

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

County:	<i>Juneau</i>
Sanitary Permit No.:	<i>220039</i>
State Plan ID No.:	
Parcel Tax No.:	<i>290181283</i>

GENERAL INFORMATION

Permit Holder's Name:	<i>Richard Mortensen</i>	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of:	<i>Lemonweir</i>
CST BM Elev.:	<i>100</i>	Insp. BM Elev.:	<i>100</i>
BM Description:			
<i>Nail in Tree</i>			

TANK INFORMATION

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

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark		<i>99.45</i>		
Bldg. Sewer				
St / Ht Inlet				<i>98.50</i>
St / Ht Outlet				<i>98.29</i>
Dt Inlet				
Dt Bottom				
Header / Man.				
Dist. Pipe	<i>Start</i>			<i>95.47</i>
	<i>End</i>			<i>95.30</i>
Bot. System			<i>4.98</i>	<i>94.47</i>
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	<i>180' E</i>				NA
Dosing	<i>South</i>				NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

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

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width <i>5'</i>	Length <i>184'</i>	No. Of Trenches <i>2</i>	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
Type Of System:	<i>Conu.</i>	<i>160'</i>					Model Number:

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length _____ Dia. _____	Length _____ Dia. _____ Spacing _____			

SOIL COVER

x Pressure Systems Only

xx Mound Or At-Grade Systems Only

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

BM -0.55 HI=99.45

Trenches 4.98

Top Pipe 3.98

End 4.15

BM 2.13 HI=102.13

No Home or Well

*In 3.63
Out 3.84*

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

10 12 94

Date

Deane Donnelly
Inspector's Signature

2396

Cert. No.



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

-Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER RICHARD MORTENSEN			PROPERTY LOCATION SE ¼ SE ¼, S 28 T 16, N, R 4 (E) W		
PROPERTY OWNER'S MAILING ADDRESS 2014 PASO ROBLO WAY			LOT #		BLOCK #
CITY, STATE MADISON WI	ZIP CODE 53716	PHONE NUMBER ()	SUBDIVISION NAME OR CSM NUMBER		
II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Fam. Dwelling - # of bedrooms 3			CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN OF: LEMON WISER		NEAREST ROAD 17th
III. BUILDING USE: (If building type is public, check all that apply)			PARCEL TAX NUMBER(S) 290181283		

1 <input type="checkbox"/> Apt/Condo	6 <input type="checkbox"/> Medical Facility/Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales/Repairs	11 <input type="checkbox"/> Restaurant/Bar/Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station/Car Wash
4 <input type="checkbox"/> Church/School	9 <input type="checkbox"/> Office/Factory	13 <input type="checkbox"/> Other: Specify _____
5 <input type="checkbox"/> Hotel/Motel		

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. ☒ New System 2. ☐ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System

B) ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type _____	41 <input type="checkbox"/> Holding Tank
12 <input checked="" type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY 450	2. ABSORP. AREA REQUIRED (sq. ft.) 643	3. ABSORP. AREA PROPOSED (sq. ft.) 644	4. LOADING RATE (Gals/day/sq. ft.) 17	5. PERC. RATE (Min./inch) ~	6. SYSTEM ELEV. Feet 94.47	7. FINAL GRADE ELEVATION Feet 97.0
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VII. TANK INFORMATION	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	1000		1000	1	WEISER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank/Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name (Print): KARL OPPRECHT	Plumber's Signature: (No Stamps) <i>Karl Opprecht</i>	MP/MPRSW No.: MP5305	Business Phone Number: (608) 847-5668
Plumber's Address (Street, City, State, Zip Code): W 5542 BUCKHORN DR NEW LISBON WI 53950			

IX. COUNTY/DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 200.00	Date Issued 8-1-94	Issuing Agent Signature (No Stamps) <i>Sammy J. Roscorin</i>
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X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:



SITE PLAN FOR SBD 8330

FOR: RICHARD MORTENSEN

2014 PASO ROBLE WAY, MADISON, WI, 53716

SITE: SE 1/4 SE 1/4 SEC 28 T16N R4E LEMONWEIR TWP.

SCALE: 1" = 40'

P/L ~ 1320'



N 1050'

NOTE: NO WELL ON PROPERTY
WELL TO BE LOCATED WITH
SET-BACKS PER I.L.H.R
83.10 (1) AND 15 (4) (a)

B₂

ALTERNATE AREA

B₁

P/L

~ 350'

POND

~ 180'

~ 1135'
1000 GAL
WEISER
LO PROFILE

4" PCC
SBR 3034

2-5' x 92'
Trenches

PRIMARY AREA

BH

B₄

Karl Opprecht

MP 5305 EAST LINE OF LEMONWEIR TWP.

8/1/94

~ 2360'

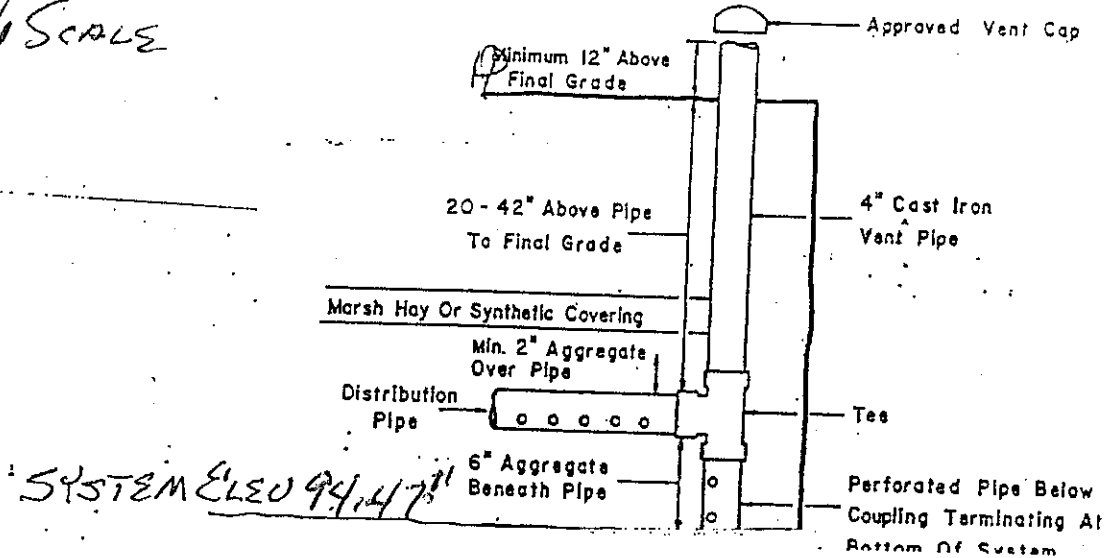
~ 3660' P/L SOUTH LINE OF SEC 28.

RICHARD MORTENSEN
2014 PASEO ROBLE-WAY
MADISON WI 53716

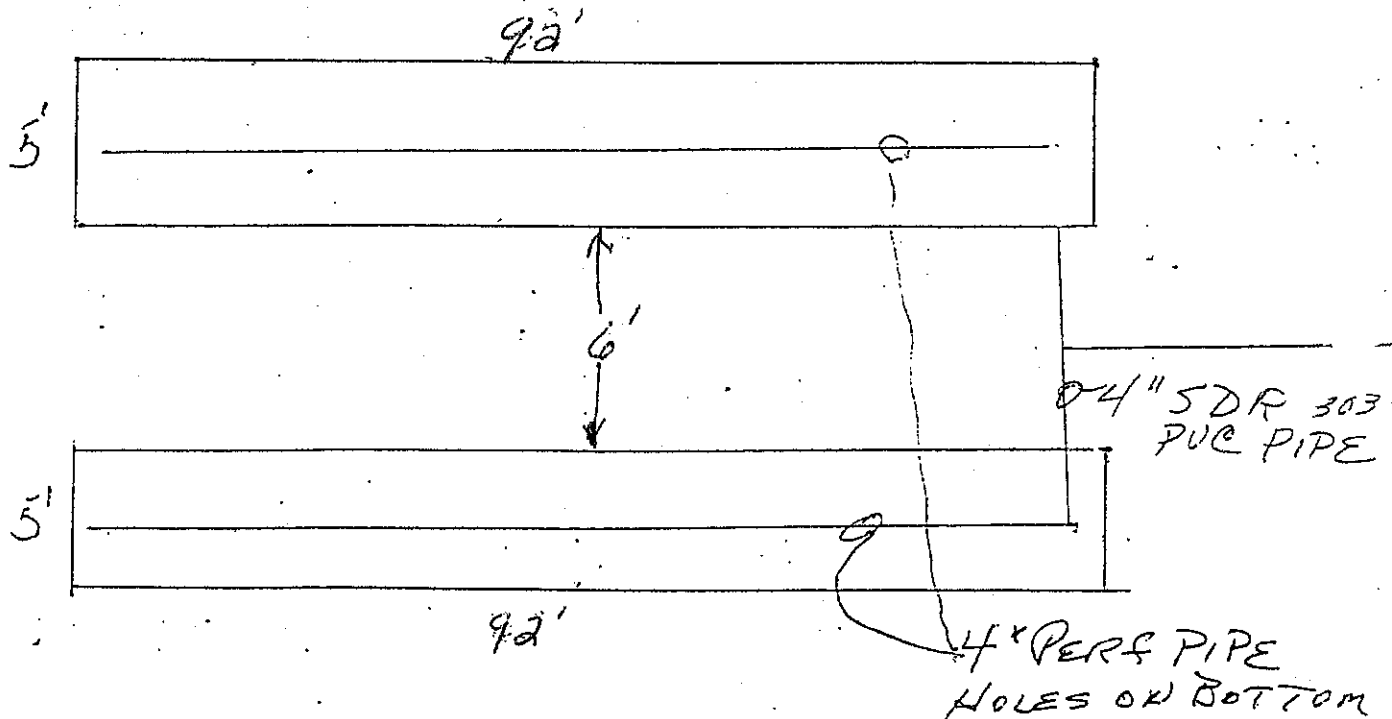
INDUSTRY, LABOR AND HUMAN RELATIONS 291
ILHR 83

SITE SE 1/4 SE 1/4 Sec. 28 T14N R4E LEMMON TOWNSHIP
Fresh Air Inlets And Observation Pipe

NO SCALE



SYSTEM ELEV 94.47'



KARL OPPRIEAT MP 5305
Karl Oppriat 8/1/94

SOIL AND SITE EVALUATION REPORT

Page 1 of 2

in accord with ILHR 83.05, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to vertical and horizontal reference point (BM), direction and % of slope, scale or dimensioned, north arrow, and location and distance to nearest road.

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION


PROPERTY OWNER: <u>RICHARD MORTENSEN</u>		PROPERTY LOCATION GOVT. LOT <u>SE</u> 1/4 <u>SE</u> 1/4, S <u>28</u> T <u>16</u> N, R <u>40</u> E (or NW)	
PROPERTY OWNER'S MAILING ADDRESS <u>2014 PASO ROBLO WAY</u>		LOT #	BLOCK #
CITY, STATE <u>MADISON, WI</u>	ZIP CODE <u>53716</u>	SUBD. NAME OR CSM #	
PHONE NUMBER <u>608 222-3852</u>	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWN <u>LEMONWEIR</u>	NEAREST ROAD <u>17th</u>	


☒ New Construction Use ☐ Residential / Number of bedrooms 3 ☐ Addition to existing building _____
☐ Replacement ☐ Public or commercial describe _____

Code derived daily flow 450 gpd Recommended design loading rate .6 bed, gpd/ft² .7 trench, gpd/ft²
Absorption area required 750 bed, ft² 643 trench, ft² Maximum design loading rate _____ bed, gpd/ft² _____ trench, gpd/ft²
Recommended infiltration surface elevation(s) 94.47 ft (as referred to site plan benchmark)
Additional design / site considerations _____
Parent material SAND Flood plain elevation, if applicable NONE ft

S = Suitable for system U = Unsuitable for system	CONVENTIONAL <input checked="" type="checkbox"/> S <input type="checkbox"/> U	MOUND <input checked="" type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND PRESSURE <input checked="" type="checkbox"/> S <input type="checkbox"/> U	AT-GRADE <input checked="" type="checkbox"/> S <input type="checkbox"/> U	SYSTEM IN FILL <input checked="" type="checkbox"/> S <input type="checkbox"/> U	HOLDING TANK <input type="checkbox"/> S <input checked="" type="checkbox"/> U
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SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
 Ground elev. <u>96.6</u> ft. Depth to limiting factor <u>60</u> "	1	0-5	10YR 3/3	—	ls	1f cr	mvfr	as	2V2A 1m	.6	.7
	2	5-20	10YR 6/4	—	ls	1f sbk	mvfr	cs	2V2A 1m lc	.6	.7
	3	20-60	10YR 6/8	—	s	0 sq	mvfr	qs	1f	.6	.7
	4	60-138	10YR 7/4	FIP 7.5 YR 5/8	s	0 sq	mvfr			.6	.7
Remarks:	<u>WATER AT 138"</u>										

 Ground elev. <u>96.4</u> ft. Depth to limiting factor <u>58</u> "	1	0-4	10YR 3/3	—	ls	1f cr	mvfr	as	2V2A 1m	.6	.7
	2	4-20	10YR 6/4	—	ls	1f sbk	mvfr	cs	2V2A 1m lc	.6	.7
	3	20-58	10YR 6/8	—	s	0 sq	mvfr	qs	1f	.6	.7
	4	58-74	10YR 6/8	FIP 7.5 YR 5/8	s	0 sq	mvfr			.6	.7
Remarks:											

CST Name:—Please Print <u>R.E. HOY</u>	Phone: <u>608-847-6019</u>
Address: <u>541 LAUREL ST., REEDSBURG, WI. 53959</u>	
Signature: <u>R.E. Hoy</u>	Date: <u>4-8-94</u> CST Number: <u>M29</u>

PARCEL I.D. # _____

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
<u>3</u>	1	0-4	10YR $\frac{3}{3}$	—	1s	1P cr	Mvfr	as	2VP 2P 1m	.6	.7
	2	4-20	10YR $\frac{6}{4}$	—	1s	1P sbk	Mvfr	cs	2VP 2P 2m 1c	.6	.7
	3	20-62	10YR $\frac{6}{8}$	—	s	0 sq	Mvfr	qs	1VP 2P	.6	.7
Ground elev. <u>96.6</u> ft.	4	62-74	10YR $\frac{6}{8}$	flp 7.5 YR $\frac{5}{8}$	s	0 sq	Mvfr	—	—	.6	.7
Depth to limiting factor <u>62"</u>											

Remarks: _____

Boring #	1	0-5	10YR $\frac{3}{3}$	—	1s	1P cr	Mvfr	as	2VP 2P 2m	.6	.7
	2	5-20	10YR $\frac{6}{4}$	—	1s	1P sbk	Mvfr	cs	2VP 2P 2m 1c	.6	.7
	3	20-61	10YR $\frac{6}{8}$	—	s	0 sq	Mvfr	qs	1P	.6	.7
Ground elev. <u>96.6</u> ft.	4	61-76	10YR $\frac{6}{8}$	flp 7.5 YR $\frac{5}{8}$	s	0 sq	Mvfr	—	—	.6	.7
Depth to limiting factor <u>61"</u>											

Remarks: _____

Boring #	1	0-5	10YR $\frac{3}{3}$	—	1s	1P cr	Mvfr	as	2VP 2P 1m	.6	.7
	2	5-21	10YR $\frac{6}{4}$	—	1s	1P sbk	Mvfr	cs	2VP 2P 2m 1c	.6	.7
	3	21-58	10YR $\frac{6}{8}$	—	s	0 sq	Mvfr	qs	1P	.6	.7
Ground elev. <u>96.3</u> ft.	4	58-74	10YR $\frac{6}{8}$	flp 7.5 YR $\frac{5}{8}$	s	0 sq	Mvfr	—	—	.6	.7
Depth to limiting factor <u>58"</u>											

Remarks: _____

Boring #											
Ground elev. _____ ft.											
Depth to limiting factor _____											

Remarks: _____

SITE PLAN FOR SBD 8330

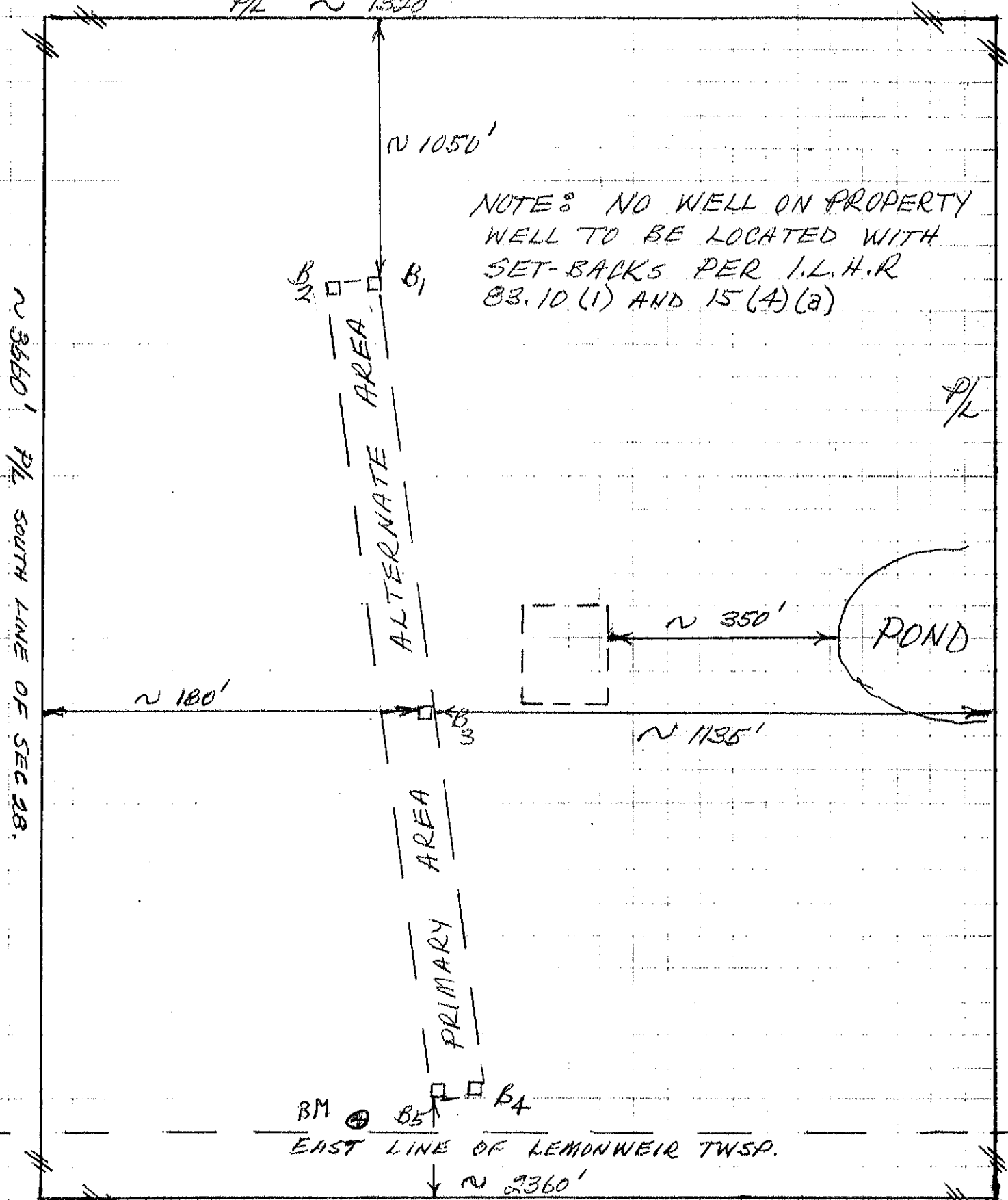
FOR: RICHARD MORTENSEN

2014 PASO ROBLE WAY, MADISON, WI, 53716

SITE: SE 1/4 SE 1/4 SEC 28 T16N R4E LEMONWEIR TWP

SCALE: 1" = 40'

P/L ~ 1320'



NOTE: NO WELL ON PROPERTY
WELL TO BE LOCATED WITH
SET-BACKS PER I.L.H.R
83.10 (1) AND 15 (4) (a)

JUNEAU COUNTY
Planning & Zoning Department

DAVID DONNELLY
Zoning Administrator

250 Oak Street
Mauston WI 53948
Phone (608) 847-9391

SEPTIC TANK MAINTENANCE AGREEMENT

Richard Mortensen
Owner or Buyer

11-4-94
Date

2014 Paso Roble Way
Street Address

Phone

Madison, WI 53716
Post Office

RE: Property located in the SE, SE, S28, T 16 N, R 4 E - Town of
Lemonweir Juneau County, Wisconsin,
Subd. _____ Lot # _____ (if applicable).

Improper use and maintenance of your septic system could result in its premature failure to handle wastes. Proper use and maintenance should extend the life of the system considerably. Proper maintenance consists of pumping out the septic tank every 2-3 years or as needed by a licensed septic tank pumper. What you put into the system can affect the function of the septic tank as a treatment stage in the waste disposal system. (See diagrams and list of problem-causing substances located on the back of this form).

In order for residents of Juneau County to be eligible to receive funding from the "WISCONSIN FUND SEPTIC SYSTEM GRANT PROGRAM" for the replacement of failing systems, the owners of all new private waste treatment systems must agree to keep their system properly maintained.

The property owner agrees to submit to the County a certification form (to be provided by the County) every 3 years—signed by the owner and signed by a master plumber, journeyman plumber, restricted plumber, or a licensed septage hauler. The form shall require certification of the following:

- a. that the on-site wastewater disposal system is in proper operation condition
- b. that after inspection, and after pumping (if necessary), the septic tank is less than 1/3 full of sludge and scum.

I, the undersigned, have read the above requirements and I agree to maintain the private sewage disposal system in accordance with the standards set forth, herein, as set by the Wisconsin Department of Natural Resources.

Richard Mortensen
Signed

19 Nov 1994
Date