



Department of Safety
& Professional Services,
Industry Services Division

County

Waupaca County

Sanitary Permit Number (to be filled in by Co)

24119/660076

State Transaction Number

NA

Project Address (if different than Mailing address)

E197 Loberg Rd

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 Name

Tamra Biese

Parcel #

07 30 23 1

Property Owner's Mailing Address

419 N Pine Grove Ln

Property Location

SW1/4 NW1/4 Sec 30 T 25N, R 11E

City, State

Hortonville, WI

Zip Code

54944

Phone Number

(321) 438-6795

II Type of Building (check all that apply)

☒ 1 or 2 Family Dwelling - Number of Bedrooms

3

Lot #

E197 Loberg Rd

Block #

CSM Number #

0

Subdivision Name

0

☐ City of

☐ Village of

☒ Town of

Town of Harrison

☐ Public/Commercial - Describe Use

☐ State Owned - Describe Use

III Type of POWTS Permit (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A

☐ New System

☒ Replacement System

rebuild

☐ Other Modification to Existing System (explain)

☐ Additional Pretreatment Unit (explain)

B

☐ Holding Tank

☒ In-Ground (conventional)

☐ At Grade

☐ Mound

☐ Individual Site Design

☐ Other Type (explain)

C

☐ Renewal Before Expiration

☐ Revision

☐ Change of Plumber

☐ Transfer to New Owner

List Previous Permit Number and Date Issued

IV Dispersal/Treatment Area and Tank Information

Design Flow (gpd)

450

Design Soil Application Rate(gpdsf)

0.5

Dispersal Area Required (sf)

21429 900

Dispersal Area Proposed (sf)

900 00

System Elevation

91 00

Tank Information

Capacity in
Gallons

Total
Gallons

of
Units

Manufacturer

Prefab
Concrete

Site Con-
structed

Steel

Fiber
Glass

Plastic

Septic or Holding Tank

1000

1000

1

Marshfield Wilbert Vault

X

Dosing Chamber

V Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans

Plumber's Name (Print)

Kyle Kluck

Plumber's Signature

MP/MPRS Number

MPRS 247787

Business Phone Number

(715) 344-7181

Plumber's Address (Street, City, State, Zip Code)

5628 State Highway 66, Stevens Point, WI 54482

VI County/Department Use Only

☒

Approved

☐ Disapproved

☐ Owner Given Reason for Denial

Permit Fee \$

400⁰⁰

Date Issued

19 Sept. 2024

Issuing Agent Signature

Dara Pagel

Conditions of Approval/Reasons for Disapproval

Proposed 1 bedroom home - 3 bedroom system
*Observation pipes must be in the 4 corners
Abandon any existing septic systems

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

INDEX SHEET

Owner (s) Tamra Biese
Address 419 N Pine Grove Ln
Hortonville, WI 54944
(321) 438-6795

SEP 19 2024

Parcel # 07 30 23 1
Legal Description SW1/4 NW1/4 Sec 30 T 25N , R 11E
Town of Harrison
Waupaca County
E197 Loberg Rd

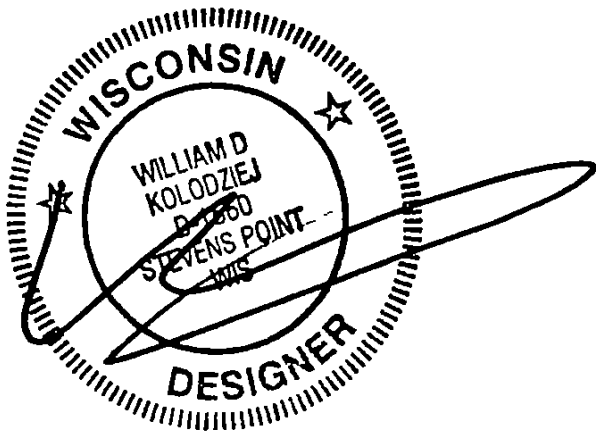
Water softener/water treatment discharge may cause premature failure of your septic system

- Page 1 Index Sheet
- Page 2 Plan View, Cross-Section & Piping Detail
- Page 3 Plot Plan
- Page 4 Owners Manual, System Maintenance, and Contingency Plan

This design is based on the following Component Manual(s)
In-Ground Soil Absorption Component Manual for Private Onsite Wastewater Treatment Systems
(Version 2.1); (May 2022-2027)

Soil Tester / Designer William D Kolodziej
401 Dewey Drive
Stevens Point, WI 54482
715 581-1125
CST 227901
D1560

Date 9/16/2024



PLOT PLAN

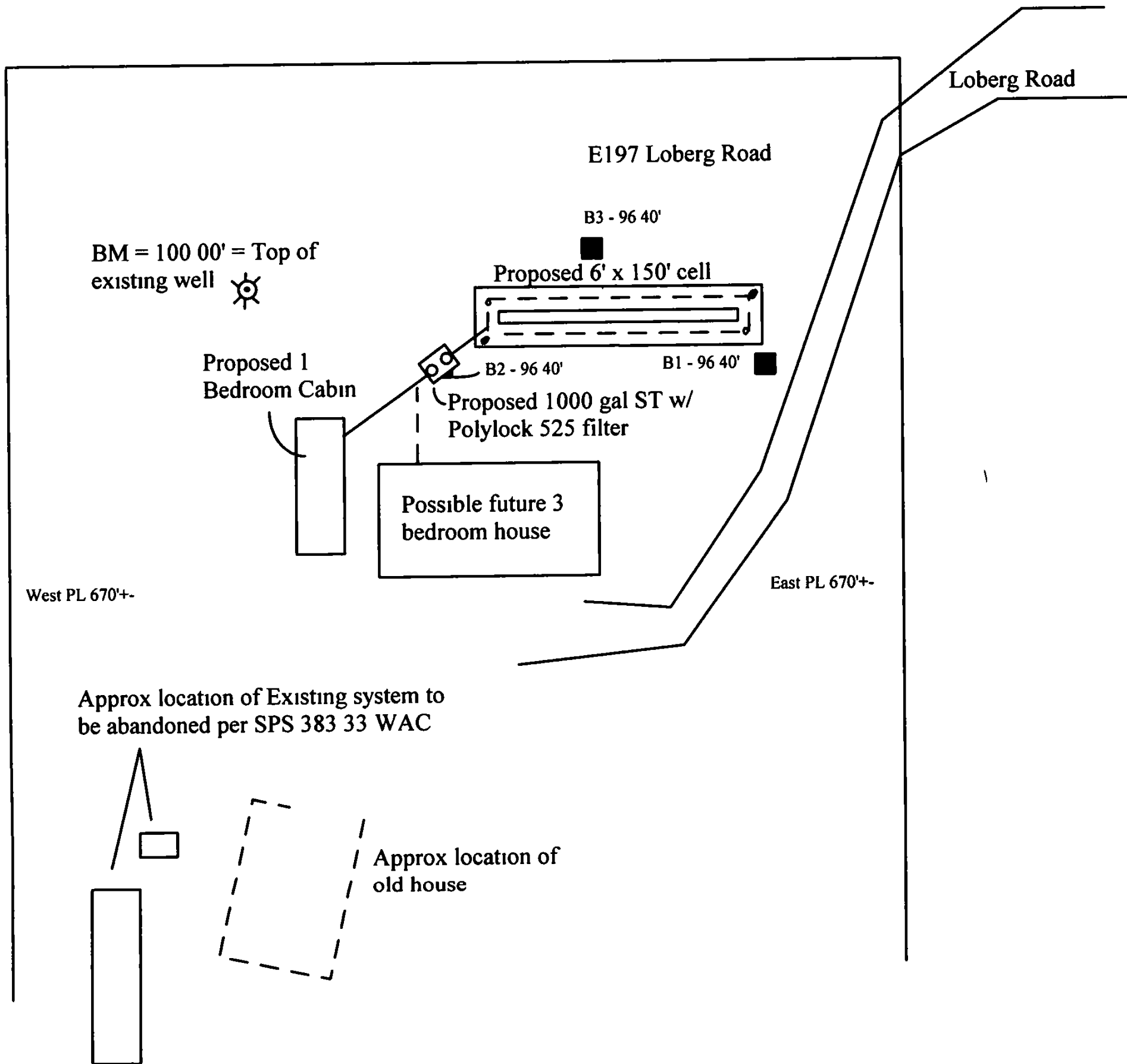
● SOIL BORING ⊙ PROPOSED / EXISTING WELL
 ■ BACKHOE PIT ✕ BENCH MARK
ALL MATERIALS TO CONFORM TO SPS 384
4" Building Sewer To Meet ASTM D1785

NORTH

1" = 40'

Page 3
 Sys. Elev. 91.00
 108 inches below BM

SEP 19 2024



Owner Tamra Biese
 Legal Des SW1/4 NW1/4 Sec 30 T 25N , R 11E
 Town of Harrison Waupaca County

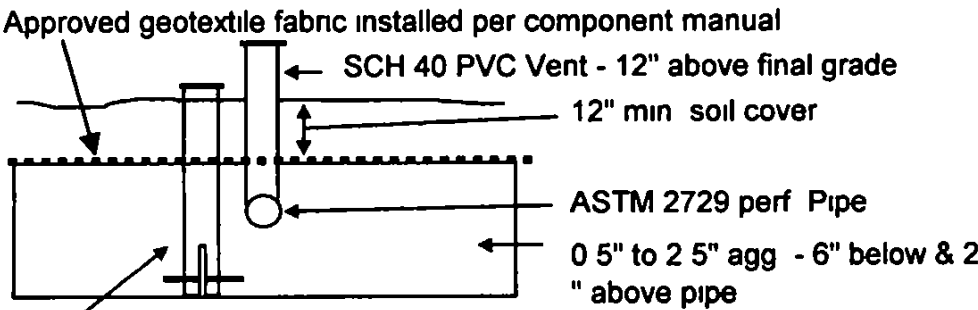
Parcel # 07 30 23 1

ABSORPTION CELL CROSS SECTION - TYPICAL

SEP 19 2024

Owner Tamra Biese

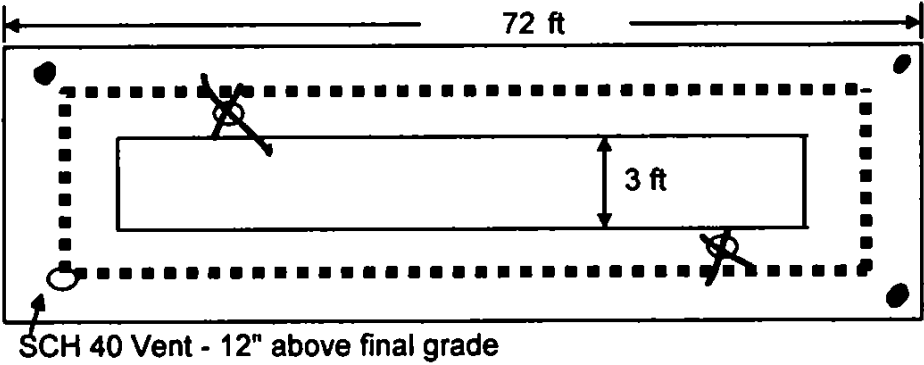
Parcel ID 07 30 23 1



Original Grade Elevation	96.40 ft
Minimum Final Grade Elevation	93.00 ft
System Elevation	91.00 ft
Depth of Excavation	64.00 in
Depth of Dist. Pipe From Original Grade	54.00 in

Two slotted & anchored SCH 40 PVC observation pipes to final grade, located 1/6 from ends of cell per component manual

ABSORPTION CELL PLAN VIEW

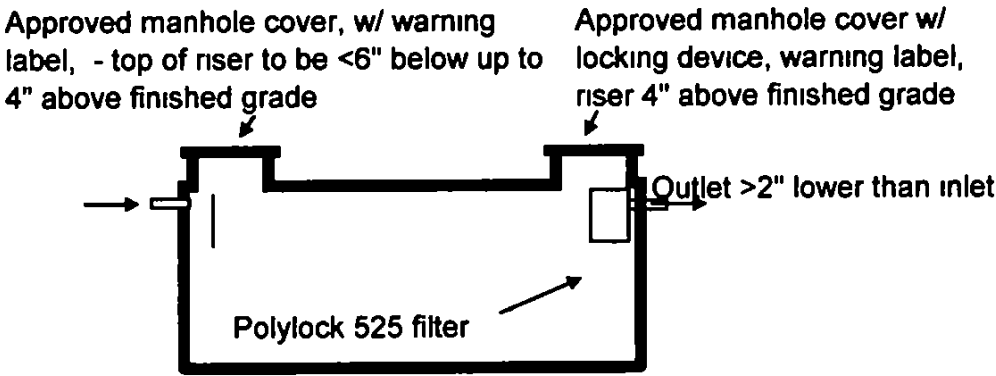


Observation Pipes will be constructed as follows
a Have an open bottom b Will be 4" diameter c Lower 6" will have two 1/4" to 1/2" vertical slots on opposite sides d Anchored in a manner which will prevent them from being pulled out e Will extend from the infiltrative surface up to finished grade f Terminate with a removable watertight cap or with a vent cap if 12' above finished grade

Cell Width	6 ft
Cell Length	150 ft
Total Absorption Area Designed	900 ft ²
Absorption Area Required	214.29 ft ²

Observation pipes must be in 4 corners

SEPTIC TANK CROSS SECTION



OWNERS MANUAL, SYSTEM MAINTENANCE, & CONTINGENCY PLAN

Pursuant to Wis Adm Code each Private Onsite Wastewater Treatment System (POWTS) shall include information and procedures for maintaining the system within the parameters of Wis Adm Code , and the conditions of approval by the department, agent, or government unit The approved plans and permits for the system are on file at the county zoning or health department

Table 1 System Design Specs

Number of Bedrooms	1
Design Flow - Peak (gpd)	150
Est Flow - Ave (gpd)	100
Septic Tank Cap (gal)	1000
Dose Tank Cap (gal)	na
EquvInt Absrptn Cell Size ft ²	900 00

Table 2 Soil Absrptn Cell - Limit of Reliable Operation

Maximum Influent Particle Size (in)	1/8
Maximum BOD ₅ (mg/L)	220
Maximum TSS (mg/L)	150
Maximum FOG (mg/L)	30
Type of Wastewater	Domestic

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Table 3 Maintenance Schedule

All Treatment and pump chambers shall be pumped empty and inspected along with all system components every 3 years
Filters shall be inspected and serviced every 12 5 months or as necessary to prevent sewage backing up into the structure

Treatment and Dose Tanks The septic and dose tanks shall be maintained by an individual certified to service septic tanks under s 281 48, Stats The contents of the tanks shall be disposed of in accordance with NR 113, Wis Adm Code Manhole risers, access risers, covers and the operating condition of the septic tank, outlet filter, dose tank, and pump shall be assessed at least once every 3 years The outlet filter shall be cleaned as necessary to ensure proper operation (at least every 12 5 months) The filter cartridge should not be removed unless provisions are made to retain solids in the tank that may slough off the filter when removed from its enclosure If the filter is equipped with an alarm, the filter shall be serviced if the alarm is activated continuously Intermittent filter alarms may indicate surge flows or an impending continuous alarm The septic tank shall have its contents removed when the volume of scum and sludge in the tank exceeds 1/3 the liquid volume of the tank (at least every 3 years) If the contents of the tank are not removed at the time of an assessment, maintenance personnel shall advise the owner of when the next service needs to be performed Access openings used for service and assessment shall be sealed watertight upon the completion of service

No one should enter a septic or other treatment or holding tank for any reason without being in full compliance with OSHA standards for entering a confined space The atmosphere within the septic or other treatment or holding tank may contain lethal gases, and rescue of a person from the interior of the tank may be difficult or impossible

Absorption unit The absorption component serving this structure is designed to accept domestic wastewater The limits of operation of this component are shown in Table 2 The longevity of a soil absorption component depends greatly on proper and timely maintenance, and system use within or below the limits of reasonable operation **Water Treatment Discharge will reduce the longevity of the system** Good water conservation practices by all occupants and the installation of water conserving plumbing fixtures are key factors in extending the useful life of this component The soil absorption component's operation must be assessed by inspection at least once every three years The inspection shall include recording the levels of ponding, if any, in the observation pipes, and a visual inspection for any evidence of surface seepage or discharge from the component On steeply sloping sites, areas of erosion should be identified and reported to the owner for repair The surface discharge of domestic wastewater or sewage from the system is prohibited and considered a human health hazard Traffic around or over the mound component should be avoided particularly during winter months The compaction or removal of snow cover over the component may lead to hydraulic failure by freezing This type of failure is usually temporary, but is difficult to repair until weather conditions improve In general, soil compaction over this component will reduce diffusion of oxygen into the soil and absorption cell, which may lead to more intense, and earlier organic clogging of the soil Plantings of deep-rooted trees and shrubs directly over or within ten feet of this component should be avoided since root intrusion into the component may obstruct wastewater flow

Contingency Plan Mound systems - In the case of absorption unit failure, the clogged aggregate and sand should be excavated and replaced At the time of replacement new laterals should be installed At-grade systems - replace in a new area In ground systems - the replacement area, if provided, or the area beneath/ between the absorption cells may be used for replacement A licensed professional will determine if additional soil testing will be required for system replacement Holding Tanks - replace if found defective Upon failure, all other components will be repaired or replaced Tank abandonment shall be in accordance with Wis Adm Code when the tank is no longer used as a POWTS component

Contact Phone Numbers

County Officials Waupaca County Zoning

(715) 258-6255

Service Provider / Plumber

Kyle Kluck

MPRS 247787

5628 State Highway 66, Stevens Point, WI 54482

(715) 344-7181

Maintainer - William Kolodziej CR#227901 401 Dewey Drive, Stevens Point, WI 54482, 715-581-1125



SOIL EVALUATION REPORT

SEP 19 2024

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.

Please Print all information

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

Property Owner				Property Location			
Tamra Biese				SW1/4 NW1/4 Sec 30 T 25N, R 11E			
Property Owner's Mailing Address				Site Address or CSM and Lot #			
419 N Pine Grove Ln				E197 Loberg Rd CSM/Sub			
City	State	Zip Code	Phone Number	City	Village	Town	Nearest Road
Hortonville, WI		54944	(321) 438-6795	Town of Harrison			E197 Loberg Rd

<input type="checkbox"/> New Construction	Use <input checked="" type="checkbox"/> Residential / Number of Bedrooms	1	Code derived design flow rate	150	GPD
<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Public or commercial - Describe		Flood Plain elevation if applicable		ft
Parent material		Glacial Till			
General comments and recommendations		91.00 ft	Recommended System Elevation		
		0.5 gpf/ft ²	Recommended Loading Rate		
		0.7 gpf/ft ²	Max Loading Rate		

<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	Ground surface elev	96.40	ft	Depth to limiting factor	110	in / elev	87.23333	ft
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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	0-11	10YR 3/2		sil	2mgr	mfr	as	3cmf	0.6	0.8
2	11-18	10YR 4/4		sil	2msbk	mfr	cs	2cmf	0.6	0.8
3	18-44	10YR 4/6		cb scl	2msbk	mfr	cs	1cmf	0.4	0.6
4	44-61	10YR 4/6		grsl-lfs-s	2fsbk-sg-sg	ml	cs	1cm	0.5	1.0
5	61-110	10YR 5/4		grs	sg	ml			0.7	1.6

<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	Ground surface elev	96.4	ft	Depth to limiting factor	110	in / elev	87.23333	ft
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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	10YR 3/2		sil	2mgr	mfr	as	3cmf	0.6	0.8
2	12-20	10YR 4/4		sil	2msbk	mfr	cs	2cmf	0.6	0.8
3	20-38	10YR 4/6		cb scl	2msbk	mfr	cs	1cmf	0.4	0.6
4	38-54	10YR 4/6		grsl-lfs-s	2fsbk-sg-sg	ml	cs	1cm	0.5	1.0
5	54-110	10YR 5/4		grs	sg	ml			0.7	1.6

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

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

CST Name (Please Print)	Signature	CST Number
William D Kolodziej		227901
Address	Date Evaluation Conducted	Telephone Number
401 Dewey Drive Stevens Point, WI 54482	9/16/2024	(715) 581-1125

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

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

3

Boring #

☐ Boring
☒ Pit

Ground surface elev 96.4 ft

Depth to limiting factor 110 in /elev 87.23333 ft

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	0-4	10YR 3/2		sil	2mgr	mfr	as	3cmf	0.6	0.8
2	4-8	10YR 4/4		sil	2msbk	mfr	cs	2cmf	0.6	0.8
3	8-16	10YR 4/6		cb scl	2msbk	mfr	cs	1cmf	0.4	0.6
4	16-38	10YR 4/6		grsl-lfs-s	2fsbk-sg-sg	ml	cs	1cm	0.5	1.0
5	38-110	10YR 5/4		grs	sg	ml			0.7	1.6

45.0

Boring #

☐ Boring
☐ Pit

Ground surface elev _____ ft

Depth to limiting factor _____ in /elev 0 ft

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 /elev 0 ft

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

PLOT PLAN

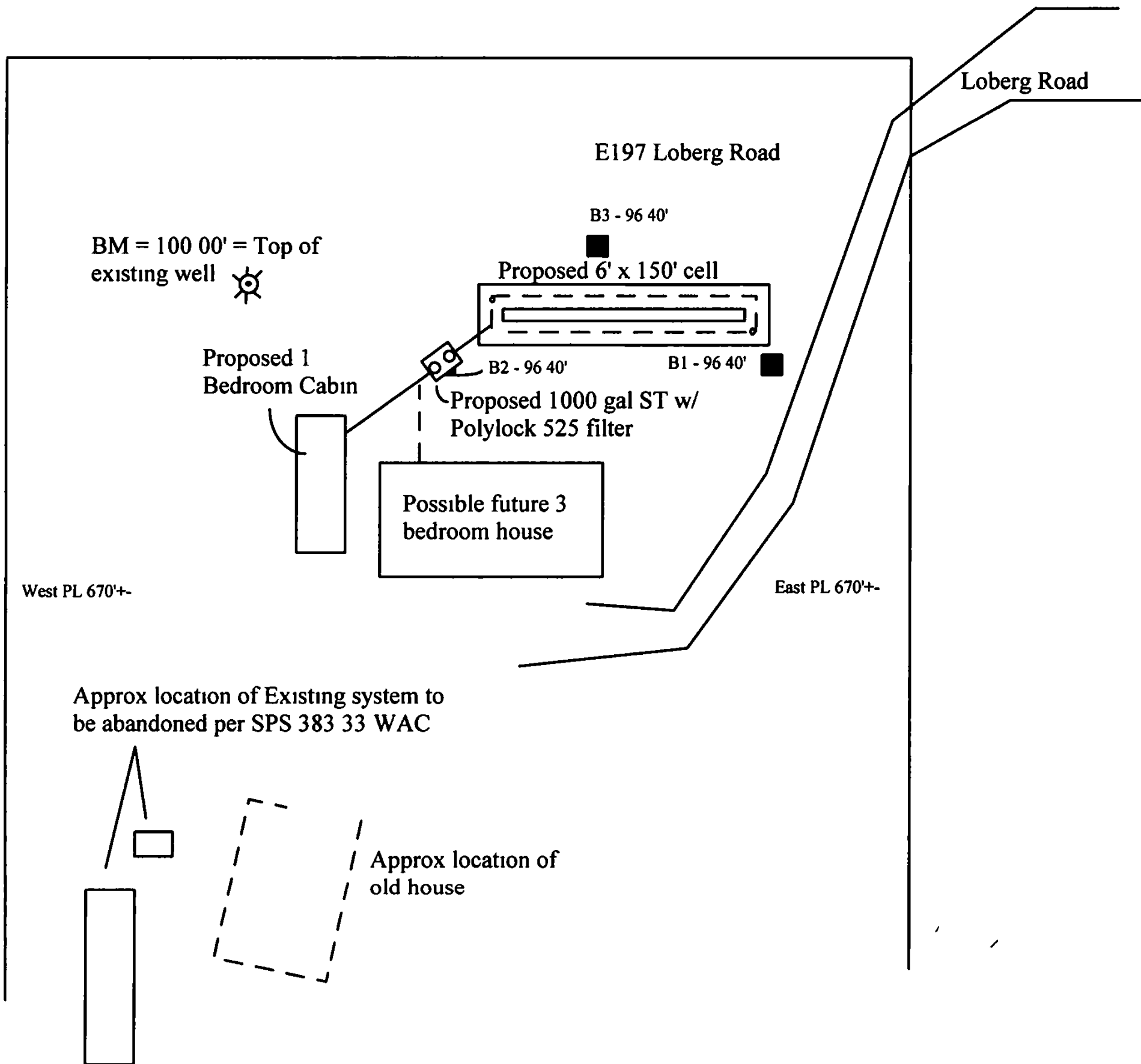
- SOIL BORING ⊙ PROPOSED / EXISTING WELL
- BACKHOE PIT ✕ BENCH MARK
- ALL MATERIALS TO CONFORM TO SPS 384
- 4" Building Sewer To Meet ASTM D1785

NORTH

1" = 40'

Page 3
Sys. Elev. 91 00
108 inches below BM

SEP 19 2024



Owner Tamra Biese
Legal Des SW1/4 NW1/4 Sec 30 T 25N , R 11E
Town of Harrison Waupaca County

Parcel # 07 30 23 1

Waupaca COUNTY

24119 / NO. 660076

STATE SANITARY PERMIT

E197

07-30-23-1

☐ TRANSFER/RENEWAL PREVIOUS NO. _____

OWNER Tamra Biese

PLUMBER KKluk LIC.# 247787

TOWN OF Assison

SEC 30, T 25 N, R 11 E ~~W~~

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION _____

1 Page 1

AUTHORIZED ISSUING OFFICER – DATE 19 Sept. 2024

THIS PERMIT EXPIRES 19 Sept. 2024 UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

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 a 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.

PAYMENT DATE
09/20/2024
COLLECTION STATION
ZONING RECEIPT
RECEIVED FROM
Dewey Services
DESCRIPTION
24119/660076 ns/cs T Biese

County of Waupaca
811 Harding Street
Waupaca, WI 54981

BATCH NO.
2024-00003095
RECEIPT NO.
2024-00010526
CASHIER
Lara Pagel

PAYMENT CODE	RECEIPT DESCRIPTION	TRANSACTION AMOUNT
ZN03	ZONING-SANITARY RECEIPTS-STATE LP 11 1111 0 CASH ACCOUNT - \$100 00 11-41 24225 0 SEP TNK PER FEE DUE STATE \$100 00	\$100 00
ZN04	ZONING-SANITARY RECEIPTS-CTY LP 11 1111 0 CASH ACCOUNT - \$300 00 11-41-44302 1043 0 BLDG PERMITS/INSP FEES \$300 00 <div><div>Total Cash\$0 00 Total Check\$400 00 Total Charge\$0 00 Total Wire\$0 00 Total Other\$0 00 Total Remitted\$400 00 Change\$0 00 Total Received\$400 00</div></div>	\$300 00
Total Amount:		\$400.00
Customer Copy		