before the repairs are made.
8. Wastewater monitoring of quality and quantity is not a normal requirement for residential systems; however such monitoring may become necessary if problems develop. Any necessary monitoring shall be done in accord with the requirements of Comm 83.54 (2).

CONTINGENCY PLAN

Trouble shooting will be based on the best available accepted methods and technologies developed by competent researchers and field personnel. In the event component or system failures result wastewater strength, flows, and distribution systems will be analyzed.

Influent or effluent will be properly handled and disposed of so as to comply with all provisions of Comm 83 & NR 113. Prolonged pumping and hauling of wastewater may be necessary while analysis and repairs are being implemented. When this tank is no longer used as a POWTS component, it shall be abandoned by complying with Comm 83.33.

Conclusions reached will be utilized to determine the appropriate range of responses. Responses may range from conversion of the system to a holding tank to additional soil testing and designing to obtaining approval for the installation of another County and/or State approved component(s) or system. County and State staff will be kept apprised of the situation through phone conversations and/or written correspondence. If you experience any problems contact:

Installing Plumber: Name: R. McPeak Phone# _____

Maintenance Personnel: _____ Phone# _____

County: Jackson Phone# 715-284-0220

Maintenance Management Plan for POWTS Systems

Owner: Russell Simonis

Address: N6951 Cty Rd A

Black River Falls WI 54615

Legal Description:

SW 1/4 NW 1/4, Section 4, T 21 N, R 3 E/W Town of Brockway,
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: _____
- Inspector's Signature: _____ Date: _____
 Homeowner's Signature: _____ Date: _____

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 Zoning, Planning and POWTS 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

JACKSON COUNTY STATE SANITARY PERMIT

ZONING, PLANNING & POWTS
307 MAIN STREET, COURTHOUSE
BLACK RIVER FALLS WI 54615
(715) 284-0220

OWNER: MIKE V SIMONIS
OTHER APPLICANT: Russell Simonis
LOT: 2 CSM: 2370
QTR QTR: SW 1/4, NW 1/4 SEC: 4 T21N R3W
TOWNSHIP: TOWN OF BROCKWAY
SOIL TEST: #
NEW SYSTEM
SYSTEM TYPE: Conventional
PLUMBER: Rob McPeak - MPRS
LICENSE #: 226252
PREVIOUS PERMIT #:

SANITARY PERMIT #: 2712010

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 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; 1981 c.314

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

Condition:

- 1. All setbacks must be met.
- 2. Well must meet all NR811 & NR812 requirements.

Terry A. Schmidt

Dustin McCune

3/19/2012

TERRY A. SCHMIDT
ZONING ADMINISTRATOR

DUSTIN McCUNE
ZONING TECH

DATE

THIS PERMIT EXPIRES 3/19/2014

POST IN PLAIN VIEW

MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONTRUCTION

in accordance with SPS 385, 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.	010-0039-0010	
Reviewed by	SM (office)	Date 3/14/12
	SM (office)	3/19/12

Property Owner Russ Simonis c/o Larry Simonis	Property Location Govt. Lot SW 1/4 NW 1/4 S 4 T 21 N. R 3 E (or W)
Property Owner's Mailing Address W 8899 HWY 54 E	Lot # 2 Block # Subd. Name or CSM# 2370
City State Zip Code Phone Number BLACK R. FALLS WI 54615	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town Nearest Road BROCKWAY HWY 54

New Construction Use Residential / Number of bedrooms 2 Code derived design flow rate 300 GPD
 Replacement Public or commercial - Describe: _____
 Parent material sands Flood Plain elevation if applicable N/A ft.
 General comments and recommendations: Site suitable for: INGROUND SYSTEM

1 Boring # Boring Pit Ground surface elev. 100.0 ft. Depth to limiting factor 780 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	
1	0-4	10YR3/2		lfs	o sg	ml	gs	2F	.5	1.0
2	4-21	10YR3/4		lfs	o sg	ml	gs	1F	.5	1.0
3	21-30	10YR4/6		s	o sg	ml	gs	-	.7	1.6
4	30-68	10YR6/6		fs	o sg	ml	gs	-	.5	1.0
5	68-80	10YR7/4		s	o sg	ml			.7	1.6

2 Boring # Boring Pit Ground surface elev. 99.4 ft. Depth to limiting factor >80 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	
1	0-9	10YR3/2		lfs	o sg	ml	gs	1F	.5	1.0
2	9-22	10YR3/4		lfs	o sg	ml	gs	-	.5	1.0
3	22-43	10YR4/6		fs	o sg	ml	gs	-	.5	1.0
4	43-67	10YR6/6		fs	o sg	ml	gs	-	.5	1.0
5	67-80	10YR7/4		s	o sg	ml			.7	1.6

* 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) PALMER SOIL TESTING AND CONSULTING LLC	Signature 	CST Number 224736
Address N27128 LINDSTROM ROAD, BLAIR, WI 54616	Date Evaluation Conducted 3-14-12	Telephone Number 608-525-3723

received
3/16/12 es

Property Owner R Simonis

Parcel ID # _____

Boring # 3 Boring Pit
 Ground surface elev. 100.0 ft. Depth to limiting factor >93 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
<u>1</u>	<u>0-9</u>	<u>10YR 3/2</u>		<u>fs</u>	<u>0 sg</u>	<u>ml</u>	<u>gs</u>	<u>2f</u>	<u>.5</u>	<u>1.0</u>
<u>2</u>	<u>9-35</u>	<u>10YR 3/4</u>		<u>fs</u>	<u>0 sg</u>	<u>ml</u>	<u>gs</u>	<u>lf/lm</u>	<u>.5</u>	<u>1.0</u>
<u>3</u>	<u>35-93</u>	<u>10YR 4/6</u>		<u>fs</u>	<u>0 sg</u>	<u>ml</u>			<u>.5</u>	<u>1.0</u>

Boring # 4 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	
									*Eff#1	*Eff#2

Boring # 5 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	
									*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

The Dept. of Safety and Professional Services is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, contact the department at 608-266-3151 or TTY through Relay.



NAME: Russ Simonis

STREET: W 8899 HW 54 E

CITY, STATE, ZIP CODE: Black River Falls, WI. 54615

COUNTY: JACKSON

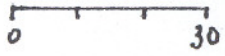
TOWNSHIP: BROCKWAY

PARCELSIZE: 5 AC

LEGAL DESCRIPTION:

SW 1/4 NW 1/4 - SEC 4 - T21N - R3W

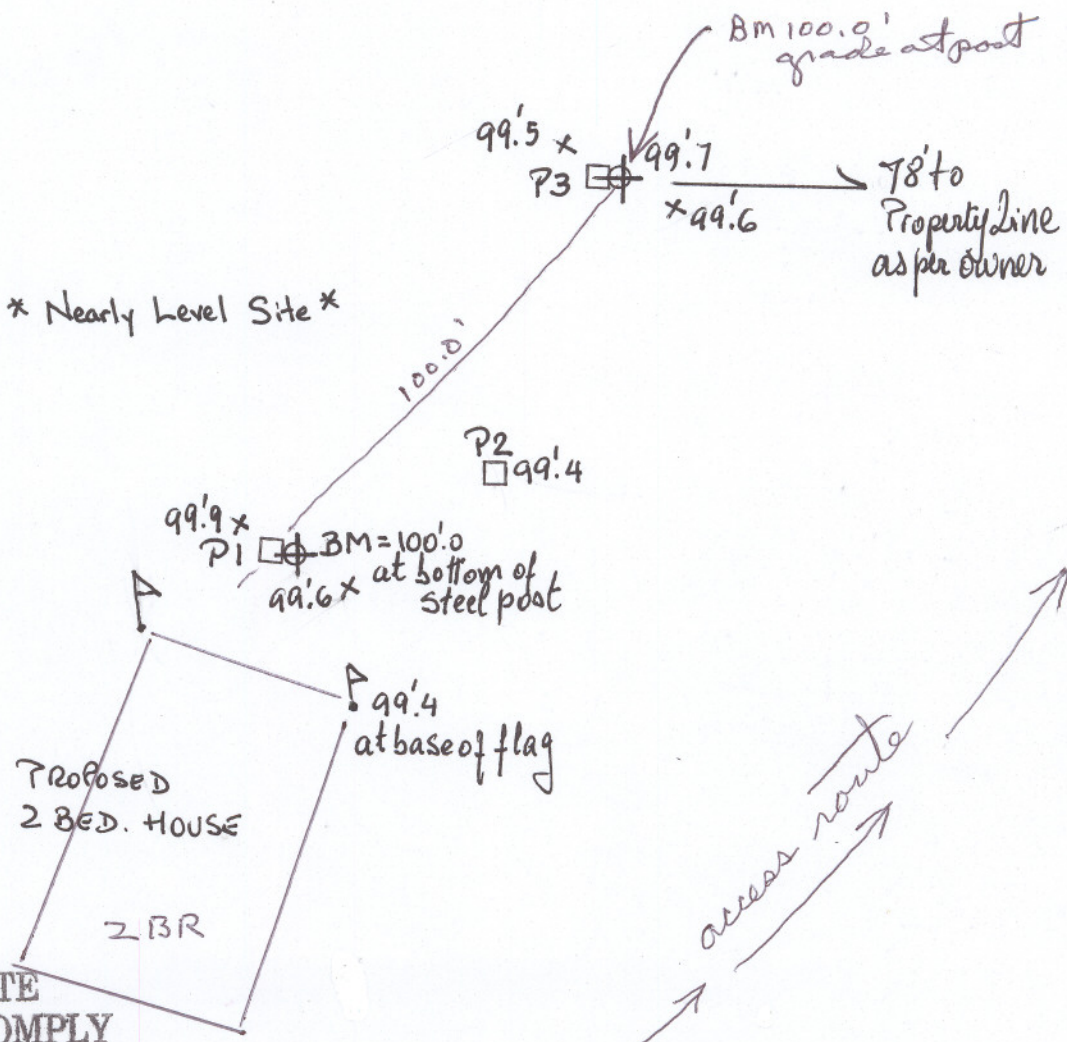
SCALE 1:30



↑ approx
1000' to
Hwy 54



* Nearly Level Site *



NO WELL ON SITE
WELL SITE MUST COMPLY
WITH NR 811 & NR 812.

PALMER'S SOIL TESTING
N27128 Lindstrom Road
Blair, WI 54616

JACKSON COUNTY SOIL ON-SITE REPORT SKETCH

Onsite Date: 03/14/12

Soil Tester: Mark Palmer

Owner: Russ Simonis

Inspector: Dustin McCune SUITABLE FOR: Convent At-Grade Mound Holding Tank Other _____

SW 1/4 NW 1/4 Sec. 04 T 21 N, R 03 ~~W~~ or W, Township: Brockway Blk: —

Parcel Number: 010-0039.0010 Subdivision: _____ Lot #: — CSM #: —

