

*H. Olson*

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

*AC*

County:	<i>Waukesha</i>
Sanitary Permit No.:	<i>307580 179-99</i>
State Plan ID No.:	<i>248084</i>
Parcel Tax No.:	<i>62-28-380-0001</i>

**GENERAL INFORMATION**

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

Permit Holder's Name: <i>Jeanette Kirkpatrick</i>		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of:
CST BM Elev.:	Insp. BM Elev.:	BM Description:
<i>100.0</i>	<i>2.68</i>	<i>Bottom of</i>

**TANK INFORMATION**

TYPE	MANUFACTURER	CAPACITY
Septic	<i>1275 06031</i>	<i>1000</i>
Dosing		<i>600</i>
Aeration		
Holding		

**ELEVATION DATA**

STATION	BS	HI	FS	ELEV.
Benchmark	<i>2.68</i>	<i>102.68</i>		<i>100.0</i>
<i>TOP of AIR TREAT</i>	<i>5.56</i>			
Bldg. Sewer				
St/Ht Inlet			<i>10.8</i>	
St/Ht Outlet			<i>11.1</i>	
Dt Inlet				
Dt Bottom				<i>14.30</i>
Header / Man.				
Dist. Pipe	<i>220</i>	<i>20.80</i>	<i>END 20.90</i>	
Bot. System			<i>21.56</i>	
Final Grade	<i>TO BE</i>		<i>19.64</i>	

**TANK SETBACK INFORMATION**

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	<i>275'</i>	<i>250'</i>	<i>30'</i>	<i>-</i>	NA
Dosing	<i>"</i>	<i>"</i>	<i>"</i>	<i>40'</i>	NA
Aeration					NA
Holding					

**PUMP / SIPHON INFORMATION**

Manufacturer	<i>GOULD</i>		Demand
Model Number	<i>WR036</i>		<i>2442</i> GPM
TDH	Lift <i>6.5</i>	Friction Loss <i>2.3</i>	System Head <i>2.5</i>
			TDH <i>11.3</i> Ft
Forcemain	Length <i>—</i>	Dia. <i>2"</i>	Dist. To Well <i>60'</i>

**SOIL ABSORPTION SYSTEM**

<b>BED / TRENCH DIMENSIONS</b>	Width <i>6.7</i>	Length <i>118'</i>	No. Of Trenches <i>—</i>	<b>PIT DIMENSIONS</b>	No. Of Pits	Inside Dia.	Liquid Depth
<b>SETBACK INFORMATION</b>	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type Of System:	<i>AL</i>	<i>220'</i>	<i>150'</i>	<i>100'</i>	<i>0/1</i>	Model Number:

**DISTRIBUTION SYSTEM**

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length <i>—</i> Dia. <i>—</i>	Length <i>108'</i> Dia. <i>2"</i> Spacing <i>—</i>	<i>3/16</i>	<i>36"</i>	<i>—</i>

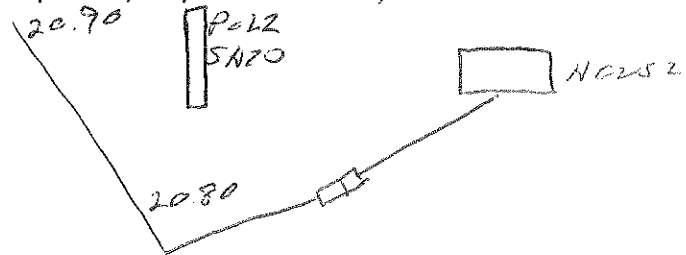
**SOIL COVER**

Pressure Systems Only     Mound Or At-Grade Systems Only

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

*ELEVATIONS PROVIDED BY PLUMBER*



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

*11 1 99*

Date

*T. D. M.*

Inspector's Signature

*227639*

*11 1 99*

Cert. No.

# 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	307580 179-99
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	248084

## I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name JEANETTA KIRKPATRICK		Property Location SE 1/4 NE 1/4, S 18 T 12, N, R 3 E (or) W	
Property Owner's Mailing Address Rt. 3 - Box 96		Lot Number N/A	Block Number N/A
City, State VIROQUA, WI	Zip Code 54665	Phone Number (608) 629-5588	Subdivision Name or CSM Number N/A

<b>II. TYPE OF BUILDING:</b> (check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms <u>3</u>		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town OF <u>LIBERTY</u>	Nearest Road <u>CTH 55</u>
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<b>III. BUILDING USE:</b> (if building type is public, check all that apply)			Parcel Tax Number(s) <u>62-28-380-0001</u>
1 <input type="checkbox"/> Apartment / Condo 2 <input type="checkbox"/> Assembly Hall 3 <input type="checkbox"/> Campground 4 <input type="checkbox"/> Church / School 5 <input type="checkbox"/> Hotel / Motel	6 <input type="checkbox"/> Medical Facility / Nursing Home 7 <input type="checkbox"/> Merchandise: Sales / Repairs 8 <input type="checkbox"/> Mobile Home Park 9 <input type="checkbox"/> Office / Factory	10 <input type="checkbox"/> Outdoor Recreational Facility 11 <input type="checkbox"/> Restaurant / Bar / Dining 12 <input type="checkbox"/> Service Station / Car Wash 13 <input type="checkbox"/> Other: specify _____	

<b>IV. TYPE OF PERMIT:</b> (Check only one box on line A. Check box on line B, if applicable)				
A) 1. <input type="checkbox"/> New System	2. <input checked="" type="checkbox"/> Replacement System	3. <input type="checkbox"/> Replacement of Tank Only	4. <input type="checkbox"/> Reconnection of Existing System	5. <input type="checkbox"/> Repair of an Existing System
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Permit Number _____				Date Issued _____

<b>V. TYPE OF SYSTEM:</b> (Check only one)			
<b>Non-Pressurized Distribution</b> 11 <input type="checkbox"/> Seepage Bed 12 <input type="checkbox"/> Seepage Trench 13 <input type="checkbox"/> Seepage Pit 14 <input type="checkbox"/> System-In-Fill	<b>Pressurized Distribution</b> 21 <input type="checkbox"/> Mound 22 <input type="checkbox"/> In-Ground Pressure	<b>Experimental</b> 30 <input checked="" type="checkbox"/> Specify Type <u>AT-GRADE</u>	<b>Other</b> 41 <input type="checkbox"/> Holding Tank 42 <input type="checkbox"/> Pit Privy 43 <input type="checkbox"/> Vault Privy

<b>VI. ABSORPTION SYSTEM INFORMATION:</b>						
1. Gallons Per Day <u>450</u>	2. Absorp. Area Required (sq. ft.) <u>750</u>	3. Absorp. Area Proposed (sq. ft.) <u>750</u>	4. Loading Rate (Gals/day/sq. ft.) <u>.6</u>	5. Perc. Rate (Min./inch) <u>N/A</u>	6. System Elev. <u>PIPEL 78.6</u> Feet	7. Final Grade Elevation <u>79.93</u> Feet

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	<u>1000</u>	<u>-</u>	<u>1000</u>	<u>1</u>	<u>Crest</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber	<u>600</u>	<u>-</u>	<u>600</u>	<u>1</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>VIII. RESPONSIBILITY STATEMENT</b> I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.			
Plumber's Name: (Print) <u>Harold S. Olson</u>	Plumber's Signature: (No Stamps) <u>Harold S. Olson</u>	MP/MPSRW No.: <u>222 718</u>	Business Phone Number: <u>608-637-2260</u>
Plumber's Address (Street, City, State, Zip Code): <u>206 N. Washington Viroqua WI. 54665</u>			

<b>IX. COUNTY / DEPARTMENT USE ONLY</b>			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surchage Fee) <u>\$300</u>	Date Issued <u>11-1-99</u>
		Issuing Agent Signature (No Stamps) <u>[Signature]</u>	

<b>X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>  
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September 22, 1999

CUST ID No.225312

ATTN: POWTS INSPECTOR

PATRICK E BABBITT  
30951 PENNY LN  
LONE ROCK WI 53556

SANITARIAN AND ZONING OFFICE  
VERNON COUNTY SPIA  
PO BOX 306  
VIROQUA WI 54665

RE: **CONDITIONAL APPROVAL**  
**APPROVAL EXPIRES: 09/22/2001**

Identification Numbers
Transaction ID No. 248084
Site ID No. 180915
Please refer to both identification numbers, above, in all correspondence with the agency.

**SITE:**

Site ID: 180915  
VERNON County, Town of LIBERTY  
SE1/4, NE1/4, S18, T12N, R3W  
JEANETTA KIRKPATRICK CTH SS, LIBERTY

**FOR:**

Object Type: POWT System Regulated Object ID No.: 491493  
AT-GRADE / DWELLING 600 GPD

The submittal described above has been reviewed for conformance with applicable Wisconsin Administrative Codes and Wisconsin Statutes. The submittal has been **CONDITIONALLY APPROVED**. The owner, as defined in chapter 101.01(10), Wisconsin Statutes, is responsible for compliance with all code requirements.

The following conditions shall be met during construction or installation and prior to occupancy or use:

- This system is to be constructed and located in accordance with the enclosed approved plans and with the Wisconsin At-Grade Soil Absorption System Manual(Pub. 15.21).
- In the event this soil absorption system or any of its component parts malfunctions so as to create a health hazard by discharge of partially treated or untreated liquid wastes to ground surface or into surface waters or groundwater of the state, the owner will employ a properly licensed plumber to repair, modify or replace this system (including the possibility of installation of a holding tank with proper disposal) with such action approved by the Division and appropriate local officials.
- A copy of the approved plans, specifications and this letter shall be on-site during construction and open to inspection by authorized representatives of the Department, which may include local inspectors. All permits required by the state or the local municipality shall be obtained prior to commencement of construction/installation/operation.

Inquiries concerning this correspondence may be made to me at the telephone number listed below, or at the address on this letterhead.

Sincerely,

  
JAMES B QUINLAN, POWTS PLAN REVIEWER  
Integrated Services  
(608)266-3937,  
QUINLAN@COMMERCE.STATE.WI.US

DATE RECEIVED 09/13/1999

FEE REQUIRED \$ 180.00  
FEE RECEIVED \$ 180.00  
BALANCE DUE \$ 0.00

WiSMART code: 7633

cc: JEANETTA KIRKPATRICK

P.O.W  
Condit  
APPR  
DEPARTMENT  
DIVISION OF SAF  
James  
SEE COR

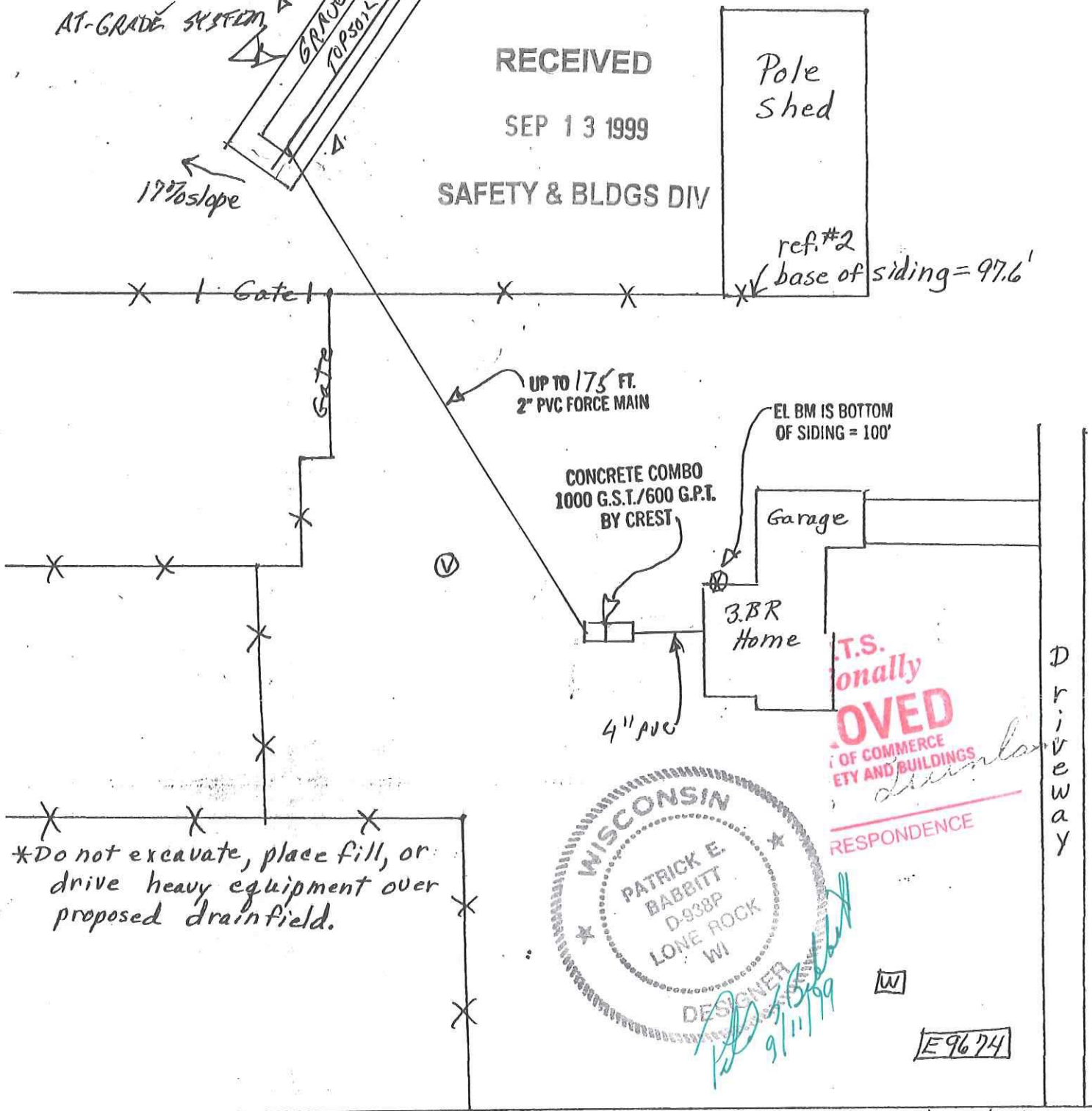
For: Jeanetta Kirkpatrick  
SE 1/4 NE 1/4 section 18  
T12N R3W  
Liberty Township  
Vernon Co., WI

Plot Plan Page 1 of 5 N ↑

Δ = backhoe pit  
⊙ = benchmark  
III = well

LOT IS 30.4 ACRES,  
CTH SS IS ONLY LOT LINE ON DIAGRAM.

125' x 22.4'  
AT-GRADE SYSTEM



RECEIVED  
SEP 13 1999  
SAFETY & BLDGS DIV

Pole Shed  
ref. #2  
base of siding = 97.6'

UP TO 175 FT.  
2" PVC FORCE MAIN

CONCRETE COMBO  
1000 G.S.T./600 G.P.T.  
BY CREST

EL BM IS BOTTOM  
OF SIDING = 100'

Garage

3BR Home

T.S. Conally  
P.O. Box 100  
RESRESPONDENCE

WISCONSIN  
PATRICK E. BABBITT  
D-938P  
LOVE ROCK  
WI  
DESIGNER  
9/11/99

\*Do not excavate, place fill, or  
drive heavy equipment over  
proposed drainfield.

Driveway

W

E9674

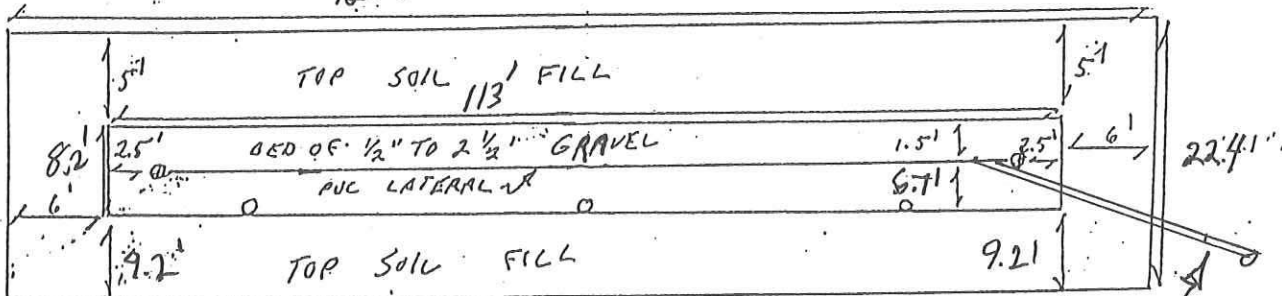
← Hall Drive

CTH SS

1/2 mile to  
St. Hwy. 56

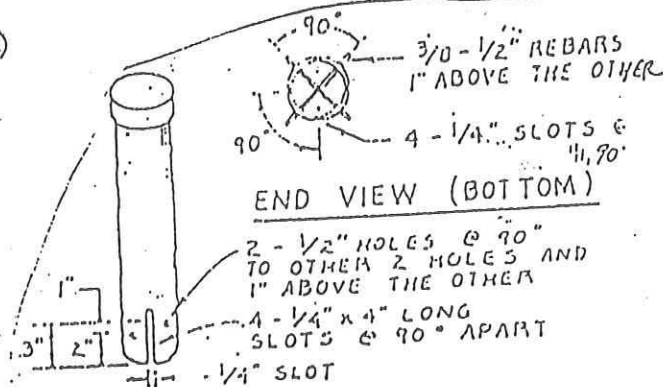
PLAN VIEW

12.5'



PUC FORCE MAIN

⊕ = PERMANENT END MARKER  
 ○ = 4" OBSERVATION WELL (SEE DETAIL)

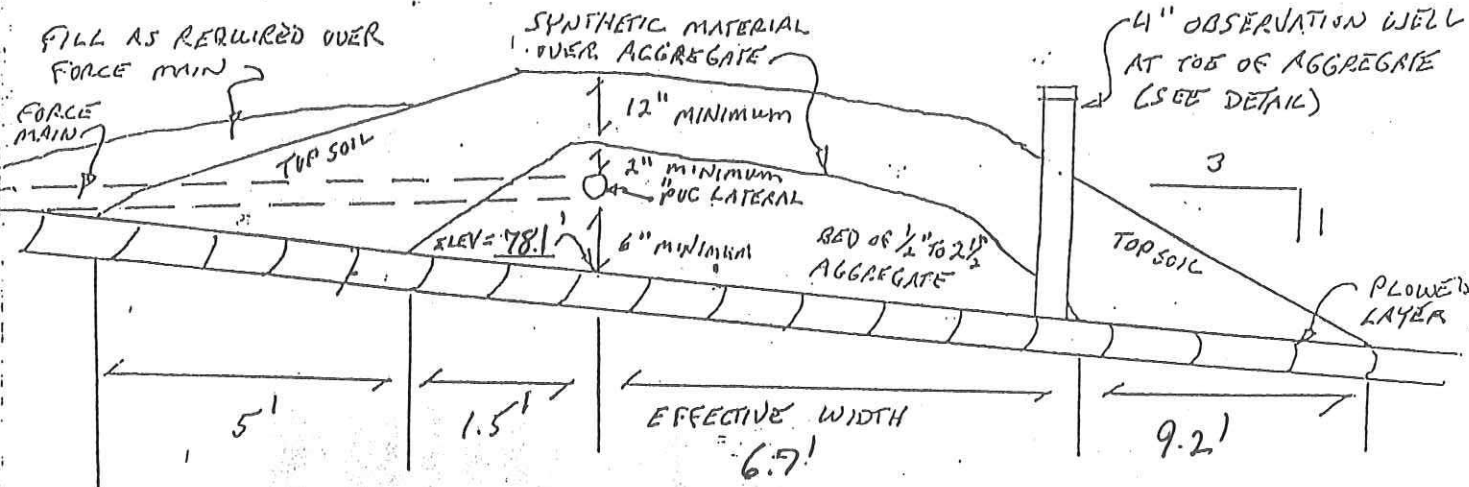


END VIEW (BOTTOM)

OBSERVATION WELL DETAIL

CROSS SECTION

NO SCALE



5'

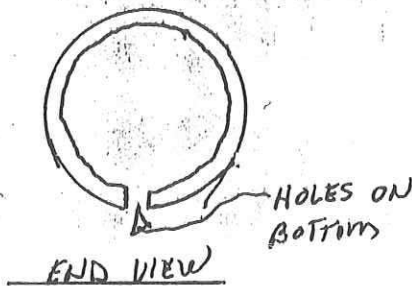
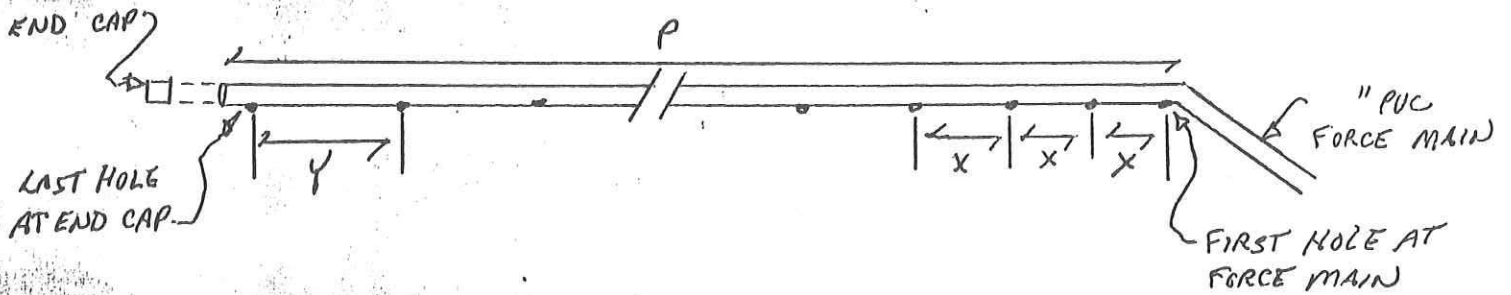
1.5'

EFFECTIVE WIDTH  
6.7'

9.2'

DISTRIBUTION PIPING DETAIL AND LAYOUT

NO SCALE



$P = 108$  FT.

$X = 36$  INCHES

$Y = 36$  INCHES

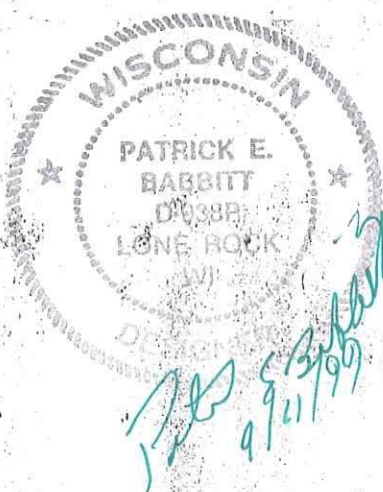
HOLE DIAMETER =  $\frac{3}{16}$  INCHES

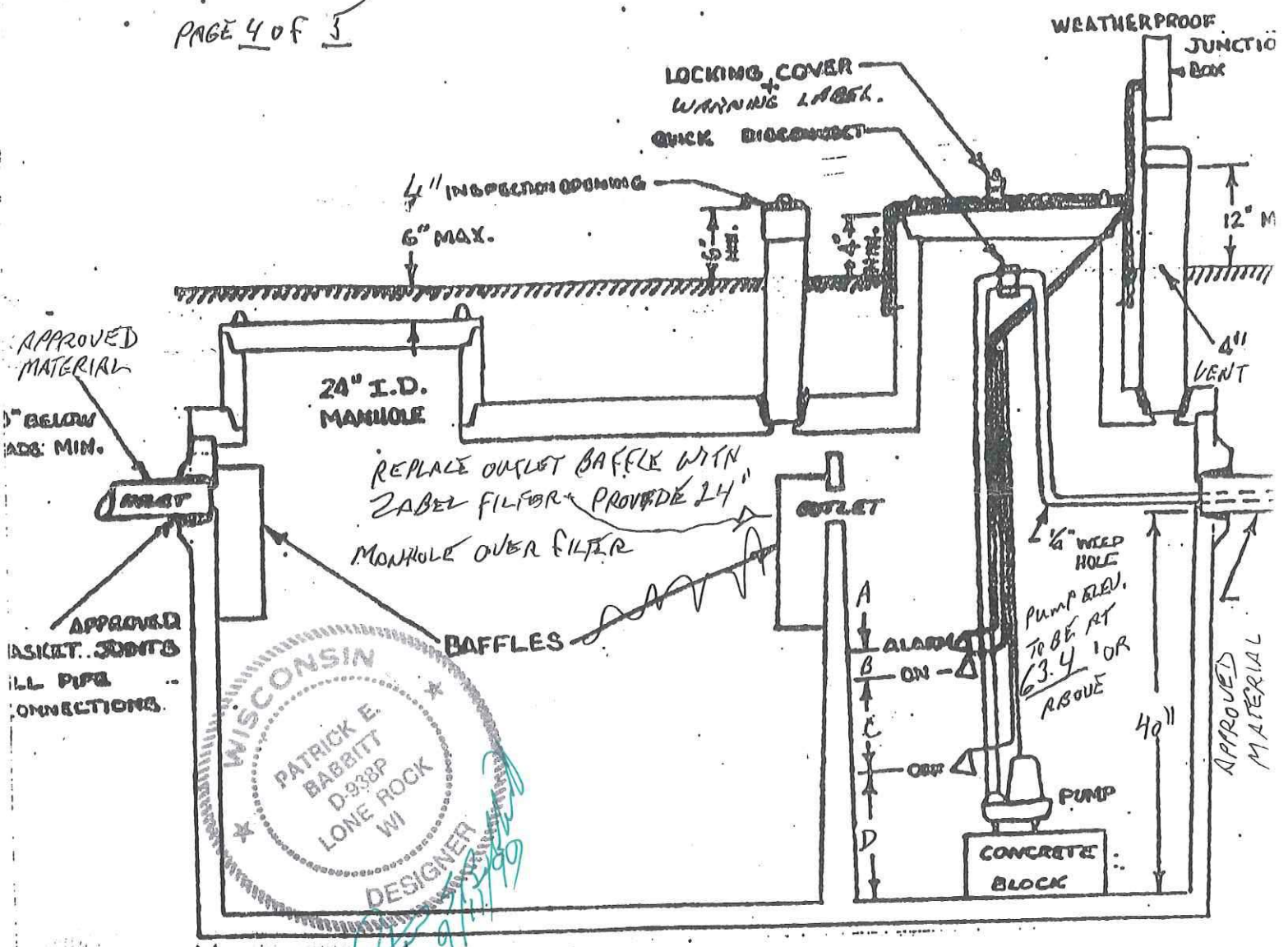
LATERAL " = 2 INCH(ES)

FORCE MAIN" = 2 INCHES

# OF HOLES = 37

INVERT ELEVATION OF LATERAL =  $78.6'$





WISCONSIN  
 PATRICK E. BABBITT  
 D-938P  
 LONE ROCK WI  
 DESIGNER  
 12/22/90

**SPECIFICATIONS**

**SEPTIC DOSE TANKS** MANUFACTURER: CREST  
 TANK SIZE: 1000 SEPTIC, 600 PUMP GALLONS  
**ALARM** MANUFACTURER: S.T. ELECTRO  
 MODEL NUMBER: \_\_\_\_\_  
 SWITCH TYPE: MERCURY FLOAT  
**PUMP** MANUFACTURER: GOLLD  
 MODEL NUMBER: WE03L  
 SWITCH TYPE: MERCURY FLOAT  
 MINIMUM DISCHARGE RATE 24.42 GPM

MAXIMUM NUMBER OF DOSES: 4 PER DAY  
 MINIMUM DOSE VOLUME INCLUDING BACKFLOW: 141.2 GALL  
 CAPACITIES: A = 19.5 INCHES OR 300 GALL  
 B = 2 INCHES OR 31 GALL  
 C = 12.5 INCHES OR 192 GALL  
 D = 6 INCHES OR 92 GALL

NOTE: PUMP AND ALARM ARE TO BE INSTALLED ON SEPARATE CIRCUITS

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE.. 15.2 FEET MAX.  
 + MINIMUM NETWORK SUPPLY PRESSURE .. 2.5 FEET  
 + 175 FEET OF FORCE MAIN X 1.3 FT/100 FT FRICTION FACTOR.. 2.3 FEET MAX.

TOTAL DYNAMIC HEAD = 20 FEET MAX.  
 FROM 0 TO 5 AT 25 GPM

INTERNAL DIMENSIONS OF TANK: LENGTH 53; WIDTH 67; LIQUID DEPTH 40

SIGNED:

### Construction Techniques for At-Grade Systems

As with all soil absorption systems, proper construction is very important. The following steps must be followed when constructing the at-grade unit, unless the contractor has a better approved method.

#### Steps:

1. Check for proper soil moisture prior to construction. If it is too wet (soil rolls into a wire) wait until it dries sufficiently well to minimize smearing and compaction. Construction while the soil is frozen is prohibited.
2. Stake out the system with the length following the contour.
3. Till the area, following the contour. The tilled area should be at least the total length and width of the system. A mold-board plow, chisel plow, or chisel teeth mounted on a backhoe bucket are satisfactory for tillage (the normal teeth or frost tooth on a backhoe are not satisfactory).
4. Install the inlet pipe from the pretreatment unit or dose chamber from the upslope side of the unit either prior to plowing or after plowing. If it enters from the downslope edge or the site is level, place the pipe prior to tilling. Provide enough slope in the pipe for it to drain, or provide frost protection as specified in s. ILHR 82.30 (11) (b) 2., Wisconsin Administrative Code. Compact the backfill around the pipe to minimize settling.
5. Place the three observation tubes at 1/6, 1/2, and 5/6 of the absorption length and exactly at the toe of the aggregate. The tubes must be constructed and placed so that ponded effluent at the downslope edge of the aggregate may be observed in the tubes.
6. Place the aggregate in the designated area of the tilled area, to a depth of six inches. Work from the upslope edge of the system.
7. Place the distribution laterals level along the length of the unit and connect them to the inlet pipe from the pretreatment unit or dose chamber. Place two inches of aggregate on top of the laterals.
8. Place approved nonbiodegradable synthetic fabric (not building paper, burlap, hay, or straw) over the aggregate. Extend it only to the edge of the aggregate.
9. Place at least 12 inches of soil over the fabric and taper it to a distance of at least five feet in all directions from the aggregate, unless additional fill is needed to provide a 3:1 side slope. Surface grade around the system to divert away surface water. Seed and mulch the exposed areas immediately after construction to control erosion.





# VERNON COUNTY PRIVATE ONSITE WASTEWATER SYSTEM INSPECTION AND PUMPING REPORT

- Wisconsin Administrative Code, SPS 383, and Vernon County Ordinance, Sec. 70-111 & 70-112, requires that the owner of a private onsite wastewater treatment system shall be responsible for ensuring the proper operation and maintenance of the POWTS. The owner of such POWTS shall furnish the department with a signed copy of the inspection report within 30 days of each inspection, maintenance or servicing event.
- The maintenance program requires that ALL systems be inspected once every three years by a licensed master plumber, a certified POWTS inspector, a certified septage servicing operator or a registered POWTS maintainer. The program further requires that those systems with an accumulation of solids of 1/3 of the septic tank volume have both the septic tank and pump tanks pumped by a DNR certified septage servicing operator.
- A POWTS that is not maintained in accordance with s. SPS 383.52(2) shall be considered a human health hazard and will result in a citation.

**JEREMEY J THEOBALD**  
**E9674 COUNTY RD SS**  
**VIROQUA, WI 54665**

**DUE DATE: September 30, 2021**

**SYSTEM TO PUMP: 1999 At-Grade**  
**ADDRESS OF SYSTEM E9674 COUNTY RD SS**  
**TAX PARCEL # 028-00380-0002**

**LAST PUMPED: 2018**  
**TOWN/CITY: Liberty**

## CERTIFICATION OF OPERATION AND INSPECTION

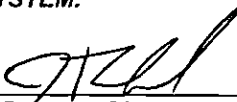

- Maintainer to complete 1-10 and sign.
- Owner to complete 11, sign and return to Vernon County Zoning with filing fee.

Circle Response:

1. Septic/Holding tank cover or manhole(s) terminate above grade?	<u>Yes</u>	No	n/a
If Yes – is the cover securely locked?	<u>Yes</u>	No	n/a
If No – is there sufficient soil cover over the manhole?	Yes	No	n/a
2. Baffles in place and functioning properly	<u>Yes</u>	No	n/a
3. A Filter is present	<u>Yes</u>	No	n/a
4. The Filter has been cleaned	<u>Yes</u>	No	n/a
5. Tank appears to be water tight	<u>Yes</u>	No	n/a
6. Septic tank is less than 1/3 full of solids	<u>Yes</u>	No	n/a
7. Septic tank or septic tank and pump chamber were pumped	<u>Yes</u>	No	n/a
8. Drainfield Vents are present	<u>Yes</u>	No	n/a
9. The drain field was visually inspected and is not ponding/surfacing	<u>Yes</u>	No	n/a
10. Form signed by pumper/plumber/maintainer.	<u>Yes</u>		
11. Maintenance report fee of \$15.00 to Vernon County Zoning enclosed The Vernon County Board has established a fee of \$15.00 to offset administrative costs of this program and reduce department reliance on tax levy.	<u>Yes</u>		

**THIS REPORT IN ITSELF DOES NOT CONTAIN SUFFICIENT INFORMATION FOR A REAL ESTATE INSPECTION.**

**THE UNDERSIGNED PLUMBER/MAINTAINER CERTIFIES THIS SYSTEM WAS INSPECTED AND IS NOT LEAKING TO THE GROUND SURFACE. THE OWNER CERTIFIES HE/SHE HAS REVIEWED THIS REPORT FOR ANY DEFICIENCIES IN THE SYSTEM.**

      6-4-2021        
 Owners Signature      Date      Pumper/Plumber/Maintainer Signature  
Part's Septic Service LLC      Date of Service: 6-4-2021  
 Maintenance Service Company Name      License No: 82136

**THIS FORM WILL NOT BE ACCEPTED WITHOUT PROPER SIGNATURES AND MAINTENANCE FEE**

Return to:      **Vernon County Zoning**  
 318 Fairlane Dr, Suite 227  
 Viroqua, WI 54665  
 608-637-5270

6/11/21  
 #2563