

INSPECTION REPORT FOR
PRIVATE SEWAGE SYSTEMS

☐ CONVENTIONAL ☐ ALTERNATIVE
☒ Holding Tank ☐ In-Ground Pressure ☐ Mound

State Plan I.D. Number:
(If assigned)
8408111

NAME OF PERMIT HOLDER: Peter Jagielo	ADDRESS OF PERMIT HOLDER: 1130 Beaumont Ave Dayton, Ohio 45410	INSPECTION DATE: 12-11-84
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN:		REF. PT. ELEV.: CST REF. PT. ELEV.:
Name of Plumber: Richard Halverson	MP/MPSW No.: 6216	County: Jackson
Sanitary Permit Number: 55249		

SEPTIC TANK/HOLDING TANK:

MANUFACTURER: Crest Precast	LIQUID CAPACITY: 2000	TANK INLET ELEV.:	TANK OUTLET ELEV.:	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
BEDDING: <input type="checkbox"/> YES <input type="checkbox"/> NO	VENT DIA.:	VENT MATL:	HIGH WATER ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST: Est 15' to Drive	ROAD: 750'
PROPERTY LINE: 750'		WELL: 750'	BUILDING: 33'6"	VENT TO FRESH AIR INLET: 20'	

DOSING CHAMBER:

MANUFACTURER:	BEDDING: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY:	PUMP MODEL:	PUMP/SIPHON MANUFACTURER:	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)		PUMP AND CONTROLS OPERATIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: 750'	PROPERTY LINE:	BUILDING: 33'6"
VENT TO FRESH AIR INLET:						

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES	DISTR. PIPE SPACING	COVER MATERIAL:	PIT	INSIDE DIA.	#PITS	LIQUID DEPTH:
GRAVEL DEPTH BELOW PIPES	FILL DEPTH ABOVE COVER	DISTR. PIPE ELEV. INLET	DISTR. PIPE ELEV. END	DISTR. PIPE MATERIAL:	NO. DISTR. PIPES	NUMBER OF FEET FROM NEAREST: 750'	PROPERTY LINE:	WELL:	BUILDING: 33'6"
VENT TO FRESH AIR INLET:									

MOUND SYSTEM:

Mound site plowed perpendicular to slope and furrows thrown upslope: <input type="checkbox"/> YES <input type="checkbox"/> NO		Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.		PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.	
SOIL COVER TEXTURE		PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO		OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DEPTH OVER TRENCH BED CENTER	DEPTH OVER TRENCH BED EDGES	DEPTH OF TOPSOIL	SODDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEEDDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MULCHED: <input type="checkbox"/> YES <input type="checkbox"/> NO

PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES	LATERAL SPACING	GRAVEL DEPTH BELOW PIPE	FILL DEPTH ABOVE COVER:
ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.	PUMP ELEV.	MANIFOLD DIA.	DISTR. PIPE ELEV.	MANIFOLD MATERIAL	NO. DISTR. PIPES
HOLE SIZE	HOLE SPACING	DRILLED CORRECTLY: <input type="checkbox"/> YES <input type="checkbox"/> NO	COVER MATERIAL:	VERTICAL LIFT CORRESPONDS TO APPROVED PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMENTS:	PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO		OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: 750'	PROPERTY LINE:
						WELL:
						BUILDING:

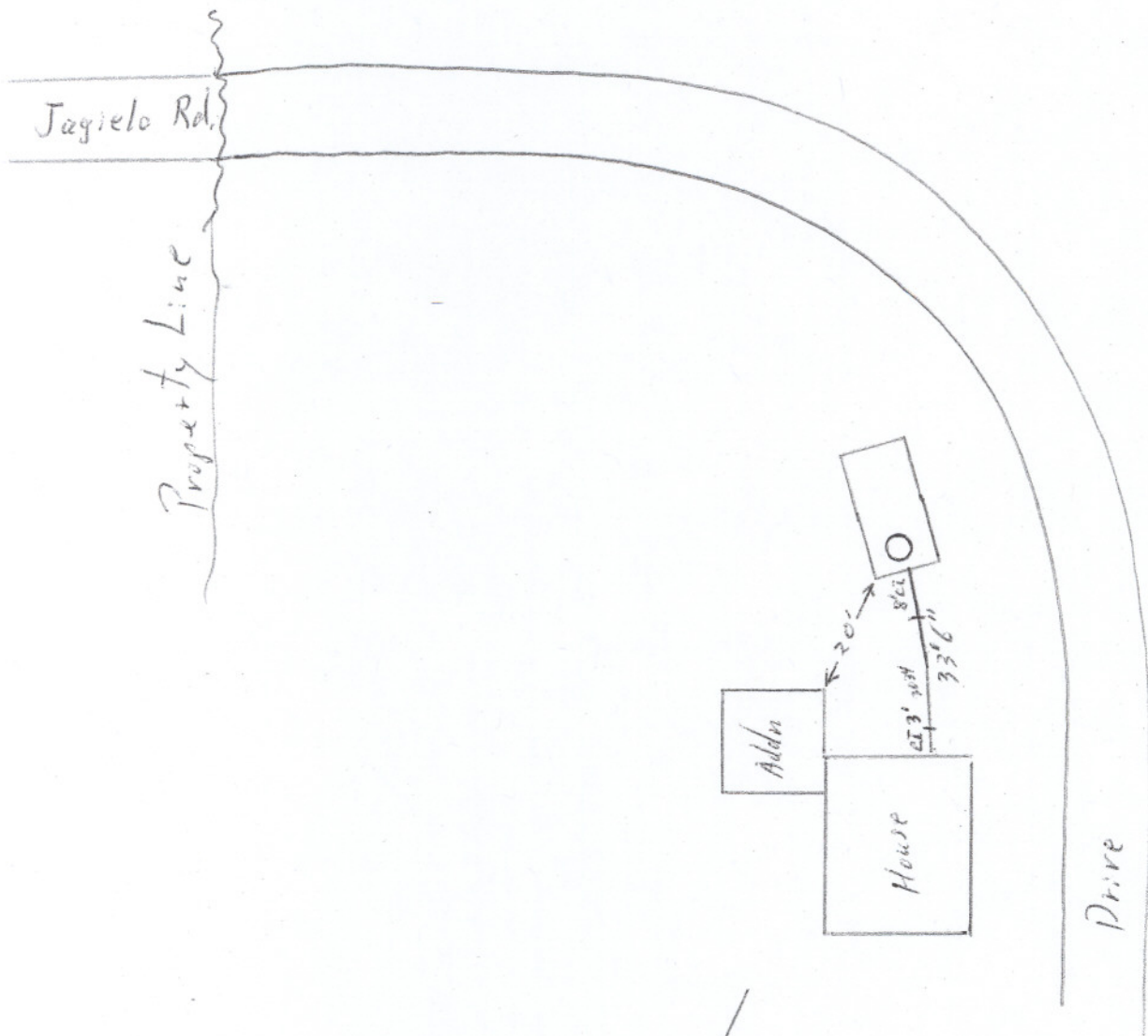
Note: No permit prior to beginning the work.
Left to do: 1. pipe to tank is done but not backfilled
2. alarm system.

Present Dennis Lorenson, Ray Puthouse, et al.

Sketch System on
Reverse Side.

Retain in county file for audit.

SIGNATURE: Steven W. Raith	TITLE: Director
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PLB-1

INSPECTION REPORT

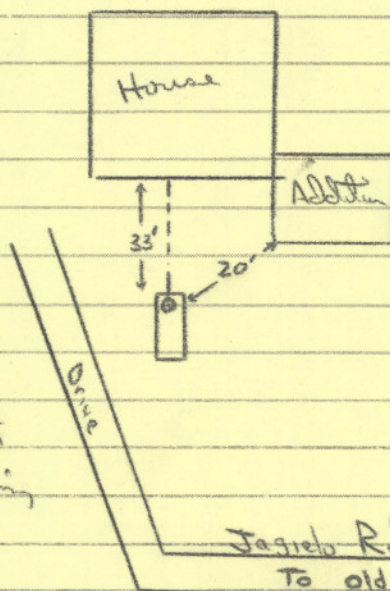
Wisconsin Department of Industry,
Labor & Human Relations
Safety & Buildings Division
Bureau of Plumbing

Name of Premises NENE 36-22-1W	Town of City Point	Date 12-10-84	Plan I.D. No. 840811
Street Jagielski Rd	City	County Jackson	Sanitary Permit # 55249
Master Plumber & Firm Name Richard Halverson	Address Rt 5 Black River Falls 54615		
Journeyman Plumber	Address		
Owner Peter Jagielski	Address 1130 Beaumont Ave Dayton Ohio 45410		

Crete 2000 gal H. tank

CI intake

locking cover & warning label on manhole cover
Vent on manhole cover over inlet



Shallow Bedrock site

Had to blast for tank

Replaced old system - House not
presently occupied - owners preparing
for retirement home

Notes: Installation done without a sanitary permit. This is a violation of Wis Statutes Sec 145.19 and Sec 145.135. In addition, this practice jeopardizes septic tank manufacturer in that he has no business selling a tank to one who has not first secured a sanitary permit, and said permit is posted on the premises so as to be proof that installation is authorized. This particular situation was totally avoidable. Statutes provide for a forfeiture of up to \$500 upon conviction.

This would be only slightly more troublesome than a traffic officer issuing a speeding citation.

Discussed with

Mr. Putt breeze, Ray "Jag" Putt breeze, Steve Rault

() See Attached.

"Sleepy" (Equip operator)

Signature

Dennis R. Johnson

Signature of Dist. Plumbing Sup. On-Site Waste Specialist



APPLICATION FOR SANITARY PERMIT

(PLB 67)

Jackson COUNTY
UNIFORM SANITARY PERMIT #
55249

- Attach complete plans in accord with s. H 63.05, Wis. Adm. Code for the system, on paper not less than 8½ x 11 inches in size.
—See reverse side for instructions for completing this application. **PLEASE PRINT**

PROPERTY OWNER <u>Peter Jagielo</u>			MAILING ADDRESS <u>City Point, Wis.</u>		
PROPERTY LOCATION <u>NE 1/4 NE 1/4, S 36, T 22 N, R 1 E (or) W</u>			CITY: VILLAGE: TOWN OF: <u>City Point</u>		
LOT NUMBER <u>n/a</u>	BLOCK NUMBER <u>n/a</u>	SUBDIVISION NAME <u>n/a</u>	NEAREST ROAD, LAKE OR LANDMARK <u>Old Hwy. 54</u>		STATE PLAN I.D. NUMBER <u>8408111</u>

TYPE OF BUILDING OR USE SERVED	
<input checked="" type="checkbox"/> 1 or 2 Family Number of Bedrooms:	<input type="checkbox"/> Public (Specify):

THIS PERMIT IS FOR A:		
<input type="checkbox"/> New System	<input checked="" type="checkbox"/> Tank Replacement	<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement Soil Absorption System	<input type="checkbox"/> Revision	<input type="checkbox"/> Privy
<input type="checkbox"/> Alternate System	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Petition for Modification

IF THIS IS A CONVENTIONAL SYSTEM COMPLETE THIS BLOCK.			
<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Seepage Trench	<input type="checkbox"/> Seepage Pit	<input checked="" type="checkbox"/> Holding Tank
<input type="checkbox"/> System-In-Fill	<input type="checkbox"/> In-Ground Pressure	<input type="checkbox"/> Vault Privy	<input type="checkbox"/> Pit Privy
<input type="checkbox"/> Existing, For Which A Previous Permit Is On File, Permit # _____ issued _____			
<input type="checkbox"/> An Existing System That Has Been Inspected And Is Compliant As Far As Soil Conditions.			

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump Tank/Siphon Chamber							
Holding Tank capacity	<u>2000</u>	<u>1</u>	<u>X</u>				
Manufacturer: <u>Crest Precast</u>							

IF THIS IS AN ALTERNATIVE SYSTEM COMPLETE THIS BLOCK: <input type="checkbox"/> Mound <input type="checkbox"/> In-Ground Pressure							
	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump/Siphon Chamber							
Manufacturer:							

PERCOLATION RATE (Minutes per inch): <u>n/a</u>	ABSORPTION AREA REQUIRED (Square Feet): <u>n/a</u>	ABSORPTION AREA PROPOSED (Square Feet): <u>n/a</u>	WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
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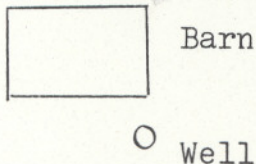
I, the undersigned, hereby assume responsibility for installation of the private sewage system shown on the attached plans.			
Name of Plumber (Print): <u>Halverson Plumbing</u>	Signature: <u>Rich Halverson</u>	MP/MPSRW No.: <u>MP6216</u>	Phone Number: <u>715 1284-2556</u>
Plumber's Address: <u>Rt. 5, Black River Falls, Wis.</u>		Name of Designer:	

COUNTY/DEPARTMENT USE ONLY			
Signature of Issuing Agent: <u>Steven H. Raith</u>	Fee: <u>\$81.00</u>	Date: <u>12-10-84</u>	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination <input checked="" type="checkbox"/> Approved
Reason for Disapproval:			
Alternate course(s) of Action Available:			

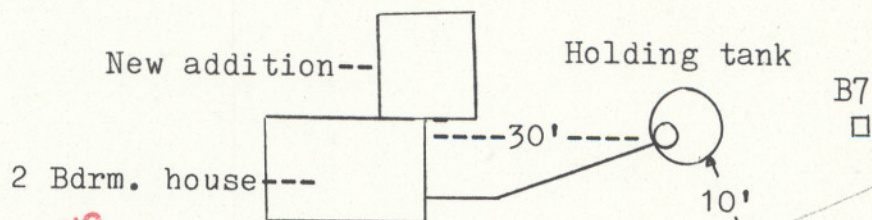
Halverson

Plumbing

Rt. 5, Hwy. 12 & 27
Black River Falls, WI 54615
Phone (715) 284-2556



Lot lines and well location not critical
to holding tank location



PLUMBING
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE

RECEIVED
NOV 1 1984
PLUMBING BUREAU

8408111

PLOT PLAN

24" manhole min. 6" a/ ground

locking cover-----

4" c.i. 3' onto solid
soil

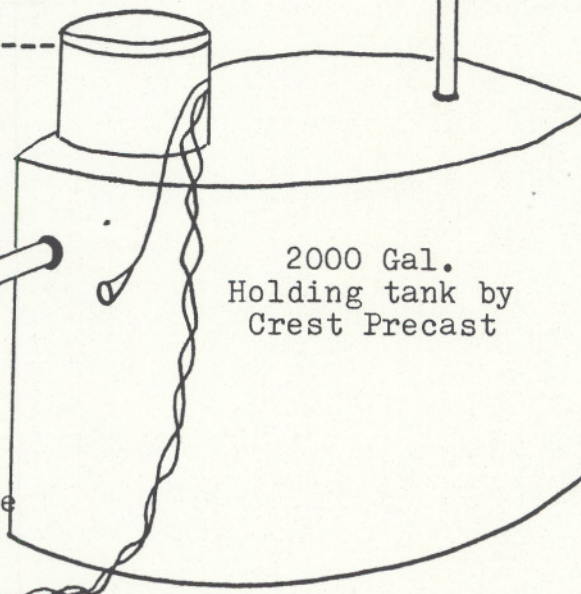
Fernco-----

-----4" 3034 PVC

lateral 18" below grade

wire to alarm

Lunde vt. cap w/ 4" c.i.
12" a/ ground



Tyler Ty-seals
at all joints

TANK PROFILE

OCT. 27, 1984

Rig Halverson

MP 6216

HOLDING TANK FOR MR. PETE JAGIELO
NE,NE, SEC.36, T22N, R1W
TOWN OF CITY POINT, JACKSON CO.

NOTE: This document is to be recorded in the Tract Index at the office of the Register of Deeds in the county indicated below.

HOLDING TANK AGREEMENT

This Agreement is made and entered into this 10th day of October, 1984, by and between the Town of City Point, hereinafter called "the Town" and Peter F Jaqiolo hereinafter called the "Owner."

We hereby acknowledge that application has been made for a building permit on the following described property, to wit:

or that continued use of the existing premises requires that a holding tank be installed on the property for the purpose of proper containment of sewage. We also acknowledge that said property cannot now be served by a municipal sewer or septic tank — soil absorption system.

8408111

Therefore, as an inducement to the County of Jackson to issue a sanitary permit for the above described premises, we hereby agree and bind ourselves as follows.

1. Owner agrees to conform to all applicable requirements of the Plumbing Code relating to holding tanks. Any time the Town or Municipality of City Point, through its Plumbing Inspector or Health Officer, deems it necessary to pump out the subject holding tank, the Owner shall have same pumped out in twenty-four (24) hours, or the Town will have said work done and charge same back to Owner and place same on the tax bill as a special charge. The Owner further agrees that the Town or Municipality of City Point may enter upon the property described above at any reasonable time, to inspect, or pump and haul wastes from the subject holding tank.

2. Owner agrees to pay all charges and costs incurred by the Town or Municipality of City Point for inspection, pumping, hauling or otherwise servicing and maintaining the subject holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by such holding tank. The Town shall notify the Owner of any such cost which shall be paid by the Owner within thirty (30) days from the date of notice and in the event that the Owner does not pay said cost within thirty (30) days, Owner hereby specifically agrees that all of said costs and charges may be placed on the tax roll as a special assessment for the abatement of nuisance, and said tax shall be collected as provided by Wisconsin Statute.

3. Owner agrees to have a quarterly pumping report submitted to the local government and the county which will state the Owner's name, location of the property on which the holding tank is located, the pumper's name, the dates, volumes pumped and the disposal site. An annual pumping report or the fourth quarter report including a summary of the pumping history of the previous year shall be submitted to the Department of Industry, Labor and Human Relations by the governmental unit responsible, per section 145.01 (15), Wisconsin Statutes.

4. We guarantee that the holding tank contents will be disposed of at a site meeting the requirements of chapter NR 113, Wisconsin Administrative Code.

5. This agreement will remain in affect only until the sanitary permit issuing agent in Jackson County certifies that the subject property is served by either a public sewer or a septic tank — soil absorption system that complies with ch. H 63, Wis. Adm. Code. In addition, this Agreement may be cancelled by executing and recording said certification with reference to this Agreement, in the Tract Index indicated above.

6. This agreement shall be binding upon the indicated governmental unit and the Owner or heirs and assignees and shall run with the deed.

WITNESS our hands and seals this 10th day of October, 1984.

TOWN OR MUNICIPALITY OF City Point John Reasler chairman

OWNERS

by Willi Dauger x Peter F Jagielo
by Steve Smith x Julia B Jagielo

STATE OF WISCONSIN

Personally came before me this 10th day of October, 1984, the above named Julia JAGIELO, PETER JAGIELO to me known to be the persons who executed the foregoing instrument and acknowledged the same.

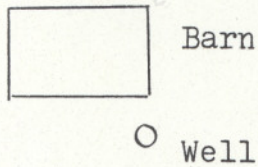
THIS INSTRUMENT
DRAFTED BY:

Donna J. Watson
NOTARY PUBLIC DONNA J. WATSON, Notary Public
In and for the State of Ohio
My Commission Expires Aug. 28, 1986
My commission expires:

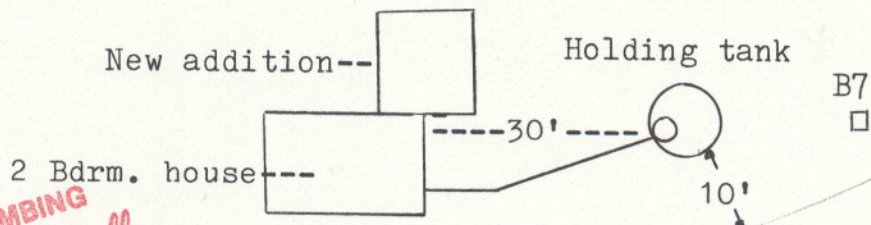
8-28-86

Halverson Plumbing

Rt. 5, Hwy. 12 & 27
Black River Falls, WI 54615
Phone (715) 284-2556



Lot lines and well location not critical
to holding tank location



PLUMBING
Conditionally
APPROVED

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
See correspondence
SEE CORRESPONDENCE

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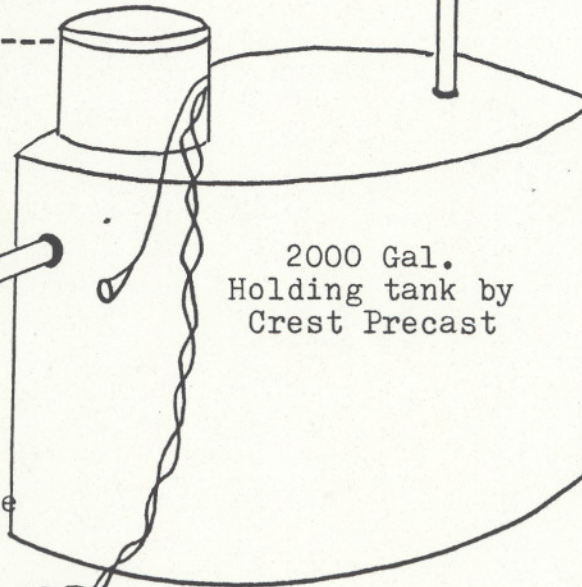
4" c.i. 3' onto solid
soil

Fernco-----

-----4" 3034 PVC

lateral 18" below grade

wire to alarm



Lunde vt. cap w/ 4" c.i.
12" a/ ground

Tyler Ty-seals
at all joints

TANK PROFILE

OCT. 27, 1984

Rig Halverson

MP 6216

HOLDING TANK FOR MR. PETE JAGIELO
NE,NE, SEC.36, T22N, R1W
TOWN OF CITY POINT, JACKSON CO.



PLAN APPROVAL

☐ General Plumbing Plans
☒ Private Sewage Plans

Safety and Buildings Division
Bureau of Plumbing
P.O. Box 7969
Madison, WI 53707
Telephone: (608)266-3815

HALVerson plbg.
R#5
Black River Falls, WI. 54605

OFFICE USE ONLY

Plan Identification No.

840811

Gallons Per Day

300

PRIORITY PLAN REVIEW ONLY

Plan Review

\$

Petition For Modification

\$

Project Name PETER IAGIELLO		Project Location - Street No. or Legal Description NE, NE, 36, 22, 1W	
<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town of: CITY POINT	County JACKSON

The plumbing plans and specifications for this project have been reviewed for compliance with applicable code requirements. This approval is based on Chapter 145, Wisconsin Statutes and the Wisconsin Administrative Code. The plans are stamped "conditionally approved". This approval is contingent upon compliance with any stipulations shown on the plans. All items that are noted must be corrected. All permits required by the city, village, township or county shall be obtained prior to construction. The licensed plumber responsible for this installation shall keep one set of plans with the department's approval stamp at the construction site. The installer shall notify the appropriate inspector when inspections can be made.

☐ FOR GENERAL PLUMBING PLANS:

This approval will expire two years from the date approved below. If construction has not commenced before the expiration date, new plan approval must be obtained.

☒ FOR PRIVATE SEWAGE PLANS: (2)

This approval will expire two years from the date approved below or if a sanitary permit is obtained, it will expire the day the initial sanitary permit expires.

Comments:

By:

James Sargent
James Sargent
Bureau Director

If Questions Contact ➔	Plans Approved By: <i>Xen Stember</i>	Date Approved: 11/13/84
------------------------	---------------------------------------	--------------------------------

cc: ☒ OWS
☒ County
☐ UW-SSWMP
☐ Owner

☐ DPS
☐ Local PI
☐ Plumber
☐ Other

☐ H&R & Rec. San. Section
☐ Facilities Need Analysis Section
☐ Department of Agriculture

ENVIRONMENTAL HEALTH & ZONING DIVISION

SOIL TEST REPORT - 115 REVIEW

File # 02-22-01-36-11

Date 7-23-84

Owner's Name Peter F. Jagielo Address 1130 Beaumont Ave. Dayton, Ohio 45410
 CST's Name Phyllis Jones (1435) Address 11462 Hy 73, Pittsfield, Vt. 54466
 CST #

Your EH 115 Review has been:

☐ Accepted as submitted. No site verification

☒ Rejected. See below.

☐ Accepted. Field verified

☒ Returned for modification.
See below.

-
- | | |
|--|---|
| <input type="checkbox"/> This report is illegible. Redraft the report. | <input type="checkbox"/> Type of use. |
| <input type="checkbox"/> Locational data in error or missing. | <input type="checkbox"/> Observation dates. |
| <input type="checkbox"/> Owner's name and address with zip code. | <input type="checkbox"/> Suitability errors. |
| <input type="checkbox"/> Floodplain not designated. | <input type="checkbox"/> Design rate incorrect. |
| <input type="checkbox"/> Profile descriptions incorrect. | |
| <input type="checkbox"/> Data not complete to 3 feet below percolation test. | |
| <input type="checkbox"/> Estimated high ground water incorrect or missing. | |
| <input type="checkbox"/> Depth to bedrock (> 50% hardrock or weakly cemented sandstone). | |
| <input type="checkbox"/> Data indicates test holes not properly presoaked. | |
| <input type="checkbox"/> Test time incorrect. Interval to be 30 minutes or 10 minutes or less. | |
| <input type="checkbox"/> Percolation tests not 3 feet above limiting factor. | |
| <input type="checkbox"/> Location or number of test holes incorrect. | |
| <input type="checkbox"/> Percolation tests not correct due to > 6 inches of water in the hole. | |
| <input type="checkbox"/> Measurements to be to the nearest 1/16th inch. | |
| <input type="checkbox"/> Percolation rates are incorrectly calculated. | |
| <input type="checkbox"/> Percolation rates do not correlate with soil texture. | |
| <input checked="" type="checkbox"/> Site plan must be referenced to a road intersection or other landmark. | |
| <input type="checkbox"/> Site plan must be to scale or all distances shown. | |
| <input type="checkbox"/> Horizontal reference point inadequate. | |
| <input type="checkbox"/> Vertical reference point inadequate. | |
| <input type="checkbox"/> Horizontal measurements to the test holes not correct or missing. | |
| <input type="checkbox"/> Vertical references in error. | |
| <input checked="" type="checkbox"/> Show location of all existing improvements, wells, etc. <i>driveway etc.</i> | |
| <input checked="" type="checkbox"/> Site limitations not accurately depicted. | |
| <input checked="" type="checkbox"/> Direction and % of slope. | |
| <input type="checkbox"/> Signature or number or CST. | |

COMMENTS: See attached letter.

Steven H. Raith

Steven H. Raith, Director
Environmental Health & Zoning Division

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

RATING: S= Site suitable for system U= Site unsuitable for system

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation:

— OVER —

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WITNESS our hands and seals this 10th day of October, 1984.

TOWN OR MUNICIPALITY OF City Point John Reader chairman

OWNERS

by Willie Dancer x Peter F Jagielo
by Steve Smith x Julia A Jagielo
STATE OF WISCONSIN

Personally came before me this 10th day of October, 1984, the above named Julia JAGIELO, PETER JAGIELO to me known to be the persons who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT
DRAFTED BY:

Donna J. Watson
NOTARY PUBLIC DONNA J. WATSON, Notary Public
In and for the State of Ohio
My Commission Expires Aug. 28, 1986
My commission expires:

8-28-86



APPLICATION FOR SANITARY PERMIT

(PLB 67)

Jackson COUNTY
UNIFORM SANITARY PERMIT #
55249

Attach complete plans in accord with s. H 63.05, Wis. Adm. Code for the system, on paper not less than 8½x11 inches in size.
See reverse side for instructions for completing this application. **PLEASE PRINT** (513) 254-4009

PROPERTY OWNER Peter Jagielo			MAILING ADDRESS City Point, Wis. 1130 Beaumont Ave. Dayton, Ohio 45410	
PROPERTY LOCATION E 1/4NE 1/4, S 36, T 22N, R1 E (or) W			CITY: VILLAGE: City Point TOWN OF:	
LOT NUMBER n/a	BLOCK NUMBER n/a	SUBDIVISION NAME n/a	NEAREST ROAD, LAKE OR LANDMARK Old Hwy. 54	STATE PLAN I.D. NUMBER 8408111

TYPE OF BUILDING OR USE SERVED

☒ 1 or 2 Family Number of Bedrooms:☐ Public (Specify):

THIS PERMIT IS FOR A:

- | | | |
|---|--|--|
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| <input type="checkbox"/> Replacement Soil Absorption System | <input type="checkbox"/> Revision | <input type="checkbox"/> Privy |
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IF THIS IS A CONVENTIONAL SYSTEM COMPLETE THIS BLOCK.

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Seepage Bed | <input type="checkbox"/> Seepage Trench | <input type="checkbox"/> Seepage Pit | <input checked="" type="checkbox"/> Holding Tank |
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☐ An Existing System That Has Been Inspected And Is Compliant As Far As Soil Conditions.

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump Tank/Siphon Chamber							
Holding Tank capacity	2000	1	X				
Manufacturer:	Crest Precast						

IF THIS IS AN ALTERNATIVE SYSTEM COMPLETE THIS BLOCK: ☐ Mound ☐ In-Ground Pressure

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump/Siphon Chamber							
Manufacturer:							

PERCOLATION RATE (Minutes per inch): n/a	ABSORPTION AREA REQUIRED (Square Feet): n/a	ABSORPTION AREA PROPOSED (Square Feet): n/a	WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
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I, the undersigned, hereby assume responsibility for installation of the private sewage system shown on the attached plans.

Name of Plumber (Print): Halverson Plumbing	Signature: <i>Rich Halverson</i>	MP/MPRSW No.: MP6216	Phone Number: 715 284-2556
Plumber's Address: Rt. 5, Black River Falls, Wis.		Name of Designer:	

COUNTY/DEPARTMENT USE ONLY

Signature of Issuing Agent: <i>Steven H. Raith</i>	Fee: \$81.00	Date: 12-10-84	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination
Reason for Disapproval:				

Alternate course(s) of Action Available:

Jackson County Zoning, POWTS and Land Information Department
HOLDING TANK SERVICING CONTRACT

Contract Date 6/6/02		This contract is made between the	
Holding Tank Owner(s) Name(s) PETER F JAGIELO 17681 JAGIELO RD (CITY POINT) PITTSVILLE, WI 54466		and	Pumper's Name Cournoyer Septic

We acknowledge the installation of (a) holding tank(s) on the following property: (Provide Legal Description)

-
1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required under Ch. Comm 83, Wis. Adm. Code and Chapter 15 General Code of Jackson County.
 2. The owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.
 3. The pumper agrees to submit to the municipality that has signed the pumping agreement required by s. Comm 83, Wis. Adm. Code, and to Jackson County Zoning, POWTS, and Land Information Department, a report for the servicing of the holding tank(s) on an annual basis. The pumper further agrees to include the following in the annual report:
 - a. The name and address of the person responsible for servicing the holding tank;
 - b. The name of the owner of the holding tank;
 - c. The location of the property on which the holding tank is installed;
 - d. The Sanitary Permit number issued for the holding tank;
 - e. The dates on which the holding tank was serviced;
 - f. The volumes in gallons of the contents pumped from the holding tank for each servicing;
 - g. The State of Wisconsin approved disposal sites to which the contents from the holding tank were delivered.
 4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the municipality named below and Jackson County within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) – Please Print PETER F. JAGIELO	Owner(s) Signature(s) <i>Peter Jagielo</i>	Subscribed and sworn to before me on this date:
		My Commission expires:
Pumper's Name – Please Print Paul Cournoyer	Pumper's Signature <i>Paul Cournoyer</i>	Notary Public Signature
Pumper's State License Number 2149	Governmental Unit – Please Print	Governmental Unit Official Name – Please Print

CARL PHILLIPPI'S SEPTIC TANK SERVICE

7165 Polish Rd., Box 139

Pittsville, Wisconsin 54468

(715) 894-8864

NAME

ADDRESS

SOLD BY

DATE

CASH

C.O.D.

CHARGE

ON A/C

RECEIVED

DATE

No. 0000720

ALL CLAIMS & RETURNED GOODS MUST BE ACCOMPANIED BY THIS BILL

GP-151-3

Peter Jagiels

May 2-1988

CASH	C.O.D.	CHARGE	ON A/C
<i>Pumping Holding</i>			
<i>tanks 2-009</i>			
<i>gal.</i>			
<i>\$50.00</i>			
<i>Paul</i>			

(715) 284-4301

ENVIRONMENTAL HEALTH & ZONING DIVISION

Courthouse, 307 Main Street
Black River Falls, WI 54615
(715) 284-7441 Ext. 220

PUBLIC HEALTH NURSING SERVICE DIVISION

221 Main Street, P.O. Box 310
Black River Falls, WI 54615
(715) 284-4301

July 25, 1984

Phyllis Jones
11462, Hwy. 73
Pittsville, WI 54466

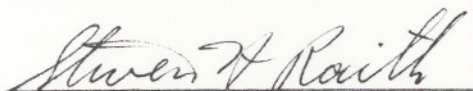
Phyllis:

I have checked this site and I feel your conclusion may be well founded. I do not believe you have understood the the point of the soil test in this case. This is, or appears to be, a holding tank only site.

The soil test is only needed to prove there are no suitable areas for other types of disposal systems. You have concentrated a few borings in an area north of the house. You must do more borings in all areas around the home to preclude the use of other systems. You also show no slope and there are complex slopes and a small ridge in the area near the home. You have modern equipment which will aid you in recording the slope direction and percentage, and you can do more borings to eliminate possible suitable areas. There may be a site for a mound nearby. If so, it will have to be used.

Your soil descriptions are not acceptable. Please learn the abbreviations on the reverse of the 115 form. Brown is Br., Bedrock is BR. You have used; Brn, Ts, and Br, all of which are incorrect.

Soil types on this site are not as simple as you indicate. A good soil test in this instance should look at all varying topography to preclude a potential site going undetected. Go back there and do more field work. Be sure your soil descriptions accurately match the soils.



Steven H. Raith, R.S., Director
ENVIRONMENTAL HEALTH & ZONING DIVISION

SHR:ped

Enclosures: Original 115, and 115 review form