

DEC 1977

DATE OF PAYMENT \_\_\_\_\_

PERMIT NUMBER 5709

NAME Lyle Barry DM 00008

ADDRESS 715 Deertane Sleepy Hollow, Ill. 60118

LOCATION lot 8 minneska subd; SW 1/4 SE 1/4 Sec. 35 T4N R15E

CONTRACTOR Marvin Homburg MPRSW 1206 Whitewater, Ws. 53190

TOWNSHIP Whitewater

INSPECTION NEEDED: Office

	DATE OF INSTALLATION	DATE OF INSPECTION	APPROVAL	REJECTION
<input checked="" type="checkbox"/> WELL		12-15-77		
<input checked="" type="checkbox"/> PUMP				
<input checked="" type="checkbox"/> SEPTIC TANK				
<input checked="" type="checkbox"/> FILTER FIELD OR DRYWELL				

PAYMENT \$ \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Norman Delap

Deputy Inspector

Size of Tank 1,500 gallons No. Bedrooms 4

Material concrete Tile size 4"

Type of Bldg. SFD Lin. Feet \_\_\_\_\_

Persons Served 6 Trench Width \_\_\_\_\_

Perc Test By MARVIN HOMBURG Depth of Tile 24"

Perc Rate 2, 2, 2 Seepage Bed 23'x18' ; 415 SQ FT

Soil Type \_\_\_\_\_ Seepage Pit \_\_\_\_\_

20<sup>00</sup>



1. Name of Applicant: *W. H. [unclear]*  
2. Address: *50 [unclear]*

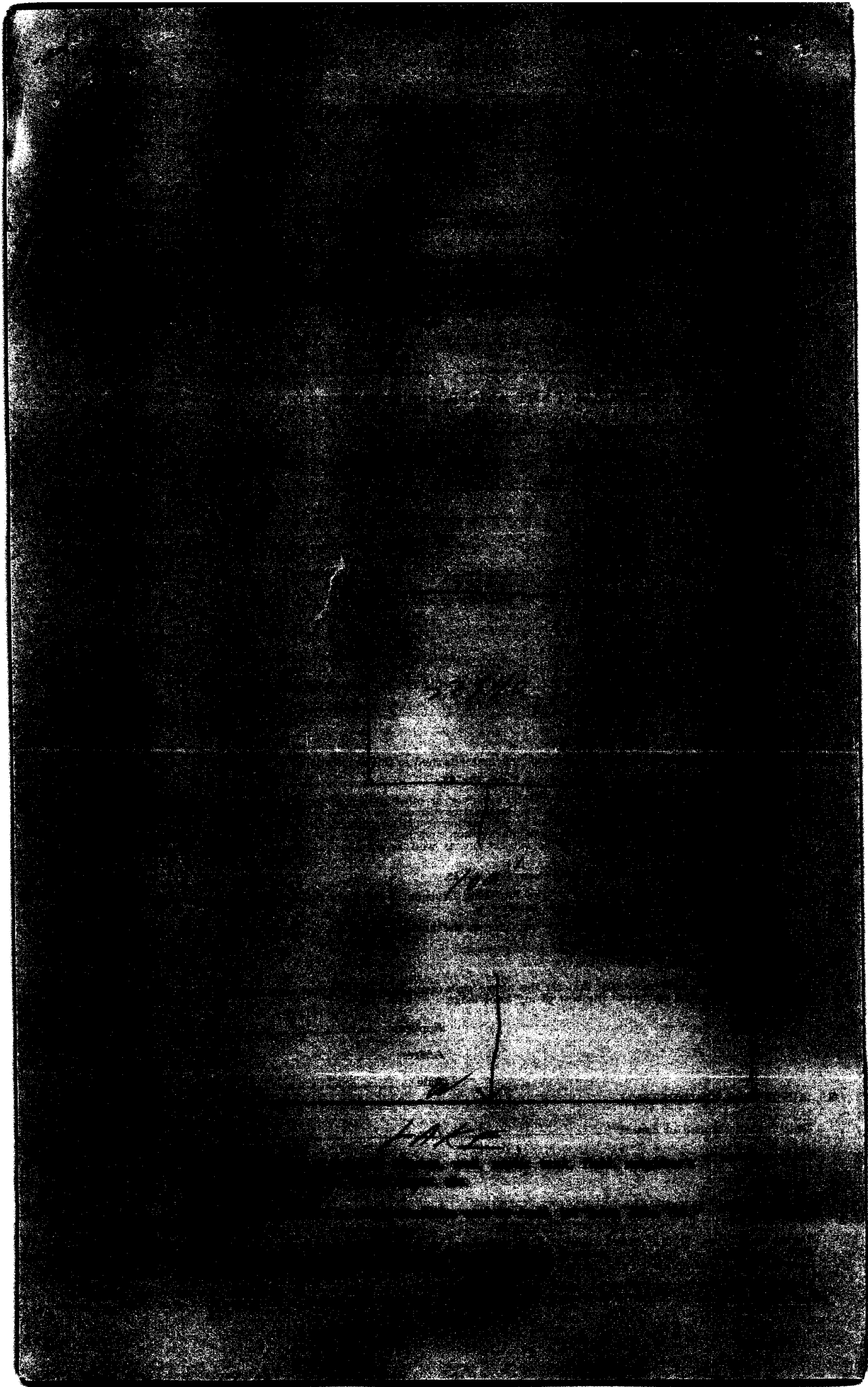
3. Name of Professional Engineer: *[unclear]*  
4. License No.: *[unclear]*

5. Name of Property: *[unclear]*  
6. Location: *[unclear]*  
7. Description of System: *[unclear]*

8. Proposed operation of the system: *[unclear]*  
9. Name of Installer: *[unclear]*  
10. Name of Inspector: *[unclear]*

11. Name of Sanitary Engineer: *[unclear]*  
12. Name of Health Officer: *[unclear]*  
13. Name of County Engineer: *[unclear]*

14. Name of Applicant: *[unclear]*  
15. Name of Inspector: *[unclear]*





\*DENOTES STATE APPROVAL REQUIRED

Date Approval Received from State if Required \_\_\_\_\_ State Plan I.D. # \_\_\_\_\_

A. OWNER OF PROPERTY (Lyle Barry) Mailing Address: \_\_\_\_\_

Vick Fox 715 Deer Lane Sleepy Hollow Ill 60118  
B. LOCATION: S.W 1/4 S.E 1/4, Section 35, T 4 N, R 15 E (or) Lot# 8 City \_\_\_\_\_

Subdivision Name, Minnieska nearest road, lake or landmark Blk# 1 Village \_\_\_\_\_  
Whitewater Lake Township Whitewater

C. TYPE OF OCCUPANCY: \*Commercial \_\_\_\_\_ \*Industrial \_\_\_\_\_ \*Other (specify) \_\_\_\_\_ \*Variance \_\_\_\_\_  
Single family  Duplex \_\_\_\_\_ No. of Bedrooms 4 No. of Persons 6

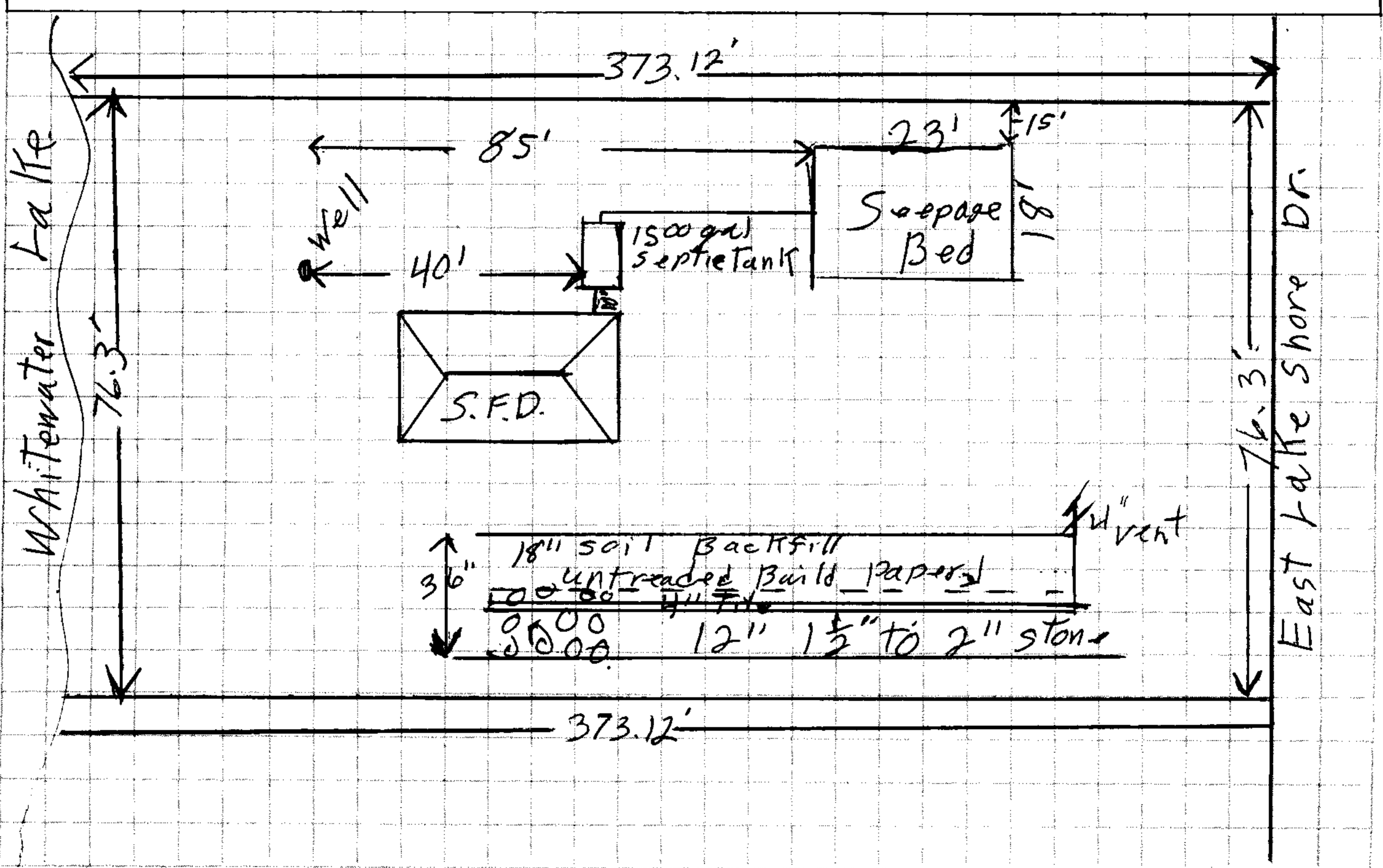
D. TYPE OF APPLIANCES: Dishwasher  YES \_\_\_\_\_ NO Food Waste Grinder  YES \_\_\_\_\_ NO # of Bathrooms 2  
Automatic Washer  YES \_\_\_\_\_ NO Other (specify) \_\_\_\_\_

E. SEPTIC TANK CAPACITY 1500 Total gallons No. of tanks 1  
\*Holding tank capacity \_\_\_\_\_ Total gallons \_\_\_\_\_ No. of tanks \_\_\_\_\_  
New Installation  Addition \_\_\_\_\_ Replacement \_\_\_\_\_ Prefab Concrete   
\*Poured in Place \_\_\_\_\_ Steel \_\_\_\_\_ Other (specify) \_\_\_\_\_

F. EFFLUENT DISPOSAL SYSTEM: Percolation Rate 1) 2 2) 2 3) 2 Total Absorb Area 415 sq. ft.  
New  Addition \_\_\_\_\_ Replacement \_\_\_\_\_ \*Fill System \_\_\_\_\_  
Seepage Trench: No. Lin. Feet \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Tile Depth \_\_\_\_\_ No. of Trenches \_\_\_\_\_  
Seepage Bed: Length 23' Width 18" Depth 36" Tile Depth 24" No. of Lines 3  
Seepage Pit: Inside diameter \_\_\_\_\_ Liquid Depth \_\_\_\_\_ Tile Size 4"  
Percent slope of land 8% Distance from critical slope \_\_\_\_\_

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 Merrin Flomburg C.S.T. # 886 and other information obtained from Vick Fox (owner/builder).  
Plumber's Signature Merrin Flomburg MP/MPSW# 1206 Phone # 414-473-2213

PLAN VIEW: Provide sketch below of system (include direction of slope and all distances in accord with H62.20, including well).



Do Not Write in Space Below - FOR DEPARTMENT USE ONLY  
Date of Application 9-22-75 Fees Paid: State 100 County 1000 Date \_\_\_\_\_  
Permit Issued/Rejected (date) 11-14-75 Issuing Agent Name D. A. Delap (Cm)  
Inspection Yes  No \_\_\_\_\_ Valid# \_\_\_\_\_ Date Rec'd \_\_\_\_\_



WISCONSIN DEPARTMENT OF HEALTH AND SERVICES  
DIVISION OF HEALTH AND ENVIRONMENTAL HEALTH

REPORT ON PERCOLATION TESTS AND SOIL BORING TESTS

CEX, Section 35, T.E.M. # 1, Township of Whitewater

No. 1, Mills Wadsworth

K Fax

15 Deer Lane, Sleepy Hollow, Ill 601

Residence  H

TYPE: NEW  ADDITION  REPLACEMENT

DATE: SOIL BORING 19 Sept 1975 PERCOLATION TESTS 20 Sept 1975

SOIL TYPE Casco Series

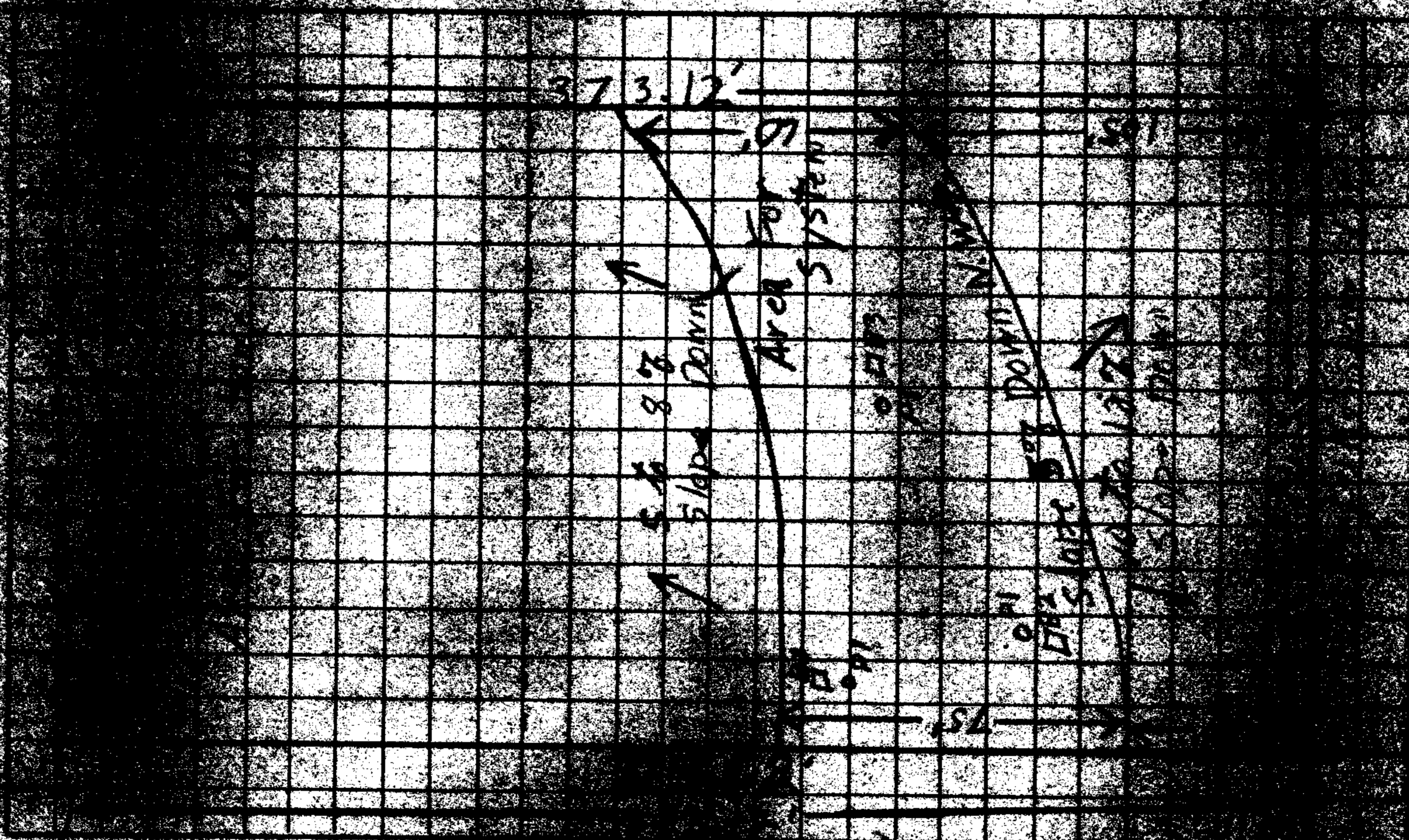
PERCOLATION TESTS

DEPTH OF SOIL (IN INCHES)	HOURS SINCE HOLE WAS 1ST WETTED	WATER IN HOLE AFTER SWELLING PERIOD	PERCENTAGE PERCOLATION	PERIOD	DATE
soil borings	30 Min	None	10	5 1/2	
soil borings	30 Min	None	10	4 1/2	
soil borings	30 Min	None	10	5 1/2	5 1/2

SOIL BORING TESTS

DEPTH TO GROUNDWATER (IN INCHES)	DEPTH TO GROUNDWATER (IN INCHES)		CHARACTER OF SOIL WITH THICKNESS (DOWN TO BEDROCK IF KNOWN)
	OBSERVED	ESTIMATED HIGHEST	
None	> 72"	> 72"	6" Bncl 12" Bncl 50" y 80" y 80" y 80"
None	> 72"	> 72"	5" Bncl 11" Bncl 56" y 80" y 80" y 80"
None	> 72"	> 72"	6" Bncl 12" Bncl 54" y 80" y 80" y 80"

Indicate percolation through bore holes and suitable soil areas. Indicate the location and extent of suitable areas. Indicate number of square feet of suitable area and location. 340 sq ft App 5,000 Jan 1975 Soil tests for 5/75

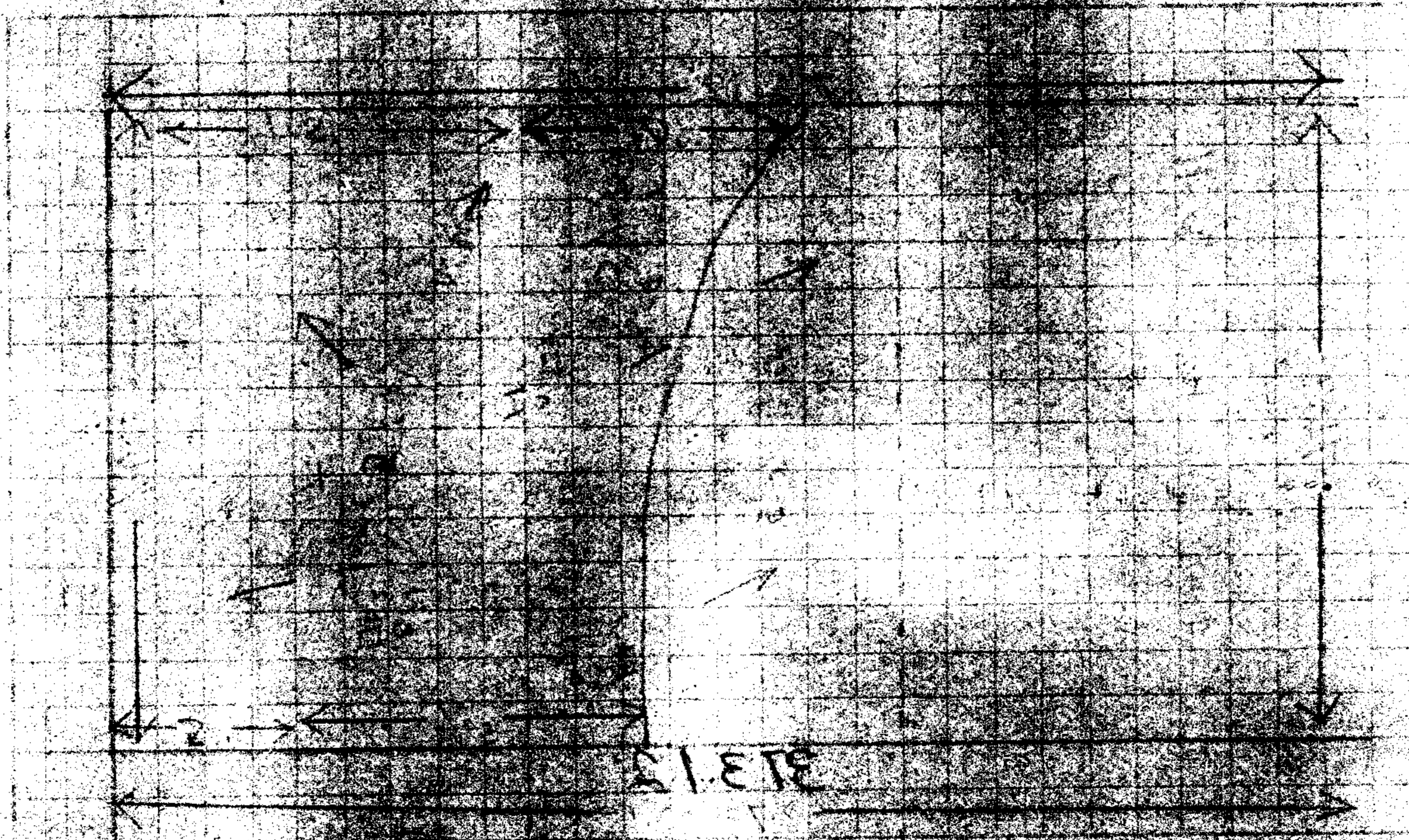


I, the undersigned, hereby certify that the percolation tests and soil boring tests were made by me in accordance with the Wisconsin Administrative Code and that the results are true and correct to the best of my knowledge and belief.

Maurin Homburg Signature Maurin

TEST NUMBER	TEST DATE	TEST TIME	TEST LOCATION	TEST RESULT
1				
2				
3				

TEST NUMBER	TEST DATE	TEST TIME	TEST LOCATION	TEST RESULT
4				
5				
6				



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