

APPENDIX

**FOR CHAPTER H 63
WIS. ADM. CODE**

**FORMS USED BY THE DEPARTMENT
IN ADMINISTRATION OF THIS
ADMINISTRATIVE CODE**

**INSTRUCTIONS AND EXAMPLE OF
SIZING PRESSURE DISTRIBUTION SYSTEMS**

278-84 WISCONSIN ADMINISTRATIVE CODE
H 63 Appendix

EH 115 Rev. 8/78

REPORT ON SOIL BORINGS AND PERCOLATION TESTS
WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
P.O. BOX 308, MADISON, WISCONSIN 53701

LOCATION: _____ X, _____ X, Section _____, T _____ N, R _____ E (or) W, Township or Municipality _____
 Lot No. _____, Block No. _____, Subdivision Name _____, County _____
 Owner's/Buyer's Name: _____
 Mailing Address: _____
 TYPE OF OCCUPANCY: Residence _____ No. of Bedrooms _____ COMMERCIAL _____
 EFFLUENT DISPOSAL SYSTEM: NEW _____ REPLACEMENT _____ ALTERNATE SYSTEM _____ OTHER _____
 DATES OBSERVATIONS MADE: SOIL BORINGS _____ PERCOLATION TESTS _____
 SOIL MAP SHEET _____ NAME OF SOIL MAP UNIT _____

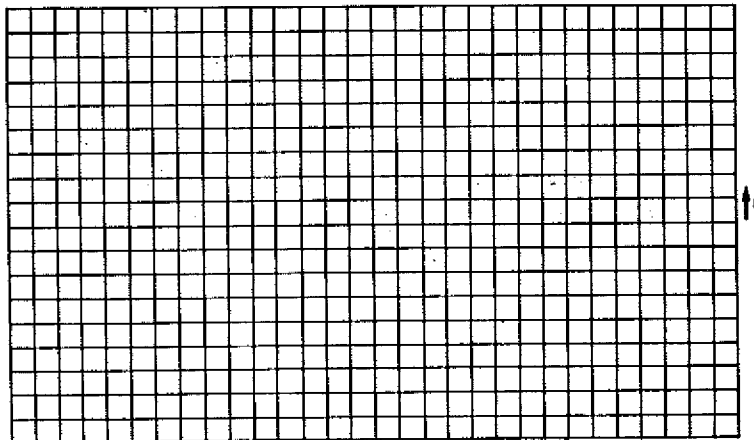
PERCOLATION TESTS

TEST NUM- BER	DEPTH INCHES	CHARACTER OF SOIL THICKNESS IN INCHES	HOURS SINCE HOLE 1ST WETTED	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL IN MINUTES	DROP IN WATER LEVEL, INCHES			RATE MIN/IN
						PERIOD 1	PERIOD 2	PERIOD 3	
P-									
P-									
P-									
P-									
P-									
P-									

SOIL BORING TESTS

TEST NUMBER	TOTAL DEPTH INCHES	DEPTH TO GROUNDWATER, INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, MOTTLING AND DEPTH TO BEDROCK IF OBSERVED IN INCHES
		OBSERVED	ESTIMATED HIGHEST	
B-				
B-				
B-				
B-				
B-				
B-				

PLAN VIEW (Locate percolation tests, soil bore holes and suitable soil areas.) Indicate on the plan the location and square feet of suitable areas. Indicate number of square feet of absorption area needed for building type and occupancy _____ Indicate scale or distances. Give horizontal and vertical reference points. Indicate slope.



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the procedures and methods specified in the Wisconsin Administrative Code, and that the data recorded and location of test holes are correct to the best of my knowledge and belief.

Name (print) _____ Certification No. _____
 Address _____
 Name of installer if known _____

Copy A — Local Authority

CST Signature _____

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PLB 67



State and County
 Permit Application
 for Private Domestic Sewage Systems

State Permit # _____
 County Permit # _____
 County _____

*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required _____ State Plan ID # _____

A. OWNER OF PROPERTY _____ Mailing Address _____

B. LOCATION _____ Section _____ T. R. R. E. (or) W. Lot# _____ City _____
 Subdivision Name, nearest road, lake or landmark, B/L# _____ Village _____
 Township _____

C. TYPE OF OCCUPANCY *Commercial _____ *Industrial _____ *Other (Specify) _____ *Variance _____
 Single family _____ Duplex _____ No. of Bedrooms _____ No. of Persons _____

D. SEPTIC TANK CAPACITY _____ Total gallons _____ No. of tanks _____
 HOLDING TANK CAPACITY _____ Total gallons _____ No. of tanks _____
 Prefab concrete _____ Poured in Place _____ Steel _____ Fiberglass _____ Other (Specify) _____
 New Installation _____ Replacement _____
 Lift Pump Tank or Siphon Chamber _____ Total gallons _____ Prefab concrete _____ Poured-in-Place _____ Other (Specify) _____

E. EFFLUENT DISPOSAL SYSTEM Percolation Rate _____ Total Absorb. Area _____ sq. ft.
 New _____ Replacement _____ Alternate (Specify) _____
 Seepage Trench _____ No. of Lines Ft. _____ Width _____ Depth _____ Tile depth (top) _____ No. of Trenches _____
 Seepage Bed _____ Length _____ Width _____ Depth _____ Tile depth (top) _____ No. of Lines _____
 Seepage Pit _____ Inside diameter _____ Liquid Depth _____ No. of Seepage Pits _____
 Percent slope of land _____ Distance from critical slope _____

WATER SUPPLY: Private Joint Community Municipal

Owner's name as listed on EH 115 if other than present owner _____

I, the undersigned, do hereby certify that the information I have reported is in accord with Section H62.20, Wisconsin Administrative Code and that I have sized the effluent disposal system from the EH 115 prepared by the Certified Soil Tester.

NAME _____ C.S.T. # _____ and other information
 obtained from _____ (owner/holder)
 Plumber's Signature _____ M.P. MPRS# _____ Permit # _____
 Plumber's Address _____

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20. Well location shall be included on the sketch. Indicate or dimension location of all wells on the property or neighbor property. If well has not been drilled please indicate.

Do Not Write in Space Below - FOR COUNTY AND STATE DEPARTMENT USE ONLY
 Date of Application _____ Fees Paid: State _____ County _____ Date _____
 Permit Issued/Rejected (date) _____ Issuing Agent Name _____
 Inspection Yes _____ No _____ State Valid# _____ Date Rec'd _____
 1. county (white copy) 3. owner (green copy) DIVISION OF HEALTH, P.O. BOX 309, MADISON, WI 53701
 2. state (pink copy) 4. plumber (canary copy)

Revised Date 7/1/78

PLB 67-T



TRANSFER FORM
SANITARY PERMIT

State Permit # _____
Sanitary Permit # _____
County _____

Sanitary Permit Transfer Date _____ Original Permit Issuance Date _____

A. PROPERTY LOCATION: _____ N _____ E of _____ W Lot # _____ City _____
Subdivision Name _____ Nearest Road, Lake or Landmark BLK # _____ Village _____
Township _____

B. TYPE of Occupancy: Commercial _____ Industrial _____ Other (Specify) _____
Single Family _____ Duplex _____ No. of Bedrooms _____ Variance _____

C. SEPTIC TANK CAPACITY _____ Total gallons _____ No. of tanks _____
HOLDING TANK CAPACITY _____ Total gallons _____ No. of tanks _____
Prefab Concrete _____ Poured in place _____ Steel _____ Fiberglass _____ Other (Specify) _____
New Installation _____ Replacement _____

LIFT PUMP TANK/SIPHON CHAMBER _____ Total gallons _____ Prefab Concrete _____ Poured in place _____ Other (Specify) _____

D. EFFLUENT DISPOSAL SYSTEM: Percolation Rate _____ Total Absorb Area _____ sq. ft.
New _____ Replacement _____ Alternate (Specify) _____

Seepage Trench: _____ No. Lined Ft. _____ Width _____ Depth _____ Tile Depth (Inch) _____ No. Trenches _____
Seepage Bed: _____ Length _____ Width _____ Depth _____ Tile Depth (Inch) _____ No. of Lanes _____
Seepage Pit: _____ Inside diameter _____ Liquid Depth _____ No. Seepage Pits _____
Percent slope of land _____ Distance from critical slope _____

E. WATER SUPPLY: Private Joint Community Municipal

Present Sanitary Permit Holder Phone No. _____ Sanitary Permit Transferred To Phone No. _____
Name _____ Name _____
Address _____ Address _____
Zip _____ Zip _____

I, the undersigned, do hereby certify that I have reported all revisions to the sanitary permit and that all revisions are in accord with sections H 62 20, Wisconsin Administrative Code and that I have taken the effluent disposal system according to the EIT 115 created by the Certified Soil Tester and/or any additional soil tests that may have been required.

Plumber's Signature _____ MP, MPRS # _____ Phone # _____
Plumber's Address _____

Information obtained from _____ (owner or agent)

PLAIN VIEW: Provide sketch below of any revisions to original sanitary permit. Include direction of slope and all distances in accord with H 62 20. Well location shall be included on the sketch. Indicate or dimension location of all wells, on the property or neighbor's property. If well has not been drilled, please indicate.

Signature of Issuing Agent _____

- 1. County (Yellow copy)
- 2. State (White copy)
- 3. Owner (Pink copy)
- 4. Plumber (Green copy)

DIVISION OF HEALTH
P.O. BOX 309, MADISON WI 53701

PLB 68

COUNTY

SANITARY PERMIT

No. _____

ISSUED TO _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ N/R _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION _____

_____ AUTHORIZED ISSUING OFFICER - DATE _____

THIS PERMIT EXPIRES _____ UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.185 WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of issue.
- (c) The sanitary permit is valid for 2 years and may be renewed for similar periods thereafter. Application for renewal shall be made through the county and shall comply with regulations in effect at the time.
- (d) Changes in regulations will not impact the validity of a sanitary permit until the time of renewal.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changes in regulations may impact renewal.
- (f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.
- (g) If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

Register, December, 1989, No. 300

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PLB 68-T

COUNTY

SANITARY PERMIT

No. _____

TRANSFER

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ N/R _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION _____

AUTHORIZED ISSUING OFFICER - DATE _____

THIS PERMIT EXPIRES _____ UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.185 WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the application for permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of issue.
- (c) The sanitary permit is valid for 2 years and may be renewed for similar periods thereafter. Applications for renewal shall be made through the county and shall comply with regulations in effect at the time.
- (d) Changed regulations will not impair the validity of a sanitary permit until the time of renewal.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought. Changed regulations may require renewal.
- (f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.
- (g) If you wish to renew the permit or transfer ownership of the permit, please contact the county authority.

8501

Pb 1006 12/78

**Detach And Return Upper
Portion Of This Form With
Any Return Correspondence**



State of Wisconsin
DIVISION OF HEALTH
SECTION OF PLUMBING
AND FIRE PROTECTION SYSTEMS
MAIL ADDRESS: P.O. BOX 299
MADISON, WISCONSIN 53701
608-266-2815

DATE: _____ PROJECT: _____

PLAN ID. # _____

DETACH HERE

PROJECT NAME _____ PLAN ID. # _____

This is to acknowledge receipt of your plans and specifications for the above-indicated project.

Preliminary review indicates the plan review fee required is \$ _____

Plan accepted for review. Fee received is \$ _____

Fee is being returned because of Overpayment Underpayment.
Providing one of the two categories above is checked, remit correct fee in one payment.

- No fee has been remitted. Plans submitted with no fees will be held in abeyance.
- Plans being returned.
- Additional information required. SEE BELOW.

F. Plan Submission

- Additional information shall be submitted in triplicate unless specifically noted.
- Plans not clear, legible or permanent.
- All information submitted shall be signed, sealed or stamped in accord with Section H 62 25(27)(a) Wisconsin Administrative Code.
- Affidavit enclosed.

H. Alternate Sewage Disposal Systems (Ground Systems)

- PLB 108 (Application for use of an alternate system).
- County onsite required (1 copy). Design calculation for pressurized distribution.
- Cross section of mound. Pipe lateral layout. Plan view of alternate.

III. Private Sewage Disposal Systems

- Ground slope with 2" contour in entire area of soil absorption system extending 25' on all sides.
- Elevation of permanent reference point (benchmark).
- Location of area suitable for replacement system - provide soil test data.
- Plot plan showing lot size and all lateral distances from sewage disposal system or holding tank to bridge, lot lines, well, watercourse, etc.
- Construction detail of septic, holding or lift pump tank if site constructed or tank manufacturer of process.
- Construction detail and cross section of soil absorption system.
- Soil boring and percolation test on EH 115 completed by certified soil tester (1 copy).
- Complete data relative to anticipated use of bldg. 3 copies of PLB 60 enclosed.
- Deed restriction required (1 copy).

IV. Holding Tanks

- Profile of holding tank.
- Holding tank agreement signed by owner and local unit of government (sample enclosed).
- Reason for installing holding tank soil test or statement from county (1 copy).

V. Lift Pump

- Calculations for total lift pump discharge, head and gallons pumped per cycle.
- Size, length & depth of force main.
- Detail & model of pump or automatic siphons including size, pump curves, drawdown and average flow rate GPM.
- Cross section of lift pump tank showing pump(s) or siphon(s).

VI. Systems In Fill (Fill must be placed prior to plan submission)

- Total area filled (fill to extend 20' beyond edge of trench before side slope begins).
- Depth and type of fill.
- Copy of onsite report by county or district plumbing supervisor.
- Length of time fill has been in place.

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REPORT ON INSPECTION OF SANITARY PERMIT # _____

(1) Name and Address of Permit Holder _____ Person/Persons at Site _____	(2) Date of Inspection _____
Name, Address, License No. of Installing Plumber _____	Time of Inspection _____

(3) INSTALLATION CONSISTS OF: Septic Tank Seepage Trench Dosing Chamber
 Seepage Pit Seepage Bed Holding Tank Fill System

(4) BENCHMARK: (Permanent reference point) Describe: _____
 Elevation of vertical reference point: _____ Slope at site: _____

(5) MATERIAL AND DEPTH OF SEWER:

(6) SEPTIC TANK: Manufacturer: _____ Liquid Capacity: _____
 Tank Inlet Elevation: _____ Tank Outlet Elev: _____
 # ft to lot or property line: _____ # ft to well: _____

(7) DOSING TANK: Manufacturer: _____ # of gallons: _____
 # of gallon pump set for a cycle _____ gallons; total capacity of distribution
 lines _____ gallon; size of pump _____ head; gallon per minute _____;
 horsepower _____; brand name of pump and model number _____
 Is the warning device installed? YES NO Wired? YES NO

(8) HOLDING TANK: Manufacturer: _____; # of gallons _____;
 construction _____; depth to the cover _____ ft; If septic tank is
 being used are baffles removed? YES NO; _____ ft from residence;
 _____ ft from well; _____ ft from property line. Type of warning device _____
 Is the warning device installed? YES NO; Wired? YES NO;
 Locking device on cover? YES NO; Diameter of vent and material _____;
 Distance from building to vent _____

(9) SEEPAGE PIT SIZE: _____ # of pits; _____ ft diameter; _____ ft liquid depth;
 _____ ft to residence; _____ ft to well; _____ ft to property line;
 _____ ft to ordinary high water mark of lake or stream; _____ ft to edge of slopes
 greater than _____; seepage pit inlet pipe elevation _____ ft; bottom of
 seepage pit elevation _____ ft.

(10) SEEPAGE BED SIZE: _____ ft width; _____ ft length; _____ tile depth;
 _____ lineal feet tile; _____ ft to residence; _____ ft to well; _____ ft to lot or
 property line; _____ ft to ordinary high water mark of lake or stream; _____ ft to edge
 of slopes greater than 20% falling away toward lakes, water courses or drainage ditches
 Elevation of tank discharge line entering bed _____ ft.

(11) SEEPAGE TRENCH: Total length of seepage trench _____ ft; width _____ ft;
 tile depth _____ ft; _____ ft to well; _____ ft to ordinary high water mark of
 lake or stream; _____ ft to edge of slopes greater than 20% falling away toward lakes,
 water courses or drainage ditches; elevation of tank discharge line entering seepage
 trench _____ ft.

(12) Has system been installed in area indicated on EH 115? YES NO

(13) Has system been installed in floodway? YES NO Floodplain? YES NO

DILHR-SBD-6095 (N. 05/80)

Signature of Inspector: _____

Register, December, 1980, No. 300

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Pib. 106

Plan Identification No. _____

Construction Inspection of Alternate Design Sewage Disposal Systems

Wisconsin Department of Health & Social Services
Section of Plumbing & Fire Protection Systems

Owner's Name _____

Mailing Address _____

A. Site Investigation at onset of construction

1. Name of Installer _____
2. County _____ Inspector _____ Date _____
3. Package No. _____
4. Preliminary onsite made by _____ Date _____
5. Depth to limiting factor (50% unconsolidated rock or estimated ground water level) _____
6. Percolation rate _____
7. County installation permit number _____
8. Are percolation and soil boring holes evident? Yes _____ No _____
9. Is system located in area of soil tests? Yes _____ No _____
10. Is system located in area shown on state approved plans? Yes _____ No _____
11. Ground slope in area of system _____
12. Site data is correct as presented by C.S.T. and system designer? Yes _____ No _____

B. Inspection of Construction

1. Disposal site plowed and properly prepared? Yes _____ No _____
2. Disposal site conditions wet or damp? Wet _____ Damp _____ Dry _____
3. Type of fill material _____
4. Depth of fill (1' Minimum) _____
5. Is a crawler type tractor used? Yes _____ No _____
 - a. Blade _____ Bucket _____
6. Has site been driven on by any vehicles? Yes _____ No _____

If yes, explain _____

7. Trench width as indicated on approved plans? Yes No
8. Trench spacing as indicated on approved plans? Yes No
9. Have trench bottoms been properly leveled? Yes No
10. Trench length and number as shown on approved plans? Yes No
11. Distribution piping proper diameter? Yes No
12. Holes in distribution piping properly sized? Yes No
13. Holes in distribution piping properly spaced? Yes No
14. Holes in distribution piping in a straight line? Yes No
15. Distribution holes drilled straight into piping Yes No
16. Depth of gravel below distribution piping _____
17. Depth of gravel above distribution piping _____
18. Thickness of marsh hay covering _____
19. Permanent marker at end of each trench _____
20. Depth of fill over center of system _____
21. Depth of fill over outer trenches _____
22. Side slopes _____
23. Type of fill used above trenches _____
24. Depth of top soil _____
25. Seeded? Yes No
If no, has mulch been placed over mound? Yes No

C. Pumping Chamber

1. Diameter of inlet _____
2. Diameter of outlet _____
3. Head _____
4. Size of pump tank _____ gallons
5. Draw down or gallons pumped per cycle _____
6. Manufacturer and type of pump same as that indicated on approved plans? Yes No
If no, indicate Mfg. and Model # of pump used. _____
7. Quick disconnect provided? Yes No
8. Diameter of manhole _____
9. Height of manhole above finished grade _____
10. Diameter of vent _____
11. Height of vent above finished grade _____
12. Pump tank located as shown on approved plans? Yes No

D. Septic Tank

1. Properly installed? Yes No

COMMENTS

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I, the undersigned, hereby certify that the questions were answered on the basis of my personal inspection or knowledge of the construction of this alternate system and further that all data and answers recorded on this form are correct and to the best of my knowledge and belief.

Name: _____ Signature: _____

Title: _____

WE HAVE INCLUDED TWO COPIES OF THIS FORM FOR COMPLETION BY YOUR OFFICE. WHEN INSPECTION OF CONSTRUCTION IS COMPLETE, ONE COMPLETED FORM SHALL BE RETURNED TO THIS OFFICE WITHIN TEN (10) DAYS AFTER YOUR FINAL INSPECTION OF THIS ALTERNATE SYSTEM.

Date received by Section of Plumbing & Fire Protection Systems _____

Plan Identification No. _____

Dear Sir:

Plans and specifications have been received and assigned the above plan identification number. Preliminary review of these plans indicate the plans have not been sealed or stamped in accord with Section H62.25 (2) (a), Wisconsin Administrative Code.

Section H62.25 (2) (a) specifically indicates that all plans shall be sealed or stamped in accord with Chapter A-E 1, Wisconsin Administrative Code. A master plumber or master plumber restricted sewer may design and submit plans and specifications for those systems he is to install. Each sheet of plans and specifications the master plumber or master plumber restricted sewer submits shall be signed, dated and include his license number. Where more than one sheet is bound together into one volume, only the title sheet need be signed, dated and include the license number.

Rather than return the plans at this time because of this oversight and the recent effective date of the new regulation, please have the party preparing the plans, sign the affidavit below. Provided this affidavit is not returned in two weeks the plans will be returned.

AFFIDAVIT

I, the undersigned, hereby certify that the plans and specifications submitted and assigned the above project number were prepared by or under my direction and control.

NAME _____ TITLE _____

(Type or Print)

OR MASTER PLUMBER

LICENSE NO. _____

REGISTRATION
NUMBER _____

ADDRESS _____

SIGNATURE _____

Pib. = 60
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PROJECT DETAIL DATA SHEET

NAME OF BUSINESS _____

LEGAL DESCRIPTION _____

OWNER _____

MAILING ADDRESS _____
Zip _____

ARCHITECT, ENGINEER,
PLUMBER OR DESIGNER _____

ADDRESS _____
Zip _____

TELEPHONE NUMBER _____

1. Check appropriate building usage(s) and fill in the information requested opposite each usage listed. Please consult Section H 62.20.

Existing building _____ New building _____ Addition _____

- | | |
|--|--|
| <input type="checkbox"/> Apartments and condominiums | Number of bedrooms _____ |
| <input type="checkbox"/> Assembly hall | Seating capacity _____ |
| <input type="checkbox"/> Bar | Seating Capacity _____ # of meals served _____ |
| <input type="checkbox"/> Bowling alley | Number of lanes _____ () With Bar |
| <input type="checkbox"/> Campground and camping resorts | Number of sewerred sites _____ |
| | Number of unsewerred sites _____ |
| | Total number of sites _____ |
| <input type="checkbox"/> Camps | () Day use only Number of persons _____ |
| | () Day and night Number of persons _____ |
| <input type="checkbox"/> Catchbasin | Number _____ |
| <input type="checkbox"/> Church | () No kitchen Number of persons _____ |
| | () With kitchen Number of persons _____ |
| <input type="checkbox"/> Dance hall | Number of persons _____ |
| <input type="checkbox"/> Dining hall | Number of meals served daily _____ |
| <input type="checkbox"/> Dog kennels | Number of of enclosures _____ |
| <input type="checkbox"/> Drive-in restaurant | Inside seating capacity _____ |
| <input type="checkbox"/> Dump station | Number of dump stations _____ |
| | Car-service—Number of car spaces _____ |
| <input type="checkbox"/> Employees (total of all shifts) | Number of employees _____ |
| <input type="checkbox"/> Hotel () Motel () Cottages | Number of units with 2 persons per unit _____ |
| | Number of units with 4 persons per unit _____ |
| <input type="checkbox"/> Medical and dental office bldgs | Number of doctors, nurses, medical staff _____ |
| | Number of office personnel _____ |
| | Number of of patients _____ |
| <input type="checkbox"/> Mobile home parks | Number of sites _____ |
| <input type="checkbox"/> Nursing homes | Number of beds _____ |
| <input type="checkbox"/> Parks | Number of persons _____ |
| | () Toilets () Showers |
| <input type="checkbox"/> Restaurant | Seating capacity _____ |
| | () Dishwasher and/or disposal? |
| | () 24-Hour service |
| <input type="checkbox"/> Retail store | Total number of customers _____ |

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- () Schools Number of classrooms ____ () Meals () Showers
- () Self service laundry..... Total number of machines _____
- () Service station..... Number of cars served daily _____
- () OTHER(Specify) _____

COMPLETE OTHER SIDE

2. Indicate whether the following facilities are present.

Floor drain	yes ____ no ____	Number of drains ____
Flood waste grinder	yes ____ no ____	
Dishwasher	yes ____ no ____	
Automatic clothes washer	yes ____ no ____	Number of clothes washers ____

3. Septic tank capacity _____
 Holding tank capacity _____
 Septic or holding tank manufacturer _____

4. SEEPAGE TRENCHES: Total square feet _____ width of trenches ____
 length of trenches _____ depth _____
 number of trenches _____

SEEPAGE BEDS: total square feet _____ width ____
 length of bed _____ depth _____

SEEPAGE PITS: total square feet ____
 outside diameter ____
 depth below inlet ____
 total depth from top to bottom of pit: _____

Signature of person completing form: FOR DEPARTMENTAL USE ONLY

Address _____

Zip

Telephone Number _____

Date _____

**INDIVIDUAL SEPTIC TANK REPLACEMENT
OR REHABILITATION GRANT PROGRAM**

Preliminary Inspection Report Form

- 1) Local Governing Body (check one, state name):
 Municipality _____
 Township _____
 City _____
 Village _____
 Sanitary District _____
 County _____
- 2) Signature of Inspecting Official, Title:

- 3) Date of Inspection: _____
- 4) Legal Description of Subject Property:
 _____ ¼, _____ ¼, Section _____, T _____ N, R _____ E (or) W
 Township or Municipality _____
 Lot Number _____, Block Number _____
 Subdivision Name _____, County _____
- 5) Building Usage (check one):
 Residence, Number Bedrooms _____
 Other, brief description _____
- 6) Name of Owner: _____
 Mailing Address: _____
 Telephone: _____
- 7) Septic System Failure Due to:
 System not accepting discharge, creating backup of sewage in building served.
 Ponding of sewage on ground surface.
 Introduction of sewage to wells, aquifers, groundwaters, or surfacewaters in any manner.
 Discharge of sewage into outfall such as drainage ditch, drainway, or drain tile.
- 8) Approximate Age of Failing System: _____
- 9) Suggested Replacement System:
 Conventional Sewage Disposal
 Alternate Mound
 System-In-Fill
 Holding Tank

(OVER)

**COUNTY SOILS REPORT
(If on-site was conducted)**

List any results of boring/percolation tests, site limitations, sketch of site, etc.

Fig. 114

On site Investigation
For Conventional System In Fill

Owner's name: _____
Legal description: _____
Building usage: Commercial _____ Residential _____ Number of bedrooms _____
New building: _____ Replacement system: _____
Square feet soil absorption system required: _____
Depth in inches to limiting factor before placement of fill: _____
Fill is placed to overcome depth to: ground water _____ bedrock _____
Depth of fill material: _____
Depth to limiting factor after placement of fill: _____
Has fill been placed 20 feet all around area proposed for initial and replacement area? _____
Is there 6 feet minimum separation between initial and replacement system area? _____
Total area filled: _____ long x _____ wide (do not include side slope area)
Date fill was placed: _____
Length of time fill has been in place: _____
Was top soil removed prior to placement of fill? _____
Was vegetation removed prior to placement of fill? _____
Is texture of fill material same as existing soil? _____
Indicate texture of fill material: _____
Has the site limitation been overcome by the placement of fill? _____

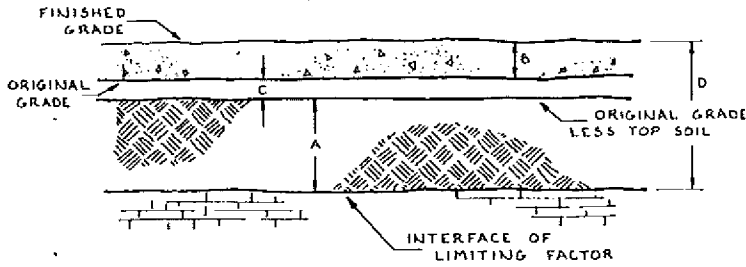
Signature of person completing form: _____
Date: _____

PLEASE COMPLETE SKETCHES ON REVERSE SIDE

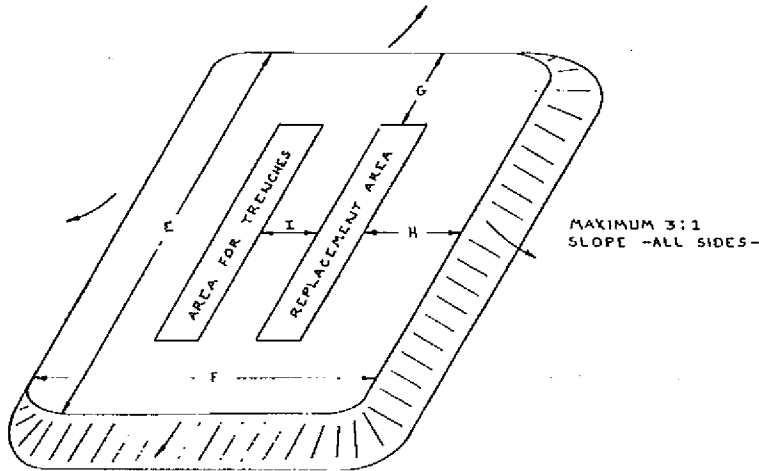
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- A. Depth to limiting factor (ground water or bedrock) _____
- B. Depth of fill material _____
- C. Depth of topsoil or vegetation _____ Was this removed before fill placed? _____
- D. Finished depth to limiting factor _____



- E. Total length of area filled _____
- F. Total width of area filled _____
- G. Dimension from proposed end of trench to edge of fill (min. 20') _____
- H. Dimension from proposed end of trench to edge of fill (min. 20') _____
- I. Separation of trenches (min. 6') _____

GROUND WATER MONITORING:

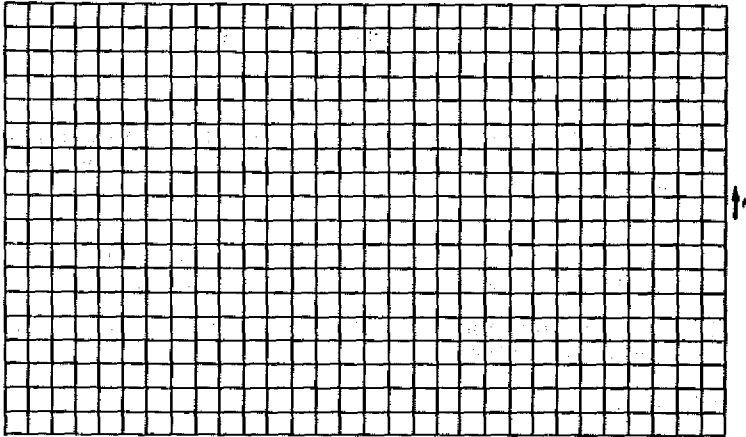
REQUEST FOR ADDITIONAL INFORMATION

PLEASE PROVIDE OR CLARIFY THE FOLLOWING:

- Legal description of property
- Owner's name and mailing address
- Depth and/or location of monitoring wells
- Monthly rainfall
- Daily rainfall data for March, April and May
- Observations and reporting of data is incomplete
- Plot plan required showing location of all monitoring wells
- Surface elevation of all monitoring wells
- Information regarding artificial drainage
- EH-115: Report on Soil Borings and Percolation Tests
- Data report form not signed by Certified Soil Tester
- Data not submitted on PLB. 119 form
- Data not submitted in duplicate—one additional copy required
- Verification of data and procedures from county

PLOT PLAN

Provide a diagram (plot plan) showing accurate locations and surface elevations of all monitoring wells.



ARTIFICIAL DRAINAGE

Check the site for artificial drainage. If the site is affected by such drainage, submit complete details system. Indicate who will be responsible for maintenance of the drainage system. Indicate who will be responsible for maintenance of the drainage system. Check one:

- No artificial drainage affecting this site.
- Information regarding artificial drainage affecting this site is attached.

Attach an EH-115 or EH-44 (if a proposed subdivision), for soil information and estimated depth to high groundwater using mottling. Submit 2 copies of the Groundwater Monitoring Report Form to the Bureau of Environmental Health, P. O. Box 309, Madison, WI 53701, and submit one copy to the local authority.

I, the undersigned, hereby certify that the data recorded and location of tests reported on this form are correct to the best of my knowledge and belief.

Date _____ CST No. _____

Signature _____

Plan Identification No. _____

Gentlemen:

We have received a (PLB. 119) Groundwater Monitoring Report form from _____, CST for the _____ property located in the _____.

Please answer or verify the following and return to this office. Monitoring data will be reviewed upon receipt of this information.

1. Were you notified by the CST of the intent to monitor groundwater levels at the above-mentioned site?
2. Were the wells properly installed?
3. Provide all observations you made during the time the site was monitored.
4. Did the soil tester monitor the site according to section H 62.20 (3) (f), Wis. Adm. Code?
5. List any comments or pertinent information.

Signature of Person Completing Form

HEALTH AND SOCIAL SERVICES 278-105
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4/80

WISCONSIN DEPARTMENT OF HEALTH & SOCIAL SERVICES
DIVISION OF HEALTH, BUREAU OF ENVIRONMENTAL HEALTH
P. O. BOX 309, MADISON, WISCONSIN 53701

APPLICATION FOR THE USE OF A ROUND SYSTEM

Location _____ 1/4 _____ 1/4 S _____ T _____ N, R _____ E (or) W

Town or Municipality _____ Street Address _____

Lot No. _____, Block _____, Subdivision _____, County _____

Landowner's Name: _____

Mailing Address: _____

I (We), the undersigned, hereby make application for permission to install a round system on the above-described premises. I recognize that the above premises are not suited for a conventional septic tank-soil absorption field. If permission is granted, I agree to have the system installed in conformance with the Division's approval of plans and specifications.

I further understand that the alternate system is more complex in nature than a conventional septic tank system and as such will require detailed inspection during construction and monitoring after the system is put into use. I agree to permit both county officials charged with administering county sanitary ordinances and Division employees or other authorized persons to have access to the above described premises at any reasonable time for the purpose of inspecting the construction of or monitoring of the system. I further agree to either personally or by my agent contact the proper county official to arrange the time and date to begin construction of the system.

I understand that this application does not permit me (the applicant) or my agent (the contractor) to begin installation. If the system is approved, the Division will send the applicant a Letter Authorizing the Construction of a Round System.

I agree to give notice to any subsequent buyer that an application for an alternate system has been made and if installed, that the premises are served by an alternate system and further agree to give that buyer a copy of this application.

The Division receives this application subject to this understanding and subject to all the conditions and obligations set out in this application.

_____ Date _____ Signature of Applicant

STATE OF WISCONSIN)
) ss.
County of _____)

Subscribed and sworn to before me
this ____ day of _____, 19__.

Notary Public, State of Wisconsin

My Commission expires: _____

278-106 WISCONSIN ADMINISTRATIVE CODE
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Plb. 89

APPLICATION FOR DEVELOPMENT OF FLOOD PLAIN
Department of Health and Social Services

When the installation of a new, replacement or expanded private sewage disposal system is proposed for a flood plain area, this form must be completed and submitted to the Division of Health along with plans and other necessary data.

OWNER'S NAME _____ DATE _____

ADDRESS _____

ADDRESS OF BUILDING OR LOCATION OF PROPERTY _____

LEGAL DESCRIPTION _____

TOWNSHIP _____ COUNTY _____

Is this system new _____ replacement _____ expanded _____.

Is area:

In regional floodway? yes _____ no _____ not determined _____

In regional fringe flood area? yes _____ no _____ not determined _____

Contiguous to ground higher than any of the above? yes _____ no _____

What is the established regional flood elevation? _____

Are flood plain maps published and available or determined by the Department of Natural Resources? _____

Has or will permission be granted for the following:

Fill required for building? yes _____ no _____

Building permit? yes _____ no _____

Sewage disposal system (sanitary permit)? yes _____ no _____

Action taken locally by _____

Comments regarding development (zoning administrator, board of appeals, etc.):

Favorable _____ Unfavorable _____

Special Recommendations: _____

HOLDING TANK AGREEMENT

This Agreement, made and entered into this day of _____, A.D., 19__ by
and between the _____, hereinafter called
"Owner" and _____ hereinafter called the

WHEREAS, application has been made for a building permit on the following described property, to wit:

or that said property is not located in such a manner as to be serviced by a municipal sewer system or on site soil absorption system for domestic sewage, and continued use of the premises requires that a holding tank be installed on the property for the purpose of proper disposal of domestic sewage.

NOW, THEREFORE, in consideration and as an inducement to the Town of _____ to issue a holding tank permit for the above described premises, the Owners hereby agree and bind ourselves as follows:

1. Owners agree that they will conform to all the rules and regulations of Plumbing Code in the building of their septic system including the holding tank. They agree that any time the Town of _____ through its Plumbing Inspector or Health Officer deems it necessary to pump out said holding tank, the Owners shall have same pumped out in twenty-four (24) hours, or _____ will have said work done and charge same back to Owners and place same on their tax bill as a special charge. The Owners further agree that the Town of _____ is hereby granted the right, license and authority to enter upon their property above described, at any reasonable time, to inspect, pump and haul, if necessary, from the said holding tank.

2. That all charges and costs incurred by the Town of _____ for inspection, pumping, hauling or otherwise servicing and maintaining said holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by such holding tank shall be paid by the Owners. _____ shall notify the Owners of any such cost which shall be paid by Owners. _____ shall notify the Owners of any such cost which shall be paid by Owners within thirty (30) days from date of notice and in the event that Owners shall not pay said cost within thirty (30) days, Owners hereby specifically agree that all of said costs and charges may be placed on the tax roll as a special assessment for the abatement of nuisance, and said tax shall be collected as provided by Statute of the State of Wisconsin.

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3. That a quarterly pumping report shall be submitted by the Owner or his agent to the local government and the county which shall state the Owner's name, location of the property on which the holding tank is located, the pumper's name, the dates, volumes pumped and the disposal site. An annual pumping report or the fourth quarter report including a summary of the pumping history of the previous year shall be submitted to the Department by the governmental unit responsible, per s. 145.01 (16), Stats.

4. Owners further agree that in the event that municipal sewers shall be installed so as to make the premises available to such municipal sewer service they will pay all special assessments levied against the premises as the property share of costs of the installation of such sanitary sewer and shall not assert any claim as to lack of benefit or reasonableness as to the installation of municipal sewers by reason of the fact that the Owners have been permitted to install a holding tank, and that upon municipal sewer service becoming available, Owners will abandon use of the said holding tank and connect the premises to the municipal sewer.

5. This agreement shall be binding upon the Owner, their heirs and assignees and run with the deed.

WITNESS our hands and seals this _____ day of _____, 19 ____.

TOWN OF _____ OWNERS

by _____

by _____

STATE OF WISCONSIN

Personally came before me this _____ day of _____,

19 ____, the above named _____

Owners, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT
DRAFTED BY:

NOTARY PUBLIC

My commission expires:

7/80

**DESIGN OF PRESSURE DISTRIBUTION NETWORKS
FOR SOIL ABSORPTION FIELDS**

To obtain uniform application of wastewater effluent over the entire infiltrative surface of a soil absorption field, pressure distribution systems are required. Section H 63.14 specifies the design criteria for pressure distribution systems. They are designed by balancing the headlosses such that the volume of water passing out each hole in the network will be equal. This is achieved by allowing 75 to 85 percent of the total headloss in the network to be lost when the water passes through the hole while only 10 to 15 percent of the total headloss occurs in delivering the water to each hole.

Since the design can become quite tedious, a simplified method has been developed by the use of the tables and nomographs in s. 63.14. With this method, only a straight edge and pencil is needed to complete the design. To demonstrate the use of the tables and nomographs, this example is given.

Example:

Design a pressure system for a soil absorption system consisting of 5 trenches, each 3 feet wide by 40 feet long. The trenches are to be spaced 9 feet on center.

Step 1: Select the desired distribution pipe length from the dimensions of the required soil absorption area. Two layouts would be suitable for this system. The distribution pipes in each trench may be fed by a manifold along one end of the trenches or by a central manifold. In the first design, 5 distribution pipes are used, each 40 feet long. In the second design, there are 8 distribution pipes, each 20 feet long. The first design will be used in this example.

Step 2: Select an appropriate distribution pipe diameter compatible with the chosen hole diameter and hole spacing from Table 5.

Holes in $\frac{1}{4}$ -in diameter spaced every 2.5 feet will be used in this example, though other combinations would be just as suitable. From Table 5, either a 1 $\frac{1}{4}$ -in or 1 $\frac{1}{2}$ -in distribution pipe is required for a 40 foot distribution pipe. Select the larger 1 $\frac{1}{2}$ -in diameter distribution pipe.

Step 3: Determine the total discharge rate of each distribution pipe and the number of holes required by using the nomograph in Table 6.

Place a straight edge on the nomograph in Table 6 aligning the 40 foot mark on the Distribution Pipe Length scale with the 2.5 ft mark on the Hole Spacing scale. Where the straight edge crosses the Number of Holes scale, read off the number of holes per distribution pipe; 16 in this example. To obtain the distribution pipe discharge rate, realign the straight edge to join the 16 mark on the Number of Holes scale with the $\frac{1}{4}$ -in mark on the Hole Diameter scale. Where the straight edge crosses the Distribution Pipe Discharge scale, the discharge rate is given. In this example, it is nearly 20 gpm as shown.

Step 4: Select the appropriate manifold size based on the number, length and discharge rate of the distribution pipes from Table 7. For central manifold designs use the lower column headings and left row headings. For end manifold designs, use the lower column headings and the right row headings. (If necessary, repeat steps 1 through 4 until an acceptable network is laid out.)

The manifold length is that length of pipe required to connect all the distribution pipes downstream from the manifold inlet. In this example, the inlet to the manifold is to be at one end. There are to be 5 distribution pipes spaced 9 feet apart requiring a manifold 36 feet long. Since an end manifold design is to be used, the flow per distribution pipe of 20 gpm (from step 3) is read on the right side of Table 7, the number of 5 read on the bottom under the manifold length at 35 feet. In this design, a 3-in manifold is sufficient (See Table 7.) (If the inlet had been in the center of the manifold, the manifold length would have been 18 feet serving 2 distribution pipes. In that case, the manifold could be 2-in diameter.)

Step 5: Determine the minimum dose volume required based on the total pipe volume from the nomograph in Table 11.

On the nomograph in Table 11, the straight edge is placed on 1½-in mark on the Distribution Pipe Diameter scale (from step 2), and the 40 mark on the Distribution Pipe Length scale. The volume of the distribution pipe is read off the Pipe Volume scale. In this example, it is approximately 3.7 gal. Next, turn the straight edge maintaining the point on the Pipe Volume scale and align it with 5 on the Number of Distribution Pipes scale. The minimum dose volume read off the Dose Volume scale is approximately 200 gal. However, the final dose volume selected may be larger than this minimum depending on the desired number of doses per day. (See s. H 63.14 (6), Wis. Adm. Code).

Step 6: Determine the minimum pump or siphon discharge rate from the nomograph in Table 8.

Using the nomograph in Table 8, the dosage rate is read from the Dosing Rate scale by aligning the straight edge with 20 gpm on the Distribution Pipe Discharge Rate scale (step 3) with 5 on the Number of Distribution Pipes scale. The minimum rate is 100 gpm.

Step 7: Select the proper pump or siphon from the head-discharge characteristics described by the manufacturers.

The total dynamic head of the network must first be computed. For a pump system, this is equal to the elevation differences between the pump and the distribution pipe inverts, the friction loss in the pipe which delivers the liquid from the pump to the distribution system at the required rate, and 3 feet of head to compensate for losses in the distribution system. The pump able to pump the minimum discharge rate at the total dynamic head computed is selected.

Siphon selection is based on the manufacturer's stated average discharge rate. This rate is for free discharge. Therefore, to maintain this rate, the siphon discharge pipe invert must be ele-

vated above the distribution pipe inverts a distance equal to the estimated distribution system. These losses included the friction loss in the delivery pipe from the siphon to the network at the minimum discharge rate determined in step 7 plus 3 feet of head to compensate for losses within the distribution system. Where the delivery pipe is more than 50 feet long, its diameter should be one size larger than the siphon discharge diameter to facilitate air venting.

Assume the dosing tank is located 25 feet from the distribution system inlet, and the difference in elevation between the pump and the inverts of the distribution pipes is 5 feet. At a rate of 100 gpm the headloss in 100 feet of a 3-in plastic delivery pipe can be read from Table 9. Therefore, for 25 feet the headloss is 2.09 feet \times 25 feet/100 ft \approx 0.52 ft. The total dynamic head of the system is 5 feet of elevation head plus 0.5 feet of friction head in the delivery pipe plus 3 feet of account for losses in the distribution system. Therefore, a pump should be selected which is able to pump at least 100 gpm against 8.5 feet of head.

If a siphon were used, its discharge invert would be elevated 0.5 feet plus 3 feet or a minimum of 3.5 feet above the distribution pipe inverts.

In summary, the final design consists of five 40 foot distribution pipes, each 1½-in in diameter connected with a 3-in end manifold with the inlet from the dosing chamber at one end of the manifold. The inverts of the distribution pipes are perforated with ¼-in holes spaced every 2.5 feet. The first hole should be located one half of the hole spacing or 1.25 feet from the manifold. If the last hole is equal to or greater than half the hole spacing from the end of the distribution pipe, put another hole in the bottom of the cap or next to it.