

North Office

3328 U.S. Hwy 51 N
Janesville, WI 53545-0772
Mailing Address:
PO Box 1088
Janesville, WI 53547-1088

608-757-5440
608-758-8423 (fax)



Public Health
www.co.rock.wi.us/health

South Office

61 Eclipse Center
Beloit, WI 53511

608-364-2010
608-364-2011 (fax)

ROCK COUNTY SANITARY PERMIT APPROVAL

County Number: 18-068 (038/18) 5/18 Sanitary Permit Number: 609112
Owner: PAUL & SALLY COLE Plumber: WILLIAM STEINKE MP/MPRS 227999
Street Address (LP): 2211 E HUEBBE PKWY
Subdivision/CSM: VALLEY CREST SECOND ADD Lot: 137 Block:
SE 1/4 NW 1/4 Section: 18 Township: BELOIT ID#: 038-001989 Parcel#: 6-19-1190.136

Conditions of Approval:

- Owner to be provided with a user's manual.
- This system was designed based on In-ground POWTS Component manual SBD-10705-P (N.01/01, R. 10/12) and shall be installed and maintained accordingly.
- The existing system shall be properly abandoned per SPS 383.33, W.A.C.

Issuer

5/31/2018

Issue Date

NOTE: The Master Plumber signing for this permit is responsible for the installation of this system and shall ensure the system is installed according to all applicable county and state regulations and the approved plans. Any deviations from the approved plans shall receive prior approval from the Rock County Health Department and the State Department of Safety and Professional Services, if applicable. Also, this approval is based upon the plumber's submitted information and only addresses requirements of the Rock County Public Health Ordinance and specific regulations adopted therein.

Other Notes or Comments:

Inspector (Authorized Agent)

10/19/18

Final Inspection Date

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May 8, 2018

Paul & Sally Cole
2211 E Huebbe Pkwy
Beloit, WI 53511

Re: Public Sewerage availability to property you own in section 18, Turtle Township, specifically described as:
2211 E Huebbe Pkwy
Parcel # 6-19-1190.136
ID# 038-001989
Valley Crest 2nd Add, Lot 137

Dear Property Owners:

In May of 2017 you inquired about obtaining a Sanitary Permit to replace your existing Private Onsite Wastewater Treatment System (POWTS). Due to the location of your property current policy required us to inquire with the City of Beloit about the availability of public sewer before a Sanitary Permit could be issued. On 05/12/17 the City of Beloit indicated that public sewer was available to your property, which meant that any Sanitary Permit application submitted for your property would be denied by our Department.

The City of Beloit has now reversed its determination of public sewer availability due to restrictions of a boundary agreement plan with the Town of Turtle. **Therefore public sewer is no longer considered to be available for your property and we will no longer deny a Sanitary Permit based on sewer availability.**

If you have any questions feel free to contact us at (608) 757-5440.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew Wesson", is written over a horizontal line.

Matthew Wesson, R.S.
Environmental Health Supervisor
Rock County Public Health Department



Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707-7162

County
Rock

Sanitary Permit Number (to be filled in by Co.)
609112

Sanitary Permit Application

In accordance with SPS 383.21(2), Wis. Adm. Code, submission of this form to the appropriate governmental unit is required prior to obtaining a sanitary permit. Note: Application forms for state-owned POWTS are submitted to the Department of Safety and Professional Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

State Transaction Number
—

Project Address (if different than mailing address)

I. Application Information – Please Print All Information

Property Owner's Name
Paul & Sally Cole

Parcel #
6-19-1190.136

Property Owner's Mailing Address
2211 E. Huebbe Parkway

Property Location

City, State
Beloit, Wisconsin

Zip Code
53511

Phone Number
(608) 365-9012

Govt. Lot
SE ¼, NW ¼, Section 18
(circle one)
T 1 N: R 13 E ~~XXX~~

II. Type of Building (check all that apply)

1 or 2 Family Dwelling – Number of Bedrooms **3**

Lot #
137

Public/Commercial – Describe Use _____

Block #

Subdivision Name

State Owned – Describe Use _____

CSM Number

Valley Crest Second Add.

City of _____

Village of _____

Town of **Turtle**

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. New System Replacement System Treatment/Holding Tank Replacement Only Other Modification to Existing System (explain)

B. Permit Renewal Before Expiration Permit Revision Change of Plumber Permit Transfer to New Owner
List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device: (Check all that apply)

Non-Pressurized In-Ground Pressurized In-Ground At-Grade Mound \geq 24 in. of suitable soil Mound $<$ 24 in. of suitable soil
 Holding Tank Other Dispersal Component (explain) _____ Pretreatment Device (explain) _____

V. Dispersal/Treatment Area Information:

Design Flow (gpd) 450	Design Soil Application Rate (gpd/sf) .7	Dispersal Area Required (sf) 643	Dispersal Area Proposed (sf) 720	System Elevation 92.00
---------------------------------	--	--	--	----------------------------------

VL Tank Info	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	1000/330	--	1330	1	Dalmaray (dual)	X				
Dosing Chamber										

VII. Responsibility Statement- I, the undersigned, assume responsibility for installation of the POWTS shown on the attached plans.

Plumber's Name (Print) William T. Steinke	Plumber's Signature <i>William T. Steinke</i>	MPRS Number 227999	Business Phone Number (608) 754-6100
---	--	------------------------------	--

Plumber's Address (Street, City, State, Zip Code)
2930 N. Harmony Townhall Road Janesville, Wisconsin 53546

VIII. County/Department Use Only

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Permit Fee \$ 455	Date Issued 5/31/18	Issuing Agent Signature <i>[Signature]</i>
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IX. Conditions of Approval/Reasons for Disapproval

RECEIVED

Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

MAY 31 2018

Rock County
Public Health Department

FANNING EXCAVATING INC

2930 N HARMONY TOWNHALL RD | 608-754-6100 | Building Contractor Reg No
 JANESVILLE WI 53546 259440

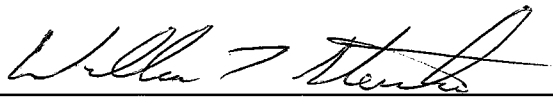


William D Fanning – MPRS 227850 | Roger W Fanning Jr – MPRS 226461

SIGNATURE PAGE AND TABLE OF CONTENTS FOR

Property Owner Name Paul & Sally Cole			Property Location SE 1/4, NW1/4, Sec 18, T 1N, R 13E	
Property Owner's Mailing Address 2211 E. Huebbe Parkway			Lot Number 137	Block Number
City & State Beloit, WI	Zip Code 53511	Phone Number (608) 365-9012	Subdivision Name or CSM Number Valley Crest Second Add	
Type of Building <input type="checkbox"/> Pu <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>3</u>			<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of Turtle	County Rock
Project Address 2211 E. Huebbe Parkway			Tax Parcel Number(s) 6-19-1190.136	

<u>Page Name</u>	<u>Page #</u>
In-ground Soil Absorption Component Manual	1
Management Plan for In-ground Soil Absorption	2
User Manual for In-ground Soil Absorption	3
Contingency Plan	3
Sizing Calculations	4
Site Plan/Plan View	5
Cell # 1 Cross Section	6



 Signed

 227999

 License Number

 May 31, 2018

 Date

APPROVED
ROCK COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION



 SEE CONDITIONS

RECEIVED
 MAY 31 2018
 Rock County
 Public Health Department

Web: www.fanningexcavating-septic.com | E-mail: fanningoffice@gmail.com

Excavation | Basements | Grading | POWTS Evaluation | POWTS Inspection | Septic Pumping | Soil Evaluation

FANNING EXCAVATING INC.

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William D Fanning – MPRS 227850 | Roger W Fanning Jr – MPRS 226461



Page 1 of 6

**IN-GROUND SOIL ABSORPTION COMPONENT MANUAL FOR
PRIVATE ONSITE WASTEWATER TREATMENT SYSTEMS
(VERSION 2.0)
January 30, 2001**

State of Wisconsin

Department of Commerce

Division of Safety and Buildings

Web: www.fanningexcavating-septic.com | E-mail: fanningoffice@gmail.com

Excavation | Basements | Grading | POWTS Evaluation | POWTS Inspection | Septic Pumping | Soil Evaluation

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

FILE INFORMATION

Owner Paul & Sally Cole
Permit #

DESIGN PARAMETERS

Number of Bedrooms:	3	<input type="checkbox"/> NA
Number of Public Facility Units:		<input checked="" type="checkbox"/> NA
Estimated (average) Flow :	300	(gal/day)
Design (peak) Flow = (estimated × 1.5):	450	(gal/day)
In Situ Soil Application Rate:	.7	(gal/day/ft ²)
Standard (Domestic) Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	≤220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	≤150 mg/L	
High Strength Influent/Effluent	Monthly average	
(FOG)	>30 mg/L	
(BOD ₅)	>220 mg/L	<input checked="" type="checkbox"/> NA
(TSS)	>150 mg/L	
Pretreated Effluent	Monthly average	
(BOD ₅)	≤30 mg/L	
(TSS)	≤30 mg/L	<input checked="" type="checkbox"/> NA
Fecal Coliform (geometric mean)	≤10 ⁴	
Maximum Effluent Particle Size	1/8 in dia.	<input type="checkbox"/> NA
Other:		<input checked="" type="checkbox"/> NA

SYSTEM SPECIFICATIONS

Tank Manufacturer: Dalmaray	<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding Volume: 1000/330	(gal)
Tank Manufacturer:	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding Volume:	(gal)
Vertical Distance Tank Bottom(s) to Service Pad:	7' ± (ft)
Horizontal Distance Tank(s) to Service Pad:	75' ± (ft)
Provide specific servicing mechanics if vertical is >15 feet or if horizontal is >150 feet.	
Effluent Filter Manufacturer: Polylok	<input type="checkbox"/> NA
Effluent Filter Model: PL525	
Pump Manufacturer:	<input checked="" type="checkbox"/> NA
Pump Model:	
Pretreatment Unit	
Manufacturer:	
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Peat Filter
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Wetland
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Other:
Soil Absorption System	
<input checked="" type="checkbox"/> In-Ground (gravity)	<input type="checkbox"/> In-Ground (pressure)
<input type="checkbox"/> At-Grade	<input type="checkbox"/> Mound
<input type="checkbox"/> Drip-Line	<input type="checkbox"/> Other:
Other:	<input checked="" type="checkbox"/> NA

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Pump out contents of tank(s)	<input checked="" type="checkbox"/> When combined sludge and scum equals one-third (1/3) of tank volume <input type="checkbox"/> When the high water alarm is activated
Inspect condition of tank(s)	At least once every: 3 <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Inspect dispersal cell(s)	At least once every: 3 <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) (Maximum 3 years) <input type="checkbox"/> NA
Clean effluent filter	At least once every: 3 <input type="checkbox"/> month(s) <input checked="" type="checkbox"/> year(s) <input type="checkbox"/> NA
Inspect pump, pump controls & alarm	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Flush laterals and pressure test	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	At least once every: <input type="checkbox"/> month(s) <input type="checkbox"/> year(s) <input checked="" type="checkbox"/> NA
Other:	<input checked="" type="checkbox"/> NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber, Master Plumber Restricted Sewer, POWTS Inspector, POWTS Maintainer, Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.

All other services, including but not limited to the servicing of effluent filters, mechanical or pressurized components, pretreatment units, and any servicing at intervals of ≤12 months, shall be performed by a certified POWTS Maintainer.

A service report shall be provided to the local regulatory authority within 30 days of completion of any service event.

START UP AND OPERATION

For new construction, prior to use of the POWTS check treatment tank(s) for the presence of painting products, solvents or other chemicals or sediment that may impede the treatment process and/or damage the soil dispersal cell(s). If high concentrations are detected have the contents of the tank(s) removed by a septage servicing operator prior to use.

System start up shall not occur when soil conditions are frozen at the infiltrative surface.

During extended power outages pump tanks may fill above normal high water levels. When power is restored the excess wastewater will be discharged to the dispersal cell(s) in on large dose and may overload them resulting in the backup or surface discharge of effluent. To avoid this situation have the contents of the pump tank removed by a Septage Servicing Operator prior to restoring power to the effluent pump or contact a Plumber of POWTS Maintainer to assist in manually operating the pump controls to restore normal levels within the pump tank.

Do not drive or park vehicles over tanks and dispersal cells. Do not drive or park over, or otherwise disturb or compact, the area within 15 feet down slope of any mound or at-grade soil absorption area.

Reduction or elimination of the following from the wastewater stream may improve the performance and prolong the life of the POWTS: antibiotics; baby wipes; cigarette butts; condoms; cottons swabs; degreasers; dental floss; diapers; disinfectants; fat; foundation drain (sump pump) discharge; fruit and vegetable peelings; gasoline; grease; herbicides; meat scrapes; medications; oil; painting products; pesticides; sanitary napkins; tampons; and water softener brine.

ABANDONMENT

When the POWTS fails and/or is permanently taken out of service the following steps shall be taken to insure that the system is properly and safely abandoned in compliance with chapter SPS 383.33, Wisconsin Administrative Code.

- All piping to tanks, pits and other soil absorption systems shall be disconnected and the abandoned pipe openings sealed.
- The contents of all tanks and pits shall be removed and properly disposed of by a Septage Servicing Operator.
- After pumping, all tanks and pits shall be excavated and removed or their covers removed and the void space filled with soil, gravel or another inert solid material.

CONTINGENCY PLAN

If the POWTS fails and cannot be repaired the following measures have been, or must be taken, to provide a code compliant replacement system.

- A suitable replacement area has been evaluated and may be utilized for the location of a replacement soil absorption system. The replacement area should be protected from disturbance and compaction and should not be infringed upon by required setbacks from existing and proposed structure lot lines and wells. Failure to protect the replacement area will result in the need for a new soil and site evaluation to establish a suitable replacement area. Replacement systems must comply with the rules in effect at the time of their permit issuance.
- A suitable replacement area is not available due to setback and/or soil limitations. If the soil absorption system cannot be rehabilitated and barring advances in POWTS technology, a holding tank may be installed as a last resort.
- The site has not been evaluated to identify a suitable replacement area. Upon failure of the POWTS a soil and site evaluation must be performed to locate a suitable replacement area. If no replacement area is available a holding tank may be installs as a last resort to replace the failed POWTS.
- Mound and at-grade soil absorption systems may be reconstructed in place following removal of the biomat at the infiltrative surface. Reconstructions of such systems must comply with the rules in effect at that time.

WARNING



TREATMENT TANKS AND HOLDING TANKS MAY CONTAIN POISONOUS GASSES AND LACK SUFFICIENT OXYGEN TO SUPPORT LIFE. NEVER ENTER A TREATMENT TANK OR HOLDING TANK UNDER ANY CIRCUMSTANCE. DEATH MAY RESULT. ESCAPE OR RESCUE FROM THE INTERIOR OF A TANK IS VERY DIFFICULT.

ADDITIONAL INSTRUCTIONS:

POWTS INSTALLER

Name:	Fanning Excavating, Inc.
Phone:	(608) 754-6100

POWTS MAINTAINER

Name:	Fanning Excavating, Inc.
Phone:	(608) 754-6100

SEPTAGE SERVICING OPERATOR (PUMPER)

Name:	Fanning Excavating, Inc.
Phone:	(608) 754-6100

LOCAL REGULATORY AUTHORITY

Name:	Rock County Health Department
Phone:	(608) 757-5441

FANNING EXCAVATING INC.

2930 N HARMONY TOWNHALL RD | 608-754-6100 | Building Contractor Reg No
JANESVILLE WI 53546 259440



William D Fanning – MPRS 227850 | Roger W Fanning Jr – MPRS 226461

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PAUL & SALLY COLE PROPERTY
SE1/4, NW 1/4, S 18 T 1N, R 13E
TOWN OF TURTLE - ROCK COUNTY

SIZING CALCULATIONS

I. Estimated waste water flow (EWF):

3 Bedrooms @ 100 gallons each = 300 gallons
Total Estimated waste water flow: = 300 gallons

II. Design waste water flow (DWF):

DWF = EWF x 150% = 450 gallons

III. Minimum Tank Volume-3 year maintenance cycle (MTV):

Variable portion of scum and sludge volume/person/year = 11.61
Consent portion of scum and sludge volume/person/year = 46.77
Number of equivalent people = DWF/75 = 6 People

$MTV = 450 + (11.61 \times 450/75 \times 3) + (46.77 \times 450/75)$

MTV = 450 + 209 + 280 = 939 gallons.

**Installing 1000/330 gallon dual compartment septic/septic tank with a Poylok
(PL 525) filter installed in second compartment .**

IV. Soil absorption area (SAA):

DWF/Design loading rate = Minimum absorption area

1. insitu design loading rate = .7gpd/sq ft. Required 643sq'

Actual soil absorption area being installed = 720 square feet

Three (3) cells 6' x 40' each .

Web: www.fanningexcavating-septic.com | E-mail: fanningoffice@gmail.com

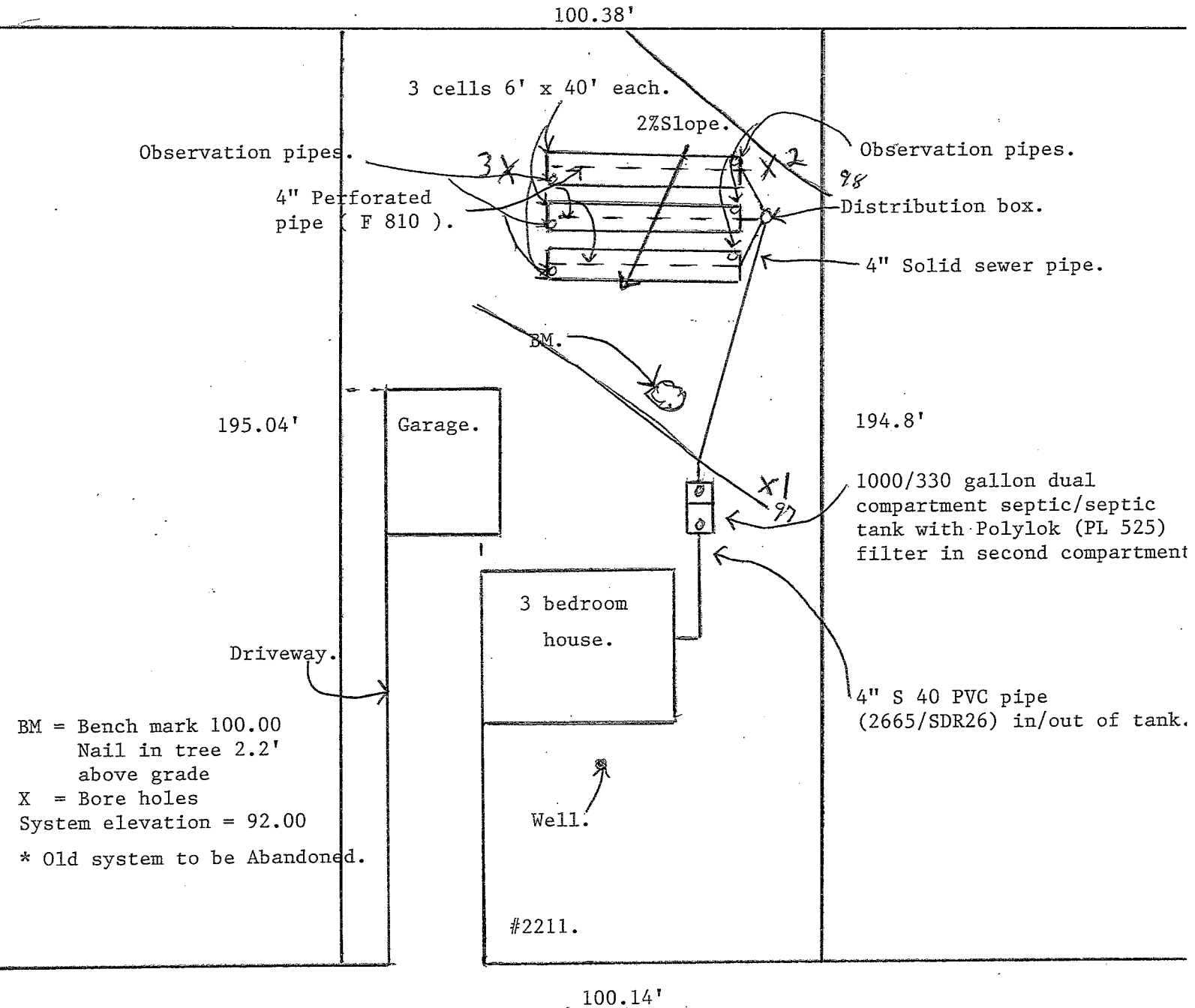
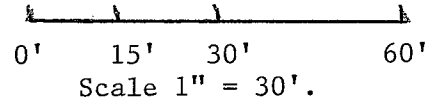
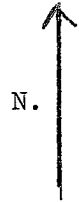
Excavation | Basements | Grading | POWTS Evaluation | POWTS Inspection | Septic Pumping | Soil Evaluation

FANNING EXCAVATING, INC.

2930 North Harmony Townhall Road • Janesville, Wisconsin 53546 • Building Contractor Reg. No. 259440
 Office Phone (608) 754-6100 • Fax (608) 754-3662 • www.fanningexcavating-septic.com

ROGER W. FANNING JR - MPRS 226461
 WILLIAM D. FANNING - MPRS 227850

PAUL & SALLY COLE PROPERTY
 SE 1/4, NW 1/4, S 18, T 1N, R 13E
 TOWN OF TURTLE - ROCK COUNTY



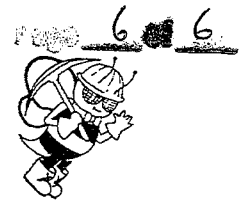
BM = Bench mark 100.00
 Nail in tree 2.2'
 above grade
 X = Bore holes
 System elevation = 92.00
 * Old system to be Abandoned.

Center of E. Huebbe Parkway.

SITE PLAN / PLAN VIEW

3 cells 6' x 40' each.

FANNING EXCAVATING INC



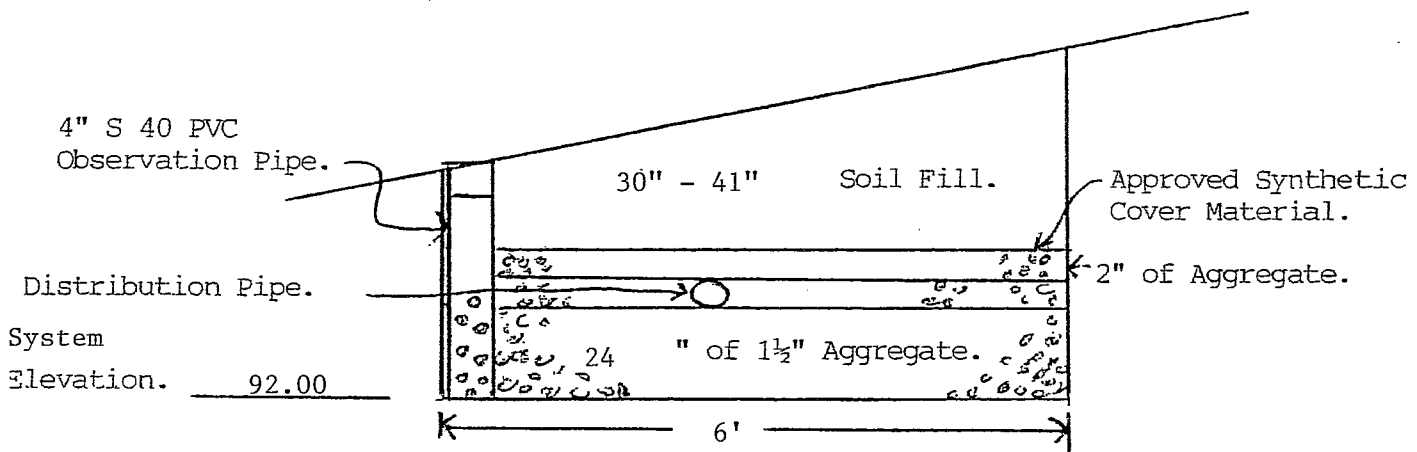
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William D Fanning – MPRS 227850 | Roger W Fanning Jr – MPRS 226461

PAUL & SALLY COLE PROPERTY
SE 1/4, NW 1/4, S 18, T 1N, R 13E
TOWN OF TURTLE – ROCK COUNTY

CROSS SECTION OF A TRENCH TYPE SYSTEM (TYP)

3 cells 6' x 40' each.



Distribution Pipe to be at least 0 Inches below original grade.
and at least 12 inches below final grade.

Maximum Depth of Excavation from Original grade will be 71 inches.

Minimum Depth of Excavation from Original grade will be 60 inches.

OBSERVATION PIPES SHALL BE LOCATED AT OPPOSITE ENDS OF THE DIPERSAL CELL, BE LOCATED
NEAR THE END OF THE CELL AND BE AT LEAST 6" INCHES FROM THE END AND SIDEWALL OF CELL.

Web: www.fanningexcavating-septic.com | E-mail: fanningoffice@gmail.com

Excavation | Basements | Grading | POWTS Evaluation | POWTS Inspection | Septic Pumping | Soil Evaluation

SOIL EVALUATION REPORT

SE 180060

in accordance with Comm 85, Wis. Adm. Code

RECEIVED
MAY 31 2018
Public Health Department

County	Rock
Parcel I.D.	6-19-1190.136
Reviewed by	Date 5/31/18

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 percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

Please print all information.

Personal information you provide may be used for secondary purposes (Privacy Law, s. 15.04 (1) (m)).

Property Owner Paul & Sally Cole	Property Location Govt. Lot SE 1/4 NW 1/4 S 18 T 1 N R 13 E (or) W
Property Owner's Mailing Address 2211 E. Huebbe Parkway	Lot # 137 Block # Subd. Name or CSM# Valley Crest Second Add
City Beloit State WI Zip Code 53511 Phone Number (608)365-9012	City <input type="checkbox"/> Village <input type="checkbox"/> Town <input checked="" type="checkbox"/> Nearest Road Turtle E. Hubbee Parkway

New Construction Use Residential / Number of bedrooms 3 Code derived design flow rate 450 GPD

Replacement Public or commercial - Describe: _____

Parent material WaA Warsaw Soils Flood Plain elevation if applicable N/A ft.

General comments and recommendations: Conventional cells with Loading rate of .7/1.2

1 Boring # Boring Pit Ground surface elev. 97.00 ft. Depth to limiting factor 109 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ff	
									*Eff#1	*Eff#2
	0-12	10YR2/2	--	sil	2mgr	mfr	gs	1fm	.6	.8
	12-20	10YR3/4	--	sil	2fsbk	mfr	gs	1fm	.6	.8
	20-30	10Yr4/4	--	cl	2msbk	mfr	gs	--	.4	.6
	30-48	10YR4/4	--	scl	1fsbk	mfr	gs	--	.2	.3
	48-55	10YR3/4	--	grs	osg	ml	gs	--	.7	1.2
	55-109	10YR6/4	--	grs	osg	dl	--	--	.7	1.2

2 Boring # Boring Pit Ground surface elev. 97.9 ft. Depth to limiting factor 117 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ff	
									*Eff#1	*Eff#2
	0-12	10YR2/2	--	sil	2mgr	mfr	gs	1fm	.6	.8
	12-15	10YR3/2	--	sil	2fsbk	mfr	gs	1fm	.6	.8
	15-19	10YR4/4	--	cl	2msbk	mfr	gs	1f	.4	.6
	19-31	10YR4/4	--	scl	1fsbk	mfr-i	gs	1f	.2	.3
	31-40	7.5YR4/4	--	ls	osg	ml	gs	1f	.7	1.2
	40-117	10YR6/4	--	grs	osg	dl	--	--	.7	1.2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print) William T. Steinke	Signature <i>William T. Steinke</i>	CST Number 227999
Address 2930 N. Harmony Townhall Road Janesville, WI. 53546	Date Evaluation Conducted 5/17/2018	Telephone Number (608)754-6100

Property Owner Paul & Sally Cole

Parcel ID # 6-19-1190.136

Page 2 of 3

Boring # 3 Pit Ground surface elev. 97.40 ft. Depth to limiting factor 114 in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ff	
									*Eff#1	*Eff#2
	0-12	10YR2/2	--	sil	2mgr	mfr	gs	1f	.6	.8
	12-17	10YR3/4	--	sil	2fsbl	mfr	gs	1f	.6	.8
	17-26	10YR4/4	--	cl	2msbk	mfr	gs	1f	.4	.6
	26-34	10YR4/4	--	scl	1fsbk	mfr	gs	1f	.2	.3
	34-40	10YR3/4	--	grs	osg	ml	gs	--	.7	1.2
	40-114	10YR6/4	--	grs	osg	dl	--	--	.7	1.2

Boring # Boring Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ff	
									*Eff#1	*Eff#2

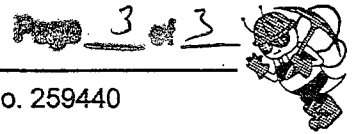
Boring # Boring Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/ff	
									*Eff#1	*Eff#2

* Effluent #1 = BOD₅ > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD₅ ≤ 30 mg/L and TSS ≤ 30 mg/L

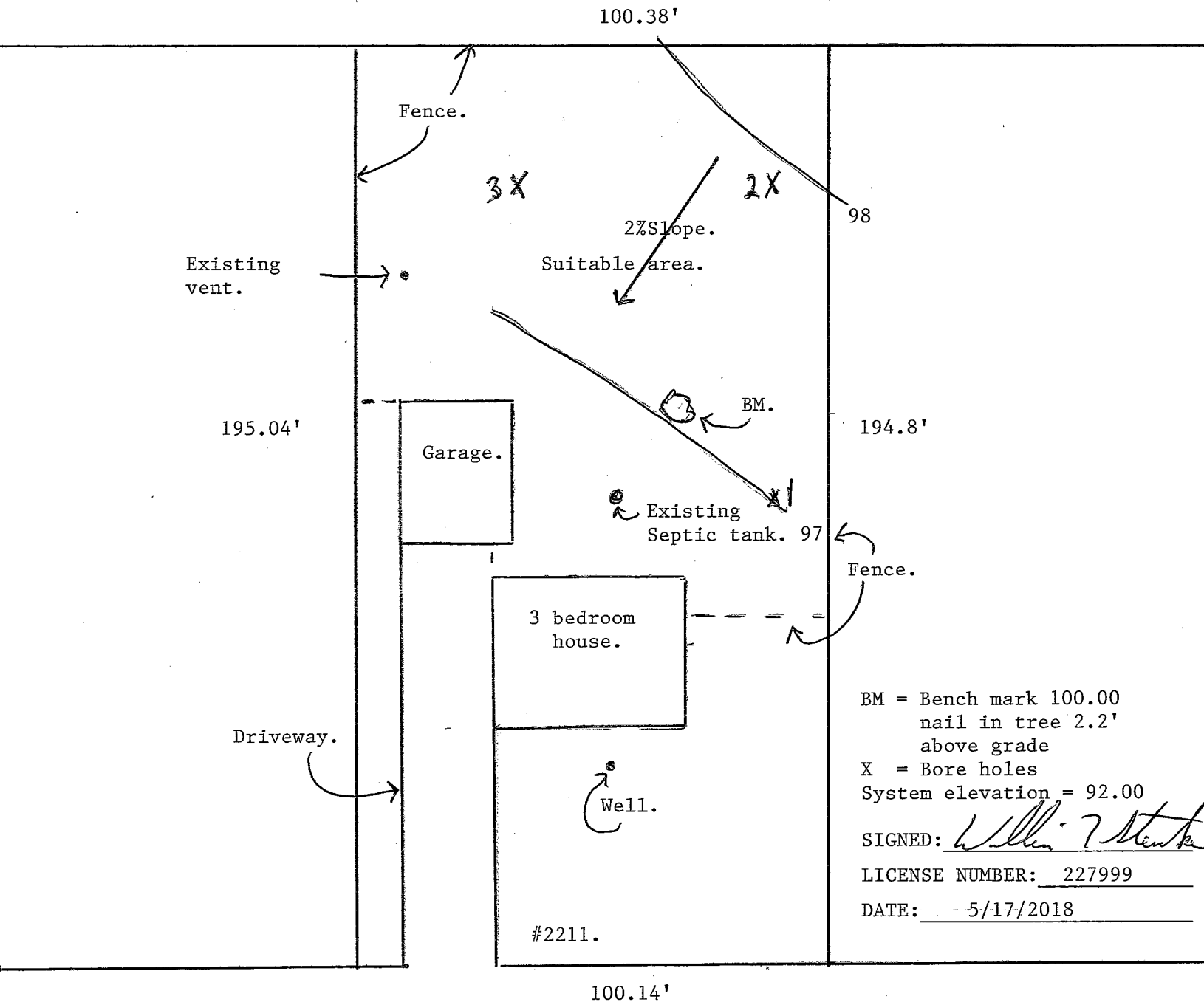
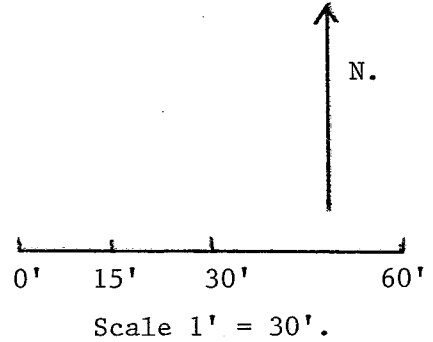
FANNING EXCAVATING, INC.



2930 North Harmony Townhall Road • Janesville, Wisconsin 53546 • Building Contractor Reg. No. 259440
 Office Phone (608) 754-6100 • Fax (608) 754-3662 • www.fanningexcavating-septic.com

ROGER W. FANNING JR - MPRS 226461
 WILLIAM D. FANNING - MPRS 227850

PAUL & SALLY COLE PROPERTY
 SE 1/4, NW 1/4, S 18, T 1N, R 13E
 TOWN OF TURTLE - ROCK COUNTY



BM = Bench mark 100.00
 nail in tree 2.2'
 above grade
 X = Bore holes
 System elevation = 92.00

SIGNED: *William D. Fanning*
 LICENSE NUMBER: 227999
 DATE: 5/17/2018

Center of E.

SITE PLAN

ADAM ELMER

From: MATTHEW WESSON
Sent: Monday, August 6, 2018 1:51 PM
To: ADAM ELMER
Subject: FW: 2211 Huebbe Parkway letter
Attachments: Cole - 2211 huebbe parkway.docx

From: Tom Collins [mailto:collinsanitary@yahoo.com]
Sent: Monday, August 06, 2018 1:46 PM
To: MATTHEW WESSON <MATTHEW.WESSON@co.rock.wi.us>; MATTHEW WESSON <MATTHEW.WESSON@co.rock.wi.us>
Subject: 2211 Huebbe Parkway letter

Good Afternoon,

Attached is a letter in regards to the septic system located at 2211 Huebbe Parkway Beloit, WI.

Please let me know if you need anything further.

Stephanie

Collins Sanitary LLC
W9235 County Road B
Clinton, WI 53525
Phone- 608-676-4432
Fax- 262-736-2248

5-11-2017

Re: 2211 Huebbe Parkway Beloit, WI 53511

To Whom it May Concern:

The septic system located at 2211 Huebbe Parkway Beloit, WI 53511 is failing. The system requires pumping multiple times per year and is no longer working properly. The home owners are inquiring if a new system can be installed. City sewer may be available and more efficient option for the home owners. Thank you for your time.

Blake Collins

Collins Sanitary

Rock County Public Health Department
POWTS Inspection Field Sheet

BM	Nail in tree	100.00
HI		0.5
		100.5

SP#	609112
Owner	Cole

ST Size	1000/330	Mnf	Dalmaray	Label	X	Lock	X
PC Size		Mnf		Label		Lock	
Filter	Polylok 525	Pump					

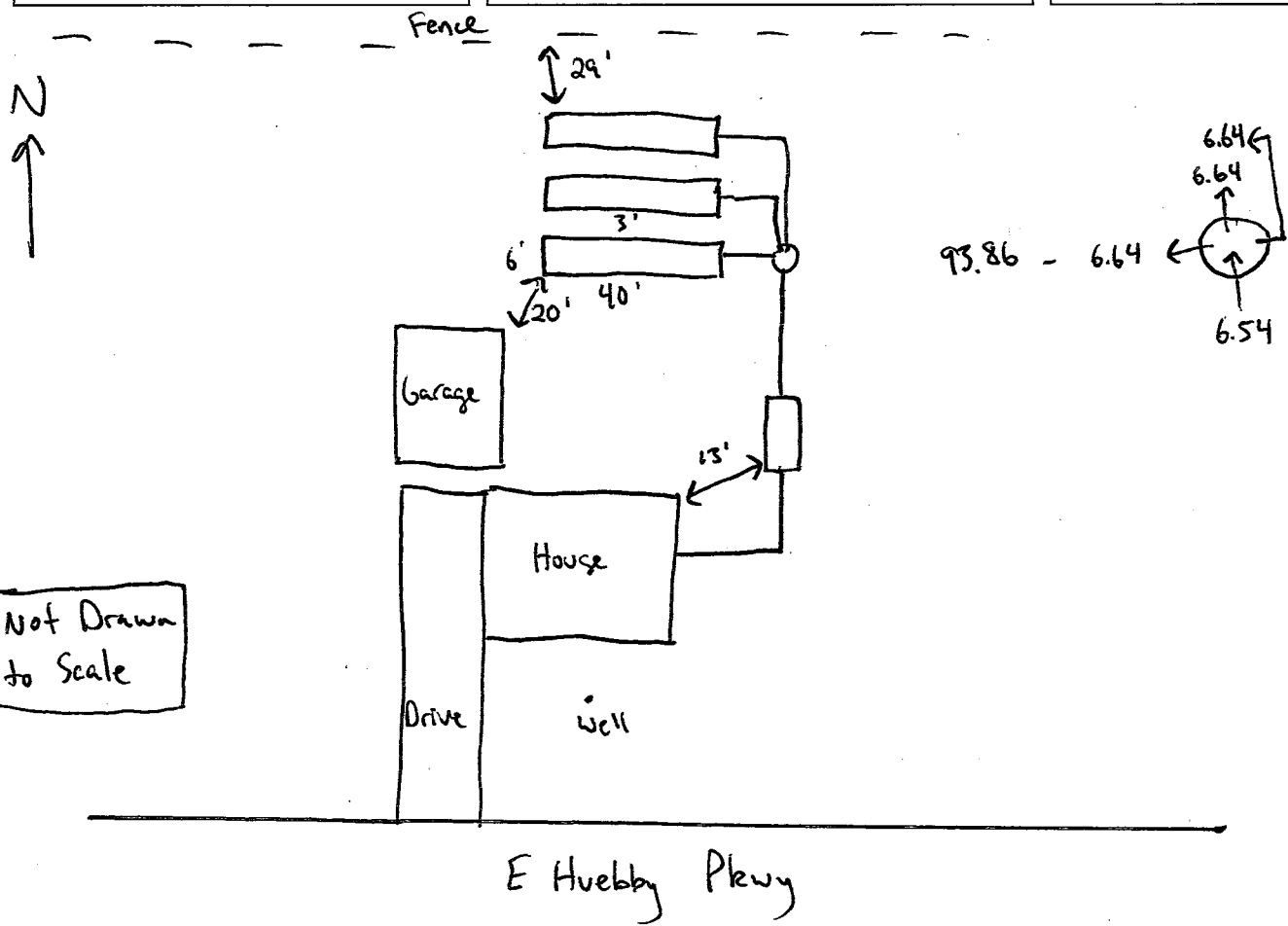
Force Main	
Manifold	
Laterals	
Hole Spacing	
Hole Size	
Alt DF	

Sewer at Bldg		
Septic Tank In	5.98	94.52
Septic Tank Out	6.20	94.3
Pump Chamber In		
Pump Chamber Out		
Pump Chamber Bm		
Manifold/Header	6.54	93.96
1 st Line In	6.64	93.86
1 st Line Mid		
1 st Line Out		
Sys Elev	8.50	92.00

Revisions Needed/Notes:

Plb Present Roger Fanning

2 nd Line In	6.66	93.84
2 nd Line Mid		
2 nd Line Out		
Sys Elev	8.50	92.00
3 rd Line In	6.66	93.84
3 rd Line Mid		
3 rd Line Out		
Sys Elev	8.50	92.00
4 th Line In		
4 th Line Mid		
4 th Line Out		
Sys Elev		
5 th Line In		
5 th Line Mid		
5 th Line Out		
Sys Elev		
6 th Line In		
6 th Line Mid		
6 th Line Out		
Sys Elev		



Not Drawn to Scale

Inspector Jalor

Date 10/19/18



**POWTS INSPECTION REPORT
ROCK COUNTY PUBLIC HEALTH DEPARTMENT**



GENERAL INFORMATION

Permit Holder's Name PAUL & SALLY COLE		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of BELOIT	County ROCK	Sanitary Permit No. 609112
State Plan ID No. -	Comp. Manual No. SBD-10705-P	Tax Parcel No. 6-19-1190.136	Property Address if Available 2211 E HUEBBE PKWY	

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
SEPTIC	DALMARAY	1000/330	>2'	>25'	13'	>10'	N/A
DOSING	-	-	-	-	-	-	N/A
AERATION	-	-	-	-	-	-	N/A
HOLDING	-	-	-	-	-	-	-

FILTER

FORCE MAIN INFORMATION

PUMP/SIPHON INFORMATION

Manuf. & Model POLYLOK 525	Length -	Diameter -	Dist. To Well -	Manufacturer -	Model No. -
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HEAD AND DEMAND INFORMATION

Demand in GPM -	Vertical Lift -	Friction Loss -	Component Head -	Filter Head Loss -	TDH As-Built -	TDH- Design -
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SOIL ABSORPTION COMPONENT

TYPE <input checked="" type="checkbox"/> Grav. Ingrd. <input type="checkbox"/> Ingrd. Pres. <input type="checkbox"/> At Grade <input type="checkbox"/> Mound <input type="checkbox"/> Other						Cover Material FABRIC	
Cell Width 6'	Cell Length 40'	No. of Cells 3	Cell Depth ~5'	Horiz. Cell Separation 3'	Total No. Units/EC -	EISA/Unit/EC -	
SETBACK INFORMATION		P/L 29'	Bldg. 20'	Well >50'	Lake/Stream -		
LEACHING CHAMBER OR UNIT		Manufacturer -			Model No. -		

DISTRIBUTION COMPONENT

Header/Manifold		Distribution Pipe(s)				Orifice		Obsv. Tubes Inst. and No.
Length 18'	Dia. 4"	Length 40'	Dia. 4"	Spacing 9'	Soil Cover *	Size -	Spacing -	2 PER CELL

ELEVATION DATA

CST BM, Desc. & El. NAIL IN TREE 100.00		Inspect. BM, Desc. & El. SAME AS CST		Bldg. Sewer -	Tank In 94.52	Tank Out 94.3	Dose Tank In -
Dose Tank Out -	Bot. Of Dose Tank -	Pump Off -	Man./Header/D-Box 93.96	Dist. Lat. In 93.86 93.84 93.84	Dist. Lat. Out -	Sys El. 92.00 92.00 92.00	Final Grade *

COMPONENTS NOT INSPECTED

-LINE OUT AND SEWER AT BLDG WERE BURIED AT TIME OF INSPECTION

DEVIATIONS FROM APPROVED PLANS Plan Revision Required Yes No

COMMENTS/FIELD DIRECTIVES

PLUMBER TO COVER SYSTEM PER CODE

Master Plumber WILLIAM STEINKE	Credential Number 227999	POWTS Inspector JOSH SHERE	Credential Number 1414520
Final Inspection Date 10/19/2018	Signature of Inspector 		