584-87

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

–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.

CA 596

COUNTY	ONEIDA
STATE SANITARY PERMIT #	87-07527-5 (86938)
STATE PLAN I.D. NUMBER	
PETITION FOR VARIANCE	☑ YES ☐ NO

I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER	PROPERTY LOCATION		
WISCONSIN HIDEAWAY INC	GOVT LOT 2 ¼, S 5 T 37, N, R 7 E (~~or~~) W		
PROPERTY OWNER'S MAILING ADDRESS	LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME
5459 RIDGE RD WHITEWATER WI. 53190			
CITY, STATE / ZIP CODE / PHONE NUMBER	☐ CITY / ☐ ~~VILLAGE~~ / ☐ TOWN OF: CASSIAN		NEAREST ROAD, LAKE OR LANDMARK
WHITE WATER WI / 53190 / ( )			MUSKIE LAKE

II. TYPE OF BUILDING OR USE SERVED:

Number of Bedrooms if 1 or 2 Family _____ OR ☒ Public (Specify): RESORT

III. PURPOSE OF APPLICATION: (Check only one in #1. Check # 2, 3 or 4, if applicable)

1. a. ☐ New System b. ☑ Replacement System c. ☐ Replacement of Septic Tank Only d. ☐ Reconnection of an Existing System e. ☐ Repair of an Existing System
2. ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____
3. ☐ An Existing System has been inspected and soil conditions meet minimum requirements.
4. ☐ The System is shared by more than one owner/building. Attach Common Ownership Agreement to County Copy.

IV. TYPE OF SYSTEM: (Check only one in #1 and only one in #2)

1. a. ☑ Conventional b. ☐ Alternative c. ☐ Experimental
2. a. ☐ System-In-Fill b. ☐ Holding Tank c. ☐ Pit Privy d. ☐ Vault Privy e. ☐ Mound f. ☐ IGP

V. ABSORPTION SYSTEM INFORMATION: (Check one)

1. a. ☒ Seepage Bed b. ☐ Seepage Trench c. ☐ Seepage Pit

2. PERCOLATION RATE (Minutes per inch):	3. ABSORPTION AREA REQUIRED (Square Feet):	4. ABSORPTION AREA PROPOSED (Square Feet):	5. SYSTEM ELEVATION	6. WATER SUPPLY:
0-7	~~5942~~ 5942	~~6532~~ 6532	103 Feet	☒ Private ☐ Joint ☐ Public

VI. TANK INFORMATION

	CAPACITY in gallons: New Tanks	CAPACITY in gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
Septic Tank or Holding Tank	3@1500	750	4500	6	ANTIGO BLOCK	☑	☐	☐	☐	☐	☐
Lift Pump Tank/Siphon Chamber	1500		1500	1	ANTIGO BLOCK	☑	☐	☐	☐	☐	☐

5849

VII. RESPONSIBILITY STATEMENT

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

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPRSW No.:	Business Phone Number:
ROBERT ANDERSON	Robert Anderson	4823	(715) 842-2371
Plumber's Address (Street, City, State, Zip Code):		Name of Designer:	
617 FULTON ST WAUSAU WI. 54401		R.R. ANDERSON	

VIII. SOIL TEST INFORMATION

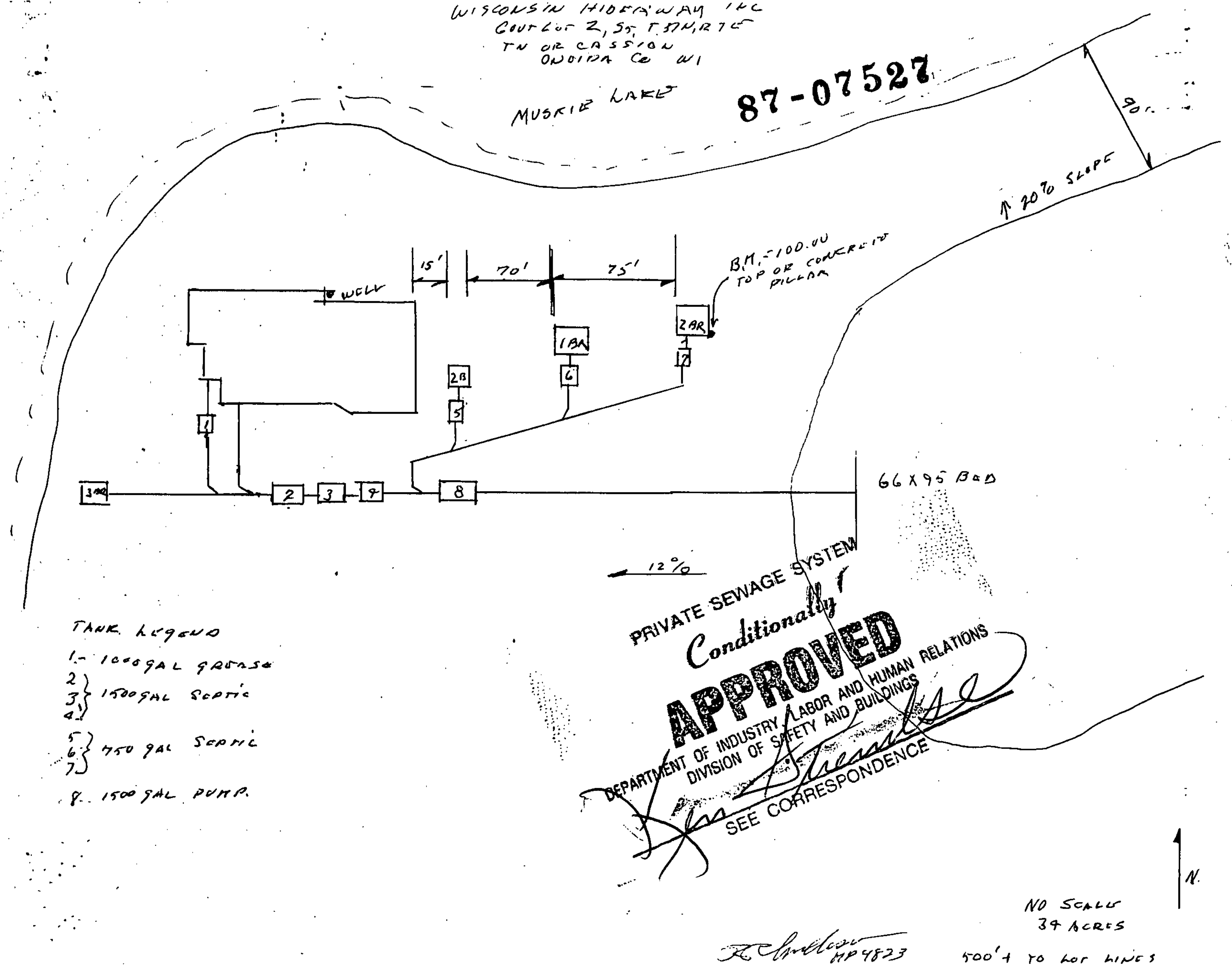
Certified Soil Tester (CST) Name	CST #
ROBERT ANDERSON	1110
CST's ADDRESS (Street, City, State, Zip Code)	Phone Number:
617 FULTON ST WAUSAU WI 54401	(715) 842-2371

IX. COUNTY/DEPARTMENT USE ONLY

☑ Approved / ☐ Disapproved / ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee	Groundwater Surcharge Fee	Date	Issuing Agent Signature (No Stamps)
	~~$180~~ $265.00	$25	10/28/87	R U Anderson

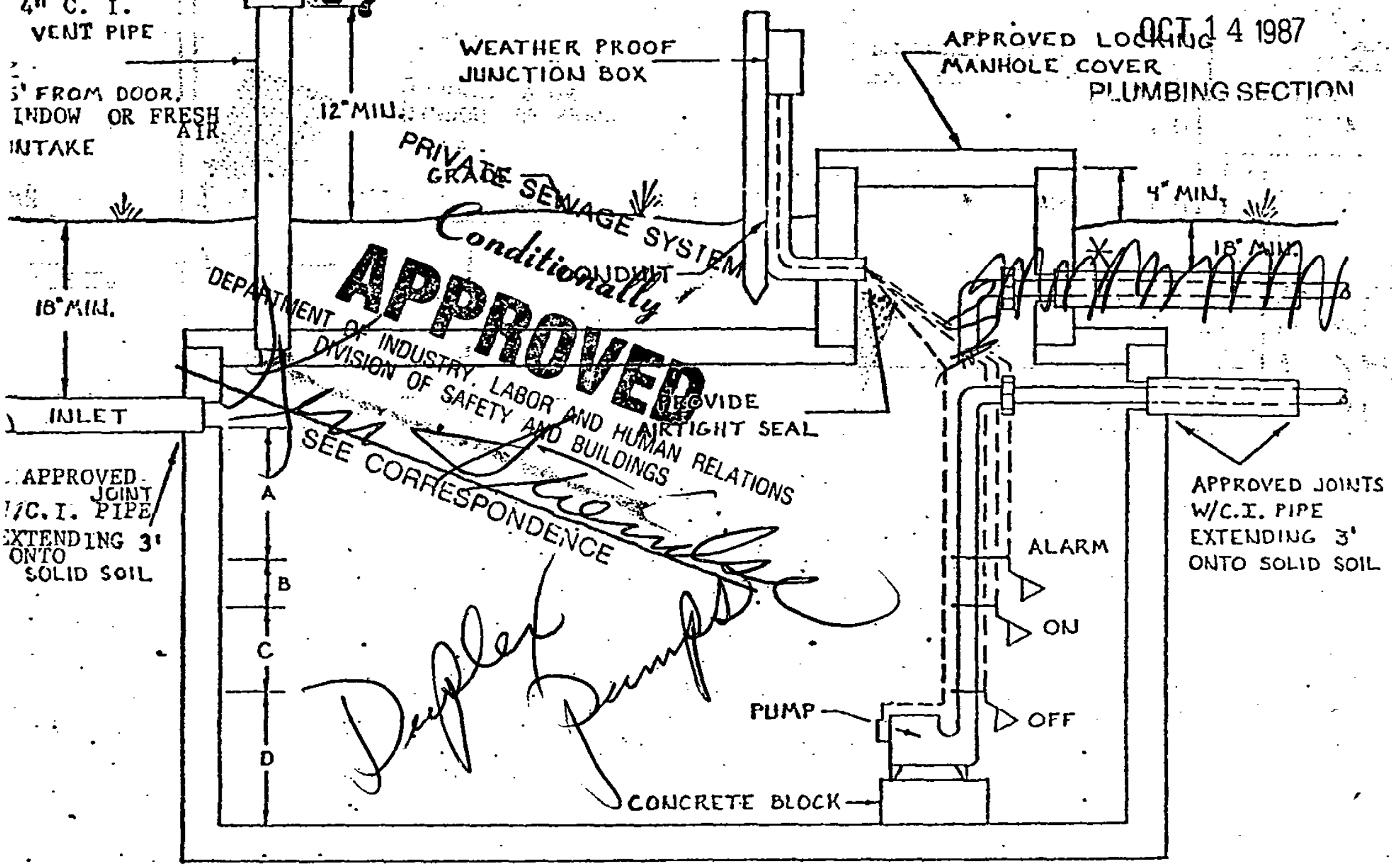
X. COMMENTS/REASONS FOR DISAPPROVAL:

SBD-6398 (formerly Plb-67) (R. 03/86) DISTRIBUTION: Original to County, One Copy To: Bureau of Plumbing, Owner, Plumber


WISCONSIN HIDEAWAY INC
GOVT LOT 2, S5, T37N, R7E
TN OF CASSION
ONEIDA CO WI
87-07527
MUSKIE LAKE
90'
20% SLOPE
15'
70'
75'
BM.=100.00
TOP OF CONCRETE
PILLAR
WELL
2BR
1BR
2B
1
5
6
7
3BR
2
3
4
8
66 X 95 BED
12%
TANK LEGEND
1.- 1000 GAL GREASE
2
3 } 1500 GAL SEPTIC
4
5
6 } 750 GAL SEPTIC
7
8. 1500 GAL PUMP.
PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE
N.
NO SCALE
34 ACRES
MP4823
500'+ TO LOT LINES

PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS

87-0752



* RISER EXIT PERMITTED ONLY IF TANK MANUFACTURER HAS SUCH APPROVAL

SPECIFICATIONS

SEPTIC AND DOSE

TANKS MANUFACTURER: Antigo Block
TANK SIZE: 1500 GALLONS

NUMBER OF DOSES: 4 PER DAY
DOSE VOLUME: 810 GALLONS

CAPACITIES: A= 14.7 INCHES OR 486 GALLONS
B= 7 INCHES OR 68 GALLONS
C= 13.8 INCHES OR 516 GALLONS
D= 4" INCHES OR 136 GALLONS

ALARM MANUFACTURER: MARLEY PUMP CO
MODEL NUMBER: Q*
SWITCH TYPE: MERCURY FLOAT

IMP MANUFACTURER: [redacted] SK 100
MODEL NUMBER: HYDRO-MATIC [redacted]
SWITCH TYPE: MERCURY FLOAT & RELAY
PUMP DISCHARGE RATE 23 GPM

NOTE: PUMP AND ALARM ARE TO BE INSTALLED ON SEPARATE CIRCUITS

VERTICAL DIFFERENCE BETWEEN PUMP OFF AND DISTRIBUTION PIPE.. 20 FEET
MINIMUM NETWORK SUPPLY PRESSURE..... 25 FEET = 38' HEAD
300 FEET OF FORCE MAIN X .529 FT/FOOT = 158.7 FEET

* VISUAL ALARM, HORN, LIGHTNING ARRESTOR, DUPLEX OPERATION, PARALLEL IF ONE PUMP CAN NOT KEEP UP.

BACK FEED 300 X .164 = 49.2 GALLONS.

1500 GAL PUMP TANK = 34.1 GALLONS PER INCH DEPTH.

GOVT LOT 2, SEC. T 37 N R 7E
TN OF CASSIAN
ONEIDA CO WI.

12½% NATURAL SLOPE

OUTFALL

12% SLOPE

BM 100.0
TOP OF CONCRETE
PILLAR

87-07527

EXCAVATED 20 YEARS AGO.

VENT

VENT

72'

90%
CUT BANK

6' SPACING ON 4"
DIST. PIPES

GARAGE

3

91'

SYSTEM ELEV. 102

PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE

RECEIVED
OCT 14 1987
PLUMBING SECTION

DIVERSION DITCH

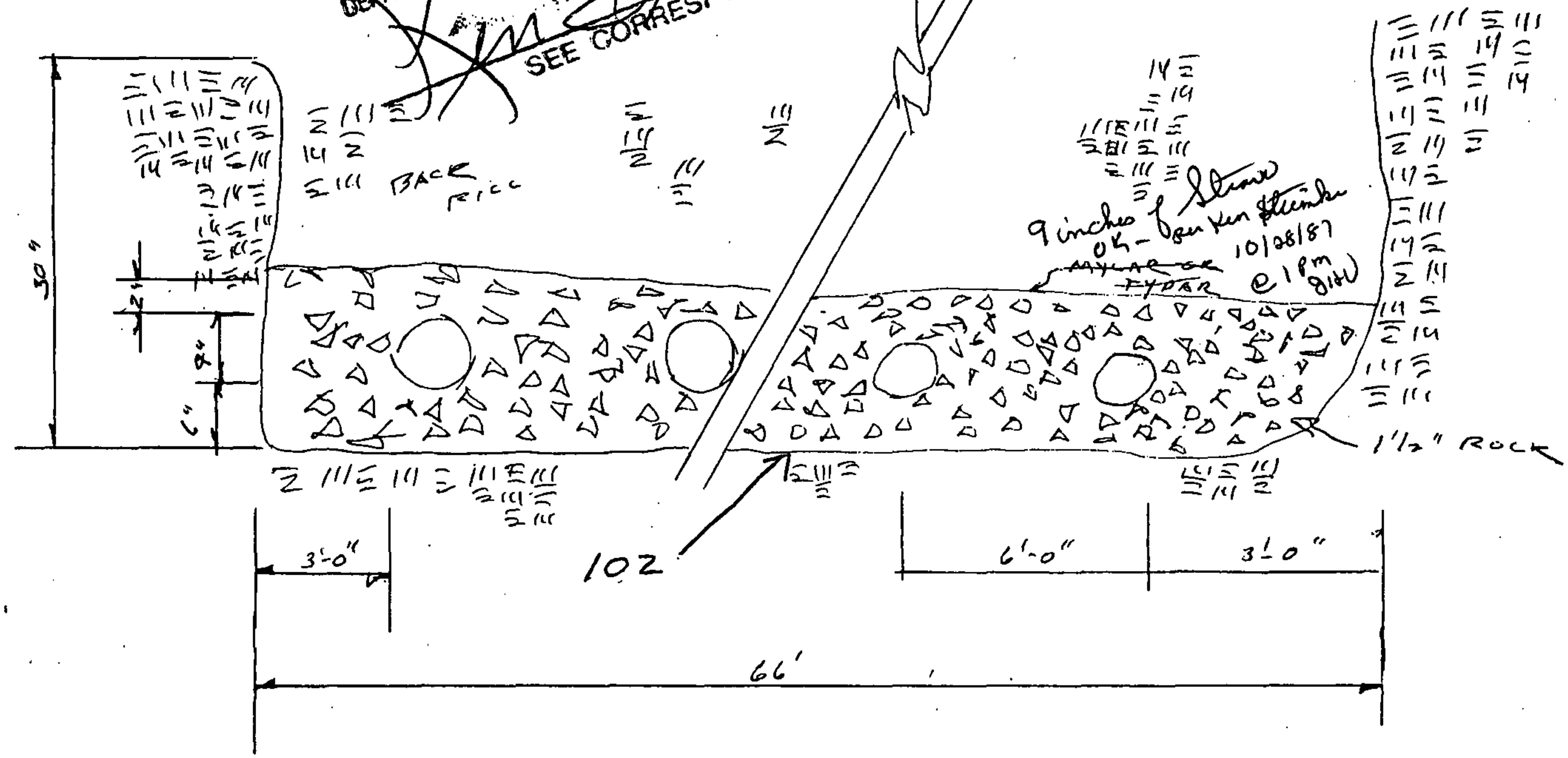
12% SLOPE
OUT FALL

25° NATURAL SLOPE

WISCONSIN HIDEAWAY INC
GOVT LOT 2, S5 T37N R7E
TN OF CASSIAN ONEIDA CO

87-07527

PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE



Robb Gulden
MP 4873

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

October 26, 1987

SAFETY & BUILDINGS DIVISION
Office of Division Codes
and Application
201 East Washington Avenue
P.O. Box 7969
Madison, WI 53707

Hide-Away of Wisconsin
Gen. Delivery
Harshaw, WI 54529

Petition No. 87-07527-P

Re: Hide-Away of Wisconsin, Inc.
Private Sewage System
Gov't Lot 2, 5, 37, 7E
Town of Cassian, Oneida County, WI

The petition for a variance requested to section ILHR 83.15 (5) (b) of the Wisconsin Administrative Code was considered on October 20, 1987. The petition has been conditionally approved. The condition being that an alarm system be incorporated into the duplex alternating controls which would be activated in the event of pump failure, simultaneously switching the remaining pump to dosing on each cycle.

The rule requires that there be a one-day holding capacity above the high water alarm switch in pump tanks.

The variance requested was to use duplex alternating pumps in lieu of the one-day holding capacity.

All of the data and statements submitted on behalf of the petitioner were considered. This variance is specific to the subject petition and cannot be used for any additional modifications.

Sincerely,

Julie H. Peterson

Julie H. Peterson, Chief
Section of Private Sewage
(608) 266-0056

JHP:KS:1535v

cc: Norman Dunbar, Private Sewage Consultant - District 8, Rhinelander
John Vanney, Planning and Zoning Administrator - Oneida County
Robert R. Anderson

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

PRIVATE SEWAGE PLAN APPROVAL — SAFETY & BUILDINGS DIVISION

Office of Division Codes and Application
201 East Washington Avenue
P.O. Box 7969
Madison, Wisconsin 53707

ROBERT R. ANDERSON
P.O. BOX 1992
WAUSAU WI 54402

Owner: HIDE-AWAY OF WIS.
GEN. DELIVERY
HARSHAW WI 54529

RE: Plan Number: 87-07527-6
Gallons Per Day: 3,208
Project Name: HIDE-AWAY OF WIS. INC.
Town of CASSIAN
Fees Received (Priority Review): 350.00

Date Approved: October 26, 1987
Date Received: October 19, 1987
Location: GOVT. 2,SEC.5,37,7E
County: ONEIDA

The plumbing plans and specifications for this project have been reviewed for compliance with applicable code requirements. This approval is based on Chapter 145, Wisconsin Statutes and the Wisconsin Administrative Code. The plans are stamped 'conditionally approved'. This approval is contingent upon compliance with any stipulations shown on the plans. All items that are noted must be corrected. All permits required by the city, village, township or county shall be obtained prior to construction. The licensed plumber responsible for this installation shall keep one set of plans with the department's approval stamp at the construction site. The installer shall notify the appropriate inspector when inspections can be made.

This approval will expire two years from the date approved or if a sanitary permit is obtained, it will expire the day the initial sanitary permit expires.

The Section of Private Sewage has reviewed these plans for private sewage system code requirements only. These plans have not been reviewed for the code requirements set forth in Section ILHR 82 for general plumbing or in Chapters 50-64 of the Wisconsin Administrative code.

This approval is for the following components only:

- REPL PETITION
- REPL CONVENTIONAL

Inquiries concerning this approval may be made by calling (608) 266-8230.

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

SAFETY & BUILDINGS DIVISION

Sincerely,

Ken Stiemke

KENNETH STIEMKE
Section of Private Sewage
Division of Safety and Buildings
PPP016/0009n/11
cc: HIDE-AWAY OF WIS?

___Private Sewage Consultant ___County ___UW-SSWMP ___Plumbing Consultant
___Owner ___Plumber ___Environmental Health

GOVT LOT 2, S4, T31N R1E
TN OF CASSIAN
ONEIDA CO WI.

12% NATURAL SLOPE

SLOPE

BM 100.0
TOP OF CONCRETE
PILLAR

87-07527

EXCAVATED 20 YEARS AGO.

3'

VENT

20 GAL TANK

3

6' SPACING ON 9" DIST. PIPES

VENT

1'

90%
CUT BAN

91'

SYSTEM ELEV. 102

PRIVATE SEWAGE SYSTEM

Conditionally

APPROVED

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS

SEE CORRESPONDENCE

RECEIVED
OCT 14 1987
PLUMBING SECTION

DIVERSION DITCH

12% SLOPE

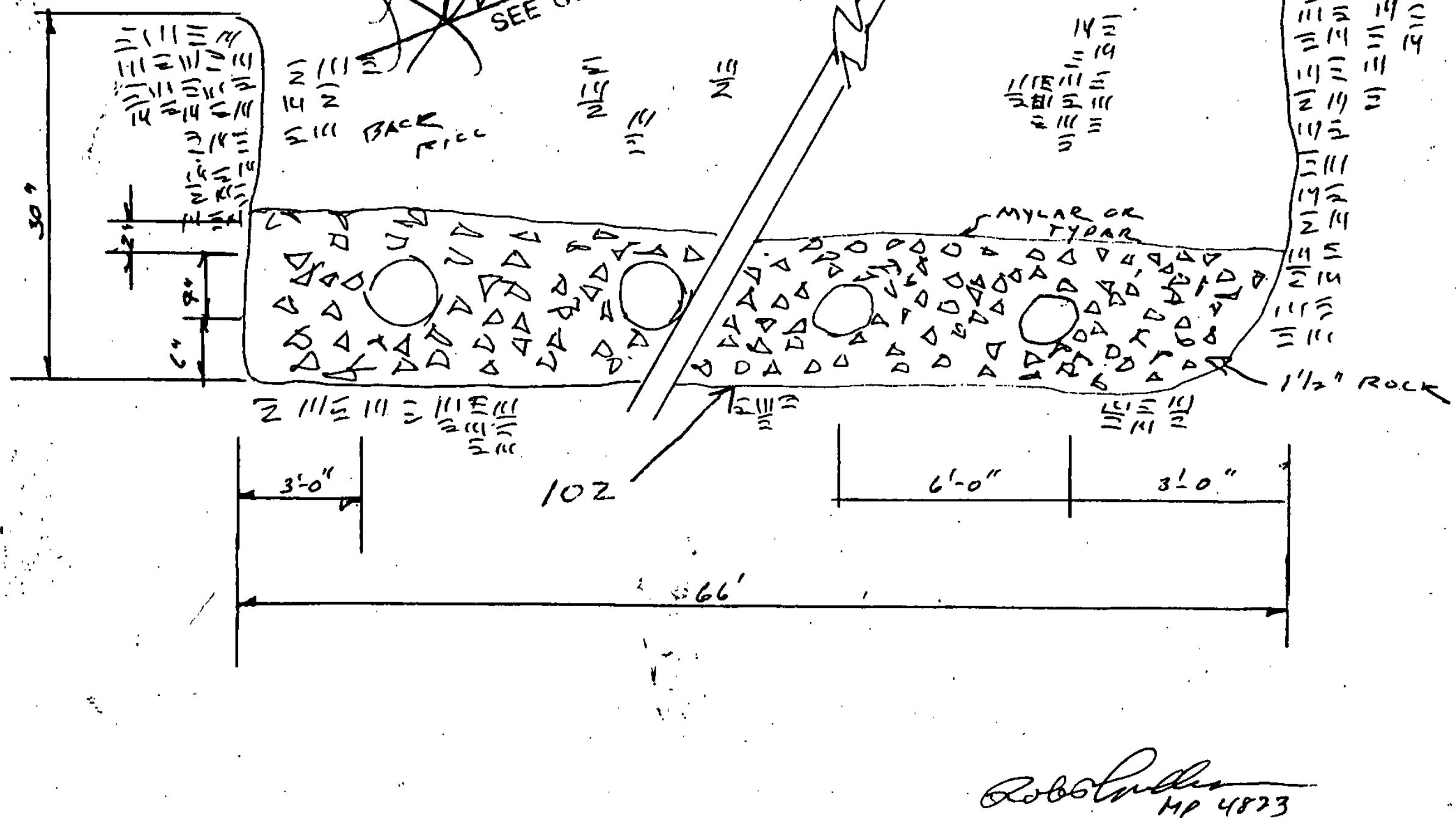
OUT FALL

25° NATURAL SLOPE

WISCONSIN ... RANGE ...
GOVT LOT 2, S5 T 37 N R 7E
TN OF CASSIAN ONEIDA CO

87-07527

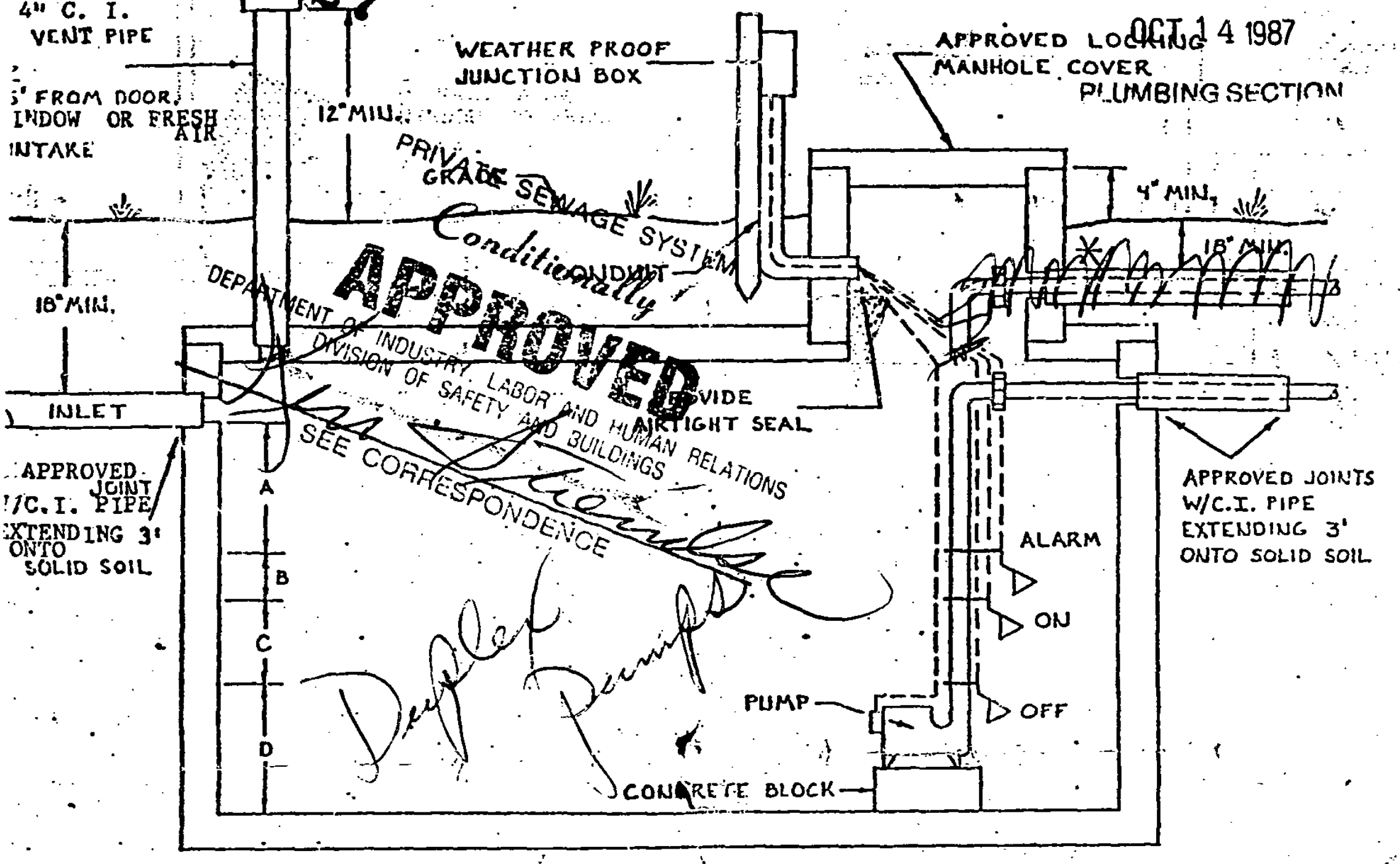
PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE



Robert Ludtke
MP 4823

PUMP CHAMBER CROSS SECTION AND SPECIFICATIONS

87-0752



Conditionally APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE

Duplex Pumps

* RISER EXIT PERMITTED ONLY IF TANK MANUFACTURER HAS SUCH APPROVAL

SPECIFICATIONS

SEPTIC AND DOSE

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MODEL NUMBER: Q*
SWITCH TYPE: MERCURY FLOAT

IMP MANUFACTURER: [redacted] SK 100
MODEL NUMBER: HYDRO-MATIC [redacted]R
SWITCH TYPE: MERCURY FLOAT & RELAY
PUMP DISCHARGE RATE 3 GPM

NUMBER OF DOSES: 4 PER DAY
DOSE VOLUME: 810 GALLONS

CAPACITIES: A= 14.5 INCHES OR 486 GALLONS
B= 7 INCHES OR 66 GALLONS
C= 13.8 INCHES OR 516 GALLONS
D= 4" INCHES OR 136 GALLONS

NOTE: PUMP AND ALARM ARE TO BE INSTALLED ON SEPARATE CIRCUITS

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MINIMUM NETWORK SUPPLY PRESSURE..... 25 FEET = 38' HEAD
300 FEET OF FORCE MAIN X .529 FT/FT 11.7 FEET

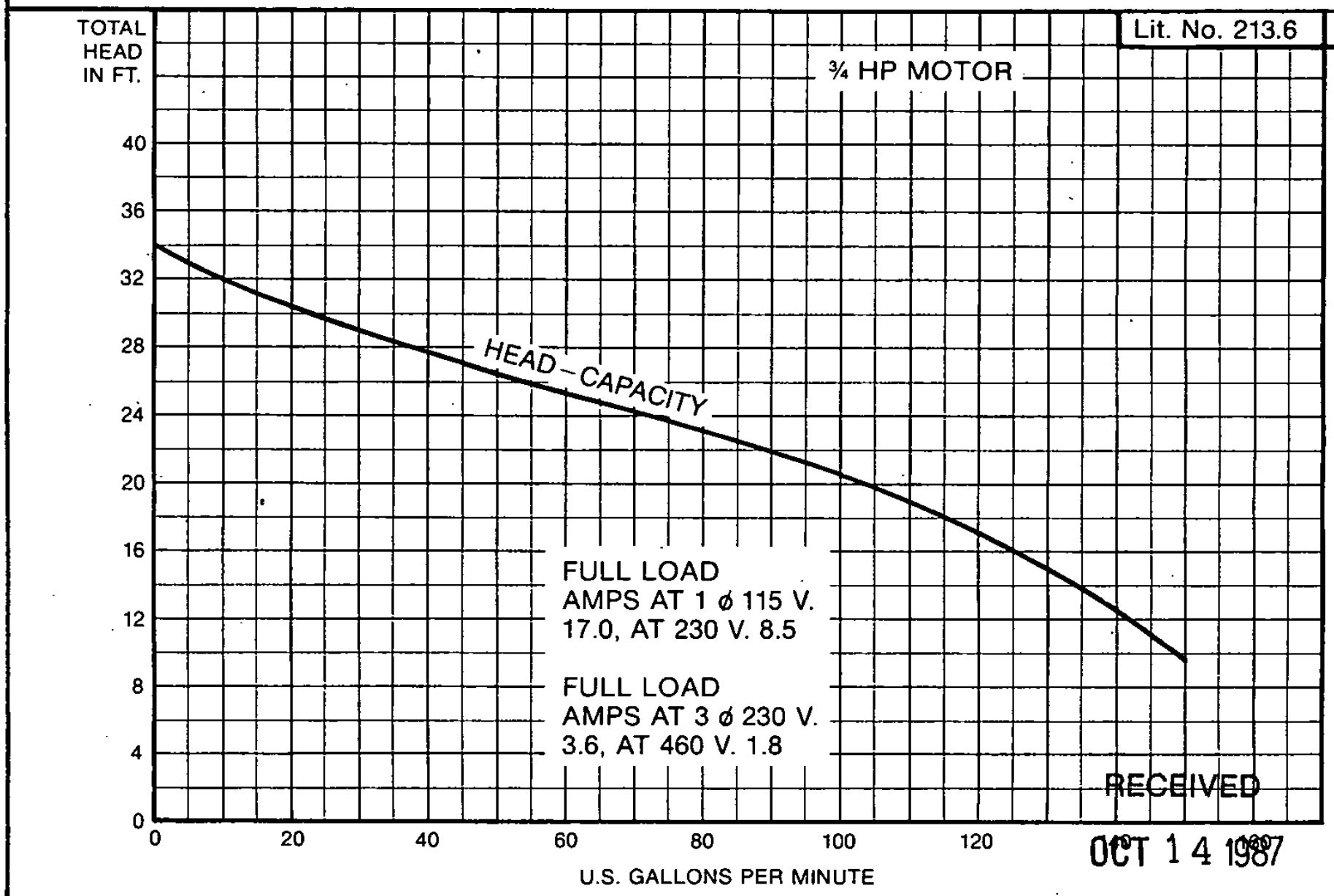
* VISUAL ALARM, HORN, LIGHTNING ARRESTOR, DUPLEX OPERATION, PARALLEL IF ONE PUMP CAN NOT KEEP UP.

BACK FLOW 300 X .164 = 49.2 GALLONS.

1500 GAL PUMP TANK = 34.1 GALLONS PER INCH DEPTH.

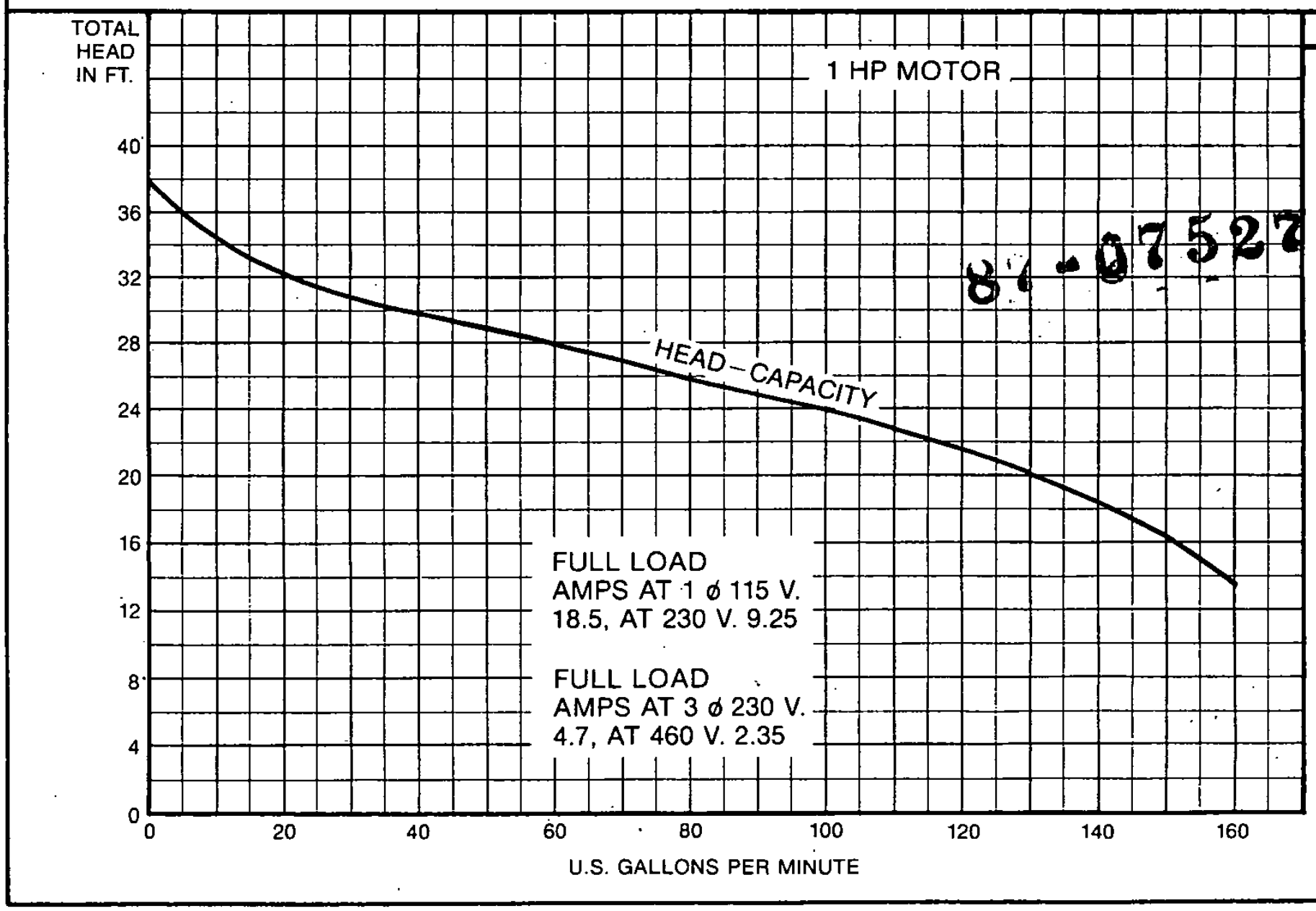
MODEL: SK75 SUBMERSIBLE SEWAGE PUMP – MAX. SOLIDS 2" SPHERE – 1750 RPM

Lit. No. 213.6 | 8107



MODEL: SK100 SUBMERSIBLE SEWAGE PUMP – MAX. SOLIDS 2" SPHERE – 1750 RPM

8108



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

October 26, 1987

SAFETY & BUILDINGS DIVISION
Office of Division Codes
and Application
201 East Washington Avenue
P.O. Box 7969
Madison, WI 53707

Hide-Away of Wisconsin
Gen. Delivery
Harshaw, WI 54529

Petition No. 87-07527-P

Re: Hide-Away of Wisconsin, Inc.
Private Sewage System
Gov't Lot 2, 5, 37, 7E
Town of Cassian, Oneida County, WI

The petition for a variance requested to section ILHR 83.15 (5) (b) of the Wisconsin Administrative Code was considered on October 20, 1987. The petition has been conditionally approved. The condition being that an alarm system be incorporated into the duplex alternating controls which would be activated in the event of pump failure, simultaneously switching the remaining pump to dosing on each cycle.

The rule requires that there be a one-day holding capacity above the high water alarm switch in pump tanks.

The variance requested was to use duplex alternating pumps in lieu of the one-day holding capacity.

All of the data and statements submitted on behalf of the petitioner were considered. This variance is specific to the subject petition and cannot be used for any additional modifications.

Sincerely,

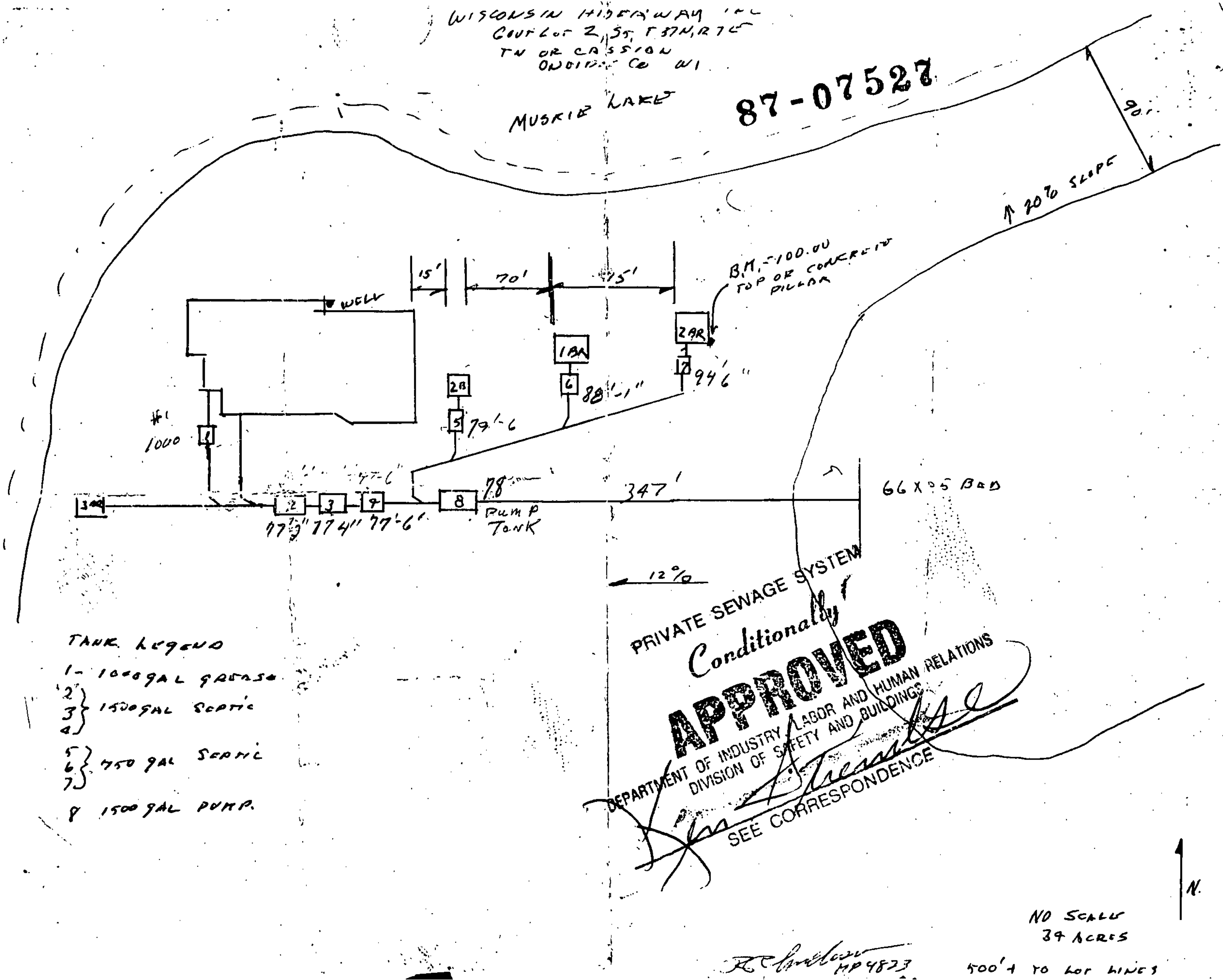
Julie H. Peterson

Julie H. Peterson, Chief
Section of Private Sewage
(608) 266-0856

JHP:KS:1535v

cc: Norman Dunbar, Private Sewage Consultant - District 8, Rhinelander
John Vanney, Planning and Zoning Administrator - Oneida County
Robert R. Anderson

DILHR-SBD-6423 (N. 04/81)



WISCONSIN HIDEAWAY INC
GOVT LOT 2, S5, T37N, R7E
TN OF CASSIAN
ONEIDA CO WI
87-07527
MUSKIE LAKE
90'
↑ 20% SLOPE
15'
70'
75'
WELL
B.M.=100.00 TOP OF CONCRETE PILLAR
2AR
1AR
2B
94'6"
88'-1"
79'-6
#1 1000
77'-6"
78
347'
66 X 5 BED
PUMP TANK
77'9" 77'4" 77'-6"
12%
TANK LEGEND
1- 1000 GAL GREASE
2, 3, 4 } 1500 GAL SEPTIC
5, 6, 7 } 750 GAL SEPTIC
8 1500 GAL PUMP.
PRIVATE SEWAGE SYSTEM
Conditionally
APPROVED
DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS
DIVISION OF SAFETY AND BUILDINGS
SEE CORRESPONDENCE
N.
NO SCALE
34 ACRES
500'+ TO LOT LINES
MP 4873

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

SAFETY & BUILDINGS DIVISION

Sincerely,

Ken Stiemke

KENNETH STIEMKE
Section of Private Sewage
Division of Safety and Buildings
PPP016/0009n/11
cc: HIDE-AWAY OF WIS.

___Private Sewage Consultant ___County ___UW-SSWMP ___Plumbing Consultant
___Owner ___Plumber ___Environmental Health

1 608 266 8230

10/28/87 / State approval requir
10 m 9 inch of stone n
Typar - Ken Stiemke
advises Can use either
for the cover

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

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

Location G.L.2 1/4, _____ 1/4, Sec. 5, T 37 N, R 7 (E.) or W

Town or Municipality Cassian Street Address _____

Lot No. _____, Block _____, Subdivision _____

Landowner's Name: Wisconsin Hideaways Inc

The application for this site is for:

[ ] new construction use.

[X] replacement system use.

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

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

[ ] one of the applications needing a quota number. The quota number assigned to this application is ____-____-____.

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

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

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

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

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

[X] a failing conventional soil absorption system.

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

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

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

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

Name Steven R. Osterman (County Official) Signature Steven R. Osterman

Title Asst. Z. Admin. Date 5/26/87

DILHR-SBD-6158 (R 12/82)

584-87

INSPECTION
REPORT

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

Name of Premises		Date	Plan I.D. No.
Hideaway Lodge		12 Aug 86	
Street/Location	City/Township	County	Sanitary Permit #
Govt lot 2 Sect 5, T37N, R7E, Town of Cassian		Oneida	
Master Plumber & Firm Name	Address		
Journeyman Plumber/Soil Tester	Address		
Minnie Dalich	11816 N. 22nd place, Phoenix, Az. 85028		
Owner	Address		
Jeanice Froh (present)	8528 Sand Lake Rd, Harshaw, Wi 54529		

An onsite inspection visit was made with the asst. Oneida County Zoning Adm. at Zoning office request to determine if the private sewage system serving Hideaway Lodge is functioning properly.

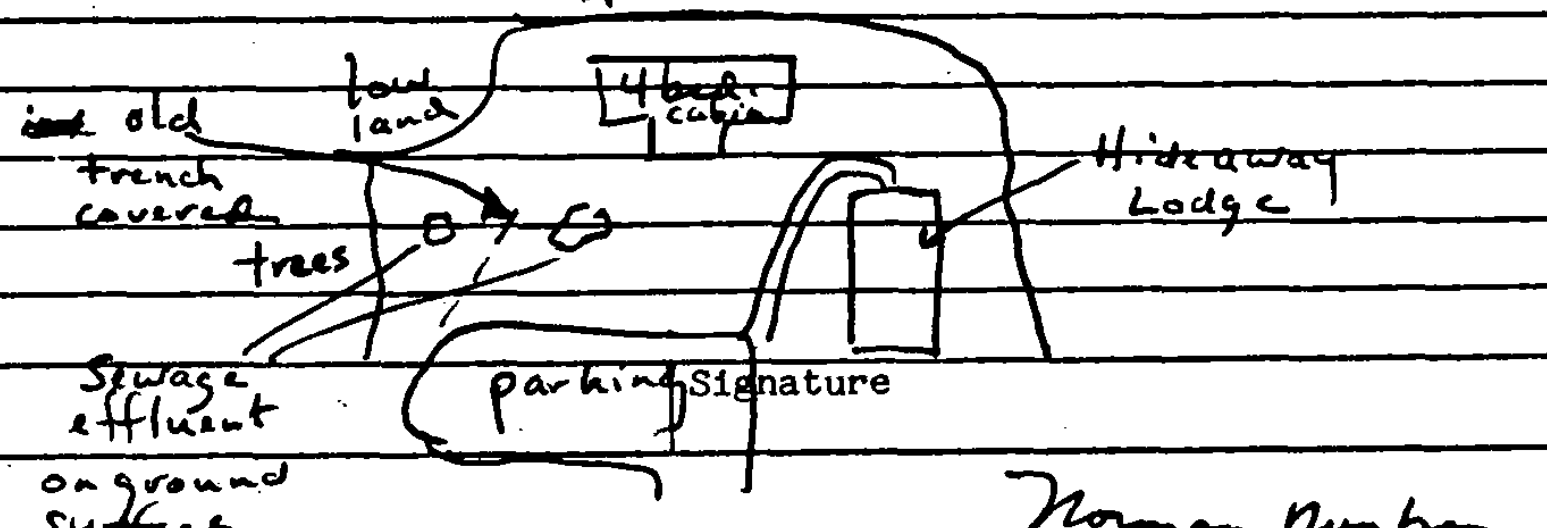
Sewage effluent was observed ponding on the ground surface west of the restuarant.

The private sewage system connected to the Hideaway Lodge is a failing private sewage system as defined in ILHR 83.02 (19)(2) Wis Adm. Code and is a violation of ILHR 83.03(3) Wis Adm Code and is creating a potential health nuisance by discharging sewage effluent onto the ground surface in violation of ILHR 83.01(2)(a) Wis. Adm. Code and 146.14 State Statutes.

Receipt of this inspection report shall serve as notice, to expire at concurrent date issued by Oneida Co. Zoning Office, to eliminate the potential health nuisance of a failing private sewage system by having a Wis. licensed master plumber install an approved system.

It is my understanding that the 4 bedroom cabin on the north shore will be abandoned.

Please feel free to contact me at my office if you have any questions 715-369-3914.



Discussed with

( )See Attached.
Sent by affidavit
on 7/24/87 (1/85)

Signature

Norman Dunbar

Signature of Plumbing Consultant/Private Sewage Co

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

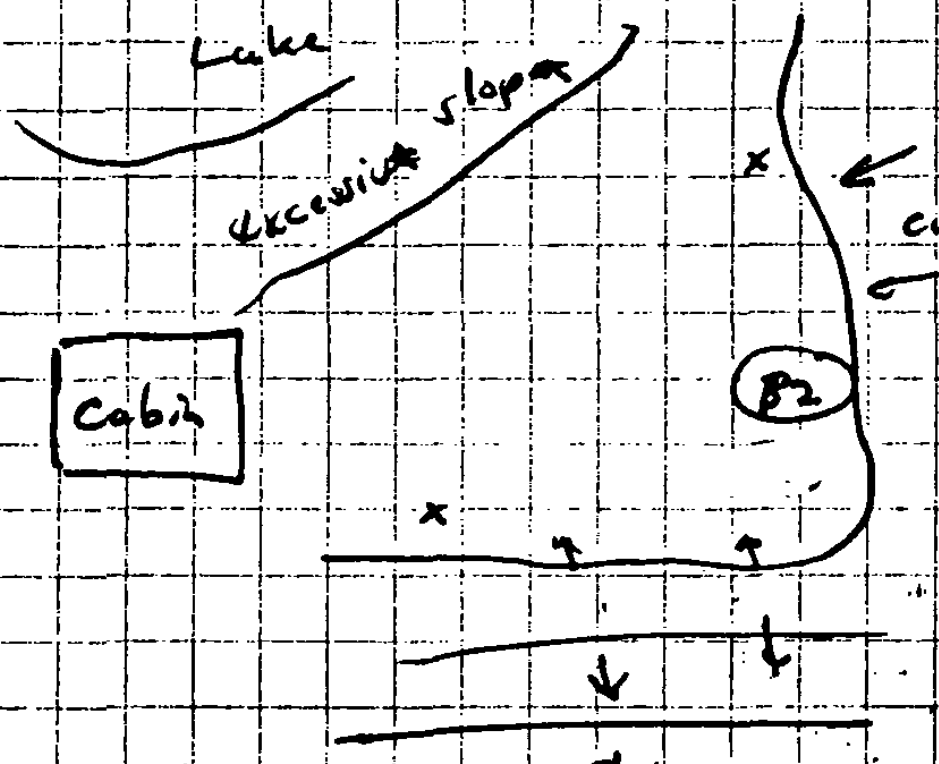
INSPECTION REPORT

Inspection Date			
18 May 1987			
Name of Premises	**Address or Legal Description**	**City/Township**	**County**
Hideaway Lodge	Govt lot 2, Sect 5, T37N, R7E,	Cassian	Oneida

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)
Dale Bronson Rt 3, Box 1097, Rhinelander, WI 54501	
Owner's Name and Address	
Wisconsin Hideaway, Inc.	

An onsite soil evaluation was made of 1 backhoe pit to verify soil suitability for a replacement system greater than 3000 gal/day.
I observed CST-B2
0-36" 5YR Br 7.5YR 5/6 mods
36"-72" Br 7.5YR 5/4 mods - sand is loose and pit caved in.



Class 2 IGP system being considered.

Hideaway Inc consists of
6 sleeping rooms upstairs
12 bar stools upstairs
30 seat restaurant
2 bedroom residence in restaurant
2 employees
4 cabins - 8 bedrooms -

Page 1 of 1

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

SBD-6192 (R. 11/85) Original: District

Copies to: (Check all that apply) ☒ DILHR ☐ Plumber ☐ Owner ☒ County/Local Insp. ☒ Other CST

DEPARTMENT OF INDUSTRY,
LABOR & HUMAN RELATIONS
P.O. BOX 7969
MADISON, WI 53707

INSPECTION REPORT FOR PRIVATE SEWAGE SYSTEMS

with Lift.

☑ CONVENTIONAL ☐ ALTERNATIVE
☐ Holding Tank ☐ In-Ground Pressure ☐ Mound

584-87 SAFETY & BUILDINGS DIVISION
BUREAU OF PLUMBING

State Plan I.D. Number: (If assigned) 87-07527

NAME OF PERMIT HOLDER:	ADDRESS OF PERMIT HOLDER:	INSPECTION DATE:
Wis HideWay INC.	8525 Sand Lake Rd Harshaw Wis	Start – 10-29-87 Finish – 11-20-87

BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN:	REF. PT. ELEV.:	CST REF. PT. ELEV.:
Top of Concrete Piller NW Corner of Lodge	100	

Name of Plumber:	MP/MPRSW No.:	County	Sanitary Permit Number:
Bob. Anderson	4823	Oneida	84938

SEPTIC TANK/HOLDING TANK:

MANUFACTURER:	LIQUID CAPACITY:	TANK INLET ELEV.	TANK OUTLET ELEV.:	WARNING LABEL PROVIDED:	LOCKING COVER PROVIDED:
Antigo Block INC. 3 3	750 1500			☑ YES ☐ NO	☐ YES ☐ NO

BEDDING:	VENT DIA.:	VENT MAT'L	HIGH WATER ALARM	NUMBER OF FEET FROM NEAREST →	ROAD:	PROPERTY LINE	WELL:	BUILDING:	VENT TO FRESH AIR INLET:
☑ YES ☐ NO	4"	Cast Iron	☐ YES ☐ NO		500+	100+	80	36	

DOSING CHAMBER:

MANUFACTURER Antigo Block INC.	BEDDING:	LIQUID CAPACITY	PUMP MODEL	PUMP SIPHON MANUFACTURER	WARNING LABEL PROVIDED:	LOCKING COVER PROVIDED:
	☑ YES ☐ NO	1500	S-K 100	Hydromatic	☑ YES ☐ NO	☑ YES ☐ NO

GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)	PUMP AND CONTROLS OPERATIONAL	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE	WELL	BUILDING	VENT TO FRESH AIR INLET:
110	☑ YES ☐ NO		100+	60	35	35

SOIL ABSORPTION SYSTEM. Check the soil moisture at the depth of plowing or excavation. (If soil can be rolled into a wire, construction shall cease until the soil is dry enough to continue.)

FORCE MAIN	LENGTH	DIAMETER	MATERIAL AND MARKING
	347	2"	PVC. – S-40

CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES	DISTR. PIPE SPACING	COVER MATERIAL:	PIT	INSIDE DIA.	#PITS	LIQUID DEPTH:
	66	97	Bed	6	M-Hay				

GRAVEL DEPTH BELOW PIPES	FILL DEPTH ABOVE COVER	DISTR. PIPE ELEV. INLET	DISTR. PIPE ELEV. END	DISTR. PIPE MATERIAL	NO. DISTR. PIPES	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE	WELL	BUILDING	VENT TO FRESH AIR INLET.
6"	32	102.6	102.4	PVC-27-29	11		200+	400	350	443

3- Vents

MOUND SYSTEM:

Mound site plowed perpendicular to slope and furrows thrown upslope: ☐ YES ☐ NO	Check the texture of the fill material for mound systems to make certain that it meets the criteria for medium sand.	PROVIDE A DIAGRAM OF SYSTEM ON REVERSE SIDE. SHOW ELEVATIONS MEASURED.

SOIL COVER TEXTURE	PERMANENT MARKERS	OBSERVATION WELLS
	☐ YES ☐ NO	☐ YES ☐ NO

DEPTH OVER TRENCH BED CENTER	DEPTH OVER TRENCH BED EDGES	DEPTH OF TOPSOIL	SODDED	SEEDED	MULCHED
			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PRESSURIZED DISTRIBUTION SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH	LENGTH	NO. OF TRENCHES:	LATERAL SPACING	GRAVEL DEPTH BELOW PIPE	FILL DEPTH ABOVE COVER

ELEVATION AND DISTRIBUTION INFORMATION	MANIFOLD ELEV.	PUMP ELEV.	MANIFOLD DIA	DISTR. PIPE ELEV.	MANIFOLD MATERIAL	NO. DISTR. PIPES	DISTR. PIPE DIA.:	DISTRIBUTION PIPE MATERIAL & MARKING

HOLE SIZE	HOLE SPACING	DRILLED CORRECTLY	COVER MATERIAL	VERTICAL LIFT CORRESPONDS TO APPROVED PLANS
		☐ YES ☐ NO		☐ YES ☐ NO

PERMANENT MARKERS:	OBSERVATION WELLS:	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:	BUILDING:
☐ YES ☐ NO	☐ YES ☐ NO				

COMMENTS:

1 – 1000 Gal. Grease Trap.
Elevation on Tanks, See Plot Plan.
1 – 30" X 25" Distribution Box to Bed.
Box Covered with 6" Styrofoam.
Pumps and Controls tested. (OK)
Five Insp on This Installation.
Bob. Anderson did a good Job on this Installation.

Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE:	TITLE:
Dennis Smith	Inspector

DILHR SBD 6710 (R. 01/82)

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

SAFETY & BUILDINGS DIVISION
P.O. BOX 7969
MADISON, WI 53707

LOCATION:	SECTION:	TOWNSHIP/~~MUNICIPALITY~~:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
G.L. 2 1/4 1/4	5 /T37 N/R 8 E (or) W	Cassian			

COUNTY:	OWNER'S/~~BUYER'S NAME~~:	MAILING ADDRESS:
Oneida	Wisconsin Hideaways, Inc.	5459 Ridge Rd / Whitewater WI 53190

USE

☐ Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	☐ New ☒ Replace
		Restaurant – Resort	

DATES OBSERVATIONS MADE

PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
5-16-87	

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

CONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL:	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☒ S ☐ U	☐ S ☒ U	IGP – Class II

If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:	DESIGN RATE:
	Class II

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation:

PROFILE DESCRIPTIONS

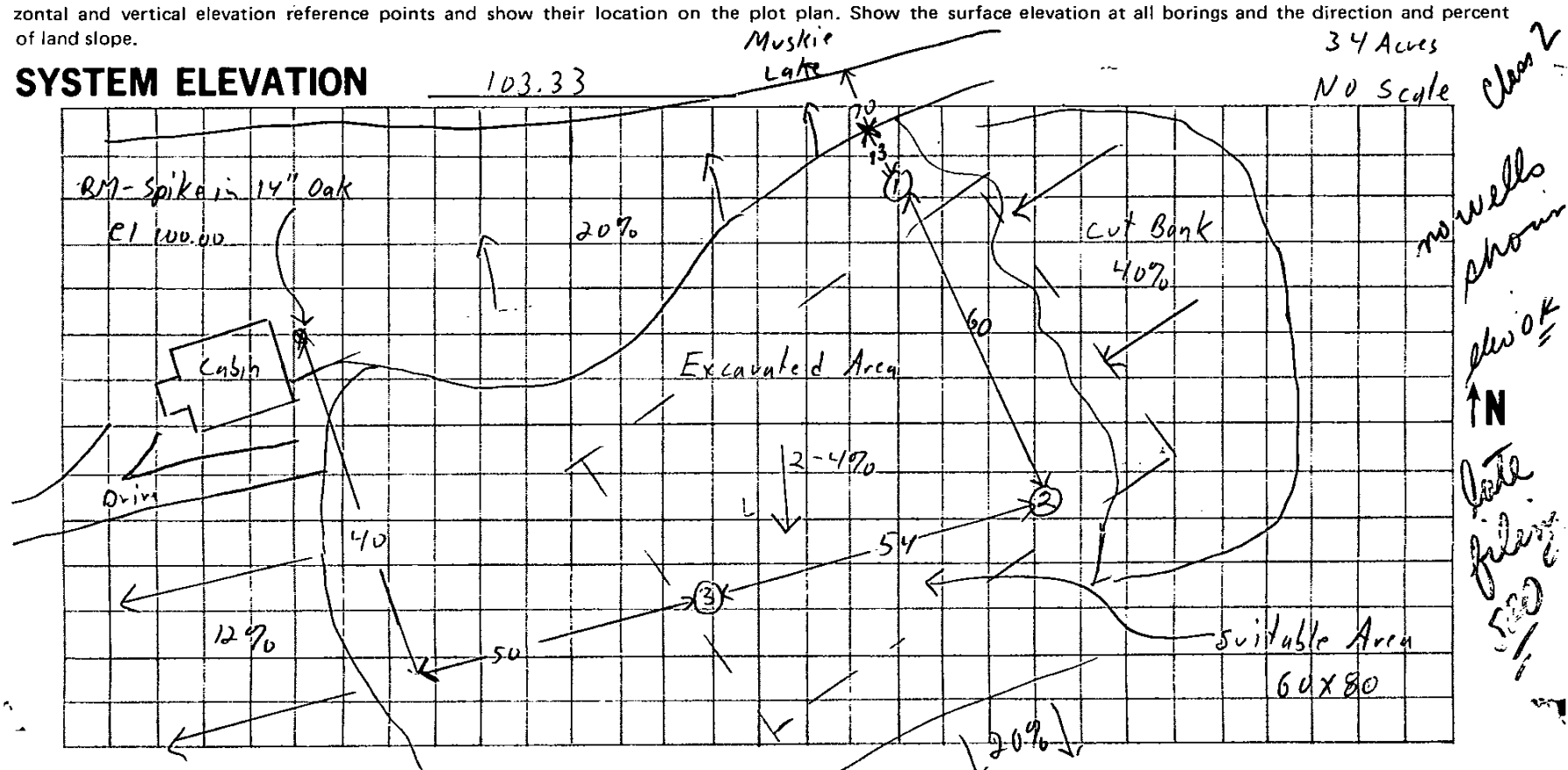
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	DEPTH TO GROUNDWATER-INCHES EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B- 1	72	106.33	–	>72	0-2 Bl/s 2-25 Brnmed, 25-52 Brcsdgr 52-72 Brnmed,
B- 2	72	104.00	–	>72	0-5 Bn/s 5-72 Brnmed, sgr
B- 3	72	104.58	–	>72	0-12 Bn/s 12-72 Brnmed, sgr
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES PERIOD 1	PERIOD 2	PERIOD 3	RATE MINUTES PER INCH
P-							
P-		Soil Map # 48		9E Sayner-Vilas Ls			3-10
P-							
P-							
P-							
P-							

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

SYSTEM ELEVATION



undersigned, 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 ministrative Code, and that the data recorded and the location of the tests are correct to the best of my knowledge and belief.

(print):	TESTS WERE COMPLETED ON:	
ile Bronson	5-16-87	
SS:	CERTIFICATION NUMBER:	PHONE NUMBER (optional):
6 E Moens Lake Dr Rhinelander WI 54501	2540	362-5377
	CST SIGNATURE: Dale Bronson	

Original and one copy to Local Authority, Property Owner and Soil Tester.

R. 02/82) – OVER –

DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

SAFETY & BUILDINGS DIVISION
P.O. BOX 7969
MADISON, WI 53707

LOCATION:	SECTION:	TOWNSHIP/MUNICIPALITY:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
GL 2 1/4 1/4	5 /T37 N/R 7 E (of SW	CASSIAN			

COUNTY:	OWNER'S/BUYER'S NAME:	MAILING ADDRESS:
ONEIDA.	WISCONSIN HIDEAWAY INC	5459 RIDGE Rd. WHITEWATER WI 53190

USE

☐ Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	☐ New ☒ Replace
		RESORT	

DATES OBSERVATIONS MADE

PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
8-20-87	8-20-87

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

CONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☒ S ☐ U	☐ S ☐ U	☐ S ☐ U	☐ S ☐ U	☐ S ☐ U	CONVENTIONAL

If Percolation Tests are NOT required under s.H63.09(5)(b), indicate:	DESIGN RATE: 0 - 10 9

If any portion of the tested area is in the Floodplain, indicate Floodplain elevation:

PROFILE DESCRIPTIONS

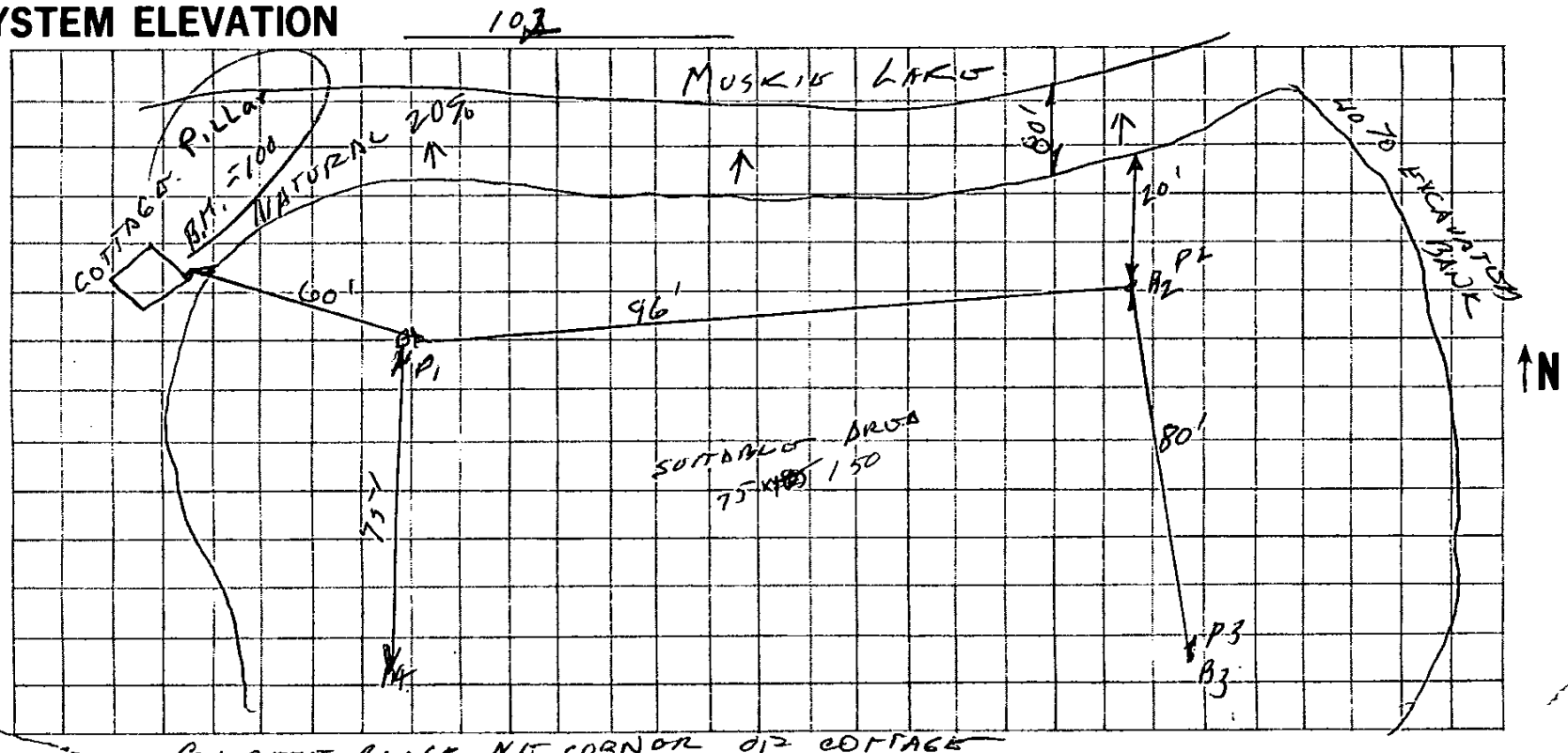
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	DEPTH TO GROUNDWATER-INCHES EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B- 1	96	105.5'	NONE	> 66"	2" LITT Bn S, 20" Bn CS PEBBLED, 22" CS PEBBLED 22" GR-S
B- 2	66	104.25'	NONE	> 66"	66-96 Lt Bn S. NODULY PUDDINGS 3" LITT Bn S, 25" Bn CS PEBBLED, 23" DARK Bn S, 15" S, GR.
B- 3	66	104.6'	NONE	> 66"	5" LITT Bn S 23" Bn CS PEA. 20 DK Bn S & GRAVEL 12" LIGHT S GR
B- 4	66	104'	NONE	7 66	5" " " " " " " " " "
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES PERIOD 1	PERIOD 2	PERIOD 3	RATE MINUTES PER INCH
P- 1	30	NONE	5	6	6	5 3/4	1
P- 2	30	NONE	5	6	6	6	1
P- 3	30	NONE	5	6	6	6	1
P-							
P-							
P-							

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

SYSTEM ELEVATION 102



I, the undersigned, 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 the location of the tests are correct to the best of my knowledge and belief.

NAME (print):	TESTS WERE COMPLETED ON:
ROBERT R. ANDERSON	8-20-87 -10-15-87
ADDRESS:	CERTIFICATION NUMBER: / PHONE NUMBER (optional):
617 FULTON ST WAUSAU WI 54401	1110 / 715-842-7371
	CST SIGNATURE: Robert Anderson

STRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

LHR-SBD-6395 (R. 02/82)

-- OVER --