

ILHR 83

APPENDIX

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

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



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY
STATE SANITARY PERMIT #
<input type="checkbox"/> Check if revision to previous application
STATE PLAN I.D. NUMBER

-Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

-See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION - PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER			PROPERTY LOCATION ¼ ¼, S T , N, R E (or) W		
PROPERTY OWNER'S MAILING ADDRESS			LOT #		BLOCK #
CITY, STATE	ZIP CODE	PHONE NUMBER ()	SUBDIVISION NAME OR CSM NUMBER		

II. TYPE OF BUILDING: (Check one) <input type="checkbox"/> State Owned <input type="checkbox"/> Public <input type="checkbox"/> 1 or 2 Fam. Dwelling-# of bedrooms ____		<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input type="checkbox"/> TOWN OF: _____ NEAREST ROAD _____ PARCEL TAX NUMBER(S) _____
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III. BUILDING USE: (If building type is public, check all that apply)

1 <input type="checkbox"/> Apt/Condo	6 <input type="checkbox"/> Medical Facility/Nursing Home	10 <input type="checkbox"/> Outdoor Recreational Facility
2 <input type="checkbox"/> Assembly Hall	7 <input type="checkbox"/> Merchandise: Sales/Repairs	11 <input type="checkbox"/> Restaurant/Bar/Dining
3 <input type="checkbox"/> Campground	8 <input type="checkbox"/> Mobile Home Park	12 <input type="checkbox"/> Service Station/Car Wash
4 <input type="checkbox"/> Church/School	9 <input type="checkbox"/> Office/Factory	13 <input type="checkbox"/> Other: Specify _____
5 <input type="checkbox"/> Hotel/Motel		

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. New System 2. Replacement System 3. Replacement of Tank Only 4. Reconnection of Existing System 5. Repair of an Existing System

B) A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 <input type="checkbox"/> Seepage Bed	21 <input type="checkbox"/> Mound	30 <input type="checkbox"/> Specify Type _____	41 <input type="checkbox"/> Holding Tank
12 <input type="checkbox"/> Seepage Trench	22 <input type="checkbox"/> In-Ground Pressure		42 <input type="checkbox"/> Pit Privy
13 <input type="checkbox"/> Seepage Pit			43 <input type="checkbox"/> Vault Privy
14 <input type="checkbox"/> System-In-Fill			

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA PROPOSED (sq. ft.)	4. LOADING RATE (Gals/day/sq. ft.)	5. PERC. RATE (Min./inch)	6. SYSTEM ELEV. Feet	7. FINAL GRADE ELEVATION Feet
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VII. TANK INFORMATION

	CAPACITY in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Con-structed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank						<input type="checkbox"/>					
Lift Pump Tank/Siphon Chamber						<input type="checkbox"/>					

VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPSW No.:	Business Phone Number:
Plumber's Address (Street, City, State, Zip Code):			

IX. COUNTY/DEPARTMENT USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
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X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:



**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: 1/4 1/4 S T N, R E (or) W				CITY: VILLAGE: TOWN OF:			
LOT NUMBER:	BLOCK NUMBER:	SUBDIVISION NAME:		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/MPSRW NUMBER:	PHONE NUMBER: ()	MP/MPSRW 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)

PLB 68

_____ COUNTY

SANITARY PERMIT

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ N;R _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

CHAPTER 145.135 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 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. 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
(TWO YEARS FROM ORIGINAL DATE OF ISSUANCE)

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

PLB 68-T

COUNTY

SANITARY PERMIT

No. _____

TRANSFER/RENEWAL

OWNER _____

PLUMBER _____ LIC. # _____

TOWN OF _____ LOCATED _____

_____ SEC _____ T _____ N;R _____

AND/OR LOT _____ BLOCK _____

_____ SUBDIVISION

_____ AUTHORIZED ISSUING OFFICER - DATE _____

THIS PERMIT EXPIRES _____ UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT
DURING CONSTRUCTION

CHAPTER 145.135 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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(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.

INDUSTRY, LABOR & HUMAN RELATIONS

ILHR 83 Appendix

281

Register, February, 1994, No. 458

Wisconsin Department of Industry,
Labor and Human Relations
Safety & Buildings Division
Bureau of Building Water Systems

INSPECTION REPORT

Inspection Date			
Name of Premises	Address or Legal Description	City/Township	County
Master Plumber Name and Address	Master Plumber Firm Name and Address	Plan I.D. No.	
		Sanitary Permit No.	
Journeyman Plumber/Soil Tester	Licensed Person's Name(s) and License Number(s)		
Owner's Name and Address			

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Page _____ of _____

Signature of Responsible Licensed Person (only one needed)
Signature of Plumbing Consultant/Private Sewage Consultant

Original: District DILHR Plumber Owner County/Local Insp. Other _____

Copies to: (Check all that apply)

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT
(ATTACH TO PERMIT)**

County:
Sanitary Permit No.:
State Plan ID No.:
Parcel Tax No.:

GENERAL INFORMATION

Permit Holder's Name:		<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of:	
CST BM Elev.:	Insp BM Elev.:	BM Description:	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic		
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark				
Bldg Sewer				
St/Ht Inlet				
St/Ht Outlet				
Dt Inlet				
Dt Bottom				
Header / Man.				
Dist. Pipe				
Bot. System				
Final Grade				

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG	Vent to Air Intake	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding					

PUMP / SIPHON INFORMATION

Manufacturer		Demand	
Model Number		GPM	
TDH	Lift	Friction Loss	System Head
TDH	Ft		
Forcemain	Length	Dia.	Dist To Well

SOIL ABSORPTION SYSTEM

BED / TRENCH DIMENSIONS	Width	Length	No Of Trenches	PIT DIMENSIONS	No Of Pits	Inside Dia	Liquid Depth
SETBACK INFORMATION	SYSTEM TO		P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT
	Type Of System:						
	Manufacturer:						
	Model Number:						

DISTRIBUTION SYSTEM

Header / Manifold	Distribution Pipe(s)	x Hole Size	x Hole Spacing	Vent To Air Intake
Length ____ Dia ____	Length ____ Dia ____ Spacing ____			

SOIL COVER

x Pressure Systems Only xx Mound Or At-Grade Systems Only

Depth Over Bed / Trench Center	Depth Over Bed / Trench Edges	xx Depth Of Topsoil	xx Seeded / Sodded <input type="checkbox"/> Yes <input type="checkbox"/> No	xx Mulched <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS: (Include code discrepancies, persons present, etc.)

Plan revision required? Yes No
Use other side for additional information.

SBD-6710 (R 05/91)

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Date

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Inspector's Signature

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Cert No

Wisconsin Department of Industry,
Labor and Human Relations
Division of Safety & Buildings

SOIL AND SITE EVALUATION REPORT

Page ___ of ___

in accord with ILHR 83.05, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to vertical and horizontal reference point (BM), direction and % of slope, scale or dimensioned, north arrow, and location and distance to nearest road

COUNTY	
PARCEL ID #	
REVIEWED BY	DATE

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION

PROPERTY OWNER:			PROPERTY LOCATION			
PROPERTY OWNER'S MAILING ADDRESS			GOVT. LOT	1/4	1/4,S	T, N,R E (or) W
CITY, STATE	ZIP CODE	PHONE NUMBER	LOT #	BLOCK #	SUBD. NAME OR CSM #	
		()	<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWN	NEAREST ROAD

New Construction Use Residential / Number of bedrooms _____ Addition to existing building _____
 Replacement Public or commercial describe _____

Code derived daily flow _____ gpd Recommended design loading rate _____ bed, gpd/ft² _____ trench, gpd/ft²
 Absorption area required _____ bed, ft² _____ trench, ft² Maximum design loading rate _____ bed, gpd/ft² _____ trench, gpd/ft²
 Recommended infiltration surface elevation(s) _____ ft (as referred to site plan benchmark)
 Additional design / site considerations _____
 Parent material _____ Flood plain elevation, if applicable _____ ft

S = Suitable for system U = Unsuitable for system	CONVENTIONAL <input type="checkbox"/> S <input type="checkbox"/> U	MOUND <input type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND PRESSURE <input type="checkbox"/> S <input type="checkbox"/> U	AT-GRADE <input type="checkbox"/> S <input type="checkbox"/> U	SYSTEM IN FILL <input type="checkbox"/> S <input type="checkbox"/> U	HOLDING TANK <input type="checkbox"/> S <input type="checkbox"/> U
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SOIL DESCRIPTION REPORT

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
											
Ground elev.											
Depth to limiting factor											

Remarks: _____

Boring #	Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
										Bed	Trench
											
Ground elev.											
Depth to limiting factor											

Remarks: _____

CST Name:—Please Print	Phone:
Address:	
Signature:	Date: CST Number:



ON-SITE INVESTIGATION FOR
CONVENTIONAL SYSTEM IN-FILL

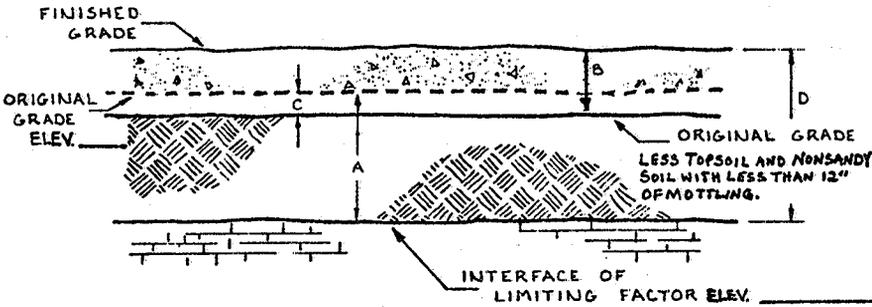
Safety & Buildings Division
Bureau Of Plumbing
P.O. BOX 7969
MADISON, WI 53707

Owners Name:		Legal Descriptions:				
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	Soil Absorption System Required:	Depth In Inches to Limiting Factor From Original Grade	Fill Is Placed To Overcome Depth To:	Fill Placed 20 Feet Around Area Proposed For Initial And Replacement Area		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Fill Placed:	Topsoil and Nonsandy Soil Removed Prior to Placement of Fill:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vegetation Removed Prior To Placement Of Fill:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Texture Of Fill Material Same As Existing Soil:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indicate Texture Of Fill Material:	Does Fill Conform To Section H 63.10(6) Wis. Admin. Code:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

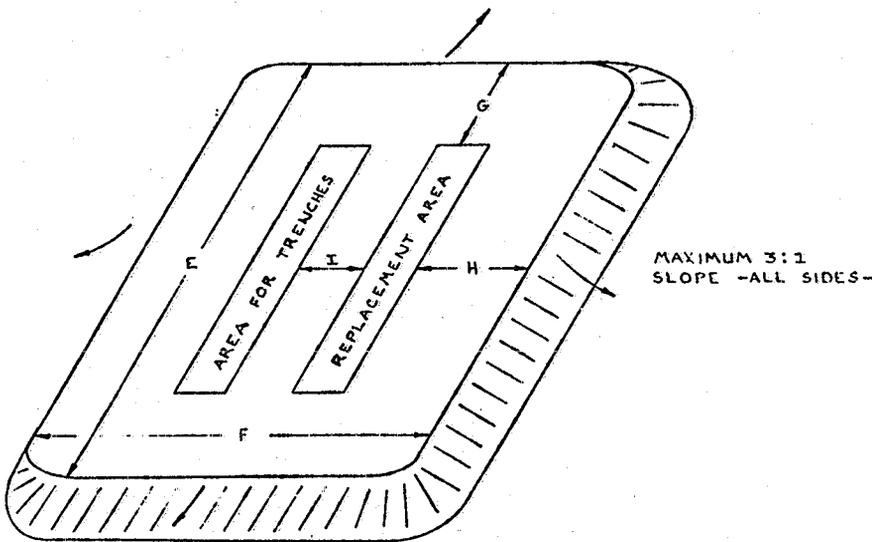
Explain Any Problems:

Complete The Following:

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



Depth To Limiting Factor:	A
Depth Of Fill Material:	B
Depth of Topsoil and Nonsandy Soil With Less Than 12" of Mottling:	C
Finished Depth To Limiting Factor:	D



Total Length Of Area Filled:	E
Total Width Of Area Filled:	F
Dimension From Proposed Edge Of Trench To Edge Of Fill (min. 20')	G
Dimension From Proposed Edge Of Trench To Edge Of Fill (min. 20')	H
Separation of Trenches (min. 6')	I

Signature of County Representative/On-Site Waste Specialist

DILHR SBD-6196 (R.02/83)

Name: _____ Date: _____

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

GROUNDWATER LEVEL MONITORING REPORT
(Hydrograph Method)

Office of Division Codes & Application
P.O. Box 7969
Madison, WI 53707
(608) 266-3815

Provide location description below:

County	Tax Parcel Number	Location 1/4 1/4		Section /T N/R E(or)W		
Township/Municipality		Lot No.	Blk. No.	Subdivision Name/C.S.M. Number		
Owner's/Buyer's Name			Owner's/Buyer's Mailing Address			

See instructions on the reverse side for items 1, 2 and 3 below.

R E Q U I R E D	1a. Observation Well Identification Number	_____
	1b. Observation Well Name (if applicable)	_____
	1c. Existing Water Level In Observation Well	_____
	Date Observation Made	_____
	1d. Assigned High Water Level	_____
D A T A	1e. Calculated Adjustment Factor	_____
	2a. Depth To Water Level At Proposed Location	_____
	Date Observation Made	_____
	2b. Calculated Adjustment Factor (if applicable)	_____
O P T I O N A L	2c. Maximum Depth Of Suitable Soil	_____
	2d. Estimated High Groundwater Level	_____
	3a. Observation Well Surface Elevation	_____
	3b. Estimated U.S.G.S. Elevation At Boring	_____
	3c. Recommended Private Sewage System	_____
	3d. Recommended Private Sewage System Elevation	_____
CST Comments:		

CERTIFIED SOIL TESTER VERIFICATION:

I, the undersigned, certify that the data reported on this form was obtained by me in accordance with the procedures and methods specified, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

Name (print)	Certification Number	Telephone Number (optional)
Address		CST Signature

COUNTY PERSONNEL VERIFICATION:

County Personnel Comments

I, the undersigned, verify the information recorded on this form is accurate and correct to the best of my knowledge and belief.

On- Site Inspection Date (if applicable)	Signature of County Authority	Title
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GROUNDWATER MONITORING REPORT INFORMATION AND INSTRUCTIONS

ILHR 83 09 (7) (b) states in part: "...where sites are subject to broad regional water tables, such as large areas of sandy soils, the fluctuation (of water levels) over the several year cycle must be considered." The Hydrograph method of groundwater monitoring is available for sites which meet these criteria. A soil boring report must be completed to confirm there are no finer textured layers interbedded in the sand which could cause perching of water above a regional water table.

The descriptions below correspond to the items requested on the reverse side. It is important that all requested data be provided so the report is accurate and complete.

1a. Observation Well Identification: Can be obtained from published Hydrographs maintained by the Wisconsin Geological and Natural History Survey, and available through the county.

1b. Observation Well Name: Some wells used to obtain groundwater level information are not part of the U.S.G.S./G.N.H.S. reporting system. Provide any formally assigned name or method of identification.

1c. Existing Water Level In Observation Well: Measure the depth to groundwater from ground at the observation well site.

1d. Assigned High Water Level: Any Hydrograph which has been accepted for use as part of this groundwater monitoring procedure, has been assigned a high water level which must be used to calculate an adjustment factor used as part of this procedure. This figure can be obtained from the County.

1e. Calculated Adjustment Factor: Subtract the assigned high water level from the existing water level in the observation well to obtain this figure.

2a. Depth To Water Level At Proposed System Location: Measure the depth to groundwater from ground surface at the proposed system location.

2b. Calculated Adjustment Factor: Use the figure obtained in step 1e.

2c. Maximum Depth Of Suitable Soil: Subtract the calculated adjustment factor from the water level depth at the proposed system location.

2d. Estimated High Groundwater Level: Obtain from Soil Boring & Percolation Report Form (115).

Note: Completion of Section 3 is optional. However, information provided in this section may be helpful in assisting County Personnel in evaluating this Report.



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

SAFETY & BUILDINGS DIVISION

201 E. Washington Avenue
 P.O. Box 7969
 Madison, Wisconsin 53707
 (608) 267-5119

APPLICATION FOR THE USE OF AN AT-GRADE SYSTEM

Location: _____ Township/Municipality: _____

 Street Address: 1/4 1/4 Section T N R E(or)W Subdivision: _____ County: _____

 Landowners Name: _____ Mailing Address: _____

I, the undersigned, make application for an at-grade onsite sewage treatment system on the above described premises. If approval is granted, I agree to have the system constructed in conformance with the plans and specifications approved by the Department of Industry, Labor and Human Relations (DILHR).

I further understand that an at-grade system is considered an experimental onsite sewage system, and as such, will require detailed inspection during construction and monitoring after the system is put into use. I agree to permit county officials charged with administering county sanitary ordinances and DILHR employes, or other authorized persons such as the system designer, to have access to the above described premises at any reasonable time for the purpose of inspecting the construction, or monitoring the system. I agree to contact DILHR or county officials to arrange the time and date to begin construction of the system after I obtain a sanitary permit. I agree to pay the cost of monitoring wells required by DILHR for the purpose of measuring the wastewater treatment performance of this at-grade system.

I understand that this application does not permit me or my contractor to begin construction. (If the system is approved, DILHR will send the applicant a letter of approval, which authorizes construction of the system after all necessary permits have been obtained.)

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

Signature of Applicant _____ Date _____
 (valid only if notarized)

STATE OF WISCONSIN
 COUNTY OF _____

Subscribed and sworn to before me this
 (Date:) _____

Notary Public, State of Wisconsin
 My Commission Expires: _____

ILHR 83 Appendix

DILHR 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: _____

Signatures:

County Representative _____

Department of Natural Resources _____

Department of Industry, Labor & Human Relations _____

Document No	HOLDING TANK AGREEMENT	This space reserved for recording data
Agreement Date	This agreement is made between the	
County or Local Governmental Unit	Holding Tank(s) Owner(s)	
(Called Municipality below)		
We acknowledge that application is being made for the installation of (a) holding tank(s) on the following property, (Provide legal land description:)		Return To

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. Also, the property cannot now be served by a municipal sewer, or any other type of private sewage system as permitted under Ch. ILHR 83, Wis Adm Code, or Ch 145, Stats.

As an inducement to the County of _____ to issue a sanitary permit for the above described property, we agree to the following:

1. Owner agrees to conform to all applicable requirements of Ch. ILHR 83, Wis Adm Code relating to holding tanks. If the owner fails to have the holding tank properly serviced in response to orders issued by the municipality to prevent or abate a nuisance as described in ss. 146.13 and 146.14, Stats the municipality may enter upon the property and service the tank or cause to have the tank serviced and charge the owner by placing the charges on the tax bill as a special assessment for current services rendered. The charges will be assessed as prescribed by s. 66.60, Stats.
2. Owner agrees to pay all charges and costs incurred by the municipality for inspection, pumping, hauling or otherwise servicing and maintaining the holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by the holding tank. The municipality shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all of the costs and charges may be placed on the tax roll as a special assessment for the abatement of a nuisance, and the tax shall be collected as provided by law.
3. The owner, except as provided by s. 146.20 (3) (d), Stats., agrees to contract with a person who is licensed under Ch. NR 113, Wis Adm Code to have the holding tank serviced and to file a copy of the contract or the owner's registration with the municipality and with the county. The owner further agrees to file a copy of any changes to the service contract or a copy of a new service contract with the municipality and the county within ten (10) business days from the date of change to the service contract.
4. The owner agrees to contract with a person licensed under Ch. NR 113, Wis Adm Code who shall submit to the municipality and to the county a report in accord with s. ILHR 83.18 (4) (a) 2., Wis Adm Code for the servicing on a semiannual basis. In the case of registration under s. 146.20 (3) (d), Stats., the owner shall submit the report to the municipality and the county.
5. This agreement will remain in effect only until the local governmental unit responsible for the regulation of private sewage systems certifies that the property is served by either a municipal sewer or a 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 such manner which will permit the existence of the certification to be determined by reference to the property.
6. This agreement shall be binding upon the owner, the heirs of the owner and assignees of the owner. The owner shall submit the agreement to the register of deeds and the agreement shall be recorded by the register of deeds in a manner which will permit the existence of the agreement to be determined by reference to the property where the holding tank is installed.

Owner(s) Name(s) (Print)	Owner(s) Signature(s)	Subscribed and sworn to before me on this date:
Municipal Official Name (Print)	Municipal Official Signature	Notary Public
Municipal Official Title (Print)		My commission expires:

SBD-6123 (R 10/88) This instrument was drafted by the State of Wisconsin Department of Industry, Labor and Human Relations.

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.

SBD-6153 (R.08/92)



MATERIAL REQUEST

Safety and Buildings Division
 Bureau of Building Water Systems
 201 E. Washington Avenue, Rm 141
 P.O. Box 7969
 Madison, WI 53707

PLEASE MAIL ALL REQUESTS TO:

County of:	Telephone No.: ()	Address Change: <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		Zip Code:

FORM NO.:	TITLE OF MATERIALS REQUESTED:	QUANTITY ORDERED:	QUANTITY SENT:
SBD-6499	Sanitary Permit		
SBD-6494	Sanitary Permit Transfer / Renewal		
SBD-6398	Sanitary Permit Application		
SBD-6399	Transfer / Renewal form For Sanitary Permit Application		
SBD-6710	Private Sewage System Inspection Report		
SBD-6153	Sanitary Permit Submittal Form		
SBD-6395	Report On Soil Borings And Percolation Tests (115)		
SBD-6412	Groundwater Monitoring Report		
SBD-6432	Privy Installation Agreement		
SBD-7009	Publ.: Is The Grass Greener Over Your Septic System?		
SBD-8330	Soil Description Report		
SBD-6232	Material Request		

STATE USE ONLY - ASSIGNMENT OF SANITARY PERMIT NUMBERS!

THE FOLLOWING PERMIT NUMBERS ARE ASSIGNED TO THE COUNTY IDENTIFIED ABOVE:

Sanitary Permit No. _____ Through & Including _____ = _____ Permits

Initials	Date Shipped
----------	--------------

Total Permits Issued:

SBD-6232 (R 06/91)

DILHR COPY

PRIVY INSTALLATION AGREEMENT - COPY TO BE ATTACHED TO THE SANITARY PERMIT APPLICATION.

Property Owner(s):	Reserved For Recording Data
Mailing Address:	
Location: <div style="text-align: center; margin-top: 5px;"> $\frac{1}{4}$, $\frac{1}{4}$, S, T, N, R, E or W </div>	
City, Village, Township Of:	
Parcel Tax Number:	
Legal Description:	

1. No plumbing will be installed in the privy.
2. No plumbing will be installed in the premises served by the privy unless a code compliant soil absorption system or holding tank exists, or a valid sanitary permit to install such a system has been issued.
3. A privy vault / pit shall maintain minimum setbacks as specified in Table 1

Table 1	Well	Building	Lake / Stream	Additional County Setbacks
Open Pit	50 Ft	25 Ft	Min. 75 Ft	
Sealed Vault	25 Ft	25 Ft	Min. 75 Ft	

4. Privies for public buildings shall comply with ILHR 52.63, Wis. Adm. Code.
5. Privies used for one- and two-family purposes shall be constructed in such a manner so as to exclude flies, rats and other vermin. Doors should be self-closing and vault ventilators should terminate at least one foot above the roof.
6. A privy vault shall be constructed of watertight plastic, fiberglass, coated steel or monolithic concrete. Materials shall comply the intent with ILHR 83.20, Wis. Adm. Code. Counties may, by ordinance, establish minimum sealed vault sizes and type or construction within the guidelines of ILHR 83.20, Wis. Adm. Code.
7. The privy shall be kept clean and sanitary. The contents of the pit or vault shall be disposed in accordance with NR 113, Wis. Adm. Code.
8. This agreement shall be binding on the owner, their heirs and assignees. This document shall be recorded by the register of deeds in a manner which allows its existence to be determined by reference to the property where the privy is installed.

Printed Owner(s) Name(s): _____ _____ _____ Owner(s) Signature: _____ _____ _____	Subscribed and sworn to before me on this date: _____ _____ <div style="text-align: center; margin-top: 10px;"> _____ Notary Public </div> My commission expires on: _____
--	--

SBD-6432 (R 05/91) **NOTE:** This document was drafted by the State Department of Industry, Labor and Human Relations, Bureau of Building Water Systems.

Wisconsin Department of Industry,
Labor and Human Relations

**PRIVATE SEWAGE SYSTEM
REVIEW APPLICATION**

Safety and Buildings Division
Bureau of Building Water Systems

Hayward Office
209 W 1st Street
Rt 8, Box 8072
Hayward, WI 54843
Phone (715) 634-4804
Fax (715) 634-5150

La Crosse Office
2226 Rose Street
La Crosse, WI 54603
Phone (608) 785-9334
Fax (608) 785-9330

Madison Office
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707
Phone (608) 267-5119
Fax (608) 267-0592

Shawano Office
1053A E. Green Bay Street
P.O. Box 434
Shawano, WI 54166
Phone (715) 524-3626
Fax (715) 524-3633

Waukesha Office
401 Pilot Court, Suite C
Waukesha, WI 53188
Phone (414) 548-8606
Fax (414) 548-8614

INSTRUCTIONS: To save time, schedule your review with one of the offices listed above prior to submittal. Fill in all applicable data and submit this form together with fees and plans/information. Your submittal must be received at least one working day prior to the appointment at the office where your review was scheduled. Please call any of the listed offices if you need help filling out the form or have questions on what information to submit. **PLEASE PRINT VERY CLEARLY. A sample of a completed form is on the reverse side for your reference.**

1. APPOINTMENT INFORMATION - If you have scheduled an appointment, fill in the information requested below to save time:

Appointment Date	Reviewer Name	Plan Identification Number
------------------	---------------	----------------------------

2. PROJECT INFORMATION

If this review is a revision or extension to your existing plan identification number, provide that number here:

Project Name	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town Of:	County
Project Location		
GOVT. LOT	1/4	1/4,S
T	N,R	E (or) W

3. APPLICATION FOR

System Type (check one):

A At-Grade

H Holding Tank

M Mound

N Non-Pressurized In-Ground (conventional)

P Pressurized In-Ground

O Other: _____

Building Type (check one):

D Dwelling, 1 or 2 Family

P Public Building

S State-Owned Building

Code Derived Daily Flow _____ gpd

Check If Replacing Existing System

4. FEE COMPUTATIONS

FEE SUBMITTED

System Type ¹ (include new and existing tanks)		
Up To 1,500 gallon septic tank	\$ 110.00	_____
1,501 - 2,500 gallon septic tank	\$ 120.00	_____
2,501 - 5,000 gallon septic tank	\$ 160.00	_____
5,001 - 9,000 gallon septic tank	\$ 200.00	_____
9,001 - 15,000 gallon septic tank	\$ 300.00	_____
Over 15,000 gallon septic tank	\$ 500.00	_____
Up To 1,000 gallon dose chamber	\$ 70.00	_____
1,001 - 2,000 gallon dose chamber	\$ 80.00	_____
2,001 - 4,000 gallon dose chamber	\$ 100.00	_____
4,001 - 8,000 gallon dose chamber	\$ 120.00	_____
8,001 - 12,000 gallon dose chamber	\$ 140.00	_____
Over 12,000 gallon dose chamber	\$ 160.00	_____
Up To 5,000 gallon holding tank	\$ 60.00	_____
5,001 - 10,000 gallon holding tank	\$ 100.00	_____
Over 10,000 gallon holding tank	\$ 150.00	_____
Experimental System (additional one time fee)	\$ 300.00	_____
Revisions To Approved Plan ²	\$ 60.00	_____
Petition For Variance: Setback	\$ 100.00	_____
Site Evaluation	\$ 225.00	_____
Plumbing	\$ 225.00	_____
Revision	\$ 75.00	_____
Groundwater Monitoring - Per Site (other than a proposed subdivision)	\$ 60.00	_____
Site Evaluation in Lieu of Groundwater Monitoring	\$ 60.00	_____

Subtotal: _____

Priority Review: Enter same amount as Subtotal: _____

MAKE ALL CHECKS PAYABLE TO: SAFETY AND BUILDINGS DIVISION

Total Fee: _____

5. SUBMITTING PARTY INFORMATION

Telephone No. (include area code & extension)	Company Name	Contact Person
()		
No. & Street Address Or P.O. Box	City, Town or Village, State, Zip Code	

¹ Aerobic or prepackaged treatment system fees are calculated based on equivalent size septic tanks and dose chambers.

² Revision fees are not applicable to temporary holding tanks or extensions to existing approvals

NOTE: Fees are pursuant to Wis. Adm. Code, Chapter ILHR 2, and are subject to change annually.

SBD-6748 (R. 07/93)

OVER →

Wisconsin Department of Industry,
Labor and Human Relations

**PRIVATE SEWAGE SYSTEM
REVIEW APPLICATION**

Safety and Buildings Division
Bureau of Building Water Systems

Hayward Office 209 W 1st Street Rt B, Box 8072 Hayward, WI 54843 Phone (715) 634-4804 Fax (715) 634-5150	La Crosse Office 2226 Rose Street La Crosse, WI 54603 Phone (608) 785-9334 Fax (608) 785-9330	Madison Office 201 E Washington Ave P.O. Box 7969 Madison, WI 53707 Phone (608) 267-5119 Fax (608) 267-0592	Shawano Office 1053A E Green Bay Street P.O. Box 434 Shawano, WI 54166 Phone (715) 524-3626 Fax (715) 524-3633	Waukesha Office 401 Pilot Court, Suite C Waukesha, WI 53188 Phone (414) 548-8606 Fax (414) 548-8614
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INSTRUCTIONS: To save time, schedule your review with one of the offices listed above prior to submittal. Fill in all applicable data and submit this form together with fees and plans information. Your submittal must be received at least one working day prior to the appointment at the office where your review was scheduled. Please call any of the listed offices if you need help filling out the form or have questions on what information to submit. **PLEASE PRINT VERY CLEARLY.** A sample of a completed form is on the reverse side for your reference.

1. APPOINTMENT INFORMATION - If you have scheduled an appointment, fill in the information requested below to save time:

(A) Appointment Date: _____ Reviewer Name: _____ Plan Identification Number: _____

2. PROJECT INFORMATION If this review is a revision or extension to your existing plan identification number, provide that number here: _____ **(B)**

Project Name: Jim Johnson City Village Town Of: _____ County: _____
Project Location: Cedarburg Ozaukee
GOVT LOT: SW 1/4 SW 1/4 S 14 T 10 N R 21 @ 01 W

3. APPLICATION FOR

System Type (check one):

(C) A At-Grade **(D)**

H Holding Tank

M Mound

N Non Pressurized In-Ground (Conventional)

P Pressurized In-Ground

O Other: _____

Building Type (check one):

D Dwelling, 1 or 2 Family **(D)**

P Public Building

S State-Owned Building

Code Derived Daily Flow _____ gpd

Check If Replacing Existing System

Petition For Variance

Groundwater Monitoring

Site Evaluation In Lieu of Groundwater Monitoring

4. FEE COMPUTATIONS

		FEE SUBMITTED
System Type 1 (include new and existing tanks)		
Up To 1,500 gallon septic tank	\$ 110.00	<u>110</u>
1,501 - 2,500 gallon septic tank	\$ 120.00	
2,501 - 5,000 gallon septic tank	\$ 160.00	
5,001 - 9,000 gallon septic tank	\$ 200.00	
9,001 - 15,000 gallon septic tank	\$ 300.00	
Over 15,000 gallon septic tank	\$ 500.00	
Dose Chambers		
Up To 1,000 gallon dose chamber	\$ 70.00	<u>70</u>
1,001 - 2,000 gallon dose chamber	\$ 80.00	
2,001 - 4,000 gallon dose chamber	\$ 100.00	
4,001 - 8,000 gallon dose chamber	\$ 120.00	
8,001 - 12,000 gallon dose chamber	\$ 140.00	
Over 12,000 gallon dose chamber	\$ 160.00	
Holding Tanks		
Up To 5,000 gallon holding tank	\$ 60.00	
5,001 - 10,000 gallon holding tank	\$ 100.00	
Over 10,000 gallon holding tank	\$ 150.00	
Experimental System (additional one time fee)	\$ 300.00	
Revisions To Approved Plan 2	\$ 60.00	
Petition For Variance:		
Setback	\$ 100.00	<u>100</u>
Site Evaluation	\$ 225.00	
Plumbing	\$ 225.00	
Revision	\$ 75.00	
Groundwater Monitoring		
Groundwater Monitoring - Per Site (other than a proposed subdivision)	\$ 60.00	
Site Evaluation in Lieu of Groundwater Monitoring	\$ 60.00	
Subtotal:		<u>280</u>
Priority Review: Enter same amount as Subtotal:		_____
Total Fee:		<u>280</u>

MAKE ALL CHECKS PAYABLE TO: SAFETY AND BUILDINGS DIVISION

5. SUBMITTING PARTY INFORMATION

(E) Telephone No. (include area code & extension): (414) 375-2180 Company Name: ACE SEPTIC SYSTEM COMPANY Contact Person: AJ STEPHENS
No. & Street Address Or P.O. Box: PO Box 739 City, Town or Village, State, Zip Code: Grafton, WI 53024

¹ Aerobic or prepackaged treatment system fees are calculated based on equivalent size septic tanks and dose chambers.

² Revision fees are not applicable to temporary holding tanks or extensions to existing approvals.

NOTE: Fees are pursuant to Wis. Adm. Code, Chapter ILHR 2, and are subject to change annually.

SD-6748 (R 07/93)

OVER →

(A) An appointment to have a submittal reviewed should be made. You do not have to present a submittal in person.

Making an appointment will go much quicker if you complete parts 2, 3 and 5 of this form prior to calling. The information needed in part 1 will be given to you after the appointment is made.

(B) Remember to record an existing plan identification number if submitting for a revision or extension.

(C) System Type, Building Type, Daily Flow and System Replacement must all be completed when submitting a plan for a private sewage system. If System Type is not listed, fill in System Type after "Other."

(D) Note that "Conventional" system is "Non-pressurized in-ground."

(E) Remember to record your telephone number, it is the key we use to recall your address from our data file. Plans are returned to the submitting party.

CHECKLISTS FOR PLAN REVIEW SUBMISSIONS

Checklists are available to assist submitting parties in evaluating their plans for completeness before the plans are sent for bureau review. Exceptions are petitions for variances, groundwater monitoring, and site evaluation in lieu of groundwater monitoring.

The checklists are presented by system type and are organized in the following order: forms and fees, soils information, documentation, plot plan, plan view, system cross section, system sizing, tank and pump/siphon information, and other information specific to system type.

Each checklist is intended to be a general guide. Conformance to a list is not a guarantee of plan approval. Additional information may be needed or requested to address unusual or unique characteristics of a particular project.

Where specific forms are required, be sure to complete all sections.

Please contact any of the offices listed on the front of this form for a copy of the checklists.

Wisconsin Department of Industry,
Labor and Human Relations
Safety and Buildings Division

COUNTY ONSITE SEWAGE PROGRAM AUDIT
(s. 145.20 (3) (b), Wis. Stats.)

OnSite Sewage Field Inspection
and Investigation Unit
Onsite Sewage Section

Audit Period: January 1 - December 31, 19 _____ For County of _____

I. ORDINANCE AND PERSONNEL

A. COUNTY SANITARY ORDINANCE

1. Does the county ordinance comply with s. 59.065 Stats.? Y N

- a. If no, explain in the summary.
- b. Describe any recommended changes in the summary.

B. INSPECTION AND SUPPORT STAFF

1. Number of inspection and support staff:

2. Certified soil testers:

<u>Name</u>	<u>Cert. No.</u>	<u>Exp. Date</u>	<u>Staff</u>	<u>Contract</u>
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

3. Certified Inspectors:

<u>Name</u>	<u>Cert. No.</u>	<u>Exp. Date</u>	<u>Cert. Type</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. COUNTY ADMINISTRATION

A. Does the county department responsible for the onsite sewage program administer other county or state programs? Y N

B. Does the county participate in the Wisconsin Fund Grant Program? Y N

C. Pursuant to s. 145.19 (4), Stats., is all revenue from sanitary permit issuance used to fund the onsite sewage system program? Y N

D. Soil Test Reports:

1. Does the county review all soil test reports? Y N

ILHR 83 Appendix

- 2. Are the reports field verified as necessary? Y N
 - a. Explain county onsite procedure in the summary.
 - b. Provide a representative example of an onsite report.
- 3. Soil test report quality: VG G F P
 - a. Summarize and make recommendations regarding quality.

E. Onsite Sewage System Plans

- 1. Does the county review all onsite sewage plans? Y N
- 2. Onsite sewage plan quality: VG G F P
 - a. Summarize and make recommendations regarding quality.
- 3. Pursuant to s. 145.20 (2) (c), Stats., and ILHR 83.11, Wis. Adm. Code, does the county have a uniform policy for written disapproval of sanitary permit applications? Y N

F. Inspection Reports

- 1. Does the county complete the approved inspection report form? Y N
- 2. Inspection report quality: VG G F P
 - a. Summarize and make recommendations regarding quality.

III. SANITARY PERMITS

A. Sanitary Permit Issuance

- 1. Number of permits issued by the county:
- 2. Number of permits issued by DILHR:
- 3. Total Permits Issued:

B. Provide a sequential list of permits issued:

_____ to _____ = _____	_____ to _____ = _____
_____ to _____ = _____	_____ to _____ = _____
_____ to _____ = _____	_____ to _____ = _____
_____ to _____ = _____	_____ to _____ = _____
_____ to _____ = _____	_____ to _____ = _____

C. Do county records correspond with DILHR records? Y N

D. Sanitary Permit Fees: (Do not include Groundwater Surcharge Fee.)

Conventional	\$ _____	Holding Tank	\$ _____	Reconnection	\$ _____
IGP	\$ _____	Privy	\$ _____	Renewal	\$ _____
At-grade	\$ _____	Septic Tank Only	\$ _____	Transfer	\$ _____
Mound	\$ _____	Soil Abs. Sys. Only	\$ _____	Large System	\$ _____

IV. SYSTEM INSPECTIONS / INVESTIGATIONS

- A. Was every system inspected prior to backfilling? Y N
 - 1. Number of systems inspected: of
- B. Does the county require existing system inspections pursuant to s. 66.036, Stats., and ILHR 83.055, Wis. Adm. Code? Y N
 - 1. Provide one example of a completed sanitary permit application which includes documentation pursuant to ILHR 83.055, Wis. Adm. Code.
 - 2. Is the county's onsite sewage program perceived to be adversely affected by other building permit issuing agents' administration of s. 66.036, Stats.? Y N
 - 3. Include comments regarding Section B in the summary.

V. ENFORCEMENT ACTIONS

- A. Does the county keep a record of enforcement actions? Y N
 - 1. Does the county record enforcement compliance? Y N
- B. Installation / Construction Orders
 - 1. Number of orders issued:
 - 2. Number of orders complied with:
 - 3. Number of orders submitted to the DA, AG or Corporation Counsel for compliance:
 - 4. Is the enforcement process effective in achieving compliance? Y N
 - a. If no, include comments or recommendations in the summary.
- C. Failing Systems
 - 1. Number of orders issued:
 - 2. Number of orders complied with:
 - 3. Number of orders submitted to the DA, AG or Corporation Counsel for compliance:
 - 4. Is the enforcement process effective in achieving compliance? Y N
 - a. If no, include comments or recommendations in the summary.
- D. Holding Tank Maintenance
 - 1. Does the county receive all the reports required? Y N
 - 2. Does the county have an effective method to identify noncompliance with reporting procedures? Y N
 - 3. Number of orders issued for failure to report:
 - 4. Number of orders complied with:

5. Number of orders referred to the DA or Corporation Counsel: _____

6. Is the maintenance program effective? Y N

a. Include comments in the summary.

7. List the governmental units that prohibit holding tanks for new construction:

_____	_____
_____	_____
_____	_____

VI. RANDOM FIELD AUDIT

A. Randomly inspect 5 systems (gravity distribution or holding tank) installed during the audit period. Three should be inspected prior to backfilling if possible and the remainder may be post construction inspections.

1. Provide inspection reports and comments in the summary.

B. Randomly select and inspect 10 percent or 5 systems, whichever is greater, of the in-ground pressure, at-grade or mounds installed during the audit year. Two should be inspected prior to backfilling if possible, and the remainder may be post construction inspections.

1. Provide inspection reports and comments in the summary.

VII. AUDIT REVIEW ACKNOWLEDGEMENT

County Program Manager Signature

DILHR Auditor Signature

Date Signed

Date Signed

A. Attach county comments (optional) to this audit document.

Wisconsin Department of Industry,
Labor and Human Relations

**PETITION FOR VARIANCE
APPLICATION**

Safety and Buildings Division
P.O. Box 7969
Madison, Wisconsin 53707
(608) 266-1542

Please type or print.

OFFICE USE ONLY	Amount Paid	Receipt Number	Petition No.	E-Number
Owner/Petitioner's Name	Building Or Project		Agent, Architect or Engineering Firm	
Company	Tenant's Name, If Any		Street Address	
Street Address	Location - Street Address		City, State, Zip Code	
City, State, Zip Code	City, County		Telephone Number ()	
Telephone Number	Plan Number, If Known		Contact Person's Name	

1. The rule being petitioned reads as follows (cite specific rule number and language; one rule per application):

2. The rule being petitioned cannot be entirely satisfied because:

3. The following alternative(s) and supporting information are proposed as a means of providing an equivalent degree of health, safety or welfare as addressed by the rule:

Note: Please attach any pictures, plans, sketches or required position statements.

VERIFICATION BY OWNER - PETITION IS VALID ONLY IF NOTARIZED WITH AFFIXED SEAL AND ACCOMPANIED BY REVIEW FEE
See Section ILHR 2.52 for complete fee information

Note: Petitioner must be the owner of the building or project. Tenants, agents, designers, contractors, attorneys, etc., shall not sign petition unless Power of Attorney is submitted with the Petition For Variance Application

_____, being duly sworn, I state as petitioner that I have read the foregoing
Petitioner's Name (type or print)
petition and I believe it is true and that I have significant ownership rights to the subject building or project.

Petitioner's Signature:	Subscribed And Sworn To Before Me This Date:	Notary Public	My Commission Expires On:
-------------------------	--	---------------	---------------------------

HOLDING TANK SERVICING CONTRACT

Contract Date	This contract is made between the	
Holding Tank Owner(s) Name(s)	and	Pumper's Name

We acknowledge the installation of (a) holding tank(s) on the following property: (Provide legal description:)

1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required in Ch ILHR 83.18 (4) (b), Wis Adm Code and with the County of _____

2. The owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.

3. The pumper agrees to submit to the municipality which has signed the pumping agreement required by s. ILHR 83.18 (4) (b), Wis Adm. Code, and to the county, a report for the servicing of the holding tank(s) on a semiannual basis. The pumper further agrees to include the following in the semiannual report:
 - a. The name and address of the person responsible for servicing the holding tank;
 - b. The name of the owner of the holding tank;
 - c. The location of the property on which the holding tank is installed;
 - d. The sanitary permit number issued for the holding tank;
 - e. The dates on which the holding tank was serviced;
 - f. The volumes in gallons of the contents pumped from the holding tank for each servicing;
 - g. The disposal sites to which the contents from the holding tank were delivered.

4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the municipality and the County named above within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) (Print)	Owner's Signature(s)	Subscribed and sworn to before me on this date: <hr style="border: 0; border-top: 1px solid black;"/> <div style="text-align: right; margin-top: 10px;">Notary Public</div>
Pumper's Name (Print)	Pumper's Signature	
Pumper's Registration Number	My commission expires:	

SBD-7574 (R 09/88) This instrument was drafted by the State of Wisconsin Department of Industry, Labor and Human Relations

**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 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 1/4-in or 1 1/2-in distribution pipe is required for a 40 foot distribution pipe. Select the larger 1 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 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 1 1/2-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.

ILHR 83 Appendix

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 $2.09 \text{ feet} \times 25 \text{ feet}/100 \text{ ft} = 0.52 \text{ ft}$. 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.