

REPORT ON INSPECTION OF SANITARY PERMIT # 4993

(1) Name and Address of Permit Holder <u>Russel Ellis</u> <u>7001 W. Hampton, Milwaukee, WI</u>	Person/Persons at Site <u>Rich Halverson</u> <u>Approved Owner</u>	(2) Date of Inspection <u>8-11-81</u>
Name, Address, License No. of Installing Plumber <u>Rich Halverson, P.L.S., D.P.F., WI</u> <u>MPC 216</u>		Time of Inspection <u>2:00 PM</u>

(3) INSTALLATION CONSISTS OF:

<input type="checkbox"/> Septic Tank	<input type="checkbox"/> Seepage Trench	<input type="checkbox"/> Dosing Chamber
<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Seepage Bed	<input checked="" type="checkbox"/> Holding Tank
		<input type="checkbox"/> Fill System

(4) BENCHMARK: (Permanent reference Point) Describe:

Elevation of vertical reference point: _____ Slope at site: _____

(5) MATERIAL AND DEPTH OF SEWER: 4" 18"

(6) SEPTIC TANK: Manufacturer: _____ Liquid Capacity: _____
 Tank Inlet Elevation: _____ Tank Outlet Elev: _____
 # ft to lot or property line: _____ # ft to well: _____

(7) DOSING TANK: Manufacturer: _____ # of gallons: _____
 # of gallon pump set for a cycle _____ gallons; total capacity of distribution
 lines _____ gallon; size of pump _____ head; gallon per minute _____;
 horsepower _____; brand name of pump and model number _____
 Is the warning device installed? YES NO Wired? YES NO

(8) HOLDING TANK: Manufacturer Cred; # of gallons 2000;
 construction precast concrete; depth to the cover 1 ft; If septic tank is
 being used are baffles removed? YES NO; 29 ft from residence;
50 ft from well; 15 ft from property line. Type of warning device Tank Alert
 Is the warning device installed? YES NO; Wired? YES NO;
 Locking device on cover? YES NO; Diameter of vent and material 4" P.C.P.;
 Distance from building to vent 85

(9) SEEPAGE PIT SIZE: _____ # of pits; _____ ft diameter; _____ ft liquid depth;
 _____ ft to residence; _____ ft to well; _____ ft to property line;
 _____ ft to ordinary high water mark of lake or stream; _____ ft to edge of slopes
 greater than _____; seepage pit inlet pipe-elevation _____ ft; bottom of
 seepage pit elevation _____ ft.

(10) SEEPAGE BED SIZE: _____ ft width; _____ ft length; _____ tile depth;
 _____ lineal feet tile; _____ ft to residence; _____ ft to well; _____ ft to lot or
 property line; _____ ft to ordinary high water mark of lake or stream; _____ ft to edge
 of slopes greater than 20% falling away toward lakes, water courses or drainage ditches
 Elevation of tank discharge line entering bed _____ ft.

(11) SEEPAGE TRENCH: Total length of seepage trench _____ ft; width _____ ft;
 tile depth _____ ft; _____ ft to well; _____ ft to ordinary high water mark of
 lake or stream; _____ ft to edge of slopes greater than 20% falling away toward lakes,
 water courses or drainage ditches; elevation of tank discharge line entering seepage
 trench _____ ft.

(12) Has system been installed in area indicated on EH 115? YES NO

(13) Has system been installed in floodway? YES NO Floodplain? YES NO

DILHR-SBD-6095(N.05/80)

Signature of Inspector: Dave Egly

HOLDING TANK MAINTENANCE AGREEMENT

8-11-81
02-22-03-06-23

8103127

This Agreement, made and entered into this day of _____,
A.D., 1981 by and between the Town of Adams, hereinafter
called "Town" and Russell Ellis hereinafter called the "Owner".

WHEREAS, application has been made for a building permit on the following
described property, to wit:

SW 1/4, NW 1/4, Sec. 6, T22N, R6W, Township of Adams, Jackson County

or that said property is not located in such a manner as to be serviced by
a municipal sewer system or on-site absorption system for domestic sewage,
and continued use of the premises requires that a holding tank be installed
on the property for the purpose of proper disposal of domestic sewage.

NOW, THEREFORE, in consideration and as an inducement to the Town of
Adams to allow a holding tank for the above described
premises, the Owners hereby agree and bind ourselves as follows:

1. Owners agree that they will conform to the rules and regulations of
Administrative Rule H 63, Plumbing Codes of the Department of Industry, Labor
and Human Relations - Plumbing Section and the Jackson County Sanitary Ordinance
in the building and use of their private sewage waste disposal system (Holding
Tank). They agree that any time the Town of Adams, through
the Jackson County Zoning and Sanitation Department deems it necessary to
pump out said holding tank, the Owners shall have same pumped out in twenty-four
(24) hours, or Town will have said work done and charge same back to Owners
and place same on their tax bill as a special charge. The Owners further agree
that the Town of Adams and the Jackson County Zoning and
Sanitation Department is hereby granted the right, license and authority to
enter upon their property above described, at any reasonable time, to inspect,
pump and haul, if necessary, from the said holding tank.

2. That all charges and costs incurred by the Town of Adams
for inspection, pumping, hauling or otherwise servicing and maintaining said
holding tank in such a manner as to prevent or abate any nuisance or health
hazard caused by such holding tank shall be paid by the Owners. Town shall notify
the Owners of any such cost which shall be paid by Owners. Town shall notify
the Owners of any such cost which shall be paid by Owners within thirty (30)
days from date of notice and in the event that Owners shall not pay said cost
within thirty (30) days, Owners hereby specifically agree 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 Statute
146.13 and 146.14 of the Wisconsin State Statutes.

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JUL 6 1981
PLUMBING SECTION

8103127

3. That the owner or his agent agree to submit a report to the local government and to the county which state the owner's name, location of the property on which holding tank is located, the pumper's name, the dates, volumes pumped and the disposal site.

4. Owners further agree that in the event that municipal sewers shall be installed so as to make the premises available to such municipal sewer service they will pay all special assessments levied against the premises as the property share of costs of the installation of such sanitary sewer and shall not assert any claim as to lack of benefit or reasonableness as to the installation of municipal sewers by reason of the fact that the Owners have been permitted to install a holding tank, and that upon municipal sewer service becoming available, Owners will abandon use of the said holding tank and connect the premises to the municipal sewer within one year.

5. This agreement shall be binding upon the Owners, their heirs and assigns and shall continue in full force and effect so long as a holding tank remains on the premises.

WITNESS our hands and seals this 27 day of May, 1981.

TOWN OF Adams
by John Mc Rusty
Chairman
by _____

OWNERS
Russell T. Ellis
Norman Hampton Mel. Wis.
53218

STATE OF WISCONSIN

Personally came before me this 25th day of May, 1981, the above named Russell Ellis, Owners, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

Raymond Zahn
NOTARY PUBLIC

My commission expires: May 14 1982



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JUL 6 1981
PLUMBING SECTION

PLB 67



State and County
Permit Application
for Private Domestic Sewage Systems

State Permit # 4993
~~4994~~
County Permit # _____
County Darwin

NOTES STATE APPROVAL REQUIRED
State Approval Received from State if Required 7-22-81 State Plan I.D. # 81-03127-A

OWNER OF PROPERTY Russell Ellis Mailing Address: Hampton
7001 W. Hampton, ~~Wisc~~ Wis 53218

LOCATION: SW 1/4 NW 1/4, Section 6, T 22 N, R 6 W (or) W Lot# _____ City _____
Subdivision Name, _____ nearest road, lake or landmark Blk# _____ Village _____
Township Adams

TYPE OF OCCUPANCY: *Commercial _____ *Industrial _____ *Other (specify) _____ *Variance _____
Single family Duplex _____ No. of Bedrooms _____ No. of Persons _____

SEPTIC TANK CAPACITY _____ Total gallons _____ No. of tanks _____
HOLDING TANK CAPACITY 2000 Total gallons _____ No. of tanks 1
Prefab concrete Poured-in-Place _____ Steel _____ Fiberglass _____ Other (specify) _____
New Installation Replacement _____
Lift Pump Tank or Siphon Chamber _____ Total gallons _____ Prefab concrete _____ Poured-in-Place _____ Other (Specify) _____

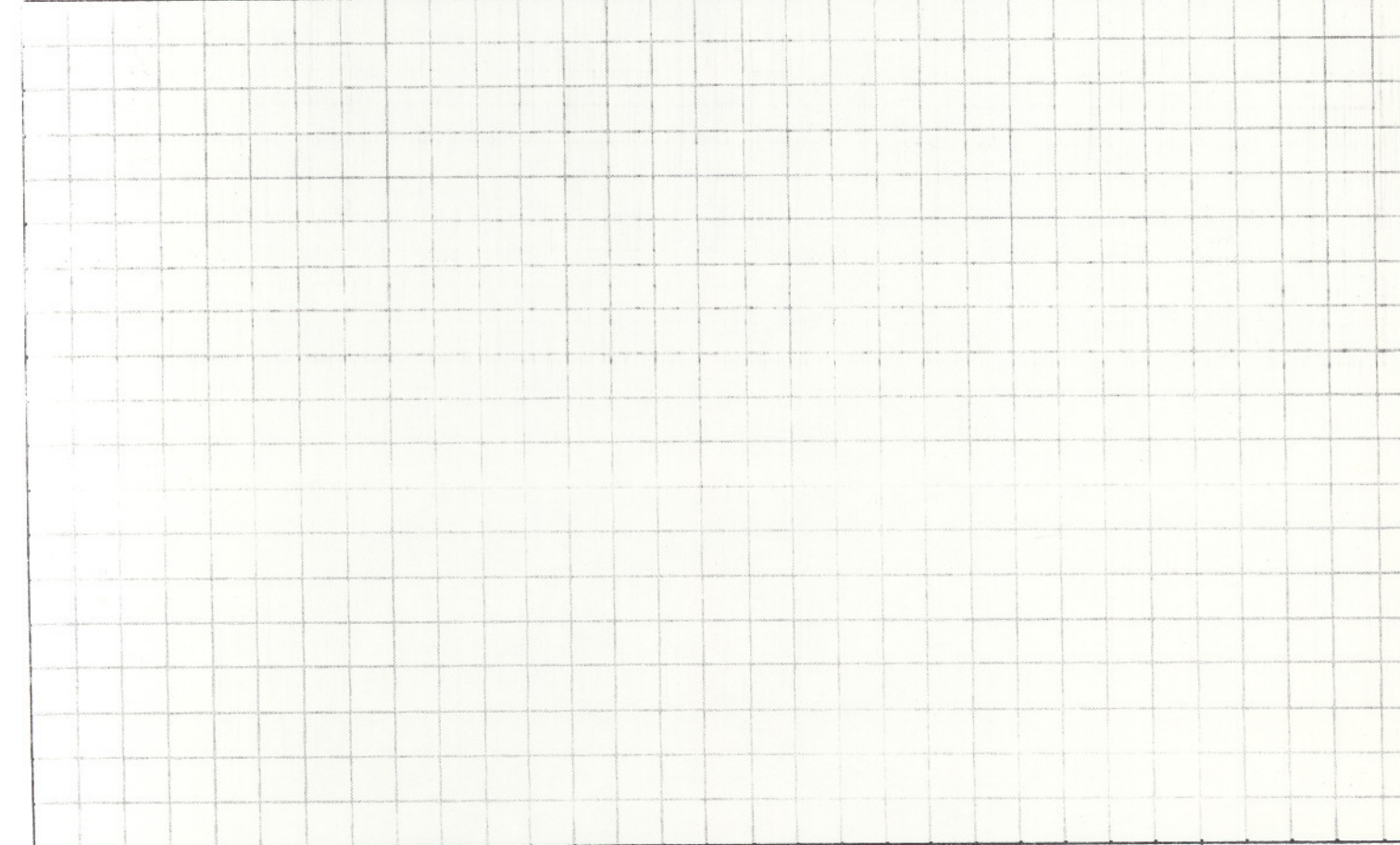
EFFLUENT DISPOSAL SYSTEM: Percolation Rate _____ Total Absorb Area _____ sq. ft.
New _____ Replacement _____ Alternate (Specify) _____
Seepage Trench: _____ No. of Lineal Ft. _____ Width _____ Depth _____ Tile depth (top) _____ No. of Trenches _____
Seepage Bed: _____ Length _____ Width _____ Depth _____ Tile depth (top) _____ No. of Lines _____
Seepage Pit: _____ Inside diameter _____ Liquid Depth _____ No. of Seepage Pits _____
Percent slope of land _____ Distance from critical slope _____

WATER SUPPLY: Private Joint Community Municipal
Owners name as listed on EH 115 if other than present owner: _____

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code, and that I have sized the effluent disposal system from the EH-115 prepared by the Certified Soil Tester,

NAME _____ C.S.T. # _____ and other information _____
obtained from _____ (owner/builder).
Plumber's Signature Richard Halverson MP/MPSW# 6216 Phone # 715-284-2556
Plumber's Address Rte 5 118 E 2nd Black River Falls, Wis

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20. Well location shall be included on the sketch. Indicate or dimension location of all wells on the property or neighbors property. If well has not been drilled please indicate.



Do Not Write in Space Below - FOR COUNTY AND STATE DEPARTMENT USE ONLY
Date of Application 8-11-81 Fees Paid: State 14 County 21 Date 8-11-81

HOLDING TANK
for

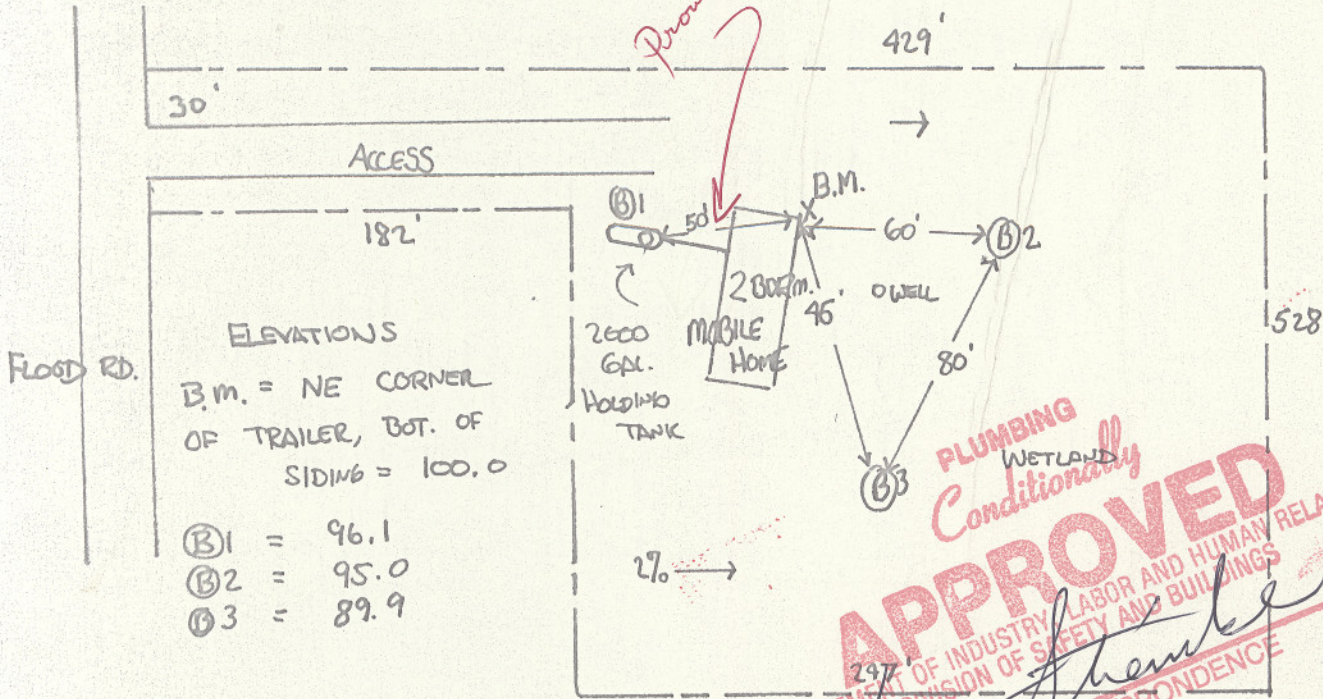
RUSSELL ELLIS

6-14-81



8103127

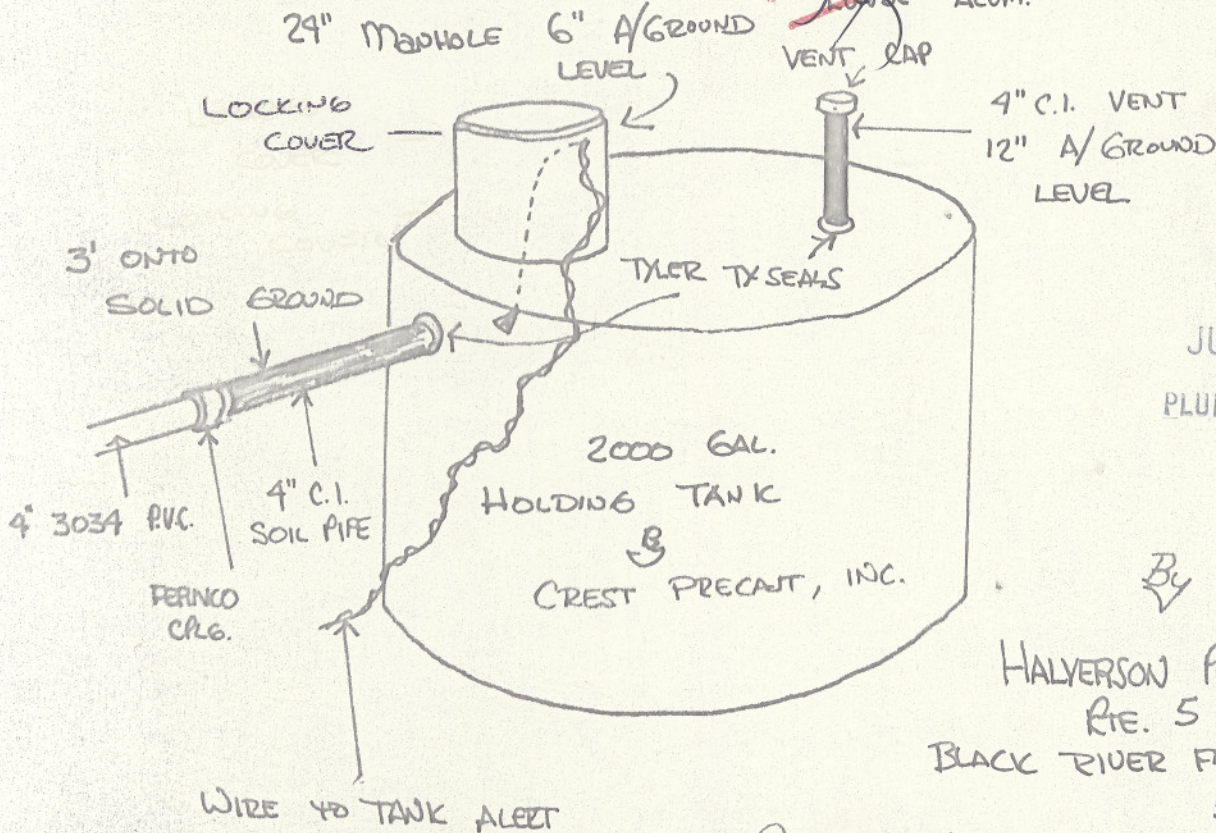
Plot PLAN



ELEVATIONS
 B.M. = NE CORNER
 OF TRAILER, BOT. OF
 SIDING = 100.0

- ⓑ1 = 96.1
- ⓑ2 = 95.0
- ⓑ3 = 89.9

FLOOD RD.



RECEIVED
 JUL 6 1981
 PLUMBING SECTION

By
 HALVERSON PLS6 + PUMP
 RTE. 5
 BLACK RIVER FALLS, WIS.
 54615

Richard Halverson MP 6216

State of Wisconsin



Department of Industry, Labor & Human Relations
 Division of Safety & Bldgs.
 Bureau of Plumbing Platting & Fire Protection
 P.O. Box 7969
 Madison WI. 53707
 Tel. 608-266-3815

IN ALL CORRESPONDENCE
 REFER TO PLAN
 IDENTIFICATION NO.

810 3127-A

HALVerson Plumbing
 R#5 Black River Falls Wis.
 54615

NAME OF PROJECT				
Russell Ellis				
TYPE OF APPROVAL				
Private Sewage Only (H.T.)				
STREET AND NO.				
SW 1/4, NW 1/4, SE, T22N, R6W				
CITY OR TOWN	COUNTY	STATE	ZIP	
Adams	Tackson	WI		
OWNER				
Russell Ellis				

Gentlemen:

Examination of plumbing plans and specifications for the above-mentioned project has been completed. In accord with Chapter 145, Wisconsin Statutes and Wisconsin Administrative Code, the plumbing plans and specifications are approved contingent upon compliance with the stipulations indicated on the plans. Please review your code for the requirements of each code section noted.

The architect, professional engineer, registered designer, owner or plumbing contractor shall keep at the construction site one set of plans bearing the stamp of approval of the department.

In the event installation of the plumbing improvements or system has not commenced within two years from this date, this approval shall become void and new application shall be made for approval of these plans before work may commence.

In granting this approval, the Division of Safety and Buildings does not hold itself liable for any defects in plans or specifications, plan omissions, examination and reserves the right to order changes or additions should conditions arise making this necessary.

This approval is based on Wisconsin Administrative Code requirements. It shall be necessary to obtain and fulfill the permit requirements of the city, village, township or county in which this installation is to be constructed. Failure to obtain local permits will automatically void this acceptance.

Sincerely,

James Sargent

James Sargent-Bureau Director

PLANS REVIEWED BY:	<i>Ken Stiemke</i>	DATE:	<i>7/22/81</i>
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cc: DPS-OWS
 Local PI
 County

Owner
 Plumber
 Mfg. Rep.

DILHR
 H & R (2)
 Bur. of Health Fac. & Services
 Rec. & Env. Services

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

LOCATION: SW 1/4 NW 1/4	SECTION: 6 / T22 N/R E (xx) W	TOWNSHIP/MUNICIPALITY: Adams	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
COUNTY: Jackson	OWNER'S/BUYER'S NAME: Russell Ellis	MAILING ADDRESS: 7001 W. Hampton, Milwaukee, WI 53218			
USE <input checked="" type="checkbox"/> Residence		NO. BEDRMS.: 2	COMMERCIAL DESCRIPTION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Replace		DATES OBSERVATIONS MADE PROFILE DESCRIPTIONS: PERCOLATION TESTS: 5-26-81

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

CONVENTIONAL: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	MOUND: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	IN-GROUND-PRESSURE: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	SYSTEM-IN-FILL: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	HOLDING TANK: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	RECOMMENDED SYSTEM:(optional) 2000 gallon holding tank
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If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:	DESIGN RATE: SYSTEM ELEV.	If any portion of the lot is in the Floodplain, indicate Floodplain elevation:
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PROFILE DESCRIPTIONS

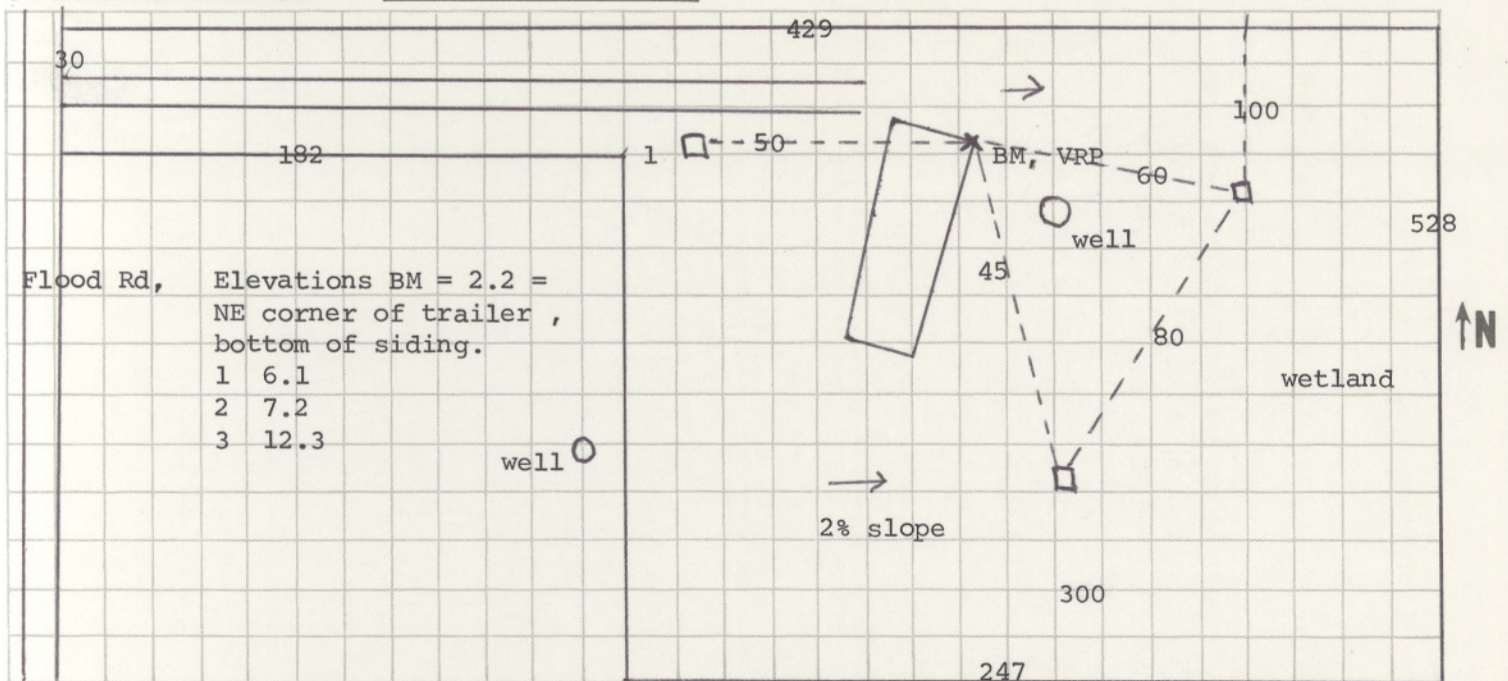
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
			OBSERVED	EST. HIGHEST	
B- 1	48	10.1	44	22	48"med s, mot at 22, GW at 44"
B- 2	"	11.2	31	18	" " " 18" " " 31"
B- 3	"	12.3	32	16	" " " 16" " " 32"
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-							
P-							
P-							
P-							
P-							
P-							

PLAN VIEW: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction and percent of land slop.

SYSTEM ELEVATION



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures methods specified in the Wisconsin Administrative Code, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

NAME (print): Dave Egli	TESTS WERE COMPLETED ON: 5-26-81
ADDRESS: Courthouse, Black River Falls, WI 54615	CERTIFICATION NUMBER: 2560
	PHONE NUMBER (optional): 715-284-7441, ext. 221
CST SIGNATURE: <i>Dave Egli</i>	

Pd.
Rec.
75

JACKSON COUNTY

NO. 113

A-P-P-L-I-C-A-T-I-O-N F-O-R P-E-R-C T-E-S-T

NAME Russell Ellis

CURRENT ADDRESS 7001 W. Hampton

CITY Milwaukee STATE Wis. ZIP 53218

HOME PHONE 414 ^(milwaukee) 464 9494 BUSINESS PHONE 715 ^(new) 333-7307
Area Code Area Code

PROPERTY DESCRIPTION SW $\frac{1}{4}$ of NW $\frac{1}{4}$ of Section 6 T 21 N,R

S E/W LOT _____ BLOCK _____

ADDN. _____ TOWN OF Adams

NEW SYSTEM REPLACEMENT SYSTEM NUMBER OF BEDROOMS 2

Perc tests are conducted in numerical order! You will be contacted just prior to your turn. You should be present at the time the test is begun to finalize the proposed building location. You can then discuss any changes needed due to soil borings showing a bad area where proposed site is located.

SIGNATURE OF APPLICANT Russell Ellis DATE May 22-81

FEES PAID \$65.00 RECEIVED BY Avis P. Hoff

COMMENTS, DIRECTIONS, SITE SKETCH, ETC.:

failed refund \$40.

02-21-04-21-12
~~02-21-04-21-12~~

Detach And Return Upper Portion Of This Form With Any Return Correspondence



State of Wisconsin DIVISION OF HEALTH SECTION OF PLUMBING AND FIRE PROTECTION SYSTEMS MAIL ADDRESS: P.O. BOX 309 MADISON, WISCONSIN 53701 608-266-3815

DATE: July 8, 1981

PROJECT:

Halverson Plumbing Route 5 Black River Falls, WI 54615

Russell Ellis - Residence Holding Tank SW 1/4, NW 1/4, Sec 6, T22N, R6W, Town of Adams, WI Jackson County

PLAN ID. # 81-03127-A

DETACH HERE

PROJECT NAME Russell Ellis - Residence PLAN ID. # 81-03127-A

This is to acknowledge receipt of your plans and specifications for the above-indicated project.

Preliminary review indicates the plan review fee required is \$ 24-

[X] Plan accepted for review. Fee received is \$ 24-

Fee is being returned because of [] Overpayment [] Underpayment. Providing one of the two categories above is checked, remit correct fee in one payment.

- [] No fee has been remitted. Plans submitted with no fees will be held in abeyance. [] Plans being returned. [] Additional information required. SEE BELOW.

I. Plan Submission

- [] Additional information shall be submitted in triplicate unless specifically noted. [] Plans not clear, legible or permanent. [] All information submitted shall be signed, sealed or stamped in accord with Section H 62.25(2)(a) Wisconsin Administrative Code. [] Affidavit enclosed.

II. Alternate sewage Disposal Systems (Mound Systems)

- [] PLB 108 (Application for use of an alternate system). [] County onsite required (1 copy). [] Design calculations for pressurized distribution [] Cross section of mound. [] Pipe lateral layout. [] Plan view of alternate.

III. Private Sewage Disposal Systems

- [] Ground slope with 2' contours in entire area of soil absorption system extending 25' on all sides. [] Elevation of permanent reference point (benchmark). [] Location of area suitable for replacement system - provide soil test data. [] Plot plan showing lot size and all lateral distances from sewage disposal system or holding tank to bldgs, lot lines, well, watercourse, etc. [] Construction detail of septic, holding or lift pump tank if site constructed or tank manufacturer if precast. [] Construction detail and cross-section of soil absorption system. [] Soil boring and percolation test on EH 115 completed by certified soil tester (1 copy). [] Complete data relative to anticipated use of bldg. [] 3 copies of PLB 60 enclosed. [] Deed restriction required (1 copy).

IV. Holding Tanks

- [] Profile of holding tank. [] Holding tank agreement signed by owner and local unit of government (sample enclosed). [] Reason for installing holding tank soil test or statement from county (1 copy).

V. Lift Pump

- [] Calculations for total lift pump discharge, head and gallons pumped per cycle. [] Size, length & depth of force main. [] Detail & model of pump or automatic siphons including size, pump curves, drawdown and average flow rate GPM. [] Cross section of lift pump tank showing pump(s) or siphon(s).

VI. Systems In Fill (Fill must be placed prior to plan submission)

- [] Total area filled (fill to extend 20' beyond edge of trench before side slope begin). [] Depth and type of fill. [] Copy of onsite report by county or district plumbing supervisor. [] Length of time fill has been in place.

Environmental Health & Zoning Department



Courthouse, 307 Main Street
Black River Falls, WI 54615
(715) 284-0220

Terry Schmidt, Zoning Administrator • Ext. 260

Theresa A. Franks, Zoning Secretary • Ext. 220

January 19, 1990

Russell Ellis
7001 W. Hampton
Milwaukee, WI 53218

RE: OUR FILE NO: 02-22-03-06-23

Dear Mr. Ellis:

Enclosed please find a Holding Tank Servicing Contract form and also a Holding Tank Agreement form. These forms are required to be completed and then returned to our office for any holding tank that was installed after 1980. Please complete the "Owner's" part of the form and then contact a licensed septic pumper of your choice. He will complete the "Pumper's" part of the form. The Holding Tank Agreement is required to be recorded with the Register of Deeds office; the fee for this is \$4. Please enclose a check made payable to the Jackson County Register of Deeds office and we will see that the Holding Tank Agreement gets recorded accordingly.

The pumper that you choose will then be sent a pumping report form which he will use to supply us with the required biannual pumping information. The reason you are receiving the forms at this time is because we are updating our files and noticed that you have not completed these required forms.

If you have any questions, please contact the Zoning Office at (715) 284-0220.

Sincerely,

A handwritten signature in cursive script that reads "Terry Schmidt".

Terry Schmidt
Zoning Administrator

TS/taf
Enclosures