Wisconsin Department of Commerce
Safety and Buildings Division

TULLY

PRIVATE SEWAGE SYSTEM INSPECTION REPORT (ATTACH TO PERMIT)

CV INFILT.

County: VERNON

Sanitary Permit No.: 357758 48-00

State Plan ID No.: —

Parcel Tax No.: 62-26-115-0009

GENERAL INFORMATION

Personal information you provice may be used for secondary purposes [Privacy Law, s.15.04 (1)(m)].

Permit Holder's Name: RONALD GOTTSCHALK

☐ City ☐ Village ☑ Town of: KICKAPOO

CST BM Elev.: 100.0 | Insp. BM Elev.: -.5 | BM Description: NAIL IN TREE W/YELLOW TOAD

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	AL'S	1000
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	-.5	99.5		1000
TOP OF AIRTIGHT	4.44			
Bldg. Sewer				
St / Ht Inlet			6.62	
St / Ht Outlet			6.88	
Dt Inlet				
Dt Bottom				
Header / Man.				
Dist. Pipe				
Bot. System			11.05 / 9.58	
Final Grade			8.14 / 6.55	

TANK SETBACK INFORMATION

TANK TO	P / L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	>60'	not drilled	25'	—	NA
Dosing					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 3'	Length 50'	No. Of Trenches 2

SETBACK INFORMATION	SYSTEM TO	P / L	BLDG	WELL
	Type Of System: CV	>20'	75'	—

PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
LAKE / STREAM	N/A		

LEACHING CHAMBER OR UNIT	Manufacturer:
	Model Number:

DISTRIBUTION SYSTEM

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

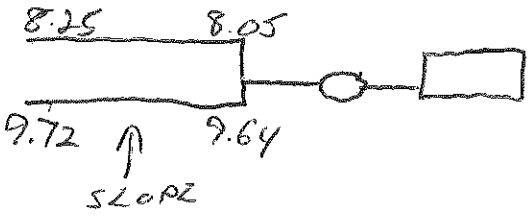
SOIL COVER

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	xx Mulched
			☐ Yes ☐ No	☐ Yes ☐ No

COMMENTS: (Include code discrepancies, persons present, etc.) JON - TULLY, BILL WALK EXCAVATOR

NO FILTER



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

7 / 19 / 00 (Date)

Inspector's Signature: T J M.

227629 (Cert. No.)

SBD-6710 (R.3/97)

Wisconsin
Department of Commerce

SANITARY PERMIT APPLICATION

In accord with Comm 83.05, Wis. Adm. Code

Safety and Buildings Division
201 W. Washington Avenue
P O Box 7302
Madison, WI 53707-7302

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1) (m)].

County: Vernon

State Sanitary Permit Number: 359758 48-00
☐ Check if revision to previous application

State Plan I.D. Number:

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name: Ronald Gatewood

Property Location: NE 1/4 NW 1/4, S 7 T 11 , N, R 3 ~~E (or) W~~

Property Owner's Mailing Address: 1241 Westland St.

Lot Number: 9 | Block Number:

City, State: Waterloo, IA | Zip Code: 50701 | Phone Number: (319) 235-1677

Subdivision Name or CSM Number: Carter Valley csm # 42

II. TYPE OF BUILDING: (check one)

☐ Public ☒ 1 or 2 Family Dwelling - No. of bedrooms 2 ☐ State Owned

☐ City ☐ Village ☒ Town OF Kickapoo

Nearest Road: Hwy 14

Parcel Tax Number(s): 62-26-115-0009

III. BUILDING USE: (If building type is public, check all that apply)

1 ☐ Apartment / Condo
2 ☐ Assembly Hall
3 ☐ Campground
4 ☐ Church / School
5 ☐ Hotel / Motel
6 ☐ Medical Facility / Nursing Home
7 ☐ Merchandise: Sales / Repairs
8 ☐ Mobile Home Park
9 ☐ Office / Factory
10 ☐ Outdoor Recreational Facility
11 ☐ Restaurant / Bar / Dining
12 ☐ Service Station / Car Wash
13 ☐ Other: specify

IV. TYPE OF PERMIT: (Check only one box on line A. Check box on 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 Number _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution
11 ☐ Seepage Bed
12 ☒ Seepage Trench
13 ☐ Seepage Pit
14 ☐ System-In-Fill

Pressurized Distribution
21 ☐ Mound
22 ☐ In-Ground Pressure

Experimental
30 ☐ Specify Type
Infiltrator

Other
41 ☐ Holding Tank
42 ☐ Pit Privy
43 ☐ Vault Privy

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (sq. ft.)	3. Absorp. Area Proposed (sq. ft.)	4. Loading Rate (Gals/day/sq. ft.)	5. Perc. Rate (Min./inch)	6. System Elev. Feet	7. Final Grade Elevation Feet
300	500	500	.6			

VII. TANK INFORMATION

	Capacity in gallons: New Tanks	Capacity in gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic	Exper. App.
Septic Tank or Holding Tank	1000		1000	1	Als Concrete	☒	☐	☐	☐	☐	☐
Lift Pump Tank /Siphon Chamber						☐	☐	☐	☐	☐	☐

VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name: (Print): John Tully
Plumber's Signature: (No Stamps): John Tully
MP/~~MPRSW~~ No.: 5105
Business Phone Number: 608-457-2382
Plumber's Address (Street, City, State, Zip Code): 329 N Main, Stoddard, WI 54658

IX. COUNTY / DEPARTMENT USE ONLY

☑ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination
Sanitary Permit Fee (Includes Groundwater Surcharge Fee): $200
Date Issued: 5-9-00
Issuing Agent Signature (No Stamps): John Tully

X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

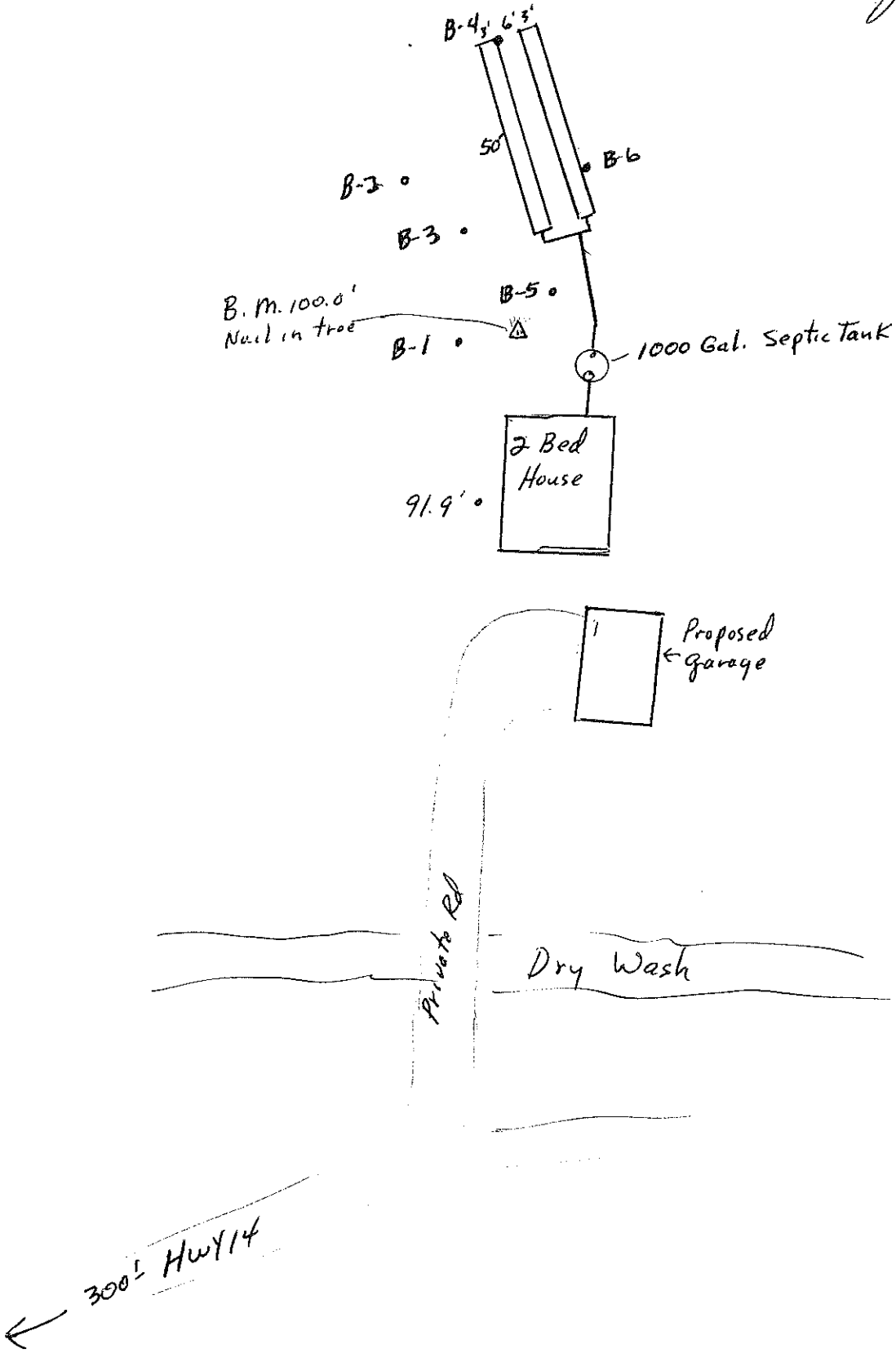
DISTRIBUTION: Original to County, One copy To: Safety & Buildings Division, Owner, Plumber

Conventional Septic System
Plot Plan
1" = 40'

Ronald Gatewood
NE¼ NW¼ S7 T11N R8W
Town of Kickapoo
Vernon Co

John Tully
MP5105
5-8-00
John Tully

B-1 = 92.0'
B-2 = 92.5'
B-3 94.2'
B-4 98.5'
B-5 97.7'
B-6 100.7'



Seepage Trench
(No Scale)

Ronald Gatewood
NE¼ NW¼ S7
T11N R3W
Town of Kickapoo
Vernon Co

John Tully
M5105
5-8-00
John Tully