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

H-63 Appendix

EH 115 Rev. 9/75

REPORT ON SOIL BORINGS AND PERCOLATION TESTS
WISCONSIN DEPARTMENT OF HEALTH AND SOCIAL SERVICES
P.O. BOX 309, MADISON, WISCONSIN 53701

LOCATION: ___ ¼, ___ ¼, Section ___, T ___ N, R ___ E (or) W, Township or Municipality _____

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

Owner's/Buyers 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 _____

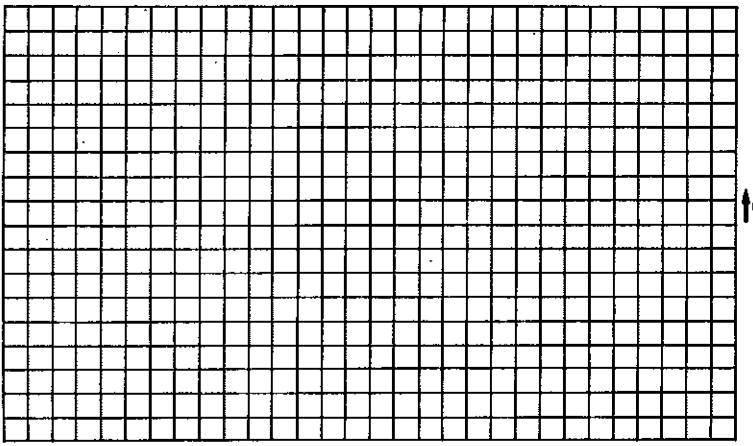
PERCOLATION TESTS

TEST NUMBER	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 undersigend, 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 _____

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 I.D # _____

A. OWNER OF PROPERTY Mailing Address

B. LOCATION ____¼ ____¼, Section ___, T___ N, R___ E (or) W Lot# ____ City _____
Subdivision Name, nearest road, lake or landmark Blk# _____ 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 Lineal 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 [ ]
Owners 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, builder)
Plumber's Signature _____ MP MPRSW# _____ Phone # _____
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 neighbors 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)
2. state (pink copy)
3. owner (green copy)
4. plumber (canary copy)

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

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: ____¼ ____¼, Section _____, T ____ N.R ____ E (or) 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.Lineal Ft. _____ Width _____ Depth _____ Tile Depth(top) _____ No Trenches _____
Seepage Bed: _____ Length _____ Width _____ Depth _____ Tile Depth(top) _____ No. of Lines _____
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 _____

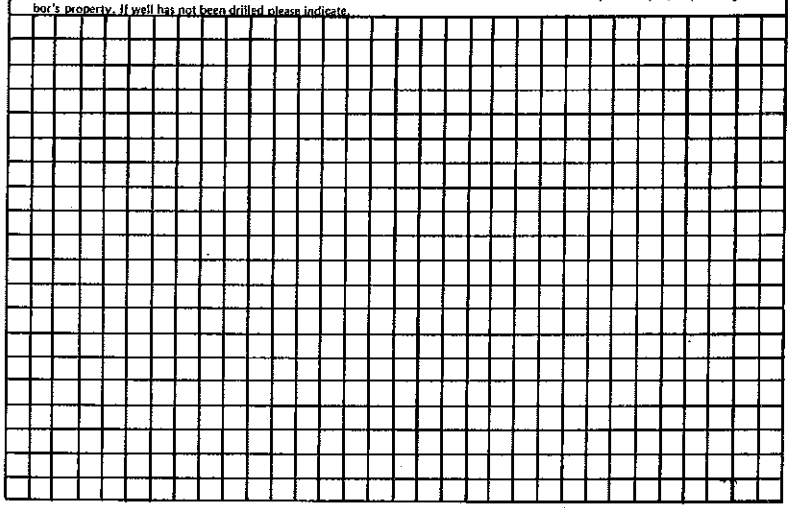
I, the undersigned, do hereby certify that I have reported all revisions to the sanitary permit and that all revisions are in accord with section H 62.20, Wisconsin Administrative Code and that I have sized the effluent disposal system according to the EH 116 prepared by the Certified Soil Tester and/or any additional soil tests that may have been required.

Plumber's Signature _____ MP/MPRSW # _____ Phone # _____

Plumber's Address _____

Information obtained from _____ (owner or agent) _____

PLAN 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 _____ E

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

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) 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 impede 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.

_____ 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

PLB 68-T

COUNTY

SANITARY PERMIT

No. ____ – ____

TRANSFER

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ N;R _____ ☐ E ☐ W

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

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.

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

8501

Plb 100a 12/78

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

State of Wisconsin
DIVISON OF HEALTH
SECTION OF PLUMBING
AND FIRE PROTECTION SYSTEMS
MAIL ADDRESS: P.O. BOX 309
MADISON, WISCONSIN 53701
608-266-3815

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.

I. **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(2)(a) Wisconsin Administrative Code.
  - ☐ Affidavit enclosed.

II. **Alternate sewage Disposal Systems (Mound 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' 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 test data.
- ☐ Plot plan showing lot size and all lateral distances from sewage disposal system or holding tank to bldgs, lot lines, well, watercourse, etc.
- ☐ Construction detail of septic, holding or lift pump tank if site constructed or tank manufacturer if precast.
- ☐ 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 to 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 plumbing supervisor.

Fb. 1-A

WISCONSIN DEPARTMENT OF HEALTH & SOCIAL SERVICES
Division of Health
Section of Plumbing & Fire Protection Systems

ON-SITE WASTE DISPOSAL INSPECTION REPORT

Name of Premises _____

Street _____ City _____ County _____

Master Plumber _____ Address _____

Owner _____ Address _____

☐ County Permits _____ ☐ Appropriate State Permits

Type of Building: ☐ Public _____ ☐ Single Family or Duplex

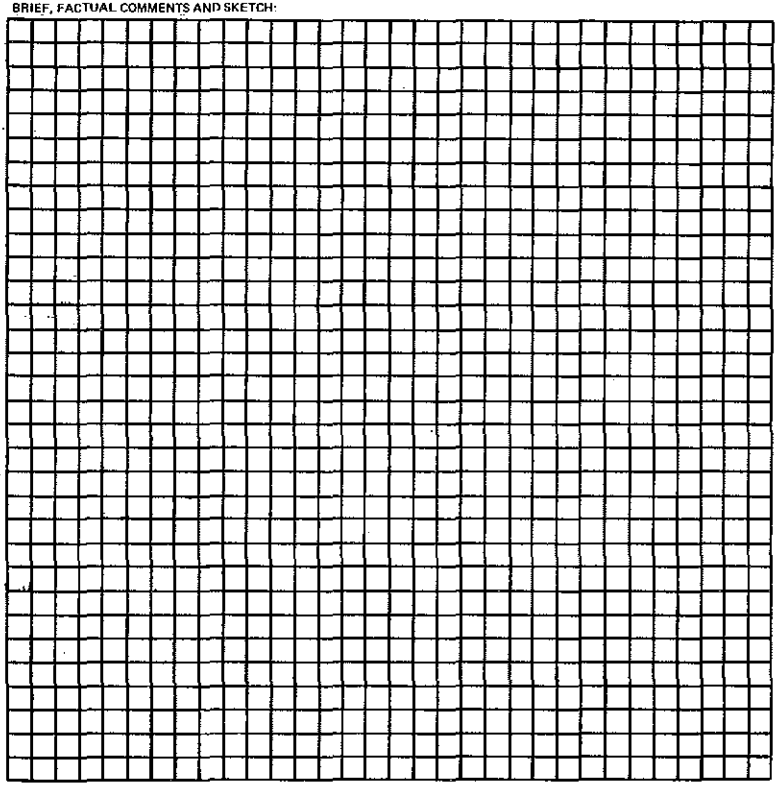
CHECK APPROPRIATE BOX FOR VIOLATION

- ☐ Building Sewer
- ☐ Septic Tank
- ☐ Holding Tank
- ☐ Seepage Bed
- ☐ Seepage Trench ☐ Seepage Pit

TYPE OF TREATMENT SYSTEM

- ☐ Conventional Soil Absorption System
- ☐ Conventional System-in-fill
- ☐ Alternate Mound System
- ☐ Holding Tank
- ☐ Experimental System

BRIEF, FACTUAL COMMENTS AND SKETCH:



☐ SEE ATTACHED

DISCUSSED WITH PLUMBER ( ) Yes ( ) No SIGNATURE (Voluntary) _____

DATE OF INSPECTION _____ _____
Signature of Inspector

White - Inspector Yellow - Local Inspector Pink - Plumber or Responsible Party

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: _____

Plb. 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

H 63 Appendix

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 _____

Plb. = 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 sewered sites _____
	Number of unsewered 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 _____

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.

Plb. 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? _____

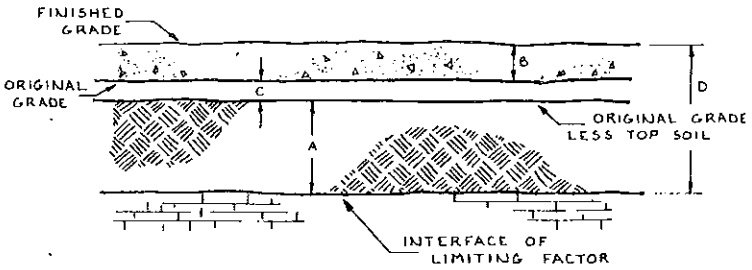
Signature of person completing form: _____

Date: _____

PLEASE COMPLETE SKETCHES ON REVERSE SIDE

1/78

H 63 Appendix

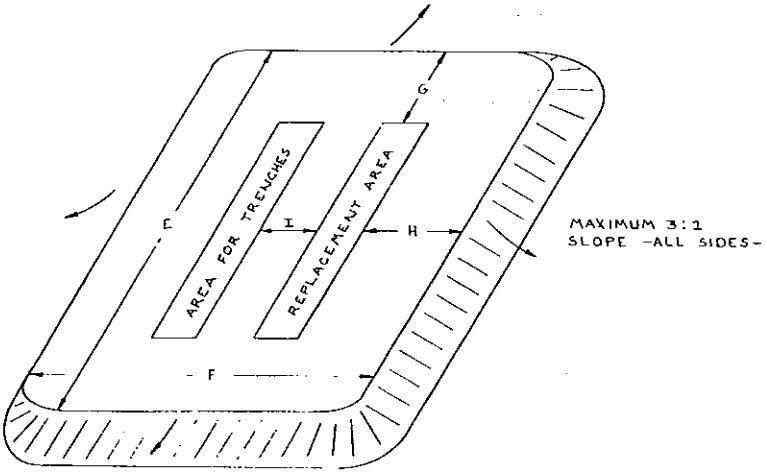


A. Depth to limiting factor (ground water or bedrock) _____

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
- ☐ Verificaton of data and procedures from county

PLB 119

Wisconsin Dept. of Health & Social Services
P. O. Box 309, Madison, WI 53701

GROUNDWATER MONITORING REPORT FORM

LOCATION: __1/4, __1/4, Section __, T__N, R__E(or)W, Township or Municipality_____

Lot No. _____, Block No. _____, _____ (Subdivision Name), County _____

Owner's Name and Mailing Address: _____

☐ Proposed Subdivision
☐ Individual Lot

Well Number			
Well Depth			

RAINFALL DATA: Rainfall data obtained from: _____

Monthly Data

Sept. ____ Oct. ____ Nov. ____ Dec. ____ Jan. ____ Feb. ____ TOTAL _____ (Need 8.5")

March ____ April ____ May ____ TOTAL _____ (Need 7.6")

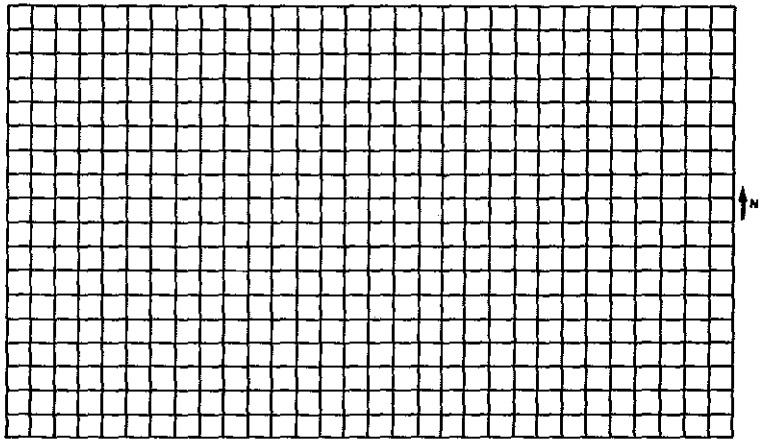
Provide daily rainfall data on a separate sheet for March, April and May. Write total rainfall for March, April and May on the lines provided above.

OBSERVATIONS

OBSERVATION DATE	Well # DEPTH FROM SURFACE TO WATER OR NONE	Well # DEPTH FROM SURFACE TO WATER OR NONE	Well # DEPTH FROM SURFACE TO WATER OR NONE

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 propery 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

PLB 108 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 MOUND 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 mound 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 Mound 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: _____

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: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signatures:

County Representative _____

Department of Natural Resources _____

Division of Health _____

HOLDING TANK AGREEMENT

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

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.

DILHR-SBD-6123 (N. 6/80)

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 (15), 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 ¼-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 ¼-in or 1 ½-in distribution pipe is required for a 40 foot distribution pipe. Select the larger 1 ½-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 ¼-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 x 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.