



**PRIVATE ONSITE WASTE TREATMENT SYSTEMS
(POWTS)
INSPECTION REPORT
(ATTACH TO PERMIT)**



County

Bayfield

Sanitary Permit No:

13-928

State Plan Transaction ID#:

Parcel Tax No:

GENERAL INFORMATION

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

Permit Holder's Name: ZUNKER, LISA	<input type="checkbox"/> City	<input type="checkbox"/> Village	Town of: HUGHES
CST BM Elev:	Insp BM Elev:	BM Description:	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Wieser	1000
Dosing		
Aeration		
Holding		

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	100+	NA	15		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

DISPERSAL CELL INFORMATION 19, 19, 18 in²/cell

DIMENSIONS		Length		No of Cells
SETBACK INFORMATION		P/L		19, 19, 18 in ² /cell
CELL TO	100+	35+	NA	NA

DISTRIBUTION SYSTEM

Header / Manifold Length	Dia	Distribution Pipe(s) Length	Dia	Spac	X Hole Size	X Hole Spacing	Observation Pipes
							☒ Yes <input type="checkbox"/> No

SOIL COVER

Depth Over Cell Center	50"	Depth Over Cell Edges	62"	Depth of Topsoil	8"	Seeded / Sodded	Mulched
						☒ Yes <input type="checkbox"/> No	☒ Yes <input type="checkbox"/> No

COMMENTS: (Include code discrepancies, persons present, etc.)

Tony Polkoski

Risers on tank
Lock + chains on tank
Polylock 525 filter in tank
vents on cells

Soils. good

sys. elev. 102.7
8.90
0.K. ——————
93.80

Plan revision required? Yes No

10 4 13

M. Furtak

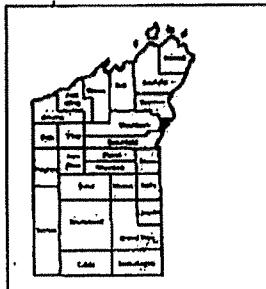
8 3 9 1 8 8

Use other side for additional information

Date

POWTS Inspector's Signature

Cert No



BAYFIELD COUNTY PLANNING & ZONING DEPARTMENT

Telephone: (715) 373-6138
 Fax: (715) 373-0114
 e-mail: zoning@bayfieldcounty.org
 Web Site: www.bayfieldcounty.org/zoning

Bayfield County Courthouse
 Post Office Box 58
 117 East Fifth Street
 Washburn, WI 54891

Property Owner _____

Lisa Zunker _____

Address _____

14067 E Tuura Rd
 Brule WI 54820

City _____

State _____

Zip Code _____

As you know Tony Polkoski was contracted by you to install a private onsite wastewater treatment system on your property described as:

WY2 NW 1/4 of NE 1/4, Section 6, Township 47 N., Range 9 W. Town of Hughes

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____
 Volume 1073 Page 28 of Deeds Parcel I.D# 04-022-2-47-09-06-1 02-000-20000 Acreage 21.65

Additional Legal Description: _____

On 9-30-13 at 9:26 (AM / PM) the above-mentioned plumber contacted our office to conduct a pre-cover inspection as required under Comm 83. One of the following applies:

- System was inspected and appears to meet all applicable code requirements.
- System was inspected, and appears to meet all applicable code requirements; however a plan revision is necessary because the installation was substantially different than the original approval.
- System could not be inspected because plumber covered prior to scheduled time of inspection.
- System could not be inspected because plumber was not ready at scheduled time of inspection. County was unable to return to complete inspection.
- System could not be inspected because plumber was not ready at scheduled time of inspection. A re-inspection and \$40 fee is required.
- System could not be inspected because County could not respond to plumber's time constraints.

Comments: _____

 COLLECT 68-13		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162			County Bayfield Co Sanitary Permit Number (to be filled in by EXPIRED) 13-928							
Sanitary Permit Application In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.					State Transaction Number Project Address (if different than mailing address) 1495 Rain Rd							
I. Application Information – Please Print All Information Property Owner's Name Lisa Zunker					RECEIVE AUG 26 2013							
Property Owner's Mailing Address 14067 E. Tauna Rd					Parcel # 04022247090610200020000							
City, State Brebe, WI		Zip Code 54820	Phone Number 715 313-3932		Property Location Govt. Lot w 1/2 NW 1/4, NE 1/4, Section 6 T 47 N; R 9 E or W							
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling – Number of Bedrooms 3 <input type="checkbox"/> Public/Commercial – Describe Use _____ <input type="checkbox"/> State Owned – Describe Use _____					Lot # Block # CSM Number							
					Subdivision Name <input type="checkbox"/> City of _____ <input type="checkbox"/> Village of _____ <input checked="" type="checkbox"/> Town of Hughes							
III. Type of Permit: (Check only one box on line A. Complete line B if applicable) A. <input checked="" type="checkbox"/> New System <input type="checkbox"/> Replacement System <input type="checkbox"/> Treatment/Holding Tank Replacement Only <input type="checkbox"/> Other Modification to Existing System (explain) _____ B. <input type="checkbox"/> Permit Renewal Before Expiration <input type="checkbox"/> Permit Revision <input type="checkbox"/> Change of Plumber <input type="checkbox"/> Permit Transfer to New Owner List Previous Permit Number and Date Issued _____												
IV. Type of POWTS System/Component/Device: (Check all that apply) <input checked="" type="checkbox"/> Non-Pressurized In-Ground <input type="checkbox"/> Pressurized In-Ground <input type="checkbox"/> At-Grade <input type="checkbox"/> Mound \geq 24 in. of suitable soil <input type="checkbox"/> Mound $<$ 24 in. of suitable soil <input type="checkbox"/> Holding Tank <input type="checkbox"/> Other Dispersal Component (explain) _____ <input type="checkbox"/> Pretreatment Device (explain) _____												
V. Dispersal/Treatment Area Information: Design Flow (gpd) 450 Design Soil Application Rate(gpd/sf) 4 Dispersal Area Required (sf) 1125 Dispersal Area Proposed (sf) 1135 System Elevation 93.8												
VI. Tank Info		Capacity in Gallons		Total Gallons	# of Units	Manufacturer		Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
		New Tanks	Existing Tanks									
Septic or Holding Tank		1000	-	1000	1	Wieser Concrete	✓					
Dosing Chamber		-	-									
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans. Plumber's Name (Print) Allan Polkaski Plumber's Signature All - John MP/MPRS Number 220090 Business Phone Number 715 372-4156												
Plumber's Address (Street, City, State, Zip Code) P.O. Box 522 Iron River, WI 54847												
VIII. County/Department Use Only <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial Permit Fee \$ 400 Date Issued 8-28-13 Issuing Agent Signature M. Furtak 8-28-13												
IX. Conditions of Approval/Reasons for Disapproval <div style="border: 1px solid blue; padding: 5px; text-align: center;"> Rec'd for Issuance AUG 28 2013 </div> <div style="border: 1px solid blue; padding: 5px; text-align: center;"> Secretarial Staff </div>												

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2013R-551068

08/23/2013 09:15AM
TF EXEMPT #:
RECORDING FEE: 30.00
PAGES: 1

Site Address 1495 Bain Rd	Private Sewage System Maintenance Agreement
Owner(s) Name Lisa Zunker	Owner(s) Mailing Address 14067 E. Tuva Rd Brule WI 54820
Parcel Identifier Number (PIN) 04022247090610200020000	Agreement Date (same as Notary Date) 8-21-13
<p>As owner, I (we) do hereby certify the private sewage system will be installed in accordance with the certified soil tester's report and approved plans and specifications on file with Bayfield County Planning and Zoning Department. The system will be operated in such a manner as to meet the designed plans. I (we) agree to maintain said private system at the below listed location in accordance with rules established in the WI Admin. Code, as from time to time amended.</p> <p><i>W1/2 of The NW 1/4 of NE 1/4 Section 6 Township 47 N. Range 9 W.</i></p> <p>Town of <u>Hughes</u> Gov't Lot _____</p> <p>Lot _____ Block _____ Subdivision _____ GSM# _____</p> <p>Additional Legal Description: _____</p>	

Recording Area

Return To: ~~Allan Polkaski~~ *Zoning Dept.*
~~P.O. Box 522~~
~~Iron River, WI 54847~~

Type of Private Sewage System: (A) In-ground gravity (B) In-ground dosed (C) In-ground pressure distribution
 (D) Mound (E) At-grade Sewage System Other _____

Septic tank (System types A through E): The septic tank shall be pumped by a certified septic servicing operator within three (3) years of the date of installation and at least once every three (3) years thereafter unless, upon inspection by a licensed master plumber or other person authorized to make such inspection, the tank is found to have less than one-third (1/3) of the volume occupied by sludge and scum.

Pump chamber (System types B, C, D, and E): The pump chamber shall also be rinsed and pumped out when the septic tank is serviced as provided above. The switches and pump controls shall also be inspected and maintained to ensure operability of said components.

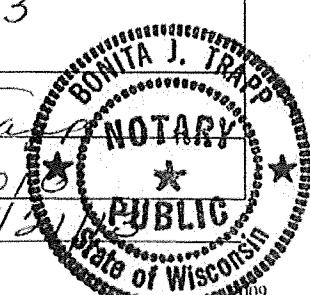
Septic tank effluent filter (System types A through E): The septic tank effluent filter shall be inspected and maintained as necessary and in accordance with manufacturer's specifications. Filter maintenance reports shall be submitted to the County as required by Comm 83.55, Wis. Admin. Code.

Private sewage system dispersal cell (System types A through E): The private sewage system distribution cell shall be visually inspected by a certified septic servicing operator, POWTS inspector, or licensed master plumber within three (3) years of the date of installation and at least once every three (3) years thereafter to determine whether wastewater or effluent from the system is ponding on the ground surface.

Mounds, At-grade, and In-ground pressure system laterals (System types C, D and E): The laterals shall be flushed out and swabbed if needed when the wastewater distribution cell component is inspected as provided above.

Owner(s) agree that failure to comply with this agreement will result in action being taken to pay all charges and costs incurred by Bayfield County for inspection, pumping, hauling, or otherwise servicing and maintaining the private sewage system tank in such a manner as to prevent or abate any human health hazard caused by the system. Bayfield County shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all the costs and charges may be placed on the tax roll as a special assessment for the abatement of a human health hazard, and the tax shall be collected as provided by law.

The terms and conditions of the variance shall be binding upon and inure to the benefit of all current and future owners of such property.

Owner(s) Name(s) - Please Print <u>Lisa Zunker</u>	Subscribed and sworn to before me on this date: <u>Aug. 21, 2013</u>
Notarized Owner(s) - Signature(s) <u>Lisa Zunker</u>	<p>Notary Public <i>Bonita J. Trapp</i> My Commission Expires: <u>Jan. 10, 2013</u></p> <p>Date: <u>8/21/13</u></p> <p></p>

Drafted by: Allan Polkaski

U/Deb'sData/Forms/Sanitary/SepticMaintenanceAgreement

V1113 P293

Private Sewage System Maintenance Agreement					
Owner(s) Name <u>Lisa Zunker</u>					
Owner(s) Mailing Address <u>14067 E. Tuura Rd. Brule, WI 54820</u>					
Site Address <u>1495 Bain Rd. Brule, WI</u>					
Parcel Identifier Number (PIN) (Use new 24 digit number) <u>04-022-2-47-09-06-1 02-000-20000</u>					
<p>As owner, I (we) do hereby certify the private sewage system will be installed in accordance with the certified soil tester's report and approved plans and specifications on file with Bayfield County Planning and Zoning Department. The system will be operated in such a manner as to meet the designed plans. I (we) agree to maintain said private system at the below listed location in accordance with rules established in the WI Adm. Code, as from time to time amended.</p> <p><u>W 1/2</u> <u>NW 1/4 of NE 1/4 Section 6 Township 47 N. Range 9 W.</u></p> <p>Town of <u>Hughes</u> Gov't Lot _____</p> <p>Lot _____ Block _____ Subdivision _____ CSM# _____</p> <p>Additional Legal Description: _____</p>					

PATRICIA A OLSON
BAYFIELD COUNTY, WI
REGISTER OF DEEDS

2013R-550657

07/26/2013 03:20PM
TF EXEMPT #:
RECORDING FEE: 30.00
PAGES: 1

Recording Area
Return To: Planning and Zoning Department

In-ground gravity In-ground dosed In-ground pressure distribution Sewage System:
 Mound At-grade Sewage System Other _____

Septic Tank (system types A through E): The septic tank shall be pumped by a certified septic servicing operator within three (3) years of the date of installation and at least once every three (3) years thereafter unless, upon inspection by a licensed master plumber or other person authorized to make such inspection, the tank is found to have less than one-third (1/3) of the volume occupied by sludge and scum.

Pump Chamber (system types B, C, D, and E): The pump chamber shall also be rinsed and pumped out when the septic tank is serviced as provided above. The switches and pump controls shall also be inspected and maintained to ensure operability of said components.

Septic Tank Effluent Filter (system types A through E): The septic tank effluent filter shall be inspected and maintained as necessary and in accordance with manufacturer's specifications. Filter maintenance reports shall be submitted to the County as required by Comm 83.55, Wis. Admin. Code.

Private Sewage System Dispersal Cell (system types A through E): The private sewage system distribution cell shall be visually inspected by a certified septic servicing operator, POWTS inspector, or licensed master plumber within three (3) years of the date of installation and at least once every three (3) years thereafter to determine whether wastewater or effluent from the system is ponding on the ground surface.

Mounds, At-grade, and In-ground Pressure System Laterals (system types C, D and E): The laterals shall be flushed out and swabbed if needed when the wastewater distribution cell component is inspected as provided above.

Owner(s) agree that failure to comply with this agreement will result in action being taken to pay all charges and costs incurred by Bayfield County for inspection, pumping, hauling, or otherwise servicing and maintaining the private sewage system tank in such a manner as to prevent or abate any human health hazard caused by the system. Bayfield County shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all the costs and charges may be placed on the tax roll as a special assessment for the abatement of a human health hazard, and the tax shall be collected as provided by law.

The terms and conditions of the variance shall be binding upon and inure to the benefit of all current and future owners of such property.

Owner(s) Name(s) – Please Print <u>Lisa Zunker</u>		Subscribed and sworn to before me on this date: <u>7/15/13</u>	
Notarized Owner(s) – Signature(s) <u>Debra J. Eller</u>		Notary Public <u>Debra J. Eller</u>	
		My Commission Expires: <u>1/15/17</u>	

Drafted by: Jeff Rasmussen

Date: 7/15/13

V1111 P634

Proofed by: 

u/forms/sanitary/septicmaintenanceagreement
Revised April 2012

P. 1

* * * Communication Result Report (Aug. 28. 2013 12:22PM) * * *

1) BAYFIELD CO PLANNING & ZONING
2)

Date/Time: Aug. 28. 2013 12:21PM

File No.	Mode	Destination	Pg (s)	Result	Page Not Sent
4664	Memory TX Zoning	Polkoski	P. 2	OK	

Reason for error
E.1) Hang up or line fail
E.3) No answer
E.5) Exceeded max. E-mail size
E.2) Busy
E.4) No facsimile connection

Index Page Conventional

owners name: Lisa Zunker

Plumber's Name: Allan Palkaski

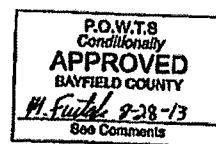
Plumber's Signature: John

Plumbers MPRs License #: 220090
Certified Soil Tester Name: Allen Pottoski Joe Zihl

LST License #: 22-39

CSF signature:

- Page 1. Index page
- 2. Soil Test
- 3. Soil Test plot plan
- 4. Sanitary Permit Application
- 5. Maintenance Agreement
- 6. Plot Plan
- 7. Septic Tank cross section & Specs
- 8. DOWTS Owner's manual & Management Plan



P. 1

* * * Communication Result Report (Sep. 30, 2013 10:02AM) * * *

1) BAYFIELD CO PLANNING & ZONING
2)

Date/Time: Sep. 30. 2013 10:00AM

File No. Mode	Destination	Pg (s)	Result	Page Not Sent
4830 Memory TX Zoning	Polkoski	P. 1	OK	

Reason for error

E. 1) Hang up or line fail
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 2) Busy
E. 4) No facsimile connection

Sep 30 13 02:10p Allan Polkoski 715-372-4158 P.1

Request for Sanitary Inspection
(Fax this form to Zoning Dept when you want an inspection - 373-0114)

Note: From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other
----------------------------------	--------------------------------------	--------------------------------------	--------------------------------

** Plumber must verify any change(s) by fax or no inspection will be scheduled **

Plumber:	Allan (Tony) Polkoski		
		Home: 715-372-4158 Cell: 715-242-4156	Fax Number 715-372-4159
Home Owner:	Lisa Zunker		
Sanitary Permit #:	(04)-13-925		
Date:	Plumber's Choice 10-4-13	Zoning Dept OK	No inspection during these times 12:00-2:00 PM wed. (m/s)
Time:	Plumber's Choice 12:00 AM/PM	Zoning Dept OK	Immediate Phone Number so Zoning Dept can call you back if needed Home: 715-372-4158 Cell: 715-242-4156
Township:	Hughes		
Address # & Road Name: or Directions To Site:	From Iron River take USH 2 West for app 6 miles. Turn Rt or North on Sene. Lur Rd. Go app 2 1/2 miles & turn Lft or West. Go app 1/2 mile - driveway on Lt. Five 4 1495 Bear Rd		
Comments:			
<p><i>Reminder: You must confirm any change(s) that have been made prior to this inspection will not be rescheduled and a memo will be sent voiding the inspection.</i></p> <p align="right"><i>Thank You!</i></p>			

J:\home\maryrufledt\maryrufledt\Zoning Dept (41204)

Printed: June 2005

Received Time Sep. 30. 9:26AM

3 Bedroom Home EH 115#68-13

Wis. Dept. of Safety and Professional Services
Division of Safety and Buildings

SOIL EVALUATION REPORT

Page 1 of 3

in accordance with SPS 385 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 percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

#1495 Please print all information.

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

County	Bayfield
Parcel ID	04-022-2-47-09-06-1 02-000-20000
Reviewed by	Date

Property Owner			Property Location			
Lisa Zunker			NW 1/4 NE 1/4 S 6 T 47 N R 9 E 10 W			
Property Owner's Mailing Address			Lot #	Block #	Subd. Name or CSM#	
14067 E Tuura Rd						
City	State	Zip Code	Phone Number	<input type="checkbox"/> City	<input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road
Brule	WI	54820	(715) 313-3932			Hughes, Bain Rd

<input checked="" type="checkbox"/> New Construction Use <input type="checkbox"/> Residential / Number of bedrooms <u>3</u> Code derived design flow rate <u>450</u> GPD
<input type="checkbox"/> Replacement <input type="checkbox"/> Public or commercial - Describe _____
Parent material <u>Glacial Till</u> Flood Plain elevation if applicable <u>—</u>
General comments and recommendations. <u>conventional</u> System Elevation = primary = 93.5' replacement = 92.5'
Recommended design loading rate = :4 gpd/sq ft

Boring #	<input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground surface elev.	99.3 ft.	Depth to limiting factor <u>>132</u> in					Soil Application Rate			
				Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots
1	0-12	7.5YR 3/2	none	SL	2f5bk	mutr	as	2f	.6	1.0		
2	12-26	7.5YR 4/6	none	LFS	2f5bk	mutr	CS	1f	.5	1.0		
3	26-60	5YR 4/4	none	SL	OM	—	CS	—	.2	.6		
4	60-132	7.5YR 4/4	none	LSw/	OM	—	—	—	.5	1.0		
				LTS inel.								

Boring #	<input type="checkbox"/> Boring <input checked="" type="checkbox"/> Pit	Ground surface elev.	98.1 ft.	Depth to limiting factor <u>>132</u> in					Soil Application Rate			
				Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots
1	0-8	7.5YR 3/2	none	SL	2f5bk	mutr	as	3f-co	.6	1.0		
2	8-22	7.5YR 4/6	none	LFS	2f5bk	mutr	CS	1f-co	.5	1.0		
3	22-36	5YR 4/4	none	SL	OM	—	CS	1f	.2	.6		
4	36-132	7.5YR 4/4	none	LSw/	OM	—	—	—	.4	.6		
				LTS inel.								

*Effluent #1 = BOD \geq 30 \leq 220 mg/L and TSS \geq 30 \leq 150 mg/L *Effluent #2 = BOD \leq 30 mg/L and TSS \leq 30 mg/L

CST Name (Please print)	JOSEPH ZIRN	Signature	CST Number
Address	22130 Juneks Point Rd.	Date Evaluation Conducted	Telephone Number
Cable, WI 54821		7-11-13	715-798-4608
SBD-8330 (RE101)			

Property Owner Zunker

Parcel ID # 02-000-20000 Page 2 of 3

¹ Effluent #1 = BOD $> 30 < 220$ mg/L and TSS $> 30 \leq 150$ mg/L

• Effluent #2 = BOD \leq 30 mg/L and TSS \leq 30 mg/L

The Dept. of Safety and Professional Services is an equal opportunity service provider and employer. If you need assistance to access services or need material in an alternate format, contact the department at 608-266-3151 or TTY through Relay

SUPPLEMENT

Town of Hughes

Page 3 of 3

W 1/2 - NW - NE - G - T 47N - R 9W

Bain Rd

- Map Scale - 1" = 40'

- BM - nail approx. 2.0' above ground level
on ribboned maple = 100'

- Elevations

B1 = 99.3'

B2 = 98.1'

B3 = 99.1'

Proposed Homesite = approx. 99.5'

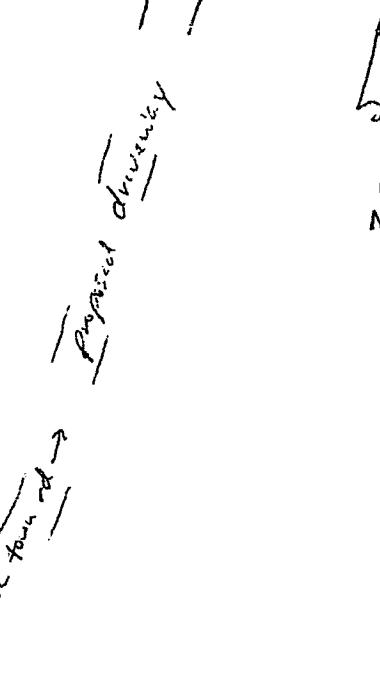
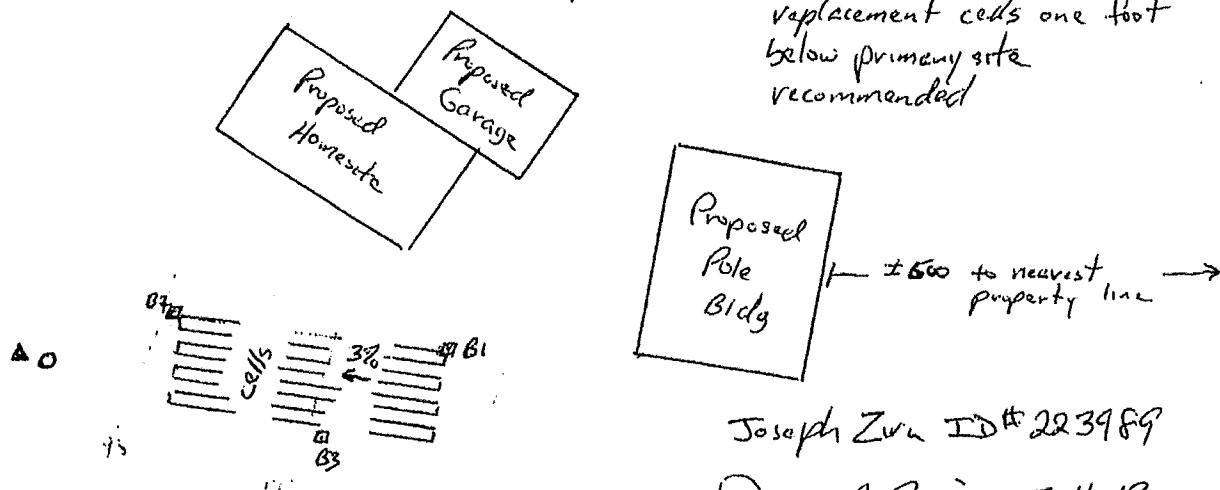
Proposed Pole Bldg = approx. 101.0'

- System Elevations

primary = 93.5'

replacement = 92.5'

- 3 bedroom new construction = 450 gpd

- Recommended design loading
rate = .4 gpd/sq ft- Four 3' x 63' distribution
cells recommended- Contingency Plan - if for when
primary cells ever fail,
replacement cells one foot
below primary site
recommended

Joseph Zurn ID# 223989

Joseph Zurn 7-11-13

Index Page Conventional

Owners Name: Lisa Zunker

COPY

Plumbers Name: Allan Polkaski

Plumbers Signature: Allan

Plumbers MPRS License #: 220090

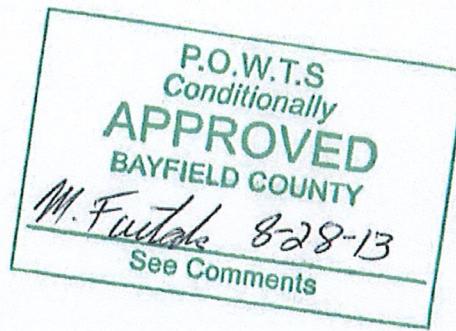
Certified Soil Tester Name: Allan Polkaski Joe Zirn

LST License #: 220090 223989

GST Signature: _____

Date: 8-21-13

1. Index page
2. Soil Test
3. Soil Test plot plan
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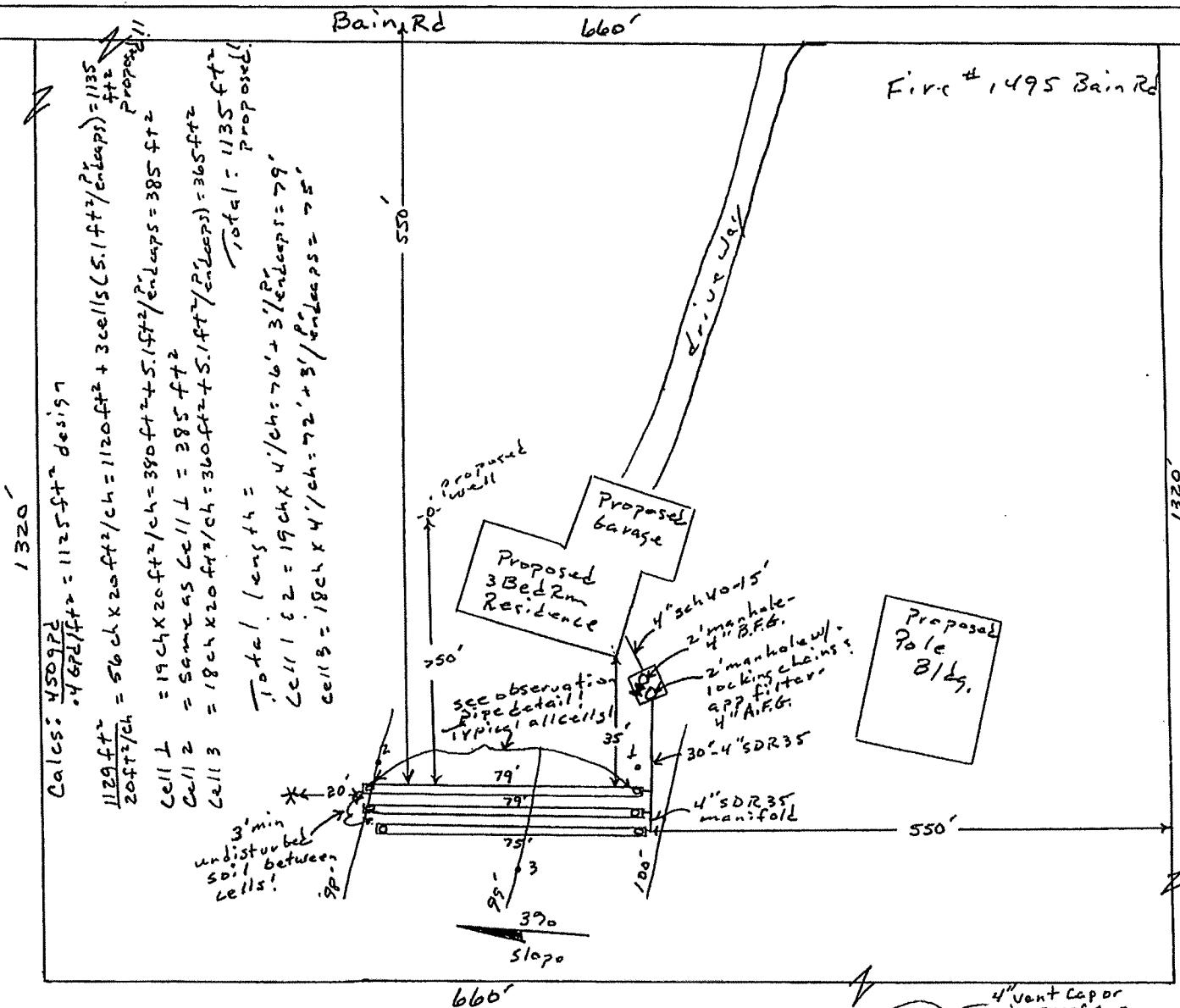


Drawn By: Polkoscik Plumbing
PO Box 522
Iron River WI 54847
M.P.R.S. # 220090
CST # 220090

Parcel ID "0402224709061020000
200000

• = Soil Borings:
Scale: 1" = 40' unless noted ||
Nail = maple = 2' above =
* = B.M. + URP = Elev., 100.0'
System Elev.: 93.8
Conventional Soil Absorption
Component Manual Used: N.
SBD-10705-P(N.OY/OI)

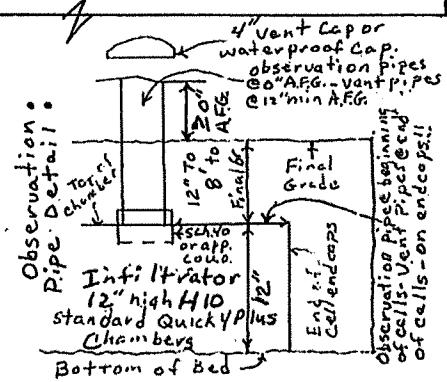
X: septic tank is 1000 gallon wieser concrete - 10' "L-86" W. and 42" from bottom of tank to flow line inlet. Chamber Specs: 34" width - 48" Length - 12" Height - 8" FL manifold to trench bot. and air 12" high leaching Chamber are in compliance with SPS 3.83. The state approved filter - Polylok model #PL-525. Sch 50R35 PVC pipe is ASTM D3034 approved pipe material!!

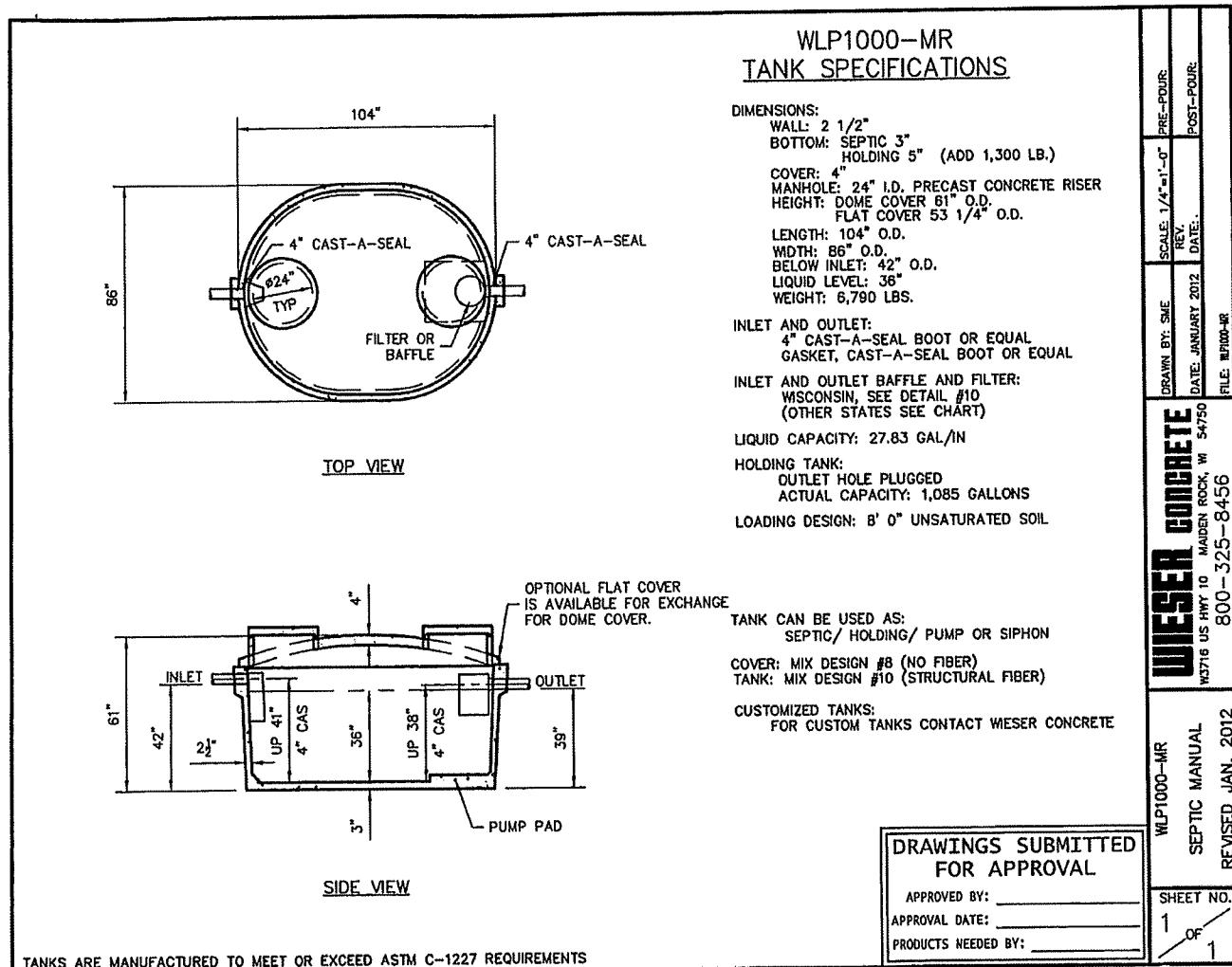


Property Owner:
Lisa Zunker
14067 E. Tura Rd.
Brule, WI 54820

Legal Description:
W $\frac{1}{2}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$ sec 6 T47N R9 W

Town of Hughes
County of Bayfield





POWTS OWNER'S MANUAL & MANAGEMENT PLAN

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FILE INFORMATION

Owner *Lisa Zunker*

Permit #

DESIGN PARAMETERS

Number of Bedrooms	3 <input type="checkbox"/> NA
Number of Commercial Units	<input checked="" type="checkbox"/> NA
Estimated flow (average)	300 gal/day
Design flow (peak), (Estimated \times 1.5)	450 gal/day
Soil Application Rate	4 gal/day/ft ²
Influent/Effluent Quality	Monthly average*
Fats, Oil & Grease (FOG)	\leq 30 mg/L
Biochemical Oxygen Demand (BOD ₅)	\leq 220 mg/L
Total Suspended Solids (TSS)	\leq 150 mg/L
Pretreated Effluent Quality <input checked="" type="checkbox"/> NA	Monthly average**
Biochemical Oxygen Demand (BOD ₅)	\leq 30 mg/L
Total Suspended Solids (TSS)	\leq 30 mg/L
Fecal Coliform (geometric mean)	\leq 10 ⁴ cfu/100ml
Maximum Effluent Particle Size	1/8 inch diameter

SYSTEM SPECIFICATIONS

Septic Tank Capacity	1000 gal <input type="checkbox"/> NA
Septic Tank Manufacturer	Wieser Concrete <input type="checkbox"/> NA
Effluent Filter Manufacturer	Polylac <input type="checkbox"/> NA
Effluent Filter Model	PL-525 <input type="checkbox"/> NA
Pump Tank Capacity	gal <input checked="" type="checkbox"/> NA
Pump Tank Manufacturer	<input checked="" type="checkbox"/> NA
Pump Manufacturer	<input checked="" type="checkbox"/> NA
Pump Model	<input checked="" type="checkbox"/> NA
Pretreatment Unit Manufacturer	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Peat Filter
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Wetland
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Other:
Dispersal Cell(s)	<input checked="" type="checkbox"/> In-ground (gravity)
<input checked="" type="checkbox"/> At-grade	<input type="checkbox"/> In-ground (pressurized)
<input type="checkbox"/> Drip-line	<input type="checkbox"/> Mound
	<input type="checkbox"/> Other:

* Values typical for domestic (non-commercial) wastewater and septic tank effluent.

** Values typical for pretreated wastewater.

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Inspect condition of tank(s)	At least once every <input type="checkbox"/> months <input checked="" type="checkbox"/> year(s) (Maximum 3 yrs.)
Pump out contents of tank(s)	When combined sludge and scum equals one-third (1/3) of tank volume
Inspect dispersal cell(s)	At least once every <input type="checkbox"/> months <input checked="" type="checkbox"/> year(s) (Maximum 3 yrs.)
Clean effluent filter	At least once every <input type="checkbox"/> months <input checked="" type="checkbox"/> year(s)
Inspect pump, pump controls & alarm	At least once every <input type="checkbox"/> months <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Flush laterals and pressure test	At least once every <input type="checkbox"/> months <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	At least once every <input type="checkbox"/> months <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	At least once every <input type="checkbox"/> months <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA

MAINTENANCE INSTRUCTIONS: Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber; Master Plumber Restricted Sewer; POWTS Inspector; POWTS Maintainer; Septage Servicing Operator. Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and to check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with ch. NR 113, Wis. Adm. Code.

The servicing of effluent filters, mechanical or pressurized POWTS components, pretreatment components, and any other maintenance or monitoring at intervals of 12 months or less shall be performed by a certified POWTS Maintainer.

START UP AND OPERATION: For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products or other chemicals that may impede the treatment process and/or damage the dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a Septage servicing operator prior to use. System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During power outages pump tanks may fill above normal highwater levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in one large dose, overloading the cell(s) and may result in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber or POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cotton swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) water; fruit and vegetable peelings; gasoline; grease; herbicides; meat scraps; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONEMENT: When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with ch. SPS 383.33, Wisconsin Administrative Code:

- All piping to tanks and pits shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN: If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system:

- A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure, lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at that time.
- A suitable replacement area is not available due to setback and/or soil limitations. Barring advances in POWTS technology a holding tank may be installed as a last resort to replace the failed POWTS.
- The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installed as a last resort to replace the failed POWTS.
- Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

<<WARNING>>SEPTIC, PUMP AND OTHER TREATMENT TANKS MAY CONTAIN LETHAL GASSES AND/OR INSUFFICIENT OXYGEN. DO NOT ENTER A SEPTIC, PUMP OR OTHER TREATMENT TANK UNDER ANY CIRCUMSTANCES. DEATH MAY RESULT. RESCUE OF A PERSON FROM THE INTERIOR OF A TANK MAY BE DIFFICULT OR IMPOSSIBLE..

ADDITIONAL COMMENTS:

POWTS INSTALLER

Name	Polkoski Plumbing (Allan Tony Polkoski)
Phone	715 372-4156 Cell 715 292-4156

POWTS MAINTAINER

Name	Iron River Septic (Thomas Polkoski)
Phone	715 372-4006 Cell 715 813-0227

SEPTAGE SERVICING OPERATOR (PUMPER)

Name	Iron River Septic (Thomas Polkoski)
Phone	715 372-4006 Cell 715 813-0227

LOCAL REGULATORY AUTHORITY

Agency	Bayfield County Zoning
Phone	715-373-6138

Conventional**BAYFIELD COUNTY
CHECKLIST FOR SANITARY APPLICATIONS****Submit the Following (Use Permanent Ink) (Title 15, Section 15-1-10(e))** Check List

Original Sanitary Application (Submitted in Deed Holders Name – not prospective buyers) ^{SPS} 383.21(1)1.)

Index Page / Title Sheet (Signed by Plumber) ^{SPS} 383.22(2)(69)(c))

Original Plot Plan ^{SPS} 383.22(2)2. 3. & 4.a)

Cross Section, Over-Head Profile of the System and Schematic of Tank from Manufacturer

Pump Tank Diagram, Alarm and Pump Curve (when applicable)

Contingency Plan / Management Plan ^{SPS} 383.22-3(2)(b)1.f.)

Maintenance Agreement (Owner's Original Signature) ^{SPS} 383.21(2)(c)(5),(6) (Recorded at Reg. of Deeds)

Holding Tank Agreement ^{SPS} 383.21(2)(c)(5) (Recorded at Reg. of Deeds)

Holding Tank Service Contract (Original Signature of Pumper and Property Owner) ^{SPS} 383.21(2)(c)5)

ATU Servicing Agreement (Recorded at Reg. of Deeds)

Fee (Make Check Payable to Bayfield County Zoning) ^{SPS} 383.21(2)(c)7)

2 Sets of Plans ^{SPS} 383.22(2)(2.)

Soil and Site Evaluation Report ^{SPS} 383.22-3(2)(b)1.e.)

State Plan Review (when applicable)

Copy of Warranty/Quit Claim Deed (Optional)

Sanitary Application: (Include the following Information)

I Application Information must include: 23 digit Parcel ID# -- (do not use 12 digits anymore--obsolete)
 Project Address or Road Name where driveway is/will come off of (Owners Phone Number)

II Type of Building

III Type of Permit

IV Type of POWTS System

V Dispersal / Treatment Area Information

VI Tank Information

VII Responsibility Statement (Plumber's Information)

Date Stamp

Plot Plan: (To Scale or To Dimension)

<input type="checkbox"/> Signature and Plumber Information	<input checked="" type="checkbox"/> Address Number and Road
<input checked="" type="checkbox"/> Surface Elevation of Body of Water	<input checked="" type="checkbox"/> North Arrow
<input checked="" type="checkbox"/> Direction and Percent Land Slope	<input checked="" type="checkbox"/> Contour Lines
<input checked="" type="checkbox"/> Tank and Filter Information and Location	<input checked="" type="checkbox"/> Structures and Driveways
<input checked="" type="checkbox"/> Wetlands / Navigable Bodies of Water	<input checked="" type="checkbox"/> Boring Locations
<input checked="" type="checkbox"/> Absorption Area (Proposed and Existing)	<input checked="" type="checkbox"/> Property Lines
<input checked="" type="checkbox"/> Bench Mark (Location, Elevation and Description)	<input checked="" type="checkbox"/> Well Locations
<input checked="" type="checkbox"/> Component Manual Version	<input checked="" type="checkbox"/> Legal Descriptions
<input checked="" type="checkbox"/> Riping Material Information (conveyance line, building/sewer line, material type and diameter)	

Turn Over ►

Cross-Section and Over-Head Profile of the System:

- Surface and System Elevation
- Position of Observation and Vent Pipes
- Dimensions and Depths
- Make, Model & Number of Chamber Units in each Cell

Fees:

- Private Sewage System (Septic Tanks) \$ 400.00
- Private Sewage System (Holding Tanks) \$ 400.00
- Mounds or Systems requiring Pre-Treatment \$ 500.00
- Sanitary Revisions \$ 25.00
- Private Sewage System Reconnection and Private Interceptor \$ 50.00
- Return Inspection \$ 50.00
- Maintenance Agreements ↓
(checks made out to Reg of Deeds) \$ 30.00



P 30 13 02:19P

Allan Polkoski

715-372-4159

P.1

Request for Sanitary Inspection

(Fax this form to Zoning Dept when you want an inspection – 373-0114)

Note: From Zoning Dept	<input type="checkbox"/> Time Change	<input type="checkbox"/> Discrepancy	<input type="checkbox"/> Other _____
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**** Plumber must verify any change(s) by fax or no inspection will be scheduled ****

Plumber:	<p>Allan (Tony) Polkoski</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="flex: 1; margin-right: 10px;"> <p>Phone Number</p> <p>home 715 372-4156</p> <p>cell 715 292-4156</p> </div> <div style="flex: 1; margin-right: 10px;"> <p>Fax Number</p> <p>715 372-4159</p> </div> </div>		
Home Owner:	Lisa Zunker		
Sanitary Permit #:	(04) - 13 - 925		
Date:	Plumber's Choice 10-4-13	Zoning Dept 	No inspection during these times 12:00 - 2:00 pm wed. (Mike)
Time:	Plumber's Choice 12:00 AM/PM	Zoning Dept 	Immediate Phone Number so Zoning Dept can call you back if needed home 715 372-4156 cell 715 292-4156
Township:	Hughes		
Address # & Road Name: or Directions To Site:	From Iron River Take US H 2 west for app 6 miles. Turn RT or North on Schneider Rd. Go app 2 1/4 miles & turn Lt or West. Go app 1/2 mile - driveway on Lt. Five # 1495 Bain Rd		
Comments:			
<p><u>Reminder:</u> You must confirm any change(s) that have been made prior to _____ or <u>this inspection will not be scheduled and a memo will be sent voiding the inspection.</u></p> <p style="text-align: right;">Thank You!</p>			

BAYFIELD COUNTY**SANITARY PERMIT (#04)-13-92S****STATE SANITARY PERMIT****OWNER: LISA ZUNKER****GOV'T LOT: LOT: BLK: 0****CSM:****SUBDIVISION:****NW 1/4 NE 1/4 SEC: 6, T 47 N, R 9 W****TOWNSHIP: HUGHES****SOIL TEST: 68-13****NEW SYSTEM****PREVIOUS PERMIT #:****SYSTEM TYPE: Non-Pressurized In-Ground****PLUMBER: ALLAN POLKOSKI****LICENSE: # 220090****MIKE FURTAK****DATE: 8/28/2013**

Condition:

CHAPTER 146.135(2) WISCONSIN STATUTES

- a. The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- b. The approval of the sanitary permit is based on regulations in force on the date of approval.
- c. The sanitary permit is valid and may be renewed for specified period.
- d. Changed regulations will not impair the validity of a sanitary permit.
- e. Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- f. The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34,221; 1981 c. 314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

THIS PERMIT EXPIRES 8/28/2015**POST IN PLAIN VIEW****MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION**