

APPENDIX

**CHAPTER ILHR 83
WIS. ADM. CODE**

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

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

HEALTH AND SOCIAL SERVICES 263
ILHR 83 Appendix

DEPARTMENT OF
 INDUSTRY,
 LABOR AND
 HUMAN RELATIONS

**REPORT ON SOIL BORINGS AND
 PERCOLATION TESTS (115)**

SAFETY & BUILDINGS
 DIVISION
 P. O. BOX 7850
 MADISON, WI 53707

(HS 63 0211) & Chapter 145.0451

LOCATION COUNTY	SECTION 1/4 1/4	TOWNSHIP T N/R E (or W)	MUNICIPALITY	LOT NO.	BLK NO.	SUBDIVISION NAME
OWNER'S BUYER'S NAME			MAILING ADDRESS			
USE Residence		NO. BEDS	COMMERCIAL DESCRIPTION	DATES OBSERVATIONS MADE		
				PROFILE DESCRIPTIONS	PERCOLATION TESTS	

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL TUGOUND	PER GROUP PRESSURE SYSTEM	FILL HOLDING TANK	SEWERMEDIATED SYSTEM
<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U	<input type="checkbox"/> S <input type="checkbox"/> U

If Percolation Tests are NOT required under DHS 145.0451(1), indicate	DESIGN RATE	Place pertinent information on the Percolation and/or Flow Diagram on this sheet
---	-------------	--

PROFILE DESCRIPTIONS

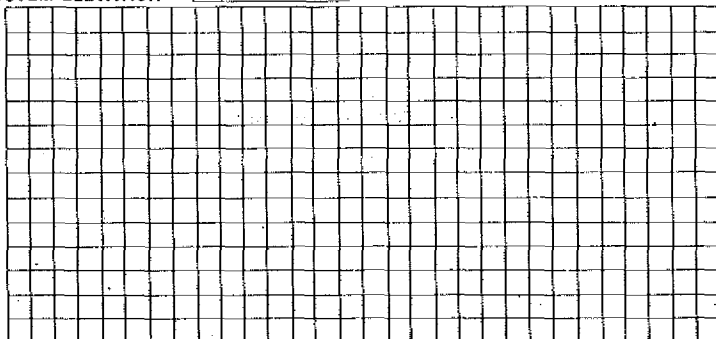
BORING DEPTH	TOTAL DEPTH	ELEVATION	DEPTH TO GROUNDWATER INCHES OBSERVED	EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE AND DEPTH TO BEDROCK, IF OBSERVED (SEE ABBREV. IN BACK)
B-					
B-					
B-					
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL (MIN)	GROUNDWATER LEVEL INCHES			RATE (MINUTES PER INCH)
				PERIOD 1	PERIOD 2	PERIOD 3	
P-							
P-							
P-							
P-							
P-							
P-							

PLOT PLAN: Show locations of percolation tests, soil borings and the dimensions of surface soil areas. Indicate surface elevations. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevations at all borings and the structure and percent of slope.

SYSTEM ELEVATION



I, the undersigned, hereby certify that the soil tests reported on this form were made by me or under my direct supervision in accordance with the procedures set forth in the Wisconsin Administrative Code, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

NAME (print)	TESTS WERE CONDUCTED BY
ADDRESS	CERTIFICATION NUMBER
	TEST SIGNATURE

DISTRIBUTION: 10 copies and 10 copies to Local Authority. Distribute copies of this form.
 DHEW 88-00284-102-89



APPLICATION FOR SANITARY PERMIT

(PLB 67)

DATE: _____

-Attach complete plans in accord with H 63.05 Wis. Admin. Code for the review and approval of the Board of Health.

-See reverse side for instructions for completing this application.

PLEASE PRINT

PROPERTY OWNER			MAILING ADDRESS		
PROPERTY LOCATION: 1/4 1/4 S T N R E (or) W			CITY, TOWNSHIP AND COUNTY		
LOT NUMBER	BLOCK NUMBER	SEWER DISTRICT NAME	STREET FRONT YARD SETBACK (FEET)	STATE OF WISCONSIN	

TYPE OF BUILDING OR USE SERVED		Public Sewer
1 or 2 Family	Number of Bedrooms	

THIS PERMIT IS FOR A:		
<input type="checkbox"/> New System	<input type="checkbox"/> Tank Replacement	<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement Soil Absorption System	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Pump
<input type="checkbox"/> Alternate System	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Protection Modification

IF THIS IS A CONVENTIONAL SYSTEM COMPLETE THIS BLOCK			
<input type="checkbox"/> Shallow Bed System In Full	<input type="checkbox"/> Shallow Trench In Ground Process	<input type="checkbox"/> Storage Pit Vault Policy	<input type="checkbox"/> Holding Tank Pit Policy
<input type="checkbox"/> Existing For Which A Previous Permit Is On File Permit # _____			
<input type="checkbox"/> An Existing System That Has Been Inspected And Is Compliant As For A Soil Condition Permit # _____			

	Total Area (sq. ft.)	Area Type	Permeability (inches)	Soil (per inch)	Size	Material	Notes
Septic Tank Capacity							
Lift Pump Tank System Chamber							
Holding Tank Capacity							
Manufacturer							

	Total Area (sq. ft.)	Area Type	Permeability (inches)	Soil (per inch)	Size	Material	Notes
Septic Tank Capacity							
Lift Pump System Chamber							
Manufacturer							

PERCOLATION RATE (inches per hour)	ABSORPTION AREA REQUIRED (Square Feet)	ABSORPTION AREA PROPOSED (Square Feet)	WATER SUPPLY		
			Private	Joint	Public

I, the undersigned, hereby assume responsibility for installation of the private sewage system shown on the attached plans.

Name of Permittee	Signature	MP (MHSW) No.	Phone Number
Permitter's Address	Name of Inspector		

COUNTY/DEPARTMENT USE ONLY				
Signature of Inspecting Agent	File	Date	Approved	Disapproved Owner Given Final Adverse Determination
Reason for Disapproval				
Alternative Council of Action Available				

DILHR 580 6328 (R 5 82) DISTRIBUTION: Original County One Copy To: Bureau of Planning Studies, Madison



**SANITARY PERMIT
TRANSFER/RENEWAL
(PLB 67-T)**

_____ COUNTY
UNIFORM PERMIT # _____

PERMIT RENEWAL DATE:	PERMIT TRANSFER DATE:	ORIGINAL PERMIT ISSUANCE DATE:	STATE PLAN I.D. NUMBER:
PROPERTY LOCATION: ¼ ¼ S T N, R E (or) W		CITY:	VILLAGE:
LOT NUMBER:	BLOCK NUMBER:	SUBDIVISION NAME:	
		TOWN OF:	
NEAREST ROAD, LAKE OR LANDMARK:			

PREVIOUS SANITARY PERMIT HOLDER (IF CHANGED):		SANITARY PERMIT TRANSFERRED TO:	
NAME:	SIGNATURE:	NAME:	PHONE NUMBER:
ADDRESS:	PHONE NUMBER:	ADDRESS:	

I, the undersigned, hereby assume responsibility for installation of the private sewage system that has previously been approved for this property.

PLUMBER'S SIGNATURE:	PREVIOUS PLUMBER'S NAME (IF CHANGED):
PLUMBER'S ADDRESS:	PREVIOUS PLUMBER'S ADDRESS:
MP/MPSW NUMBER:	PHONE NUMBER:
()	()
MP/MPSW NUMBER:	PHONE NUMBER:
()	()

SIGNATURE OF ISSUING AGENT:	DATE APPROVED:
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DISTRIBUTION:
Original - County
Copy - Bureau of Plumbing
Copy - Owner
Copy - Plumber

DILHR-SBD-6399 (R. 5/82)

Register, June, 1983, No. 330

HEALTH AND SOCIAL SERVICES
DILHR 83 Appendix

PLB 68

COUNTY

SANITARY PERMIT

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

011-44-510-10000-10-10-82

CHAPTER 145.135 WISCONSIN STATUTES

(a) The purpose of the sanitary permit is to allow installation of the private sewer 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 from the date of issuance 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) Changed 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. Changed regulations may require renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

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

PLB 68-T

COUNTY

SANITARY PERMIT

No. _____

TRANSFER/RENEWAL

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ NR _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION _____

CHAPTER 145.125 WISCONSIN STATUTES

(a) The purpose of the sanitary permit is to allow installation of the private sewer 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 from original date of issuance 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) 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. Changes regulations may require renewal.

(f) The sanitary permit is transferable. A sanitary permit transfer shall be obtained from the county authority.

* If you sell or in some way transfer or transfer ownership of the permit, please notify the county authority.

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

DILHR 520 6/84 (Rev. 04/82)

Register, June, 1989, No. 336

HEALTH AND SOCIAL SERVICES
LHR 83 Appendix

267

SSD 6879 (9/81) (Pb 700)

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



STATE OF WISCONSIN DILHR
DIVISION OF SAFETY & BUILDINGS
BUREAU OF PLUMBING
201 E. WASHINGTON AVE. RM 178
P.O. BOX 7963
MADISON, WI 53707
500.266.9415

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 required fee is \$

Fee received is \$

- | | |
|---|--|
| <input type="checkbox"/> Underpayment - Please submit the additional fee. | <input type="checkbox"/> Overpayment - Refund forthcoming. |
| <input type="checkbox"/> Plan accepted for review. | <input type="checkbox"/> Plans being returned. |
| <input type="checkbox"/> No fee has been remitted. Plans submitted with no fees will be held in abeyance. | <input type="checkbox"/> Additional information required. SEE BELOW. |

I. Plan Submission

- Additional information shall be submitted in duplicate unless specifically noted.
- Plans not clear, legible or permanent.
- All information submitted shall be signed, dated and sealed or stamped in accord with Section H 63.0812 (a) Wisconsin Administrative Code. Affidavit enclosed.

- Complete data relative to anticipated use of bldg. 2 copies of PLB 60 enclosed.
- Deed restriction required (1 copy).
- Condominium declaration. (1 copy)

II. Pressurize Distribution Systems (Mound or In Ground Pressure)

- Application for use of an alternative system (signed by owner and notarized). (1 copy)
- County onsite required (1 copy). Design calculations for pressurize distribution. Soil boring & percolation test data.
- Cross section of system. Pipe lateral layout.
- Plan view of system. Plot plan.
- Verification of Exception Status Form by County. (1 copy)

IV. Holding Tanks

- Profile of holding tank showing vent, manhole alarm and manufacturer if present. Complete construction details if site constructed.
- 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).
- Plot plan showing location of holding tank with lateral distances to any building, walls, water service piping, water course, lot lines, swimming pools, all weather service road, Etc. Provide benchmark with elevation reference point.

III. Private Sewage Disposal Systems

- Ground slope with 2' contours 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 data.
- Plot plan showing lot size and all lateral distances from sewage disposal system to buildings, lot lines, well, water course, swimming pools, water service piping, Etc.
- Construction detail of septic, holding or lift pump tank if site constructed or tank manufacturer if present.
- Construction detail and cross-section of soil absorption system.
- Soil boring and percolation test on 115 completed by certified soil tester (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 flowrate 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 begin).
- Depth and type of fill.
- Copy of onsite report by county or district staff.



State of Wisconsin \ Department of Industry, Labor and Human Relations

SAFETY & BUILDINGS DIVISION

Bureau of Plumbing
P.O. Box 7963
Madison, WI 53707

Plan Identification No. _____

Re: _____

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 H 62.25 (2)(a) or H 63.08 (2)(a), Wisconsin Administrative Code.

These sections specifically indicate 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, please have the party preparing the plans sign the affidavit below and return to this office.

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)
REGISTRATION NUMBER _____ OR MASTER PLUMBER LICENSE NO. _____
ADDRESS _____
SIGNATURE _____ DATE _____

DILHR SBD-6212 (R.08/81)

Pib. = 60
1/78

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 _____

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

- () 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 _____



ON-SITE INVESTIGATION FOR
CONVENTIONAL SYSTEM IN-FILL

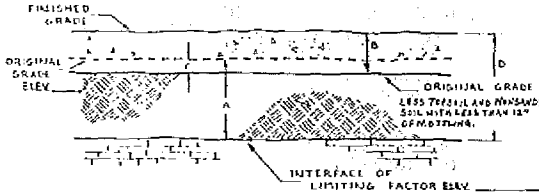
Safety & Buildings Division
Bureau of Plumbing
P.O. BOX 7869
MADISON, WI 53707

General Notes		Legal Description:			
Building Usage: <input type="checkbox"/> New Building <input type="checkbox"/> Replacement System <input type="checkbox"/> Public <input type="checkbox"/> Residential		No. of Bedrooms			
Square Feet	Depth Is Locked to Limiting Factor From	Fill Is Placed to Overcome Depth To:	Fill Placed To Meet Joints Area	Profound For, Filled	And Replacement Area
Soil Absorption	Critical Grade	Basement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Soil Resistivity	Yes <input type="checkbox"/> No <input type="checkbox"/>	Retrock	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Soil Filled	Topsoil and Subsoil Moved Prior to Placement of Fills	Topsoil Moved Prior to Placement of Fills	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing or Full Material Layer to Existing S.I.P.	Indicate Feature of Fill Materials	Soil Fill conforms to Section of 61-5015	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

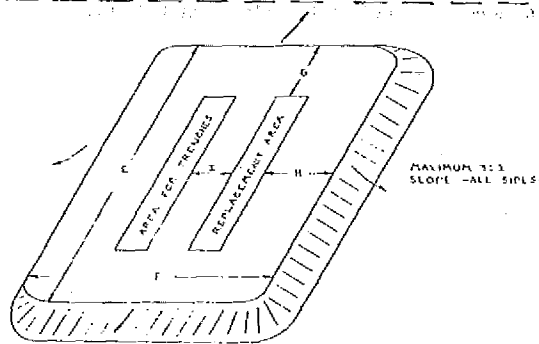
Explain Any Problems:

Complete the Following:

Bench Mark Elevation As Established Co 115 _____ Finished Grade Elevation _____



A	Depth to Limiting Factors
B	Depth of Fill Materials
C	Depth of Topsoil and Subsoil Fill With Less Than 12" of Settlement
D	Finished Depth to Limiting Factors



E	Total Length of Area Filled:
F	Total Width of Area Filled:
G	Dimension from Proposed Edge of Branch to Edge of Fill (min. 20')
H	Dimension from Proposed Edge of Branch to Edge of Fill (min. 20')
I	Replication of Trenches (min. 6')

Signature of County Representative/On-Site Waste Specialist

ILHR SED-6156 (R.07/83)

Name: _____

Date: _____

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

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 chapter ILHR 83, Wis. Adm. Code?
5. List any comments or pertinent information.

Signature of Person Completing Form

WISCONSIN ADMINISTRATIVE CODE

ILHR 83 Appendix

STATE OF WISCONSIN-DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS
 DIVISION OF SAFETY & BUILDINGS - BUREAU OF PLUMBING
 P.O. BOX 7969 - MADISON, WI, 53707

APPLICATION FOR THE USE OF AN ALTERNATIVE SYSTEM

Location:	Township/Municipality:		
<u> </u> <u> </u> <u> </u> <u> </u> N/R E(or)W	Subdivision:		County:
Street Address:	Mailing Address:		
Landowners Name:			

I (We), the undersigned, hereby make application for an alternative system on the above-described premises. I recognize that the above premises are not suited for a conventional private sewage system. If approval is granted, I agree to have the system installed in conformance with the Bureau's approval of plans and specifications.

I further understand that an alternative system is more complex in nature than a conventional private sewage 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 Bureau employes or other authorized persons to have access to the above described premises at any reasonable time for the purpose of inspection 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 Bureau will send the applicant a letter of approval which authorizes construction of the alternative system after all necessary permits have been obtained.

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

The Bureau accepts this application subject to this understanding and subject to all the conditions and obligations set out in this application.

STATE OF WISCONSIN	} SS.	Signature of Applicant	Date
COUNTY OF _____		Subscribed and sworn to before me	
		This _____ day of _____, 19__.	
		Notary Public, State of Wisconsin	
		My Commission Expires: _____	

DILHR-SBD-6413 (R. 05/81)

OTHER SBD-6698
(PLB.89)

APPLICATION FOR DEVELOPMENT OF FLOOD PLAIN
DEPARTMENT OF INDUSTRY, LABOR & HUMAN RELATIONS

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 Department of Industry, Labor & Human Relations 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: _____

NOTE: This document is to be recorded in the Tract Index at the office of the Register of Deeds in the county indicated below.

HOLDING TANK AGREEMENT

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

We hereby acknowledge that application has been made for a building permit on the following described property, to wit:

or that continued use of the existing premises requires that a holding tank be installed on the property for the purpose of proper containment of sewage. We also acknowledge that said property cannot now be served by a municipal sewer or septic tank-soil absorption system.

THEREFORE, as an inducement to the County of _____ to issue a sanitary permit for the above described premises, we hereby agree and bind ourselves as follows:

1. Owner agrees to conform to all applicable requirements of the Plumbing Code relating to holding tanks. Any time the Town or Municipality of _____ through its Plumbing Inspector or Health Officer, deems it necessary to pump out the subject holding tank, the Owner shall have same pumped out in twenty-four (24) hours, or _____ will have said work done and charge same back to Owner and place same on the tax bill as a special charge. The Owner further agrees that the Town or Municipality of _____ may enter upon the property described above at any reasonable time, to inspect, or pump and haul wastes from the subject holding tank.

2. Owner agrees to pay all charges and costs incurred by the Town or Municipality of _____ for inspection, pumping, hauling or otherwise servicing and maintaining the subject holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by such holding tank. _____ shall notify the Owner of any such cost which shall be paid by Owner within thirty (30) days from the date of notice and in the event that the Owner does not pay said cost within thirty (30) days, Owner hereby specifically agrees 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 Wisconsin Statute.

3. Owner agrees to have a quarterly pumping report submitted to the local government and the county which will 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 of Industry, Labor and Human Relations by the governmental unit responsible, per section 145.01 (15), Wisconsin Statutes.

4. We guarantee that the holding tank contents will be disposed of at a site meeting the requirements of chapter NR 113, Wisconsin Administrative Code.

5. This agreement will remain in effect only until the sanitary permit issuing agent in _____ County certifies that the subject property is served by either a public sewer or a septic tank-soil absorption system that complies with ch. ILHR 83, Wis. Adm. Code. In addition, this Agreement may be cancelled by executing and recording said certification with reference to this Agreement, in the Tract Index indicated above.

(OVER)

6. This agreement shall be binding upon the indicated governmental unit and the Owner or heirs and assignees and shall run with the deed.

WITNESS our hands and seals this _____ day of _____.

SIGNATURE OF TOWN OR MUNICIPAL OFFICIAL (Include Title): _____

SIGNATURE OF OWNER(S): _____

Personally came before me this _____ day of _____, 19____, the above named _____ 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:

SANITARY PERMIT SUBMITTAL FORM

COUNTY _____

DATE _____

TOTAL AMOUNT _____

TOTAL PERMITS _____

PERMITS BY NUMBER AND DATE ISSUED:

This form must accompany each group of Sanitary Permits upon submission for State Funding.

PLEASE USE ADDITIONAL SHEETS IF NECESSARY.

DILHR-SBD-6153 (N. 7/80)

Wisconsin Department of
DILHR
Industry, Labor and Human Relations

MATERIAL REQUEST

STATE OF WISCONSIN DILHR
DIVISION OF SAFETY & BUILDINGS
BUREAU OF PLUMBING
201 E. WASHINGTON AVE, RM 128
P.O. BOX 7969
MADISON, WI 53707

PLEASE MAIL ALL REQUESTS TO:

COUNTY OF _____	TELEPHONE _____	ADDRESS CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS _____		
ZIP CODE _____		

FORM NO.	TITLE OF MATERIALS REQUESTED:	QUANTITY ORDERED:	QUANTITY SHIPPED:
PLB - 68	SANITARY PERMIT		
PLB - 68T	SANITARY PERMIT TRANSFER		
SBD - 6398	PERMIT APP. FOR PRIVATE DOMESTIC SEWAGE SYSTEMS (PLB 67)		
SBD - 6399	TRANSFER FORM FOR SANITARY PERMIT (PLB 67T)		
SSD - 6095	REPORT ON INSPECTION OF SANITARY PERMIT		
SBD - 6153	SANITARY PERMIT SUBMITTAL		
SBD - 6395	REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)		
SBD - 6421	GROUNDWATER MONITORING REPORT (PLB 119)		
SBD - 6309	RPT. ON SOIL BORINGS AND PERC. TESTS-SUBDIVISION (EH-44)		
SBD - 6413	APPLICATION FOR AN ALTERNATIVE SYSTEM (PLB-108)		
SBD - 6158	VERIFICATION FOR THE USE OF AN ALTERNATIVE SYSTEM		

STATE USE ONLY-ASSIGNMENT OF SANITARY PERMIT NUMBERS!

01000

THE FOLLOWING PERMIT NUMBERS ARE ASSIGNED TO THE COUNTY IDENTIFIED ABOVE

(PLB 68) PERMIT NO. _____ THROUGH & INCLUDING _____ PERMITS

(PLB 68T) PERMIT NO. _____ THROUGH & INCLUDING _____ PERMITS

INITIALS: _____	DATE SHIPPED: _____	TOTAL PERMITS ISSUED: _____
-----------------	---------------------	-----------------------------

(Optional Form)
CONFIRMATION OF SANITARY PERMITS RECEIVED

001000

COUNTY OF: _____	DATE RECEIVED BY COUNTY: _____
PERMIT NUMBERS: _____ THROUGH: _____	SIGNATURE OF ISSUING AGENT: _____

DILHR 58D-6332 (H. & S.)

WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
 DIVISION OF SAFETY & BUILDINGS, BUREAU OF PLUMBING
 P.O. BOX 7969, MADISON, WISCONSIN 53707

Verification of Exception Status for an Alternative Private Sewage System
 In the County of _____

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

Town or Municipality _____ Street Address _____

Lot No. _____, Block _____, Subdivision _____

Landowner's Name: _____

The application for this site is for:

new construction use.

replacement system use.

If this is NEW CONSTRUCTION USE, the alternative private sewage system is:

to have one of the first five approvals guaranteed for this year. This is number _____ of those applications. (Use one of the first five quota numbers issued to you.)

one of the applications needing a quota number. The quota number assigned to this application is _____.

for one additional homesite on a farm to be occupied by a parent, child, grandchild, sibling, niece, nephew, or first cousin.

for an individual lot for which a sanitary permit was issued but was later ruled unsuitable due to new or changed soil criteria established by the department.

for an application on file prior to February 1, 1980.

for a lot that meets the criteria for a conventional private sewage system.

If this is a REPLACEMENT SYSTEM USE, the alternative private sewage system is replacing:

a failing conventional soil absorption system.

a holding tank that was installed and in use prior to February 1, 1980.

a privy that was installed and in use prior to February 1, 1980.

If this is a REPLACEMENT SYSTEM USE and the lot meets the criteria for a conventional private sewage system, check here:

I certify that the above information is true and accurate to the best of my knowledge.

Name _____ Signature _____
 (County Official)

Title _____ Date _____

DILHR-580-6158 (R 12/82)

PRIVY INSTALLATION AGREEMENT

NOTE: This document is to be recorded in the Tract Index at the office of the Register of Deeds in the county indicated below.

COPY TO BE ATTACHED TO PLB. 67 WHEN APPLYING FOR A SANITARY PERMIT

PROPERTY OWNER:	MAILING ADDRESS:		
LOCATION: 1/4 1/4 S /T N/R E (or) W	CITY, VILLAGE OR TOWNSHIP:	COUNTY:	

I (we) acknowledge the following privy installation conditions:

1. No plumbing will be installed on the premises. Plumbing means any piping, fixtures, equipment, devices or appurtenances in connection with water supplies, water distribution and drainage systems, including hot water storage tanks, water softeners and water heaters connected with such water and drainage systems.
2. The privy will not be erected within 50 feet of any well, stream or lake, 25 feet of a door or window of any building, 10 feet of the line of any street or public thoroughfare and 5 feet of a property line. Set backs not mentioned shall not be less than those shown in section H63.10(1), (Wis. Administrative Code).
3. The privy will not be installed on soils that do not have at least 3 feet of soil below the bottom of the proposed excavation that is free of periodic saturation or bedrock. Where these conditions cannot be met a vault constructed in accordance with section H63.18(6), Wisconsin Administrative Code will be used.
4. The soil condition has been verified by an appropriate county official or certified soil tester as signed here.
5. The privy will be installed: (mark one) over a soil pit over a vault.
6. This agreement shall be binding on the owner(s) or heirs and assignees.

SIGNATURE AND TITLE:

OWNER(S):	OWNER(S):
------------------	------------------

STATE OF WISCONSIN

Personally came before me this _____ day of _____, 19____, the above named _____

_____ 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:
------------------------------------	-----------------------	-------------------------------

DILHR-30-6432 (R. 3/82)

Register, June, 1983, No. 380

OPTIONAL WORKSHEET

I. MOUND SYSTEM

1. Wastewater Load, Total Daily Flow = _____ gal.
Use section H 63.15 (1) (a), Wis. Adm. Code and PROVIDE A DETAILED LIST OF SIZING ON PLANS.
2. Depth to Limiting Factor = _____ ft.
3. Landscape = _____ %
4. Distance from Base Chamber to Distribution System = _____ ft.
5. Elevation Difference Between Pump and Distribution System = _____ ft.
6. Absorption Area Sizing:
Area Required = _____ sq. ft.
Bed or Trench Length (B) = _____ ft.
Bed or Trench Width (A) = _____ ft.
Trench Spacing (C) = _____ ft.
7. Mound Height:
Feet Depth (D) = _____ ft.
Foil Depth Downslope (E) = _____ ft.
Bed or Trench Depth (F) = _____ ft.
Cap and Topsoil Depth (G) = _____ ft.
Cap and Topsoil Depth (H) = _____ ft.
8. Mound Length:
End Slope (I) = _____ ft.
Total Mound Length (J) = _____ ft.
9. Mound Width:
Upslope Correction Factor = _____ ft.
Downslope Correction Factor = _____ ft.
Downslope Width (K) = _____ ft.
Total Mound Width (L) = _____ ft.
10. Basal Area:
Infiltration Capacity of Natural Soil = _____ gal./sq. ft./day.
Basal Area Required = _____ sq. ft.
Basal Area Available = _____ sq. ft.
11. If Standard Tables from Chapter H 63 are Used, Indicate Table No. _____
12. For the Distribution Network, Use Numbers 5-11 in Section III.

II. IN-GROUND PRESSURE SYSTEM

1. Depth to Limiting Factor = _____ ft.
2. Landscape = _____ %
3. Perforation Rate = _____ in./in.
4. Proposed System Elevation = _____ ft.
5. Wastewater Load, Total Daily Flow:
Use section H 63.15 (1) (a), Wis. Adm. Code and PROVIDE A DETAILED LIST OF SIZING ON PLANS.
Required Septic Tank Capacity = _____ gal.
6. Absorption Area Sizing:
Perforation Rate = _____ in./in.
Area Required = _____ sq. ft.
System Length = _____ ft.
System Width = _____ ft.
7. Distribution Pipe Sizing:
Hole Size = _____ in.
Hole Spacing = _____ ft.
Lateral Length = _____ ft.
Lateral Size = _____ in.
Lateral Spacing = _____ ft.
Distance from Side Wall to Pipe = _____ in.
8. Distribution Pipe Discharge Rate:
Number of Holes Per Pipe = _____
Flow Per Foot = _____ gpm.
9. Manifold Sizing:
Type (center or end) _____
Length = _____ ft.
Diameter = _____ in.

III. IN-GROUND PRESSURE SYSTEM (continued)

10. Page No. _____
11. Minimum Discharge Rate = _____ gpm.
Diameter = _____ in.
12. Total Downside Head:
System Head = _____ ft.
Vertical Lift = _____ ft.
Friction Loss = _____ ft.
TDH = _____ ft.
13. Pump Selection:
Pump with discharge at least _____ gpm.
at _____ ft. total dynamic head.
Pump model and manufacturer = _____
14. Base Chamber:
ID Long Axis (Vertical) = _____ ft.
Distribution Lines:
Ditch Wastewater Volume = _____ gal.
1 Dia. x 20 ft. = _____ gal.
B.V. Box = _____ gal.
Storage Base = _____ gal.
15. Base Chamber:
Volume = _____ gal.

III. CONVENTIONAL PRIVATE SEWAGE SYSTEM

1. Wastewater Load, Total Daily Flow = _____ gal.
Use section H 63.15 (1) (a), Wis. Adm. Code and PROVIDE A DETAILED LIST OF SIZING ON PLANS.
2. Required Septic Tank Capacity:
1. Perforation Rate = _____ in./in.
2. Area Required = _____ sq. ft.
Length = _____ ft.
Width = _____ ft.
Number of Trenches = _____
Trench Spacing = _____ ft.
3. Distribution System:
Lateral Length = _____ ft.
Number of Laterals = _____
Lateral Spacing = _____ in.
Distance from Side Wall to Pipe = _____ in.
System Elevation = _____ ft.

IV. SYSTEM-FILL

Fill in All Items from Section III

V. SEPTIC TANK

1. Capacity = _____ gal.
2. Manufacturer = _____
3. Show Site Constructed Tank Details on Plan

VI. DOWNSIDE TANK

1. Capacity = _____ gal.
2. Manufacturer = _____
3. Pump Manufacturer = _____
4. Pump Model = _____
5. Operator's Head = _____ ft.
6. Flow Rate = _____ gpm.
7. Show Site Constructed Tank Details on Plan

VII. HOUSING TANK

1. Capacity = _____ gal.
2. Manufacturer = _____
3. Show Site Constructed Tank Details on Plan

-SHOW ALL INFORMATION ON PLANS-



**PRIVATE SEWAGE SYSTEMS
PLAN APPROVAL APPLICATION**

STATE OF WISCONSIN DILHR
DIVISION OF SAFETY & BUILDINGS
BUREAU OF PLUMBING
201 E. Washington Avenue, Rm. 113
P.O. Box 7989, Marquette, WI 53707
608 266 3815

INSTRUCTIONS: Please fill in all applicable data and submit this form with plans. Plans will not be reviewed until all fees are received. The back side of this form describes required plan information. Plumbing codes can be purchased from the Department of Administration, Document Sales, 202 South Thornton Ave., Madison, Wisconsin 53703, Telephone (608) 266-3358.

1. PROJECT INFORMATION (Type or print clearly)			Revision to Plan Number		
Name of Submitting Party (Plans returned to sender)			Project Name		
Street & No. or Rural Route			Project Location - Street & No. or Legal Description		
City or Village	State	Zip	City <input type="checkbox"/>	Village <input type="checkbox"/>	Town <input type="checkbox"/>
Telephone No. (include area code)			County		
Designer	Telephone No. (include area code)	Owner's Name	Telephone No. (include area code)		
Street & No.			Street & No.		
City or Village	State	Zip	City or Village	State	Zip

2. APPLICATION FOR:

- | | | |
|--|---|--|
| <input type="checkbox"/> Conventional System - Public Building (1) | <input type="checkbox"/> New Mound System (3a) | <input type="checkbox"/> Holding Tank (2) |
| <input type="checkbox"/> Replacement Pressurized System (4b) | <input type="checkbox"/> Replacement Mound (4a) | <input type="checkbox"/> Petition For Modification (6) |
| <input type="checkbox"/> New Pressurized System (3b) | <input type="checkbox"/> System in Fill (1) | <input type="checkbox"/> Other Alternatives (5) |
| | <input type="checkbox"/> System in Flood Fringe (1) | |
| | <input type="checkbox"/> Groundwater Monitoring (7) | |

3. FEE COMPUTATIONS (Include existing tanks)**MAXE ALL CHECKS PAYABLE TO DILHR**

3a.	750 - 1,500 gallon septic tank	- 30.00
3b.	1,501 - 2,500 gallon septic tank	- 40.00
3c.	2,501 - 4,000 gallon septic tank	- 55.00
3d.	4,001 - 8,000 gallon septic tank	- 70.00
3e.	8,001 - 12,000 gallon septic tank	- 85.00
3f.	Over 12,000 gallon septic tank	- 100.00

3g.	500 - 1,000 gallon dose chamber	- 30.00
3h.	1,001 - 2,000 gallon dose chamber	- 35.00
3i.	2,001 - 4,000 gallon dose chamber	- 50.00
3j.	4,001 - 8,000 gallon dose chamber	- 65.00
3k.	8,001 - 12,000 gallon dose chamber	- 80.00
3l.	Over 12,000 gallon dose chamber	- 95.00

3m.	500 - 5,000 gallon holding tank	- 30.00
3n.	5,001 - 10,000 gallon holding tank	- 40.00
3o.	Over 10,000 gallon holding tank	- 50.00

3p. Groundwater Monitoring Per Lot (other than a proposed subdivision) - 32.00

3q. Priority plan review - (walk through) Submittal of plans in person, by appointment, with double fee

3r.	Petition for Modification	
	Setback	- 20.00
	Site evaluation	- 60.00

4. FEE SUBMITTED**FOR OFFICE USE**

4a.	_____	_____
4b.	_____	_____
4c.	_____	_____
4d.	_____	_____
4e.	_____	_____
4f.	_____	_____
4g.	_____	_____
4h.	_____	_____
4i.	_____	_____
4j.	_____	_____
4k.	_____	_____
4l.	_____	_____
4m.	_____	_____
4n.	_____	_____
4o.	_____	_____
4p.	_____	_____
Subtotal	_____	_____
4q.	_____	_____
4r.	_____	_____
Total Fee	_____	_____

DILHR-SD-6748 (R. 02/83)

NOTE: Fees subject to change on July 1, annually.

-OVER

The following information is required for plan review. An index page of each page of the plans must be signed, sealed and dated by the designer.

- 5. MOUNDS & IN-GROUND PRESSURE DISTRIBUTION SYSTEMS**
- 5a. Application for Use of an Alternative System (DILHR SBD 6413) signed by owner and notarized.
- 5b. County plat.
- 5c. Verification form signed by county (DILHR SBD 6158).
- 5d. 115 photocopy.
- 5e. Plot plan showing lot size and all lateral distances from the system to buildings, wells, water courses, etc. Show permanent reference points. Direction and percent of slope or two foot contours must be included. Provide system elevation for in-ground pressure, show area for replacement if for new construction. (TWO COPIES)
- 5f. Plan view of system with distribution pipes and permanent lateral markers (TWO COPIES)
- 5g. System cross-section (TWO COPIES)
- 5h. Pipe lateral layout (TWO COPIES)
- 5i. Construction detail of each tank if site constructed, or manufacturer if prefabricated (TWO COPIES)
- 5j. Drain Chamber cross section with construction details if site constructed (TWO COPIES)
- 5k. Pump or siphon model, performance curve, total dynamic head calculations and minimum discharge volume (TWO COPIES)
- 5l. If the site is suitable for a conventional private sewage system, items a and b from this section are not required.
- 6. CONVENTIONAL PRIVATE SEWAGE SYSTEMS**
- 6a. Photocopy of sub test 115 by CST, including data for replacement system, if new construction.
- 6b. Project Data / Data Sheet providing all being information (TWO COPIES)
- 6c. Plot plan showing location of septic tank, soil absorption system and replacement area. Indicate lateral distances to any buildings, well, water courses, lot lines, etc. The plot plan must also show the location of permanent horizontal and vertical reference points (benchmark). Also indicate ground slope within 2 foot contours in entire area, extending 25 feet on all sides of initial and replacement systems. (TWO COPIES)
- 6d. Plan view of soil absorption system showing all dimensions, pipe lengths, spacing, etc. (TWO COPIES)
- 6e. Cross section of soil absorption system showing system elevation, aggregate, cover material, depths, etc. (TWO COPIES)
- 6f. Construction detail of septic tank if site constructed, or manufacturer if prefabricated (TWO COPIES)
- 6g. Data of lift pump tank or automatic siphon, tanks etc, gpm, gallons per cycle, vertical lift, friction loss, etc. (TWO COPIES)
- 7. HOLDING TANKS**
- 7a. Photocopy of sub test 115 by CST. A full evaluation must be made to eliminate the possibility of any other system being installed.
- 7b. Agreement document between owner and local unit of government, notarized and recorded in reference to the deed. This agreement must include a statement about the quarterly pumping report.
- 7c. Plot plan showing location of holding tank with lateral distances to any buildings, well, water service piping, water courses, lot lines, etc. Provide horizontal and vertical reference points. Include all weather service roads within ten feet of the structure post. (TWO COPIES)
- 7d. Holding tank profile showing vent, manhole, alarm and manufacturer if prefabricated. Complete construction details if site constructed. (TWO COPIES)
- 7e. Project Data / Data Sheet providing all being information (TWO COPIES). This is not required for residential installations where the number of bed rooms is indicated on the plan.
- 8. SYSTEMS IN FILL**
- 8a. Systems in fill must include an odor investigation form (DILHR SBD 6196), as well as all of the appropriate items listed in sections 5.
- 9. GROUNDWATER MONITORING**
- 9a. 115 photocopy (TWO COPIES)
- 9b. Groundwater Monitoring Report (DILHR SBD 6412) (TWO COPIES)
- 9c. Verification of data and procedures from county (TWO COPIES)
- 9d. Proprietary data
- 10. PETITION FOR MODIFICATION**
- 10a. Private Sewage Petition for Modification Form (DILHR SBD 6683)

STATE OF WISCONSIN
 DILHR-DIVISION OF SAFETY & BUILDINGS
 BUREAU OF PLUMBING
 P.O. BOX 7969
 MADISON, WISCONSIN 53707



WISCONSIN PRIVATE SEWAGE SYSTEM
 COUNTY AUDIT
 SECTION 145.19 (D), WISCONSIN STATUTES
 CALENDAR YEAR 1982

I. DRAINANCE & PERSONNEL

1. County Drainance Adopted? YES NO
2. Drainance - Complies H 631 YES NO
3. Changes to Ordinance Since Approval? YES NO
4. County Participates in the Wisconsin Fund? YES NO
 - a. No. of Orders Issued _____
 - b. No. of Grants Applied For _____
 - c. No. of Grants Approved _____
 - d. No. of Systems Installed _____
 - e. No. of Maintenance Reports Required _____
 - f. No. of Maintenance Reports Filled _____
 - g. No. of Orders or Enforcement Actions Against Non-Filers _____
 - h. Total Dollar Value of Grants _____
5. Total Number of Staff _____
6. No. of Certified Inspectors _____
7. No. of Certified Soil Testers _____
 - a. CST Co. Employee? YES NO
 - b. Name and Reg. No. of CST(s) _____
 - _____
 - _____
 - c. CST on Contract? YES NO
 - Name and Reg. No. of CST(s) _____
 - _____
 - d. Contract Available for Review? YES NO

II. PERMITS

1. No. of Sanitary Permits Issued Jan. 1, 1982 through Dec. 31, 1982 _____
2. No. of Permits New Construction _____
3. No. of Permits State Facilities _____
4. No. of Permits Replacement (SAS) _____
5. No. of Permits Replacement (Tank Only) _____
6. No. of Permits for Repair _____
7. No. of Permits Transferred _____
8. No. of Permit Renewals _____
9. No. of Permits Submitted to the Department _____
10. No. of Permits Rescinded _____
11. No. of Permit Applications Rejected on Review _____

III. SYSTEM INSTALLATIONS & INSPECTION

1. No. of Systems Installed in Following Categories:

	NEW	REPLACE- MENT
A. Conventional 1. Gravity Type	_____	_____
2. Inground Pressure	_____	_____
B. Alternate System 1. Mound	_____	_____
2. Inground Pressure	_____	_____
3. Other	_____	_____
C. Holding Tanks	_____	_____
D. Privies	_____	_____
E. Repaired/Altered	_____	_____
F. Replacement Tanks	_____	_____
2. No. of Systems Inspected _____ of _____
 - a. Was Every System Inspected Prior to Backfill? YES NO
3. No. of Construction Inspections _____
 - a. New _____
 - b. Replacement _____
 - c. Repaired/Altered _____
4. No. of Failing System Inspections _____
5. Other Inspections (Specify in Summary) _____
6. Total No. of Inspections _____

IV. ENFORCEMENT ACTIONS

1. Construction Directives and Orders
 - a. No. of Field Directives _____
 - b. No. of Directives Complied With _____
 - c. No. of Orders Issued (After Directive) _____
 - d. No. of Orders Complied With _____
 - e. No. of Orders Taken to Corp Counsel/DA _____
 - f. No. of Orders Enforced _____
2. Failing System Inspections
 - a. No. of Failing System Insp. _____
 - b. No. of Failing Systems Replaced M/D Orders _____
 - c. No. of Orders for Replacement _____
 - d. No. of Systems Not Replaced After Orders _____
 - e. No. of Orders Taken to DA/Corp Counsel _____
 - f. Orders Enforced by DA/Corp Counsel _____

DILHR-SSD-6461(R. 5/82)

V. COUNTY ADMINISTRATION

- 1. Building Permits Required by the County? YES NO
- 2. Land Use or Zoning Permit Issued by the County? YES NO
 - a. No. of Towns Requiring Building Permits _____ of _____
 - b. No. of Villages Requiring Building Permits _____ of _____
 - c. No. of Cities Requiring Building Permits _____ of _____
- 3. County Filing System:
 - a. No. of Soil Test Reports Filed With County _____
 - b. 1. Does the County Review All Soil Test Reports? YES NO
 - 2. No. of (315) Soil Reports Verified in the Field _____
 - c. 115 - Soil Tests Accepted Are Completed Properly? y - g - f - p - sp _____
 - d. Does the County Review All Plans for 1 & 2 Fam. Dwellings? YES NO
 - e. Does the County Have an Effective Filing System For:
 - 1. Plans Before Permit Issuance? YES NO
 - 2. Plans Before Construction? YES NO
 - 3. Plans After Construction? YES NO
 - f. PCB 67's Accepted are Completed Properly? y - g - f - p - sp _____
- 4. No. of Written Notices of Sanitary Permit Rejection _____
- 5. Budget
 - a. Revenue From Sanitary Permit Issuance _____
 - b. Revenue From State Aids _____
 - c. Revenue From Inspection Fees _____
 - d. County Program Self Supporting or Tax Funded _____
 - _____ \$ GR _____ \$ FR
 - TOTAL BUDGET _____
 - e. Fee for County Sanitary Permit _____
 - 1. Fee if different for Alternate Systems _____
 - 2. Fee if different for Holding Tanks _____
 - 3. Fee if different for Replacement Tanks _____
 - 4. Fee for Inspection _____
 - 5. Fee for Wisconsin Funds _____
 - 6. Fee for Transfer _____
 - 7. Fee for Plan Exam _____
 - 8. Fee for Privy _____
 - 9. Fee for Renewal _____
 - 10. Fee for Revision _____

VI. RANDOM FIELD REVIEW

- 1. Random Review in the Field of Systems Installed Where Permits Were Issued During Calendar Year 1984. Attach Summary.
 - a. % of Random Reviews Installed as Shown on Plans _____
 - 2. Review a Random Sample of Alternative Systems Installed During the Calendar Year. Randomly Select 10% of 5 Systems, whichever is Greater, or All of the Alternates if Less than 5 were Installed.
 - a. % of Random Alternates Installed as Shown on Plans _____
- VII. ON-SITE WASTE SPECIALIST USE ONLY
- 1. No. of Orders/Directives Issued by OWS This County _____
 - 2. No. of Soil Onsites by OWS This Co. _____
 - 3. No. of Filling System Inspections by OWS This County _____
 - 4. No. of Construction Inspections by OWS This County _____
 - 5. No. of Sealbars by OWS This County _____
 - 6. No. of Persons Attending Sealbars _____
- VIII. DILHR USE ONLY
- 1. No. of Sanitary Permits Received _____
 - 2. No. of Sanitary Permits Sent to Co. _____
 - From No. _____ To No. _____
 - TOTAL = _____
 - 5. Receipts Total Dollars \$ _____
 - 6. Aid to County Distributed \$ _____
 - 7. Wisconsin Fund Monies to County \$ _____

Petition for Modification of an Administrative Rule PRIVATE SEWAGE	WISCONSIN DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS DIVISION OF SAFETY & BUILDINGS P.O. BOX 7969, MADISON, WI 53707	OFFICE USE ONLY
		Petition No. _____ ID No. _____

Name of Owner	Building Occupancy or Use	Agent, Architect or Engineering Firm or Matter Number
Company	Tenant Name, if any	
Street & No.	Building Location, Street & No.	Street & No.
City State & Zip	City County	City State & Zip
Phone	Plus Numbers (if known)	Phone

Type of Petition	<input type="checkbox"/> Set Backs (Soil Absorption and Septic Systems)	<input type="checkbox"/> Experimental and Loading Rates	<input type="checkbox"/> Site Evaluations
Fee \$ _____			
LEGAL DESCRIPTION			
_____ W ₂ _____ 1/4 Section _____, T _____, N, R _____, E (or) W, Township _____			
Subdivision Name _____ County _____			

WISCONSIN ADMINISTRATIVE RULE BEING PETITIONED	
1. Rule _____ of the Wisconsin Administrative code cannot be entirely satisfied due to the following reasons: _____ _____ _____	
2. In lieu of complying exactly with the rule, the following alternative is proposed as a means of providing an equivalent degree of safety or health: _____ _____ _____	
3. Supporting arguments (For site evaluations, include Form 115—"Report on Soil Boring and Percolation Tests") _____ _____ _____	

DETAILED PLAN OR DRAWING					
COUNTY PERSONNEL AUTHORIZATION			Rule _____ being petitioned		
On-site inspection conducted (date) _____					
I, _____, indicate the information recorded on this request form is accurate and correct to the best of my knowledge and belief.					
VERIFICATION BY OWNER--PETITION IS VALID ONLY IF NOTARIZED. FOR INFORMATION CONTACT THE DEPARTMENT AT (608) 266-3815					
_____ being duly sworn, says he is petitioner herein, thus he has read the foregoing petition and that the same is true, as he verily believes.					
Subscribed and sworn to me this _____ day of 19_____,					
_____ County, Wisconsin.			Signature of owner,		
Notary Public _____					
My commission expires: _____					
OFFICE USE ONLY					
DEPARTMENT ACTION					
SITE EVALUATIONS			SET-BACK OR EXPERIMENTAL		
Date Received	Amount Paid	Receipt No.	Date Received	Amount Paid	Receipt No.
Department Action:			Department Action:		
ADMINISTRATOR			BUREAU DIRECTOR OR DESIGNEE		
Date			Date		

NOTE: This document is to be recorded in the Tract Index at the office of the Register of Deeds in the county indicated below.

CANCELLATION OF A HOLDING TANK AGREEMENT

As the sanitary permit issuing agent in the county stated below, I hereby certify that the following described property is now served by either a public sewer or a septic tank — soil absorption system that complies with ch. H 63, Wis. Adm. Code.

In addition, I understand that execution and recording of this document cancels a holding tank agreement between the _____ and _____ that was recorded on the ____ day of _____, 19__ in volume _____, page _____ as document number _____.

Witness my hand and seal this _____ day of _____, 19__.
County of _____
by _____ (include title)

STATE OF WISCONSIN

Personally came before me this _____ day of _____, 19__.
the above named _____,
to me known to be the person who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT
DRAFTED BY:

NOTARY PUBLIC

MY COMMISSION EXPIRES:

**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. ILHR 83.14 (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 elevated 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 = 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.