

Handwritten signature

RUSK COUNTY

OFFICE OF ZONING ADMINISTRATOR

APPLICATION FOR A SANITARY PERMIT

To the County Zoning Administrator: The undersigned hereby makes application for a SANITARY PERMIT for the premises described herein. The undersigned agrees that all work performed and equipment installed shall be in accordance with the Sanitary Code of Rusk County and with all applicable laws and regulations of the State of Wisconsin.

Gordie Dukerscheid 10-21-74 Herman Slotfelty 10-21-74
Owner or Agent Date Plumber Date
Glen Flora, Wis. Russia, Wis.
Address & Tel. No. Address, Tel. No., & License No.

DESCRIPTION

1. Proposed Sanitary Work
 Absorption field Septic Tank
Privy Other
2. Nature of Use (Check One)
Permanent: home mobile home
Seasonal: home mobile home
Commercial Industrial Other
No. of bedrooms 2 No. of persons
using the building If no bed-
rooms est. daily water consumption
in gallons Garbage Grinder
Automatic Washer Dishwasher
Septic tank size 750 Material Steel
(gal.)

3. Premises
Lot dimensions 'X
Lot area sq.ft.
4. Required Attachments
 Septic tank permit
 Evidence of survey
 Percolation test form
 Div. of Health Review
 Well construction report
 Water sample report
5. Waste Disposal System Sketch Plan
(Complete on back of this form)

ACTION Permit Issued (date) 10-21-74 Elgin Erickson
(zoning administrator)
Work started (date) 10-21-74 Work completed (date) 10-21-74 Fee \$ 2⁰⁰
Permit Denied (date) for the following reasons

INSPECTION Date Inspector Remarks
8-7-74 Elgin Erickson
10-21-74

RECORD
Appealed to County Planning Agency (date) Notice published (date)
Copy of Notice to Division of Resource Development (date)
Copy of Notice to Div. of Resource Development Regional Office (date)
Copy of Notice to Northwestern Wis. Regional Planning Comm. (date)
Appeal Heard (date) Decision

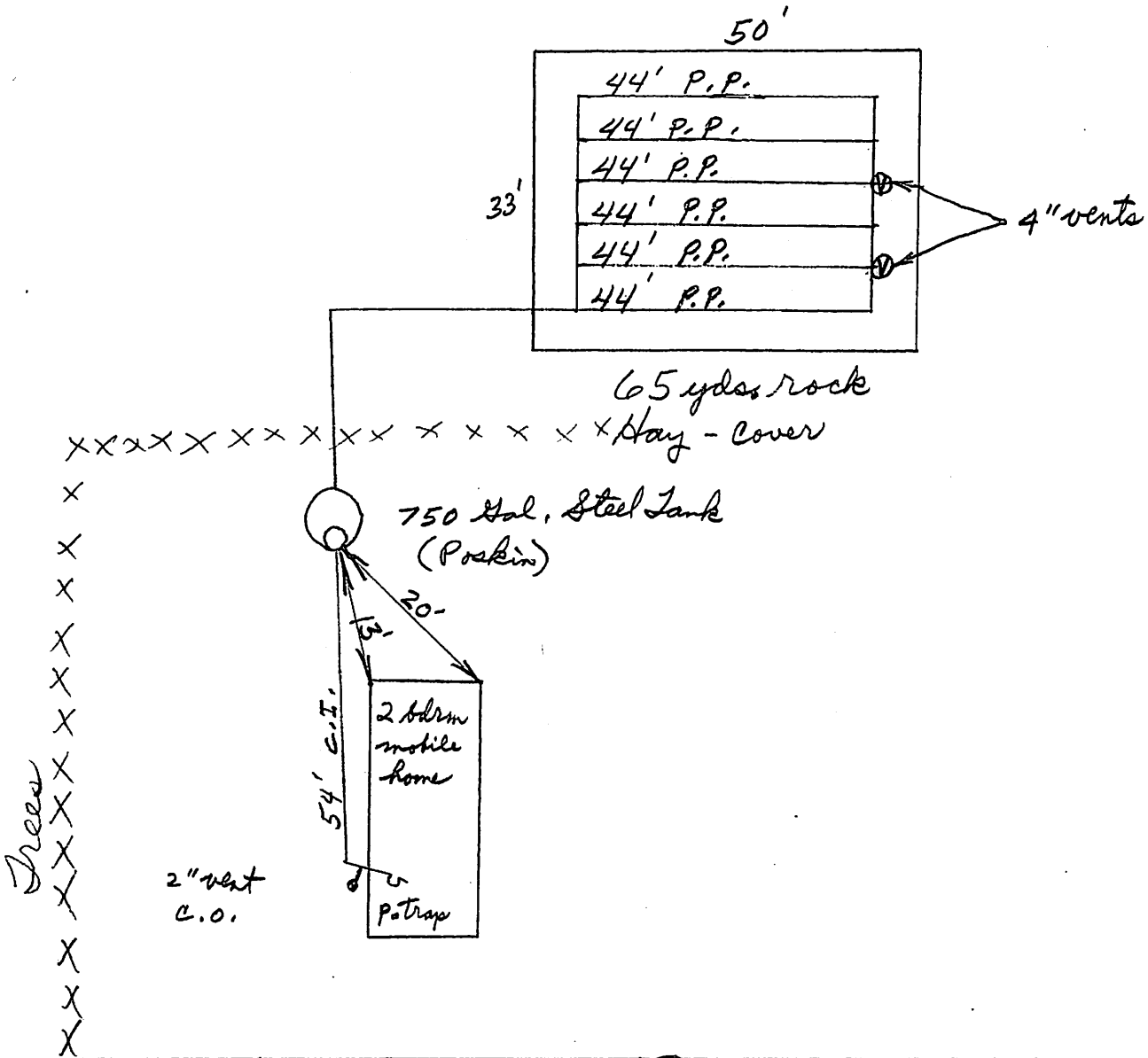
Copy of decision to all parties which received a Notice (date)

COPIES OF APPLICATION

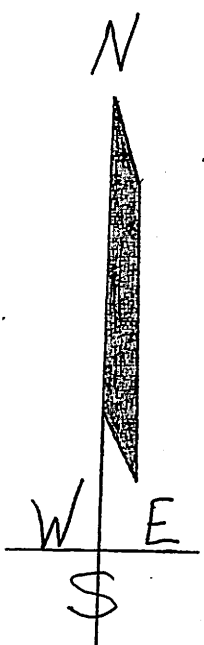
- (1) Zoning administrator
- (2) Applicant
- (3) Division of Resource Development
- (4) Northwestern Wisconsin Regional Planning Commission

Application No. 98 Date 10-21-74 City of Village of
Permit No. 1875 Date 10-21-74 Owner Gordie Dukerscheid 561 SW 1/4 Sec. 15, T. 35N R. 4W
Landuse Permit No. 102 Date 10-21-74 Lot Block Subdivision

Handwritten signature



Town Road





State of Wisconsin and County
Uniform Permit Application
for Private Domestic Sewage Systems

State Permit Number 1875

County Permit Number 98

A. LOCATION OF PREMISE WHERE SYSTEM WILL BE CONSTRUCTED, ALTERED OR EXTENDED

LEGAL DESCRIPTION: (Sec., Lot, Block) SE 1/4 SW 1/4 Sec 15 T35N - R4W

Name One: True CITY _____ VILLAGE _____
TOWNSHIP _____

B. OWNER OF PROPERTY Name Andy Dukerschein MAILING ADDRESS Glen Flora, Wisc. 54526

C. SEPTIC TANK CAPACITY 750 Gallons NEW INSTALLATION REPLACEMENT _____ ADDITION _____

MATERIALS: Prefab Concrete _____ Poured in Place _____ Steel Other _____; No. of Tanks _____

D. TYPE OF OCCUPANCY One or Two Family Residence One Family No. of Bedrooms 2

Commercial _____ Industrial _____ Other _____ No. of Persons to be Accommodated _____ (specify)

E. APPLIANCES, ETC.: Food Waste Grinder YES NO Automatic Clothes Washer YES NO
Dishwasher YES NO Other (Specify) _____

F. EFFLUENT DISPOSAL SYSTEM NEW EXTENSION _____ ADDITION _____ REPLACEMENT

Seepage Trenches: No. Lin. Feet _____ Trench Width _____ Depth _____ Number of Lines _____
Seepage Bed: Length 50ft Width 33 Depth 36" Tile Size 4" No. Lines 6
Seepage Pit: Inside diameter _____ Liquid Depth _____

G. Percent of slope of land 25 % Slyly N direction

H. Indicate Slope of Land & direction of slope on sketch I. Tile Depth 24"

PERCOLATION TEST

Indicate Soil map number _____ And Soil Type _____

Test Number	Depth Inches	Character of Soil Thickness in Inches	Hours Since Hole 1st Wetted	Water in Hole Overnight	Test Time Interval in Minutes	Drop in Water Level Inches			Minutes To Fall One Inch
						Second to Last Period	Next to Last Period	Last Period	
1	36	Topsoil 6" loamy clay 18"	20	yes	30	5/8	9/16	9/16	53
2	36	Topsoil 6" loamy clay 18"	20	no	30	11/16	5/8	5/8	48
3	36	Topsoil 6" loamy clay 18"	20	yes	30	5/8	9/16	9/16	53

RECORD DATA FROM MINIMUM OF 3 TEST HOLES IN THE AREA IN WHICH THE SYSTEM IS TO BE INSTALLED

SOIL BORINGS - Minimum 36" Below Proposed Absorption System

Boring Number	Total Depth Inches	Depth to Ground Water		Depth to Bedrock		Character of Soil with Thickness in Inches
		Observed	Estimated	Observed	Estimated	
1	72	/	/	/	/	Topsoil 4" loamy clay 18" glacial till 72"
2	72	/	/	/	/	" 6" " " 18" " " 72"
3	72	/	/	/	/	" 6" " " 18" " " 72"

RECORD DATA FROM MINIMUM OF 3 BORE HOLES IN THE AREA IN WHICH THE SYSTEM IS TO BE INSTALLED

(COMPLETE OTHER SIDE)



State of Wisconsin and County
Uniform Permit Application
for Private Domestic Sewage Systems

State Permit Number 1875

County Permit Number 98

A. LOCATION OF PREMISE WHERE SYSTEM WILL BE CONSTRUCTED, ALTERED OR EXTENDED

LEGAL DESCRIPTION: (Sec., Lot, Block) SE 1/4 SW 1/4 Sec 15 T35N - R4W Name One: _____ CITY _____ VILLAGE _____ TOWNSHIP True

B. OWNER OF PROPERTY Name Orlo Dukerschein MAILING ADDRESS (Street, City, Zip Code) Glen Flora, Wisc. 54526

C. SEPTIC TANK CAPACITY 750 Gallons NEW INSTALLATION REPLACEMENT _____ ADDITION _____
MATERIALS: Prefab Concrete _____ Poured in Place _____ Steel Other _____; No. of Tanks _____

D. TYPE OF OCCUPANCY One or Two Family Residence One Family No. of Bedrooms 2
Commercial _____ Industrial _____ Other _____ No. of Persons to be Accommodated _____ (specify)

E. APPLIANCES, ETC.: Food Waste Grinder YES NO Automatic Clothes Washer YES NO
Dishwasher YES NO Other (Specify) _____

F. EFFLUENT DISPOSAL SYSTEM NEW EXTENSION _____ ADDITION _____ REPLACEMENT
Seepage Trenches: No. Lin. Feet _____ Trench Width _____ Depth _____ Number of Lines _____
Seepage Bed: Length 50ft Width 33 Depth 36" Tile Size 4" No. Lines 6
Seepage Pit: Inside diameter _____ Liquid Depth _____

G. Percent of slope of land 5 % Skyline direction

H. Indicate Slope of Land & direction of slope on sketch I. Tile Depth 24"

PERCOLATION TEST

Indicate Soil map number _____ And Soil Type _____

Test Number	Depth Inches	Character of Soil Thickness in Inches	Hours Since Hole 1st Wetted	Water in Hole Overnight	Test Time Interval in Minutes	Drop in Water Level Inches			Minutes To Fall One Inch
						Second to Last Period	Next to Last Period	Last Period	
1	36	Topsoil 6" loamy clay 18"	20	yes	30	5/8	9/16	9/16	53
2	36	Topsoil 6" loamy clay 18"	20	no	30	1/4	5/8	5/8	48
3	36	Topsoil 6" loamy clay 18"	20	yes	30	5/8	9/16	9/16	53

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RECORD DATA FROM MINIMUM OF 3 BORE HOLES IN THE AREA IN WHICH THE SYSTEM IS TO BE INSTALLED

(COMPLETE OTHER SIDE)

RUSK COUNTY

OFFICE OF ZONING ADMINISTRATOR

APPLICATION FOR A SANITARY PERMIT

To the County Zoning Administrator: The undersigned hereby makes application for a SANITARY PERMIT for the premises described herein. The undersigned agrees that all work performed and equipment installed shall be in accordance with the Sanitary Code of Rusk County and with all applicable laws and regulations of the State of Wisconsin.

Orlo Dukerachin 6/17/74 Herman Glatfely 6/17/74
Owner or Agent Date Plumber Date
Glen Flora, Wis. Bruce, Wis.
Address & Tel. No. Address, Tel. No., & License No.

DESCRIPTION

1. Proposed Sanitary Work
 Absorption field Septic Tank
 Privy Other Holding Tank
 2. Nature of Use (Check One)
 Permanent: home mobile home
 Seasonal: home mobile home
 Commercial Industrial Other
 No. of bedrooms No. of persons
 using the building If no bedrooms est. daily water consumption in gallons Garbage Grinder
 Automatic Washer Dishwasher
 Septic tank size 1250 Material concrete
Holding (gal.)
 3. Premises
 Lot dimensions 'X
 Lot area sq.ft.
 4. Required Attachments
Septic tank permit
Evidence of survey
 Percolation test form
Div. of Health Review
Well construction report
Water sample report
 5. Waste Disposal System Sketch Plan
 (Complete on back of this form)

ACTION Permit Issued (date) 6/17/74 Elgin Erickson
 (zoning administrator)
 Work started (date) 8-7-74 Work completed (date) 10-14-74 Fee \$2.00
 Permit Denied (date) for the following reasons

INSPECTION 6 Date 7-74 Inspector Remarks
8-7-74 Elgin Erickson
10-14-74

RECORD

Appealed to County Planning Agency (date) Notice published (date)
 Copy of Notice to Division of Resource Development (date)
 Copy of Notice to Div. of Resource Development Regional Office (date)
 Copy of Notice to Northwestern Wis. Regional Planning Comm. (date)
 Appeal Heard (date) Decision

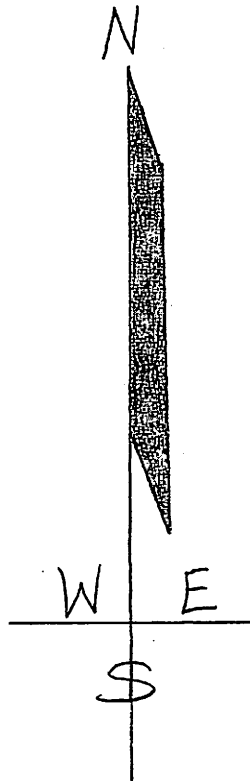
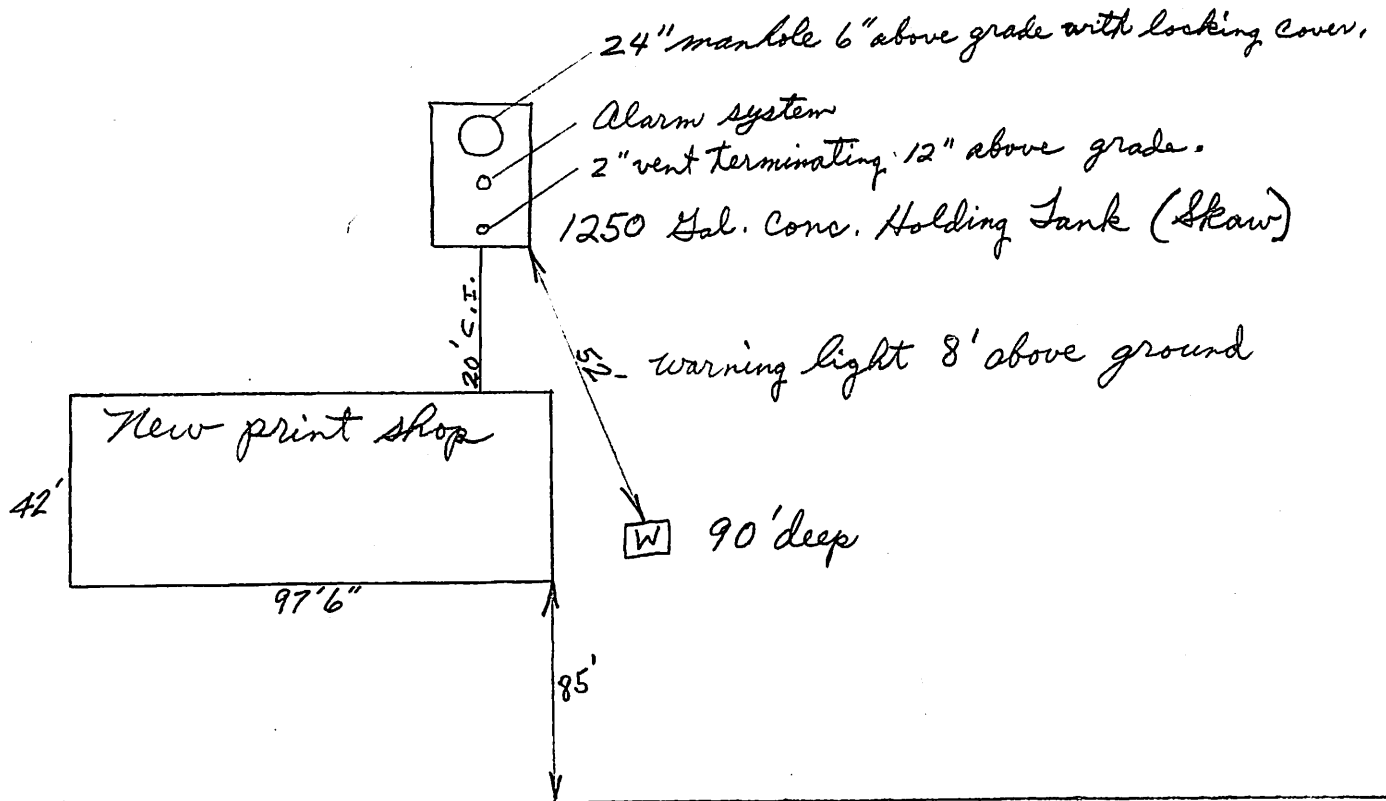
Copy of decision to all parties which received a Notice (date)

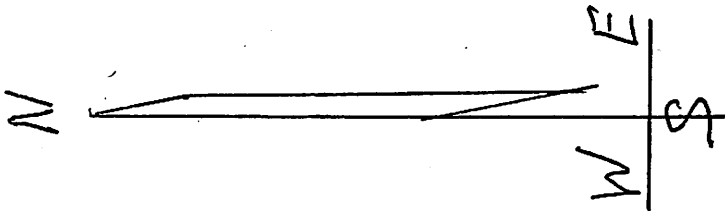
COPIES OF APPLICATION

(1) Zoning administrator (2) Applicant
 If within Shoreland or Floodplain
 (3) Division of Resource Development (4) Northwestern Wisconsin Regional Planning Commission

Application No. 98 Date 6/17/74 City of Village of Town of
 Permit No. 1875 Date 6/17/74 Owner Orlo Dukerachin SW 1/4 Sec. 15 T. 35N R. 4W
 Landuse Permit No. Date Lot Block Subdivision

State Approved





PLUMBING SECTION

AUG 2 1974

RECEIVED

NOTICE
Local and/or county
installation permits required

Approved

DATE AUG 08 1974

PLUMBING SECTION

WIS. DEPT. OF HEALTH & SOCIAL SERVICES

THIS APPROVAL SHALL BE VOID IF
NOT INSTALLED WITHIN TWO YEARS
FROM THE DATE OF APPROVAL

This approval is based on state plumbing
code requirements and does not exempt
the installation from city, village, town
ship or county permit requirements.

THIS APPROVAL SHALL BE VOID IF REVISED
WITHOUT THE WRITTEN APPROVAL OF THE
DIVISION OF HEALTH

24" MAN HOLE 6" ABOVE GROUND WITH LOCKING COVER

ALARM SYSTEM

2" vent terminating 2" above grade

12-50 GAL PRECAST SKAW HOLDING TANK

WARNING LIGHT
8" ABOVE GROUND

90' DEEP



PRINT SHOP
ORLO DUKERSCHEIN
RR #1 GLEN FLORA, WIS.
SW 1/4 - SW 1/4 SEC 15 T35N R4W
TOWNSHIP - TRUE
RUSK COUNTY
HERMAN GLOTFELTY
PLUMBER - BRUCE, WIS.
5 EMPLOYEES
RUSK COUNTY ZONING

ROAD

TOWN

AGREEMENT

This agreement, made and entered on this 17 day of July, 1974, by and between the township of True Rusk County, Wisconsin.

WHEREAS: An application has been made for a sanitation system on the following described property: SW 1/4 SW 1/4, Section 15, T 35 N, R 4 W, Lot _____ Block _____ Name of subdivision _____.

WHEREAS: Septic tank drainage does not meet the minimum standards of the Ordinance of Rusk County and State Administrative codes.

RECEIVED
AUG 2 1974
PLUMBING SECTION

WHEREAS: The owner agrees to install a holding tank for septic tank purposes.

NOW, THEREFORE: For and in consideration of the issuance by the Township of TRUE of a permit for the above premises, the parties do hereby agree and bind themselves as follows;

1. Owner agrees that they will conform to all rules and regulations pertaining to a holding tank system. They agree that anytime said township deems it necessary to maintain this tank, the owners shall have same maintained is 24 hours, or township will have said work done and charged to owners and place same on their tax bill as a special charge. Pumping is included as normal maintenance.
2. The Township reserves the right to assess a bond if they desire to cover any possible maintenance charge in the sum of \$ _____.

It is understood that htis agreement shall be binding on the owners, their heirs and assigns.

IN WITNESS WHEREOF, the parties have hereunto set their hands and seals the day and year first above written.

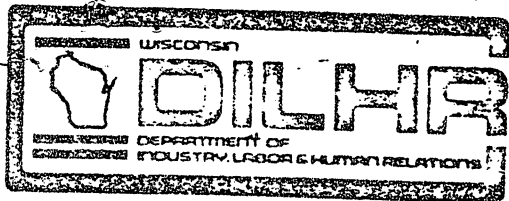
SIGNED: Name of town official Ralph Johnson (Chairman)
Address Glen Forest, Wis 54526

SIGNED: Name of owner or developer Orlando Dickerson
Address Glen Forest, Wis 54526

STATE OF WISCONSIN)
SS:
COUNTY OF RUSK)

Subscribed and sworn to before me this 17 day of July 1974.

SIGNED: Maurice R. Helm, Notary Public, Rusk County Wisconsin
My commission expires June 28, 1976.



SANITARY PERMIT
GROUNDWATER SURCHARGE

County	<i>Rusk</i>
Sanitary Permit No.	<i>Co. 50 State 57749</i>

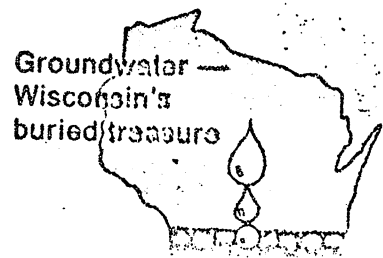
On May 4, 1984, 1983, Wisconsin Act 410 was signed into law. This legislation is more commonly known as the groundwater protection law. This change in statutes was the result of over 2 years of steady negotiation and public debate. The groundwater bill included the creation of surcharges (fees) for a number of regulated practices which can effect groundwater. The surcharge took effect on July 1, 1984. All of the water that is used in your building is returned to the groundwater through your soil absorption system or the disposal site used by your holding tank pumper.

The monies collected through these surcharges are credited to the groundwater fund administered by the Department of Natural Resources. These funds are used for monitoring groundwater, groundwater contamination investigations and establishment of standards. Groundwater, it's worth protecting.

Signature of Issuing Agent: <i>Norman Arndt</i>	Groundwater Fee: <i>\$25.⁰⁰</i>	Date: <i>8/28/85</i>
--	---	-------------------------

DILHR SBD-7289 (N. 05/84)

Artisans - Gordon Duberschin Job
Keith Daughman - Plumber





W 3596 Artisan Br. Glen Flora.
APPLICATION FOR SANITARY PERMIT

040-00158-0000

(PLB 67)

Rusk COUNTY

UNIFORM SANITARY PERMIT #
 C. 50 State 57749

—Attach complete plans in accord with s. H 63.05, Wis. Adm. Code for the system, on paper not less than 8½x 11 inches in size.
 —See reverse side for instructions for completing this application. **PLEASE PRINT**

PROPERTY OWNER <i>HARDON Dukerschein</i>			MAILING ADDRESS <i>GLEN FLORA</i>			
PROPERTY LOCATION <i>SE 1/4 SW 1/4, S 15, T 35, N, R 4 E (or) W</i>			CITY: VILLAGE: TOWN OF: <i>TRUC</i>			
LOT NUMBER	BLOCK NUMBER	SUBDIVISION NAME	NEAREST ROAD, LAKE OR LANDMARK <i>ARTISAN RD</i>			STATE PLAN I.D. NUMBER <i>8504244</i>

TYPE OF BUILDING OR USE SERVED	
<input type="checkbox"/> 1 or 2 Family Number of Bedrooms:	<input checked="" type="checkbox"/> Public (Specify): <i>PRINT SHOP</i>

THIS PERMIT IS FOR A:

<input type="checkbox"/> New System	<input type="checkbox"/> Tank Replacement	<input type="checkbox"/> Repair
<input type="checkbox"/> Replacement Soil Absorption System	<input type="checkbox"/> Revision	<input type="checkbox"/> Privy
<input type="checkbox"/> Alternate System	<input type="checkbox"/> Reconnection	<input type="checkbox"/> Petition for Modification

IF THIS IS A CONVENTIONAL SYSTEM COMPLETE THIS BLOCK.

<input type="checkbox"/> Seepage Bed	<input type="checkbox"/> Seepage Trench	<input type="checkbox"/> Seepage Pit	<input checked="" type="checkbox"/> Holding Tank
<input type="checkbox"/> System-In-Fill	<input type="checkbox"/> In-Ground Pressure	<input type="checkbox"/> Vault Privy	<input type="checkbox"/> Pit Privy

Existing, For Which A Previous Permit Is On File, Permit # _____ issued _____
 An Existing System That Has Been Inspected And Is Compliant As Far As Soil Conditions.

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump Tank/Siphon Chamber							
Holding Tank capacity	<i>2000</i>	<i>1</i>	<i>X</i>				
Manufacturer:	<i>HUFFCUTT</i>						

IF THIS IS AN ALTERNATIVE SYSTEM COMPLETE THIS BLOCK: Mound In-Ground Pressure

	Total Gallons	# of Tanks	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic
Septic Tank Capacity							
Lift Pump/Siphon Chamber							
Manufacturer:							

PERCOLATION RATE (Minutes per inch): _____	ABSORPTION AREA REQUIRED (Square Feet): _____	ABSORPTION AREA PROPOSED (Square Feet): _____	WATER SUPPLY: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Joint <input type="checkbox"/> Public
---	--	--	---

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

Name of Plumber (Print): <i>Keith BAUGHMAN</i>	Signature: <i>Keith Baughman</i>	MP/MPSW No.: <i>3044</i>	Phone Number: <i>7151452-5155</i>
Plumber's Address: <i>SheLDON WIS 54766</i>		Name of Designer: <i>Keith BAUGHMAN</i>	

COUNTY/DEPARTMENT USE ONLY

Signature of Issuing Agent: <i>Norman Arndt</i>	Fee: <i>#66.00</i>	Date: <i>8/28/85</i>	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination
Reason for Disapproval:				
Alternate course(s) of Action Available:				

INSTRUCTIONS FOR COMPLETING THIS PERMIT APPLICATION, PLB 67 - SBD 6398

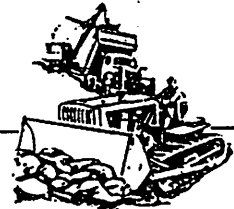
To be complete and accurate the permit application must include:

1. Property owner's name and complete legal description, please circle the appropriate municipal government unit, (whether this is in a city, village or town);
2. Indicate specifically what type of use is served, if public is checked indicate type of use (i.e. 10 unit apartment, 30 seat restaurant, etc.);
3. Complete the block for conventional or alternate system depending on system type, check all appropriate boxes or blanks.
4. Indicate the design percolation rate listed on the 115 soil test report, the number of square feet required by code and the number of square feet to be installed;
5. Complete the section on water supply;
6. PRINT the name of the master plumber or master plumber restricted who will install the system, circle the appropriate license classification, place your license number in the space provided and sign the permit in the signature block;
7. Please place the plumbers business phone number in the blank provided, if there is a problem or question this will speed review of the permit;
8. Change of ownership or plumber requires a Sanitary Permit Transfer Form (67-T) to be submitted to the county prior to installation. Failure to comply will void the sanitary permit.
9. This permit may be renewed, and at the time of renewal any new criteria in the Wis. Adm. Code will be applicable.
10. A new permit will be needed if there is a change in, estimated wastewater flow, (number of bedrooms, etc.), location of the system, depth of the system, type of system.
11. All revisions to this permit must be approved by the permit issuing authority.
12. A complete plan including a plot plan, drawn to scale or with complete dimensions.
13. Horizontal and vertical elevation reference points that are permanent and clearly shown.
14. Piping detail including pipe size, separating distances, distances between beds if appropriate, tank locations, effluent line from tank(s) to system, building sewer and vent observation pipe(s).
15. The permit issuing agent may require a cross section drawing of the effluent disposal system.

TO THE OWNER: This is valid for two years. Changes in your building plans or locations may require you to obtain a new permit. Private sewage systems must be properly maintained. Have a licensed pumper clean your septic tank whenever necessary usually every 2 to 3 years. If you have questions concerning your system, contact your local code administrator or the Bureau of Plumbing, DILHR, State of Wisconsin.



KEITH BAUGHMAN



TRUCKING & EXCAVATING

SHELDON, WIS. 54766

Project Detail DATA Sheet.

ARTISAN
OWNER - GORDEN DUKERSCHEIN
SE 1/4 SW 1/4 S15 T35N R4W

Plumber & Designer
Keith BAUGHMAN
MPSW 5044

Phone 715-452-5155

SIGNATURE

Keith Baughman

Date July 1, 1985

7/23/85 1:30 p.m.

AS per phone conversation to Mrs
Baughman, Shop currently has only 8-10
employees & will not have any more than
20 employees. This will allow for a
2000 gal minimum capacity holding
tank

~~Screen Process PRINT Shop~~

~~MIN — 750 GAL
No Kitchen — 0
No Showers — 0
No FLOOR DRAIN — 0
25 Employees 500 GAL~~

~~TOTAL 1250 GAL~~

MIN Required 2000 GAL

~~20~~ Employees x 20.0 GAL
1 Bath Room total of
1 sink
1 stool

20
20
400
x 5 Holding
CAPACITY
2000 GALLONS
~~FOR~~

8504244

PLUMBING
Conditionally
APPROVED
DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS
DIVISION OF SAFETY AND BUILDINGS

Carl [Signature]
SEE CORRESPONDENCE

RECEIVED

JUL 17 1985

PLUMBING BUREAU



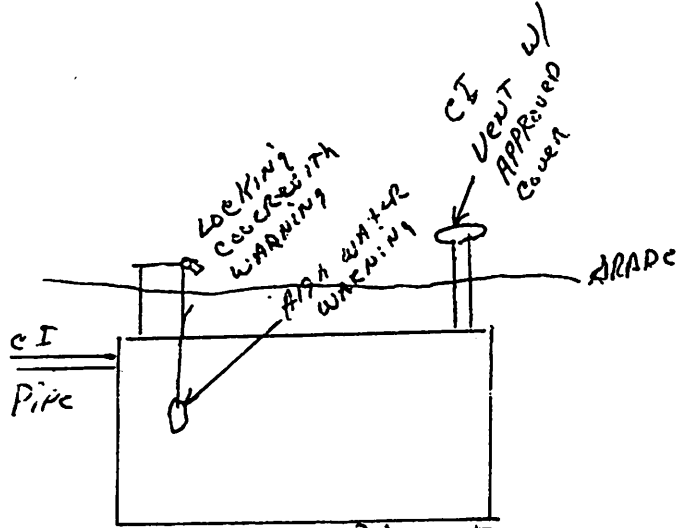
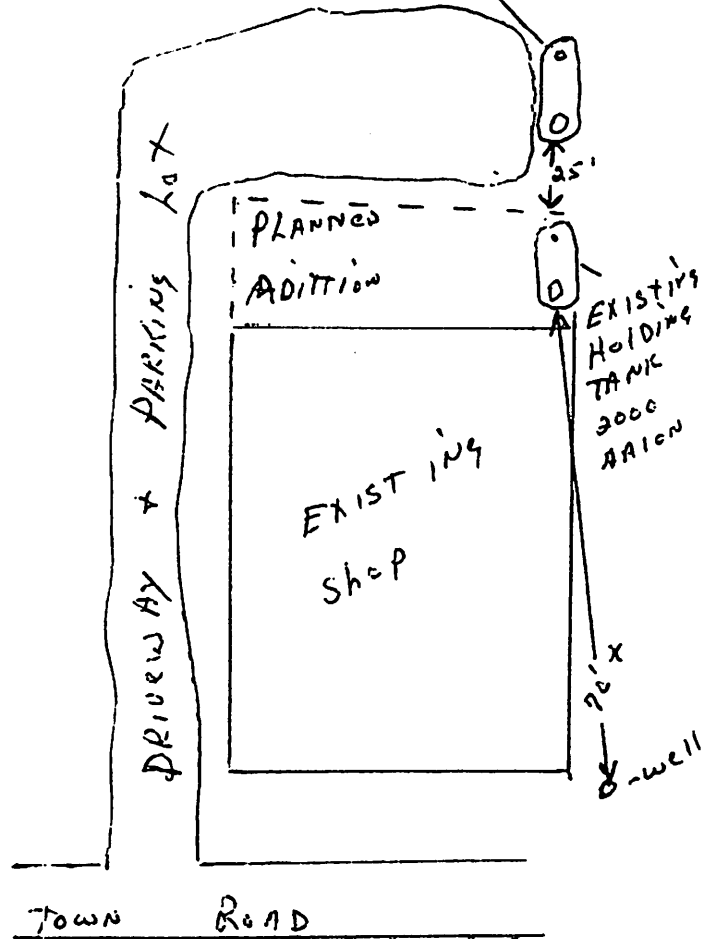
KEITH BAUGHMAN

TRUCKING & EXCAVATING
SHELDON, WIS. 54766



ARTISAN
WIPER
GORDEN Dukerschein
E 1/4 SW 1/4 S 15 T 35N R 4W
DUMER
Keith BAUGHMAN
SHELDON WIS 54766
Phone 715-452-5155
Signature
Keith Baugh -
License No
MPRSW 3044
DATE July 1-1985

HOLDING TANK LESS
THAN 10' OF PARKING
HOT
New HOLDING
TANK
2000 GAL



HUFFCUTT PRECAST
2000 GAL HOLDING
TANK

Town Road
8504244

EXISTING HOLDING TANK
TO HAVE LID REMOVED
AND FILLED

PLUMBING
Conditionally

APPROVED

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

Carl Scott
SEE CORRESPONDENCE

RECEIVED
JUL 17 1985

PLUMBING BUREAU

NOTE: This document is to be recorded in the Tract Index at the office of the Register of Deeds in the county indicated below.

HOLDING TANK AGREEMENT

This Agreement is made and entered into this 11th day of June, 1985, by and between the Town of True, hereinafter called "True" and ANDER DUKERSCHEIN hereinafter called the "Owner."

We hereby acknowledge that application has been made for a building permit on the following described property, to wit:

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. We also acknowledge that said property cannot now be served by a municipal sewer or septic tank - soil absorption system.

Therefore, as an inducement to the County of Rush to issue a sanitary permit for the above described premises, we hereby agree and bind ourselves as follows.

1. Owner agrees to conform to all applicable requirements of the Plumbing Code relating to holding tanks. Any time the Town or Municipality of True, through its Plumbing Inspector or Health Officer, deems it necessary to pump out the subject holding tank, the Owner shall have same pumped out in twenty-four (24) hours, or True will have said work done and charge same back to Owner and place same on the tax bill as a special charge. The Owner further agrees that the Town or Municipality of True may enter upon the property described above at any reasonable time, to inspect, or pump and haul wastes from the subject holding tank.

2. Owner agrees to pay all charges and costs incurred by the Town or Municipality of True for inspection, pumping, hauling or otherwise servicing and maintaining the subject holding tank in such a manner as to prevent or abate any nuisance or health hazard caused by such holding tank. True shall notify the Owner of any such cost which shall be paid by the Owner within thirty (30) days from the date of notice and in the event that the Owner does not pay said cost within thirty (30) days, Owner hereby specifically agrees that all of said costs and charges may be placed on the tax roll as a special assessment for the abatement of nuisance, and said tax shall be collected as provided by Wisconsin Statute.

3. Owner agrees to have a quarterly pumping report submitted to the local government and the county which will state the Owner's name, location of the property on which the holding tank is located, the pumper's name, the dates, volumes pumped and the disposal site. An annual pumping report or the fourth quarter report including a summary of the pumping history of the previous year shall be submitted to the Department of Industry, Labor and Human Relations by the governmental unit responsible, per section 145.01 (15), Wisconsin Statutes.

4. We guarantee that the holding tank contents will be disposed of at a site meeting the requirements of chapter NR 113, Wisconsin Administrative Code.

5. This agreement will remain in affect only until the sanitary permit issuing agent in Push County certifies that the subject property is served by either a public sewer or a septic tank — soil absorption system that complies with ch. H 63, Wis. Adm. Code. In addition, this Agreement may be cancelled by executing and recording said certification with reference to this Agreement, in the Tract Index indicated above.

6. This agreement shall be binding upon the indicated governmental unit and the Owner or heirs and assignees and shall run with the deed.

WITNESS our hands and seals this 11th day of June, 1985.

TOWN OR MUNICIPALITY OF True

OWNERS

by * Gordon Dickerson

Gordon Dickerson

by ^{AL} Albert J. Johnson
_{chairman}

Albert J. Johnson

Chairman of True

STATE OF WISCONSIN

Personally came before me this 12th day of June, 1985, the above named Gordon Dickerson & Albert J. Johnson, to me known to be the persons who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT
DRAFTED BY:

Allen A. Egan
NOTARY PUBLIC

My commission expires:

3-20-88

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

LOCATION: <i>SE 1/4 SW 1/4</i>	SECTION: <i>15 T35 N/R 4 E (or) W</i>	TOWNSHIP/MUNICIPALITY: <i>TRUE</i>	LOT NO.: —	BLK. NO.: —	SUBDIVISION NAME: —
COUNTY: <i>KOSKUSKI</i>	OWNER'S/BUYER'S NAME: <i>JORDAN DIKERSCHER</i>	MAILING ADDRESS: <i>ALLEN FLORA WIS</i>			
USE: <input type="checkbox"/> Residence	NO. BEDRMS.: —	COMMERCIAL DESCRIPTION: <i>SCREEN PROCESS PRINT SHOP</i>	DATES OBSERVATIONS MADE: <i>JUNE 14-85</i>		PERCOLATION TESTS: —

NOTING: S= Site suitable for system U= Site unsuitable for system
 CONVENTIONAL: S U MOUND: S U IN-GROUND-PRESSURE: S U SYSTEM-IN-FILL: S U HOLDING TANK: S U RECOMMENDED SYSTEM:(optional)
MOVE LOCATION OF EXISTING HOLDING TANK
HOLDING TANK

Percolation Tests are NOT required under s.H63.09(5)(b), indicate: _____ DESIGN RATE: _____
 If any portion of the tested area is in the Floodplain, indicate Floodplain elevation: *None*

PROFILE DESCRIPTIONS

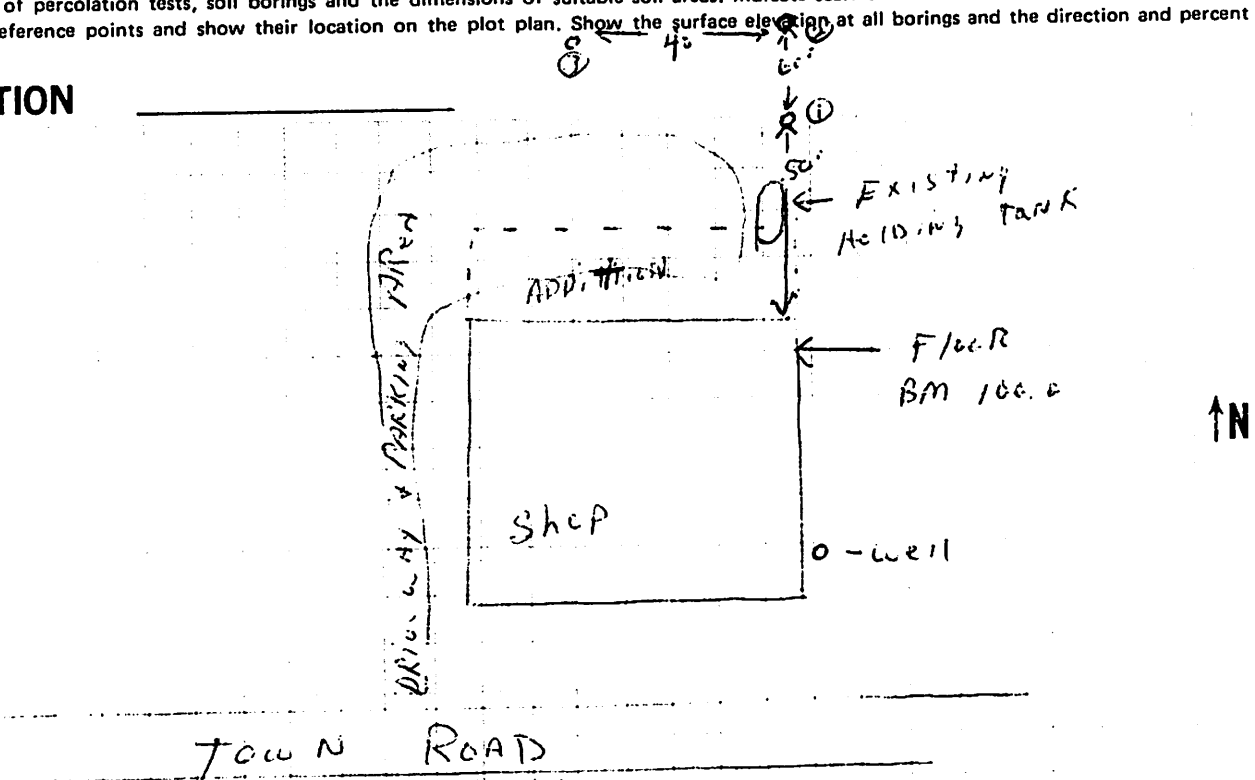
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES		CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
			OBSERVED	EST. HIGHEST	
B-1	36	95.1	NONE	16" ^{DEW} _{NOT}	8" B. S. IT LUM 20" CLAY 8" ^{ARKS PAN} _{TILL}
B-2	36	94.8	NONE	16" ^{MEIL}	8" B. S. IT LUM 22" CLAY 6" " "
B-3	36	94.9	NONE	15" ^{MEIL}	7" B. S. IT LUM 19" CLAY 10" " "
B-					
B-					
B-					

PERCOLATION TESTS

TEST NUMBER	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	DROP IN WATER LEVEL-INCHES			RATE MINUTES PER INCH
				PERIOD 1	PERIOD 2	PERIOD 3	
P-							
P-							
P-							
P-							
P-							
P-							

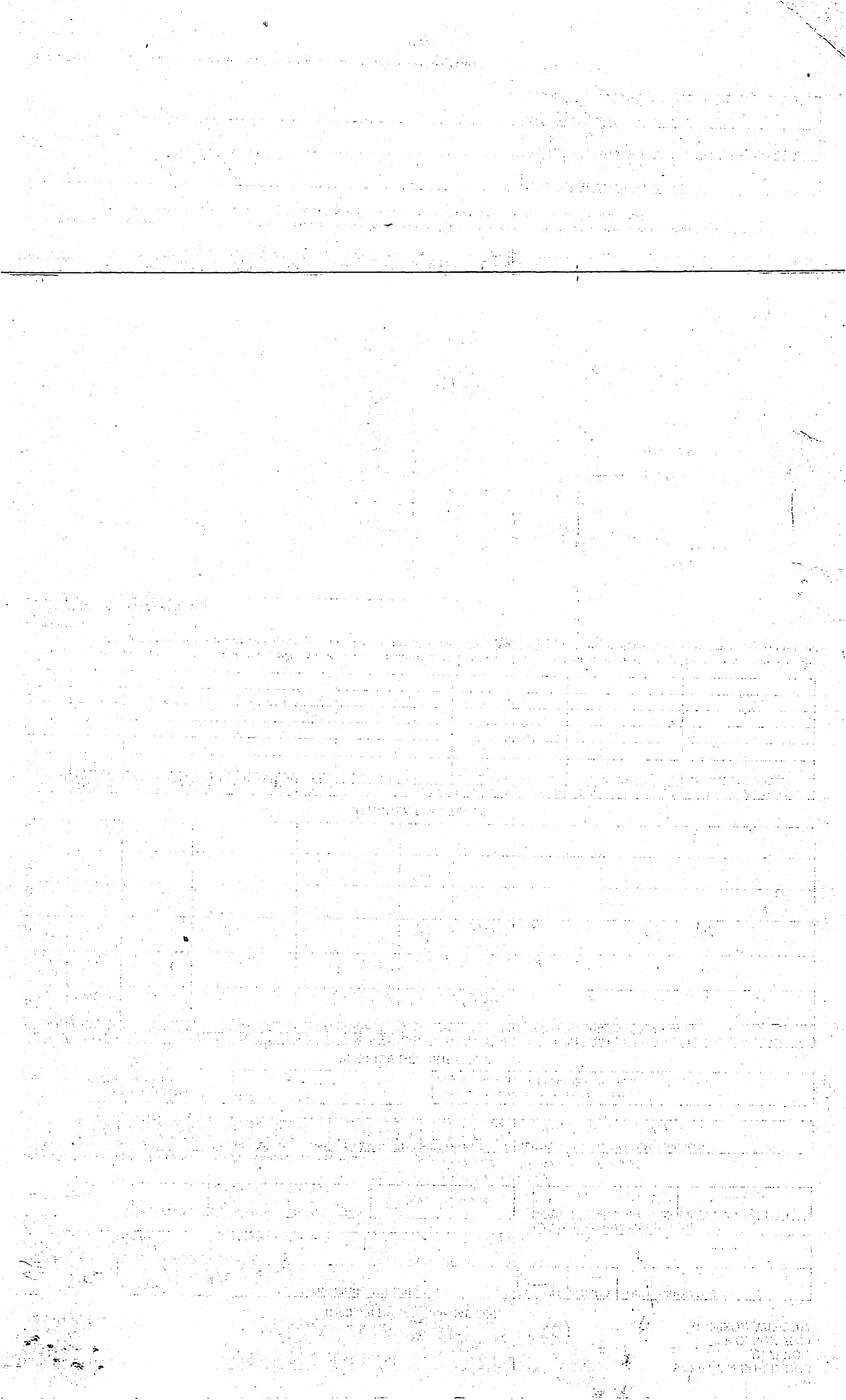
LOT PLAN: Show locations of percolation tests, soil borings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the horizontal and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the direction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

SYSTEM ELEVATION



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): <i>Keith Baughman</i>	TESTS WERE COMPLETED ON: <i>June 14-85</i>
ADDRESS: <i>Sheldon WIS</i>	CERTIFICATION NUMBER: <i>55-496</i> PHONE NUMBER (optional): <i>915-452-5123</i>
	CST SIGNATURE: <i>Keith Baugh</i>



INSPECTION REPORT FOR
PRIVATE SEWAGE SYSTEMS

CONVENTIONAL ALTERNATIVE
 Holding Tank In-Ground Pressure Mound

State Plan I.D. Number:
(if assigned)
8504244

Artisans Printing

NAME OF PERMIT HOLDER: <i>Gordon Sukerschein</i>	ADDRESS OF PERMIT HOLDER: <i>Glen Flora, Wis.</i>	INSPECTION DATE: <i>8/2/85</i>
BENCH MARK (Permanent reference point) DESCRIBE IF DIFFERENT FROM PLAN: <i>18" + cover over inlet pipe</i>		REF. PT. ELEV.: CST REF. PT. ELEV.:
Name of Plumber: <i>Keith Baughman</i>	MP/MPSW No.: <i>3044</i>	County: <i>Rusk</i>
Sanitary Permit Number: <i>Co. 50 State 57749</i>		

SEWAGE HOLDING TANK:

MANUFACTURER: <i>Stauffert</i>	LIQUID CAPACITY: <i>2000</i>	TANK INLET ELEV.:	TANK OUTLET ELEV.:	WARNING LABEL PROVIDED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
BEDDING: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VENT DIA.: <i>4"</i>	VENT MATL.: <i>C.I.</i>	HIGH WATER ALARM: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST: <i>100' +</i>	ROAD: <i>10' service road</i>
PROPERTY LINE: <i>5' +</i>		WELL: <i>25' +</i>	BUILDING: <i>20' +</i>	VENT TO FRESH AIR INLET: <i>25' +</i>	

LOSING CHAMBER:

MANUFACTURER:	BEDDING: <input type="checkbox"/> YES <input type="checkbox"/> NO	LIQUID CAPACITY:	PUMP MODEL:	PUMP/SIPHON MANUFACTURER:	WARNING LABEL PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCKING COVER PROVIDED: <input type="checkbox"/> YES <input type="checkbox"/> NO
GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)	PUMP AND CONTROLS OPERATIONAL: <input type="checkbox"/> YES <input type="checkbox"/> NO		NUMBER OF FEET FROM NEAREST: <i>not installed yet</i>	PROPERTY LINE: <i>10' service road</i>	WELL:	BUILDING:

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:
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CONVENTIONAL SYSTEM:

BED/TRENCH DIMENSIONS	WIDTH:	LENGTH:	NO. OF TRENCHES:	DISTR. PIPE SPACING:	COVER MATERIAL:	INSIDE DIA.	#PITS:	LIQUID DEPTH:
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:						

MOUND SYSTEM:

Mound site plowed perpendicular to slope and furrows thrown upslope: <input type="checkbox"/> YES <input type="checkbox"/> 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.
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SOIL COVER:

TEXTURE:	PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPTH OVER TRENCH/BED CENTER:	DEPTH OVER TRENCH/BED EDGES:	DEPTH OF TOPSOIL:
SODDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	SEEDED: <input type="checkbox"/> YES <input type="checkbox"/> NO	MULCHED: <input type="checkbox"/> YES <input type="checkbox"/> 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:
HOLE SIZE:	HOLE SPACING:	DRILLED CORRECTLY: <input type="checkbox"/> YES <input type="checkbox"/> NO	COVER MATERIAL:	VERTICAL LIFT CORRESPONDS TO APPROVED PLANS: <input type="checkbox"/> YES <input type="checkbox"/> NO		

COMMENTS:

PERMANENT MARKERS: <input type="checkbox"/> YES <input type="checkbox"/> NO	OBSERVATION WELLS: <input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF FEET FROM NEAREST:	PROPERTY LINE:	WELL:	BUILDING:
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*18" + cover over Inlet pipe
no locking cover or padlock not installed at time of inspection.
Warning device not hooked up at time of inspection.
"RE-CHECK LATER"*

Sketch System on Reverse Side.

Retain in county file for audit.

SIGNATURE: *Norman Arnold* TITLE: *Zoning Admin.*