



SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

uncomp,

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

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

The information you provide may be used by other government agency programs
[Privacy Law, s. 15.04 (1) (m)].

County	Burnett
State Sanitary Permit Number	281754
<input type="checkbox"/> Check if revision to previous application	
State Plan I.D. Number	NA-

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name	Charles Kindig	Property Location	SW 1/4 SE 1/4, S 19 T 40, N, R 14 E (or W)
Property Owner's Mailing Address	33 Silver Lake View Ct.	Lot Number	
City, State	Traverse MI	Block Number	
Zip Code	49684	Subdivision Name or CSM Number	
Phone Number	(616) 946-4148	<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town OF	Nearest Road OAK Lake Rd
II. TYPE OF BUILDING: (check one) <input type="checkbox"/> State Owned		Parcel Tax Number(s) 020-4119-09 600	
<input type="checkbox"/> Public <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of bedrooms 2			
III. BUILDING USE: (If building type is public, check all that apply)			

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Apartment / 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 box on line A. Check box on line B, if applicable)

- | | | | | |
|--|---|--|---|--|
| A) 1. <input type="checkbox"/> New System | 2. <input checked="" type="checkbox"/> Replacement System | 3. <input type="checkbox"/> Replacement of Tank Only | 4. <input type="checkbox"/> Reconnection of Existing System | 5. <input type="checkbox"/> Repair of an Existing System |
| B) <input type="checkbox"/> A Sanitary Permit was previously issued. Permit Number | | | | Date Issued |

V. TYPE OF SYSTEM: (Check only one)

- | | | | |
|--|--|--|--|
| Non-Pressurized Distribution | Pressurized Distribution | Experimental | Other |
| 11 <input checked="" 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 300	2. Absorp. Area Required (sq. ft.) 429	3. Absorp. Area Proposed (sq. ft.) 422	4. Loading Rate (Gals/day/sq. ft.) .69	5. Perc. Rate (Min./inch) -	6. System Elev. 96.7 Feet	7. Final Grade Elevation 99.1 Feet
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VII. TANK INFORMATION	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	800		800	1	SKAW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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) Wade Ruffsholm	Plumber's Signature: (No Stamps) Wade Ruffsholm	MP/MPRSW No.: 3361	Business Phone Number: 349-7286
Plumber's Address (Street, City, State, Zip Code): Box 514 Siren WI 54872			

IX. COUNTY / DEPARTMENT USE ONLY

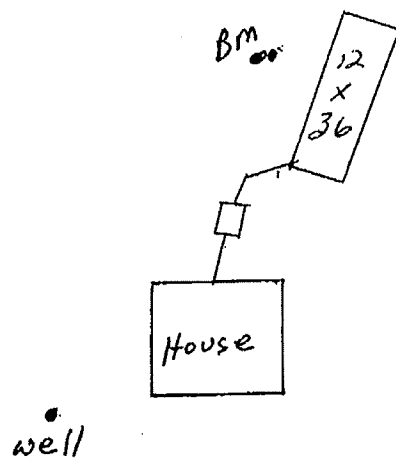
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial <input type="checkbox"/> Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge fee) 150.00	Date Issued 8/26/96	Issuing Agent Signature (No Stamps) Keith E. Stora
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X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Plot Plan scale 1"=40'

Property of Charles Kind
19. pch in SW-SE 19T40
N R14W TOWN OF SCOTT
(26ed)

Syst. Eleu 96.7



OAK LAKE Rd

BM=100 HRP+VRP nail in double birch

Wade Ruppel 3361

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.

APPLICANT INFORMATION-PLEASE PRINT ALL INFORMATION


PROPERTY OWNER: <u>Charles Kindig</u>		PROPERTY LOCATION <u>PCI IN</u>	
PROPERTY OWNER'S MAILING ADDRESS <u>33 Silver Lk. View CT</u>		GOVT. LOT <u>SW 1/4 SE 1/4 S 19 T 40 N R 14 E (or W)</u>	
CITY, STATE <u>TRAVERSE MI</u>	ZIP CODE <u>49458</u>	LOT # <u>SCOTT</u>	BLOCK # <u>SCOTT</u>
PHONE NUMBER <u>(616) 946-4148</u>		SUBD. NAME OR CSM #	
		NEAREST ROAD <u>OAK LK. Rd.</u>	

COUNTY <u>Burnett</u>
PARCEL I.D. # <u>028-4119-09600</u>
REVIEWED BY <u>KE 8/26/96</u>
DATE <u>8/26/96</u>

<input type="checkbox"/> New Construction	Use <input checked="" type="checkbox"/> Residential / Number of bedrooms <u>2</u>	<input type="checkbox"/> Addition to existing building
<input checked="" type="checkbox"/> Replacement	<input type="checkbox"/> Public or commercial describe	
Code derived daily flow <u>300</u> gpd		
Recommended design loading rate <u>.7</u> bed, gpd/ft ² <u>.8</u> trench, gpd/ft ²		
Absorption area required <u>429</u> bed, ft ² <u>375</u> trench, ft ² Maximum design loading rate <u>.7</u> bed, gpd/ft ² <u>.8</u> trench, gpd/ft ²		
Recommended infiltration surface elevation(s) <u>96.7</u> ft (as referred to site plan benchmark)		
Additional design / site considerations		
Parent material <u>GLACIAL DRIFT</u> Flood plain elevation, if applicable <u>NA</u> ft		

S = Suitable for system	CONVENTIONAL <input checked="" type="checkbox"/> S <input type="checkbox"/> U	MOUND <input checked="" type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND PRESSURE <input checked="" type="checkbox"/> S <input type="checkbox"/> U	AT-GRADE <input checked="" type="checkbox"/> S <input type="checkbox"/> U	SYSTEM IN FILL <input checked="" type="checkbox"/> S <input type="checkbox"/> U	HOLDING TANK <input type="checkbox"/> S <input checked="" 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
	1	0-4	7.5YR 3/2	—	IS	1msbk	mufc	cs	3f-co	.7	.8
	2	4-48	7.5YR 5/6	—	IS	1msbk	mufc	gs	3f-co	.7	.8
	3	48-70	7.5YR 5/6	—	fs	1msbk	mfr	—	3f	.5	.6
Ground elev.											
<u>98.7</u> ft.											
Depth to limiting factor											
<u>>70"</u>											

Remarks:

Boring #	1	0-5	7.5YR 3/2	—	IS	1msbk	mufc	cs	3f-co	.7	.8
	2	5-44	7.5YR 5/6	—	IS	1msbk	mufc	gs	3f-co	.7	.8
	3	44-60	7.5YR 5/6	—	fs	1msbk	mfr	gs	3f	.5	.6
	4	60-70	7.5YR 5/8	c2d5YR 5/8	fs	1msbk	mfr	—	—	—	—
Ground elev.											
<u>98.2</u> ft.											
Depth to limiting factor											
<u>60"</u>											

Remarks:

CST Name:—Please Print	<u>Wade R. Fsholm</u>	Phone:	<u>349-7286</u>
Address:	<u>Box 514 Siren WI 54872</u>	Date:	<u>8-22-96</u>
Signature:	<u>Wade R. Fsholm</u>	CST Number:	<u>3583</u>

PROPERTY OWNER Kindig
PARCEL I.D. # _____

SOIL DESCRIPTION REPORT

Page ____ of ____

Boring #



Ground
elev.
99.2 ft.

Depth to
limiting
factor
58"

Horizon	Depth in.	Dominant Color Munsell	Mottles Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	GPD/ft ²	
									Bed	Trench
1	0-5	7.5YR 3/2	-	1S	1msbk	mufr	<5	3f-co	.7	.8
2	5-44	7.5YR 5/6	-	1S	1msbk	mufr	9S	3f-co	.7	.8
3	44-58	7.5YR 5/6	-	fS	1msbk	mfr	9S	3f	.5	.6
4	58-66	7.5YR 5/8	2.5YR 5/8	fS	1msbk	mfr	-	-	-	-

Remarks: _____

Boring #



Ground
elev.
____ ft.

Depth to
limiting
factor

Remarks: _____

Boring #



Ground
elev.
____ ft.

Depth to
limiting
factor

Remarks: _____

Boring #



Ground
elev.
____ ft.

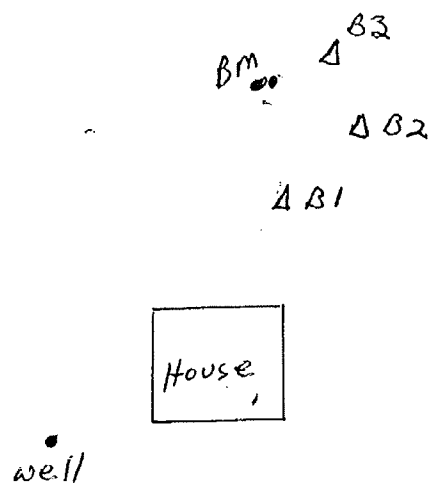
Depth to
limiting
factor

Remarks: _____

Plot Plan scale 1"=40'

Property of Charles Kind
ig. pt in SW-SE 1/4 T40
N R14W TOWN OF SCOTT
(26ed)

Syst. Elev 96.7



OAK LAKE Rd

BM=100 HRP+VRP nail in double birch

Wade Ruppel 3583

Burnett County Zoning Administration

BURNETT COUNTY GOVERNMENT CENTER

7410 County Road K, #102
Siren, Wisconsin 54872

Phone (715) 349-2138

DATE August 26, 1996

Charles Kindig
33 Silver Lake View Ct.
Traverse, MI 49684

DEAR Mr. Kindig:

SUBJECT: SEPTIC TANK MAINTENANCE AGREEMENT

THE BURNETT COUNTY SANITARY CODE REQUIRES THAT EACH APPLICANT FOR A SANITARY PERMIT SIGN A MAINTENANCE AGREEMENT WHICH STATES THAT THE SANITARY SYSTEM WILL BE MAINTAINED ACCORDING TO THE REQUIREMENTS SET BY THE WISCONSIN DEPARTMENT OF NATURAL RESOURCES.

WE ARE ENCLOSING A COPY OF THE SEPTIC TANK MAINTENANCE AGREEMENT. PLEASE FILL OUT THE TOP PORTION, SIGN, DATE AND RETURN IT TO THE ZONING OFFICE.

PLEASE CONTACT THIS OFFICE IF YOU HAVE ANY QUESTIONS OR COMMENTS.

SINCERELY,



JIM FLANIGAN
ZONING ADMINISTRATOR

JF:SM

ENC.

Thurs. 8-29-96 9:30-10
**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT
(ATTACH TO PERMIT)**

GENERAL INFORMATION

Permit Holder's Name: <u>Charles Kindig</u>		<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town of: <u>Scott</u>
CST BM Elev.: <u>same</u>	Insp. BM Elev.: <u>103.61</u>	BM Description: <u>Nail in Double Birch</u>

County: <u>Burnett</u>
Sanitary Permit No.: <u>281754</u>
State Plan ID No.: <u>~</u>
Parcel Tax No.: <u>028-4119-09600</u>

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	SKAW Concrete	800
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	3.61	103.61		100
Bldg. Sewer			4.62	98.99
St/Ht Inlet			4.85	98.76
St/Ht Outlet			5.16	98.45
Dt Inlet			~	
Dt Bottom			~	
Header / Man.			5.25	97.66
Dist. Pipe			6.07	97.54
Bot. System			6.89	96.72
Final Grade			4.30	99.31

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	≥ 30'	58'	16'	NA	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

<input checked="" type="checkbox"/> BED / TRENCH DIMENSIONS	Width	12'	Length	36'	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
	SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL				
	Type Of System:	COMB BEd	≥ 30'	26'	67'	NA			

DISTRIBUTION SYSTEM

Header / Manifold	Length	Dia.	Distribution Pipe(s)	Length	Dia.	Spacing	x Hole Size	x Hole Spacing	Vent To Air Intake
	6'	4"		31'	4"	6'			

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

COMMENTS: (Include code discrepancies, persons present, etc.)

Permit Posted,
Straw cover
Wade Ruffholm + Mike Harrington
old Foundation - for proposed Add.

Plan revision required? ☐ Yes. ☒ No
Use other side for additional information.
SBD-6710 (R 05/91)

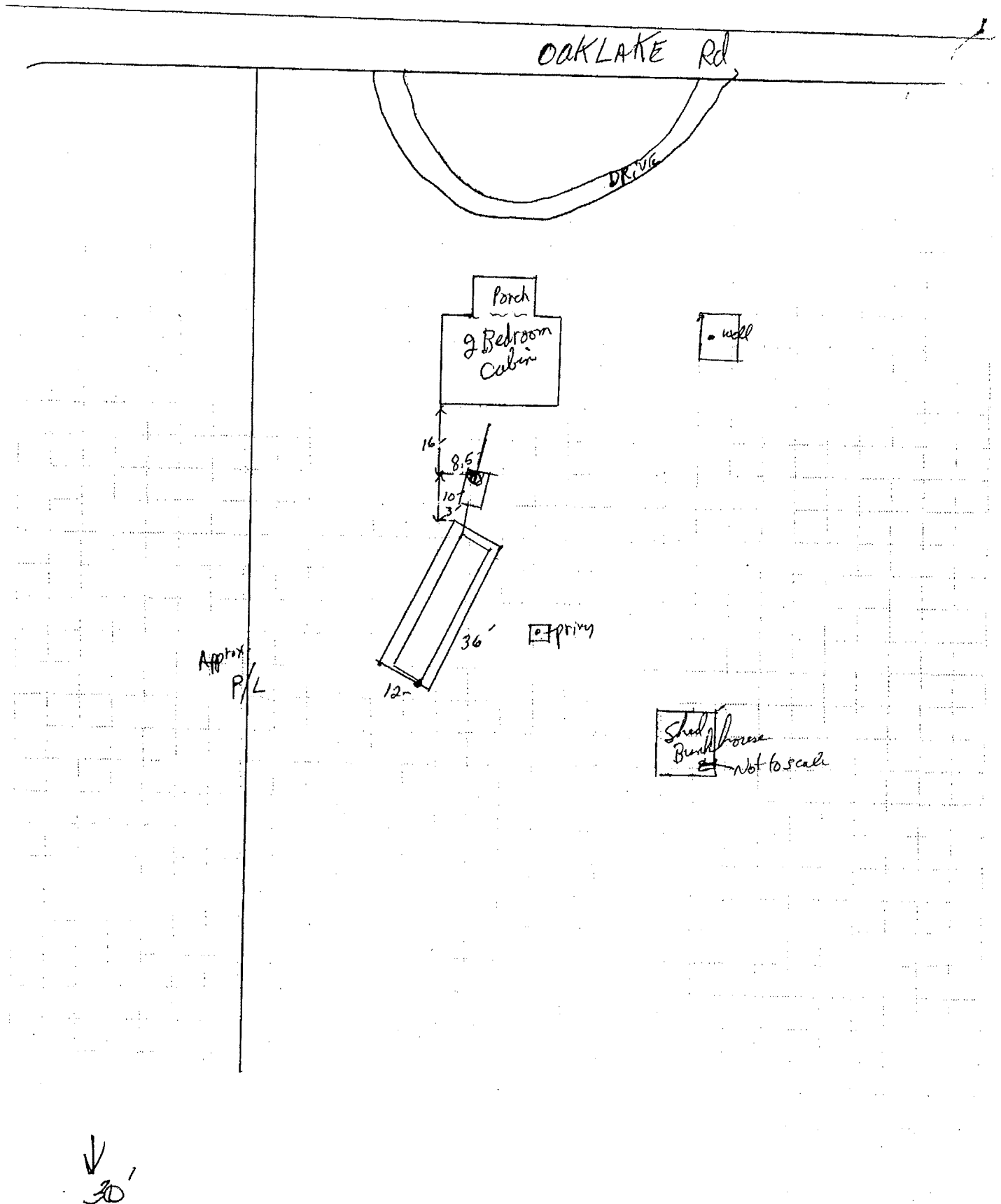
8 29 96
Date

Keith Elton
Inspector's Signature

4725
Cert. No.

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 281754



Well Construction Report WISCONSIN UNIQUE WELL NUMBER				GJ061		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A																											
Property Owner CHARLES KINDIG SR Phone # (616)946-4148						1. Well Location Fire # (if avail.)																															
Mailing Address 33 SILVER LAKE VIEW City TRAVERSE CITY State MI Zip Code 49684						Town of SCOTT Street Address or Road Name and Number																															
County Burnett		Co. Permit #		Notification #		Completed 07-14-1993		Subdivision Name		Lot # Block #																											
Well Constructor (Business Name) ROGER BEECROFT				Lic. # 182		Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD) °N °W		Method Code GPS008																											
Address RT 1 BOX 91BB SHELL LAKE WI 54871-9801				Well Plan Approval #		Approval Date (mm-dd-yyyy)		SW SE Section Township Range or Govt Lot # 19 40 N 14 W		2. Well Type New Well of previous unique well # constructed in Reason for replaced or reconstructed well ?																											
Hicap Permanent Well #		Common Well #		Specific Capacity 1		3. Well serves 1 # of Private, potable Heat Exchange ___ # of drillholes Hicap Well ? No Hicap Property ? No Hicap Potable ? Construction Type Drilled																															
4. Potential Contamination Sources - ON REVERSE SIDE																																					
5. Drillhole Dimensions and Construction Method <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Dia. (in.)</th> <th style="width:15%;">From (ft.)</th> <th style="width:15%;">To (ft.)</th> <th style="width:40%;">Upper Enlarged Drillhole</th> <th style="width:20%;">Lower Open Bedrock</th> </tr> <tr> <td>5</td> <td>Surface</td> <td>52</td> <td> Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ___ in. dia... Dual Rotary Temp. Outer Casing ___ in. dia Removed? ___ depth ft. (If NO explain on back side) </td> <td></td> </tr> </table>						Dia. (in.)	From (ft.)	To (ft.)	Upper Enlarged Drillhole	Lower Open Bedrock	5	Surface	52	Rotary - Mud Circulation Rotary - Air Rotary - Air & Foam Drill-Through Casing Hammer Reverse Rotary Cable-tool Bit ___ in. dia... Dual Rotary Temp. Outer Casing ___ in. dia Removed? ___ depth ft. (If NO explain on back side)		8. Geology <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Geology Codes</th> <th style="width:50%;">8. Geology Type, Caving/Noncaving, Color, Hardness, etc...</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> </tr> <tr> <td>S</td> <td>SAND</td> <td>Surface</td> <td>7</td> </tr> <tr> <td>C S</td> <td>SANDY CLAY</td> <td>7</td> <td>35</td> </tr> <tr> <td>S</td> <td>SAND</td> <td>35</td> <td>52</td> </tr> </table>						Geology Codes	8. Geology Type, Caving/Noncaving, Color, Hardness, etc...	From (ft.)	To (ft.)	S	SAND	Surface	7	C S	SANDY CLAY	7	35	S	SAND	35	52
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6. Casing, Liner, Screen <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Dia. (in.)</th> <th style="width:40%;">Material, Weight, Specification Manufacturer & Method of Assembly</th> <th style="width:15%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> </tr> <tr> <td>5</td> <td>NEW BLACK STEEL 15 LB A53B SAWHILL WELDED</td> <td>Surface</td> <td>47.5</td> </tr> <tr> <th style="width:10%;">Dia. (in.)</th> <th style="width:40%;">Screen type, material & slot size</th> <th style="width:15%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> </tr> <tr> <td>5</td> <td>STAINLESS STEEL 12</td> <td>47</td> <td>52</td> </tr> </table>						Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly	From (ft.)	To (ft.)	5	NEW BLACK STEEL 15 LB A53B SAWHILL WELDED	Surface	47.5	Dia. (in.)	Screen type, material & slot size	From (ft.)	To (ft.)	5	STAINLESS STEEL 12	47	52	9. Static Water Level 20 ft. below ground surface			11. Well Is 12 in. above grade Developed ? Yes Disinfected ? Yes Capped ? Yes												
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7. Grout or Other Sealing Material Method <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">Kind of Sealing Material</th> <th style="width:10%;">From (ft.)</th> <th style="width:10%;">To (ft.)</th> <th style="width:10%;"># Sacks Cement</th> </tr> <tr> <td>BENTONITE GRANULARS</td> <td>Surface</td> <td>0</td> <td></td> </tr> </table>						Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement	BENTONITE GRANULARS	Surface	0		10. Pump Test Pumping level 40 ft. below surface Pumping at 20 GP M for 1 Hrs. Pumping Method ?			12. Notified Owner of need to fill & seal ? Filled & Sealed Well(s) as needed?																				
Kind of Sealing Material	From (ft.)	To (ft.)	# Sacks Cement																																		
BENTONITE GRANULARS	Surface	0																																			
13. Constructor / Supervisory Driller RB Drill Rig Operator						Lic # Lic or Reg #		Date Signed 07-26-1993 Date Signed																													

Is the well located in floodplain ? No

Created On: 08-24-1993 Created by: HFRC LOAD Updated On: 08-24-1993 Updated by: MIGRATION