



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



County Bayfield
Sanitary Permit No: 13-92S
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 HUGHES <input checked="" type="checkbox"/> Village HUGHES Town of:
CST BM Elev:	Insp BM Elev:
BM Description:	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	Wieser	1000
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV
Benchmark	2.70	100		102.7
Bldg. Sewer			4.8	97.9
St / Ht Inlet			5.52	97.18
St / Ht Outlet			5.84	96.86
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface			8.90	93.8
Final Grade			3.7	99.0

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	Fl
Forcemain	Length	Dia	Dist. To Well		

DISPERSAL CELL INFORMATION **19, 19, 18 inf/cell**

DIMENSIONS	Width 3'	Length 76.72	No of Cells 3
SETBACK INFORMATION	P/L	Bldg	Well
CELL TO	100+	35+	NA
			NA

Type of System Conv	LEACHING CHAMBER	Manufacturer: Infiltrator Sys. Inc
		Model Number: Quick 4+

DISTRIBUTION SYSTEM

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

Depth Over Cell Center 50"	Depth Over Cell Edges 62"	Depth of Topsoil 8"	Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

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

Soils. good

sys. elev. 102.7
8.90
O.K. 93.80

Plan revision required? ☐ Yes ☒ No**10 4 13****M. Furtak****8 3 9 1 8 8**

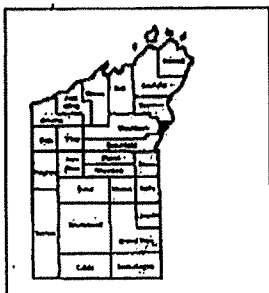
Use other side for additional information

Date

POWTS Inspector's Signature

Cert No

Bureau of Field Operations, PO Box 7302, Madison, WI 53701-7302
SBD-6710 (R.3/01)



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:

W1/2 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 04-022-2-47-09-06-1 02-000-20000 Parcel I.D# _____ 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: _____

		Safety and Buildings Division 201 W. Washington Ave., P.O. Box 7162 Madison, WI 53707-7162		County <u>Bayfield</u> Sanitary Permit Number (to be filled in by County) <u>13-928</u>	
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.					
I. Application Information - Please Print All Information					
Property Owner's Name <u>Lisa Zunker</u>				Parcel # <u>0402247090610200020000</u>	
Property Owner's Mailing Address <u>14067 E. Taura Rd</u>				Property Location Govt. Lot <u>W 1/2</u> <u>NW 1/4, NE 1/4, Section 6</u> T <u>47</u> N; R <u>9</u> E or W (circle one)	
City, State <u>Brode, WI</u>		Zip Code <u>54820</u>		Phone Number <u>715 313-3932</u>	
II. Type of Building (check all that apply) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - Number of Bedrooms <u>3</u> <input type="checkbox"/> Public/Commercial - Describe Use _____ <input type="checkbox"/> State Owned - Describe Use _____				Lot # _____ Block # _____ CSM Number _____	
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"/> Permit Renewal Before Expiration		<input type="checkbox"/> Permit Revision		<input type="checkbox"/> Change of Plumber	
<input type="checkbox"/> Other Modification to Existing System (explain) _____		<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) <u>450</u>		Design Soil Application Rate (gpd/sf) <u>.4</u>		Dispersal Area Required (sf) <u>1125</u>	
Dispersal Area Proposed (sf) <u>1135</u>		System Elevation <u>93.8</u>			
VI. Tank Info		Capacity in Gallons New Tanks Existing Tanks		Total Gallons # of Units Manufacturer	
Septic or Holding Tank		<u>1000</u> <u>-</u>		<u>1000</u> <u>1</u> <u>Wieser Concrete</u>	
Dosing Chamber		<u>-</u> <u>-</u>		<u>-</u> <u>-</u> <u>-</u>	
VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.					
Plumber's Name (Print) <u>Allan Polkoski</u>		Plumber's Signature <u>Allan Polkoski</u>		MP/MPRS Number <u>220090</u>	
Plumber's Address (Street, City, State, Zip Code) <u>P.O. Box 522 Iron River, WI 54847</u>		Business Phone Number <u>715 372-4156</u>			
VIII. County/Department Use Only					
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Reason for Denial _____		Permit Fee <u>\$400</u>		Date Issued <u>8-28-13</u>	
Issuing Agent Signature <u>M. Fustak</u>		<u>8-28-13</u>			
IX. Conditions of Approval/Reasons for Disapproval					

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

Rec'd for Issuance

AUG 28 2013

Secretarial Staff

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 Touva Rd Brook 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 Adm. Code, as from time to time amended.</p> <p>^{W 1/2 of the} NW 1/4 of NE 1/4 Section 6 Township 47 N. Range 9 W.</p> <p>Town of Hughes Gov't Lot _____</p> <p>Lot _____ Block _____ Subdivision _____ CSM# _____</p> <p>Additional Legal Description: _____</p>	

Recording Area

Return To:

Allen Polkoski
P.O. Box 222
Iron River, WI 54847

**Zoning
Dept.**

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 septage 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 septage 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.

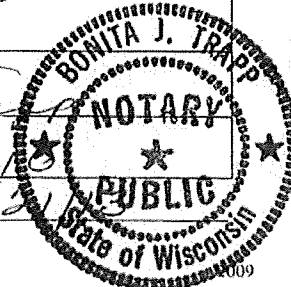
Owner(s) agree that failure to comply with this agreement will result in action being taken to pay all charges and costs incurred by Bayfield County for inspection, pumping, hauling, or otherwise servicing and maintaining the private sewage system tank in such a manner as to prevent or abate any human 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 Lisa Zunker	Subscribed and sworn to before me on this date: Aug. 21, 2013
Notarized Owner(s) - Signature(s) Lisa Zunker	Notary Public Bonita J. Trapp My Commission Expires: Jan. 10, 2018

Drafted by: **Allen Polkoski**

Date: **8/21/13**



U:\Deb'sData\Forms\Sanitary\SepticMaintenanceAgreement

V1113 P293

Private Sewage System Maintenance Agreement
Owner(s) Name Lisa Zunker
Owner(s) Mailing Address 14067 E. Tuura Rd. Brule, WI 54820
Site Address 1495 Bain Rd. Brule, WI
Parcel Identifier Number (PIN) (Use new 24 digit number) 04-022-2-47-09-06-1 02-000-20000
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. WV2 NW 1/4 of NE 1/4 Section 6 Township 47 N. Range 9 W. Town of Hughes Gov't Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____ Additional Legal Description: _____

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

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> In-ground gravity | <input type="checkbox"/> In-ground dosed | <input type="checkbox"/> In-ground pressure distribution Sewage System: |
| <input type="checkbox"/> Mound | <input type="checkbox"/> At-grade Sewage System | <input type="checkbox"/> Other _____ |

Septic Tank (system types A through E): The septic tank shall be pumped by a certified septage 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.

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Private Sewage System Dispersal Cell (system types A through E): The private sewage system distribution cell shall be visually inspected by a certified septage 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 Lisa Zunker	Subscribed and sworn to before me on this date: 7/15/13
Notarized Owner(s) - Signature(s) Debra J. Eller	Notary Public Debra J. Eller
DEBRA J. ELLER NOTARY PUBLIC STATE OF WISCONSIN	My Commission Expires: 1/15/17

Drafted by: **Jeff Racmussen**

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

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

Plumbers Name: Allan Polkoski

Plumbers Signature: Allan Polkoski

Plumbers mPRS License #: 220090

Certified Soil Tester Name: Allan Polkoski See Zunker

CST License #: 220090 223989

CST Signature: Allan PolkoskiDate: 8-28-13

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. P.O.W.T.S Owners manual; Management Plan



P. 1

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

1) BAYFIELD CO PLANNING & ZONING

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



90 13 02:10p

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 _____
----------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

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

Plumber:	Allan (Tony) Polkoski		Phone Number Home 715 372-4156 Cell 715 292-4156 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. (Mike)
Time:	Plumber's Choice 12:00 AM/PM	Zoning Dept OK	Immediate Phone Number so Zoning Dept can call you back if needed Home 715 372-4156 Cell 715 292-4156
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 Schneider Rd. Go app 2 1/2 miles; turn Left or West. Go app 1/2 mile - driveway on Lt. File # 1495 B-12		
Comments:			

 Request for Sanitary Inspection
 Zoning Dept (4/13/04)

Revised June 2005

Received Time Sep. 30. 9:26AM

3 Bedroom Home EH115#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 <u>Lisa Zunker</u>	Property Location <u>W 1/2 -</u>
Property Owner's Mailing Address <u>14067 E Taura Rd</u>	Govt. Lot <u>NW 1/4 NE 1/4 S 6 T 47 N R 9 E 4th W</u>
City <u>Brule</u> State <u>WI</u> Zip Code <u>54820</u> Phone Number <u>(715) 313-3932</u>	Lot # <u></u> Block # <u></u> Subd. Name or CSM# <u></u>
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town	Nearest Road <u>Hughes Bain Rd</u>

☒ New Construction Use: ☒ Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD

☐ Replacement ☐ Public or commercial - Describe

Parent material Glacial Till Flood Plain elevation if applicable ft

General comments and recommendations: conventional System Elevation = Primary = 93.5' replacement = 92.5'

Recommended design loading rate = .4 gpd/sq ft

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 99.3 ft. Depth to limiting factor >132 in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-12	7.5YR 3/2	none	SL	2f sbk	mufr	as	2f	.6	1.0
2	12-26	7.5YR 4/6	none	Lfs	2f sbk	mufr	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/Lfs incl.	Om	-	-	-	.5	1.0

2 Boring # ☐ Boring ☒ Pit Ground surface elev. 98.1 ft. Depth to limiting factor >132 in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh	Consistence	Boundary	Roots	Soil Application Rate GPD/ft ²	
									*Eff#1	*Eff#2
1	0-8	7.5YR 3/2	none	SL	2f sbk	mufr	as	3f-co	.6	1.0
2	8-22	7.5YR 4/6	none	Lfs	2f sbk	mufr	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/Lfs incl.	Om	-	-	-	.4	.6

* Effluent #1 = BOD, > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD, ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	<u>JOSEPH ZIRN</u>	Signature	<u>Joseph Zirn</u>	CST Number	<u>223489</u>
Address	<u>22130 Juneks Point Rd.</u>	Date Evaluation Conducted	<u>7-11-13</u>	Telephone Number	<u>715-798-4608</u>
	<u>Cable, WI 54821</u>				

SDS-310(R)111

Property Owner Zunker Parcel ID # 04-022-2-47-09-06-1 Page 2 of 3
02-000-20000

Boring # 3 ☐ Boring ☒ Pit Ground surface elev. 99.1 ft Depth to limiting factor >124 in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2
1	0-10	7.5YR 3/2	none	SL	2fslk	mufr	as	2f	.6	1.0
2	10-28	7.5YR 4/6	none	Lfs	2fslk	mufr	cs	1f	.5	1.0
3	28-45	5YR 4/4	none	SL	OM	—	cs	1f	.2	.6
4	45-126	7.5YR 4/4	none	LSw/ Lufs incl.	OM	—	—	—	.4	.6

Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft Depth to limiting factor _____ in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft Depth to limiting factor _____ in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ²	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 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

SNB-2000000000

Town of Hughes

Page 3 of 3

W 1/2 - NW - NE - G - T47N - R9W

Bain Rd

- Map Scale - 1" = 40'

- BMA - nail approx. 2.0' above ground level
on ribboned maple = 100.0'

- Elevations

B1 = 99.3'

B2 = 98.1'

B3 = 99.1'

Proposed Homesite = approx. 99.5'

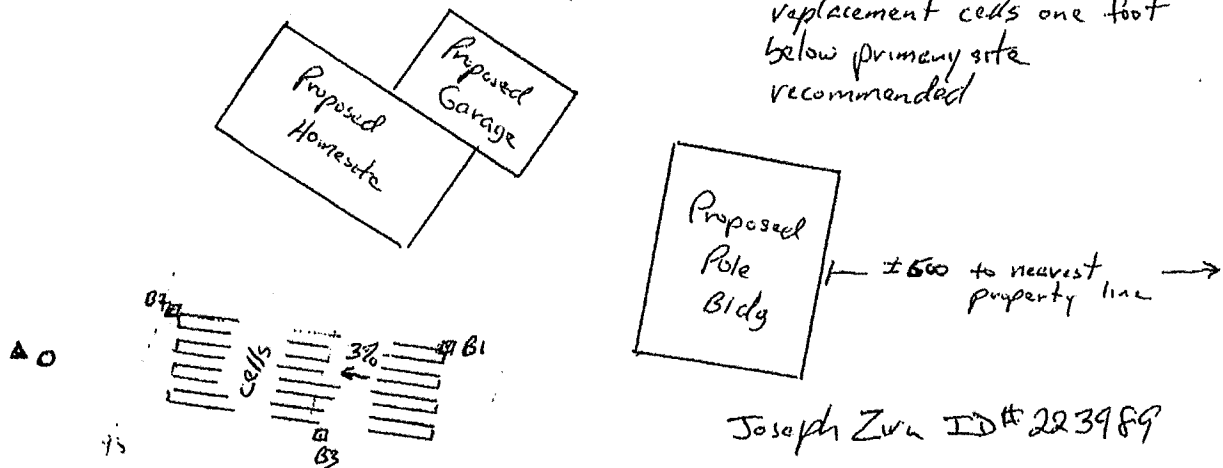
Proposed Pole Bldg = approx. 101.0'

- 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 or when
primary cells ever fail,
replacement cells one foot
below primary site
recommended

Joseph Zura ID# 223989

Joseph Zura 7-11-13

Property Owner Zunker Parcel ID # 04-022-2-47-09-06-1 Page 2 of 3
02-000-20000

☒ Boring # 3 ☐ Boring ☒ Pit Ground surface elev. 99.1 ft Depth to limiting factor >124 in

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ³	
									*Eff#1	*Eff#2
1	0-10	7.5YR 3/2	none	SL	2f sbk	mufr	as	2f	.6	1.0
2	10-28	7.5YR 4/6	none	Lfs	2f sbk	mufr	cs	1f	.5	1.0
3	28-45	5YR 4/4	none	SL	OM	—	cs	1f	.2	.6
4	45-126	7.5YR 4/4	none	Ls w/ Lfs incl.	OM	—	—	—	.4	.6

☐ Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ³	
									*Eff#1	*Eff#2

☐ Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr Sz Sh	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ft ³	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 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

5100-010000000

Index Page Conventional

Owners Name: Lisa Zunker

Plumbers Name: Allan Polkoski

Plumbers Signature: Allan Polkoski

Plumbers MPRS License #: 220090

Certified Soil Tester Name: ~~Allan Polkoski~~ Joe Zirk

CST License #: ~~220090~~ 223989

CST Signature: _____

Date: 8-21-13

COPY

Page 1. Index page

2. Soil Test

3. Soil Test plot plan

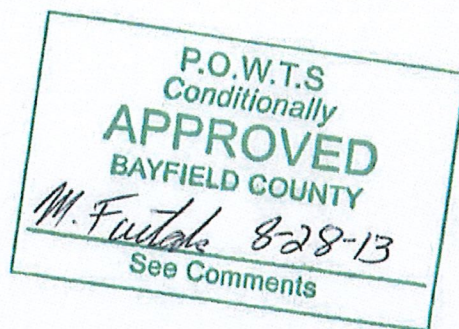
4. Sanitary Permit Application

5. Maintenance Agreement

6. Plot Plan

7. Septic Tank Cross section & Specs

8. POWTS Owner's manual & Management Plan

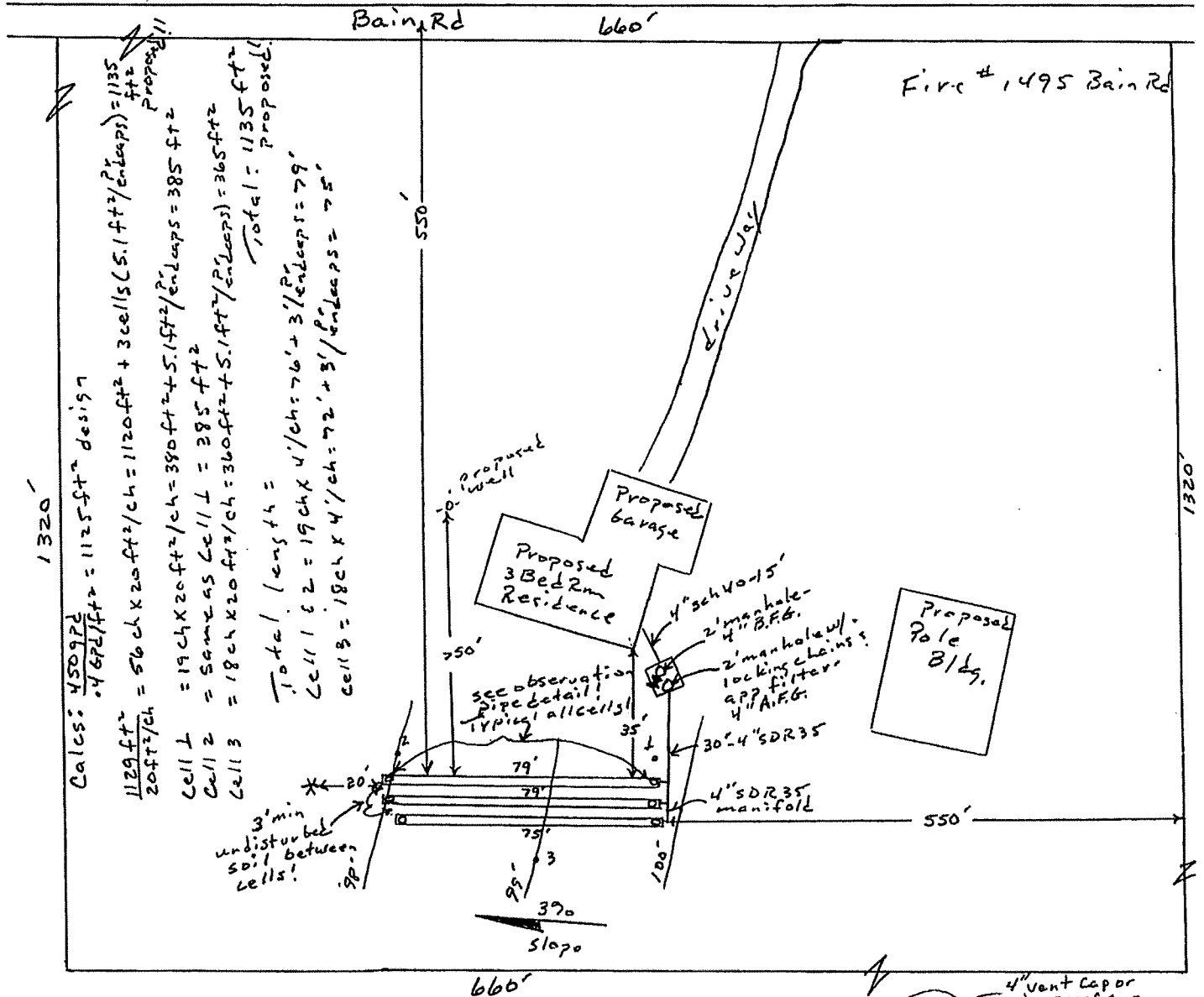


Drawn By: Polkoski Plumbing
PO Box 522
Iron River, WI 54847
MR R.S. #220090
CST #220090

• 2 Soil Borings:
Scale: 1"=40' unless noted
Nail in maple = 2' Above
* = B.M. & URP = Elev. 100.0'
System Elev.: 93.8'

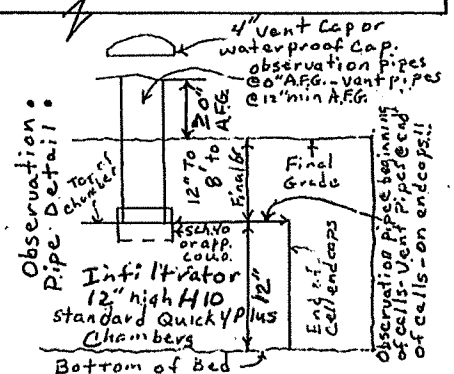
Conventional Soil Absorption
Component Manual Used: N.
SBD-10705-P(N.01/01)

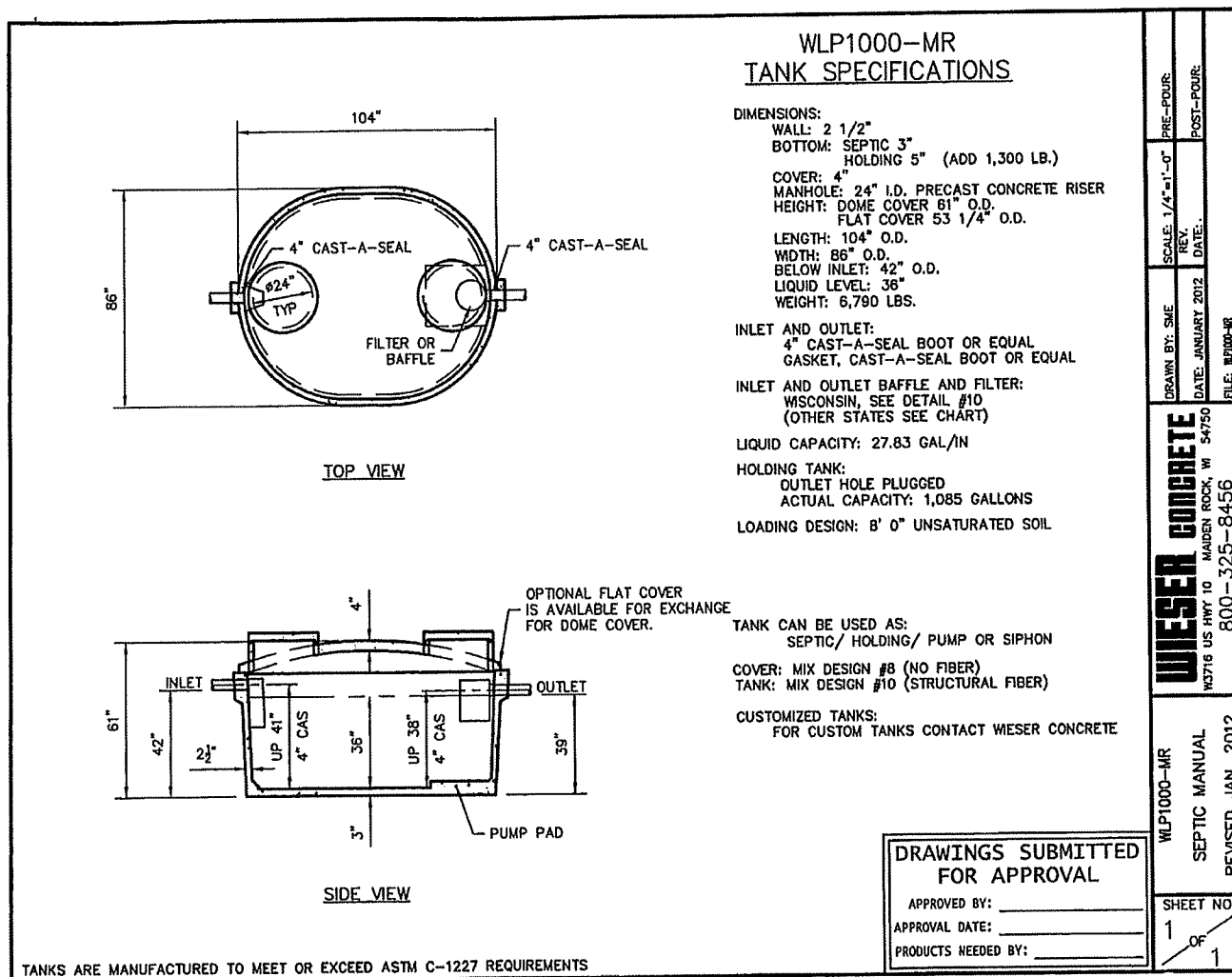
parcel ID 040222470906102000
Septic Tank & Infiltrator Quick 4^{plus} Standard 12" high leaching Chamber are in compliance with SPS 383
Septic Tank outlet must have state approved filter - Polylok model #PL-525
Sch 40 PVC Pipe is ASTM D1785 - Sch SDR35 PVC Pipe is ASTM D3034 approved pipe material!!



Property Owner:
Lisa Zunker
14067 E. Tuura 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

Page 1 of 2

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 x 1.5)	450 gal/day
Soil Application Rate	.4 gal/day/ft ²
Influent/Effluent Quality	Monthly average*
Fats, Oil & Grease (FOG)	≤30 mg/L
Biochemical Oxygen Demand (BOD ₅)	≤220 mg/L
Total Suspended Solids (TSS)	≤150 mg/L
Pretreated Effluent Quality	<input checked="" type="checkbox"/> NA Monthly average**
Biochemical Oxygen Demand (BOD ₅)	≤30 mg/L
Total Suspended Solids (TSS)	≤30 mg/L
Fecal Coliform (geometric mean)	≤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 Cone <input type="checkbox"/> NA
Effluent Filter Manufacturer	Polyloc <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	<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:
Manufacturer	
Dispersal Cell(s)	
<input checked="" type="checkbox"/> In-ground (gravity)	<input type="checkbox"/> In-ground (pressurized)
<input type="checkbox"/> At-grade	<input type="checkbox"/> Mound
<input type="checkbox"/> Drip-line	<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

SEPTAGE SERVICING OPERATOR (PUMPER)

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

POWTS MAINTAINER

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"/> <u>Piping Material Information (conveyance line, building sewer line, material type and diameter)</u> | |

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:

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> Private Sewage System (Septic Tanks) | \$ 400.00 |
| <input type="checkbox"/> Private Sewage System (Holding Tanks) | \$ 400.00 |
| <input type="checkbox"/> Mounds or Systems requiring Pre-Treatment | \$ 500.00 |
| <input type="checkbox"/> Sanitary Revisions | \$ 25.00 |
| <input type="checkbox"/> Private Sewage System Reconnection
and Private Interceptor | \$ 50.00 |
| <input type="checkbox"/> Return Inspection | \$ 50.00 |
| <input checked="" type="checkbox"/> Maintenance Agreements ↓
(checks made out to Reg of Deeds) | \$ 30.00 |

u/forms/checklists/checklistforsanitaryapps (10/2009); (@3/2011)



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 _____
----------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

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

Plumber:	Allan (Tony) Polkoski		Phone Number home 715 372-4156 cell 715 292-4156
			Fax Number 715 372-4159
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 USH 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 Baird Rd		
Comments: <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> Thank You!			

u/forms/requestforsanitaryinspection
Zoning Dept (4/12/04)

Revised: June 2005

Received Time Sep. 30. 9:26AM

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****SYSTEM TYPE: Non-Pressurized In-Ground****PLUMBER: ALLAN POLKOSKI****MIKE FURTAK****Authorized Issuing Officer****DATE: 8/28/2013****CHAPTER 145.135(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.

PREVIOUS PERMIT #:**LICENSE: # 220090**

Condition:

THIS PERMIT EXPIRES 8/28/2015

POST IN PLAIN VIEW

MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION