

Well Construction Report WISCONSIN UNIQUE WELL NUMBER				QJ340		Drinking Water and Groundwater - DG/5 Department of Natural Resources, Box 7921 Madison WI 53707				Form 3300-077A		
Property Owner MAST, BRIAN				Phone # (715)634-8638		1. Well Location				Fire # (if avail.)		
Mailing Address 16639W ACORN RIDGE						Town of HAYWARD						
City HAYWARD				State WI	Zip Code 54843	Street Address or Road Name and Number						
County	Co. Permit #	Notification #	Completed	Subdivision Name			Lot #	Block #				
Sawyer			08-29-2001									
Well Constructor (Business Name)			Lic. #	Facility ID # (Public Wells)		Latitude / Longitude in Decimal Degree (DD)			Method Code			
BUTTERFIELD ROSCOE WELL & PUMP INC			6102			°N °W			GPS008			
Address 16197 W STATE RD77 HAYWARD WI 54843			Well Plan Approval #		NW	NE	Section	Township	Range			
			Approval Date (mm-dd-yyyy)		or Govt Lot #	20	41	N	9	W		
Hicap Permanent Well #		Common Well #	Specific Capacity		Reason for replaced or reconstructed well ?							
			1.6		NO WATER							
3. Well serves 1 # of				Hicap Well ?		No						
Private, potable				Hicap Property ?		No						
Heat Exchange ___ # of drillholes				Hicap Potable ?								
						Construction Type Drilled						
4. Potential Contamination Sources - ON REVERSE SIDE												
5. Drillhole Dimensions and Construction Method						8. Geology Type, Caving/Noncaving, Color, Hardness, etc...		From (ft.)	To (ft.)			
Dia. (in.)	From (ft.)	To (ft.)	Upper Enlarged Drillhole		Lower Open Bedrock	Geology Codes						
6	Surface	54	Rotary - Mud Circulation			-	-	Z	G	GRAVEL, CLAY, ROCKS	Surface	32
			<u>Yes</u> Rotary - Air		<u>No</u>	-	-	Y	-	SAND, GRAVEL	32	54
			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)									
6. Casing, Liner, Screen				9. Static Water Level				11. Well Is				
Dia. (in.)	Material, Weight, Specification Manufacturer & Method of Assembly			From (ft.)	To (ft.)	40 ft. below ground surface				24 in. above grade		
6	NEW BLACK STEEL WELDED 19.88#/FT ASTMA53 IPSCO			Surface	51	10. Pump Test				Developed ? Yes		
Dia. (in.)	Screen type, material & slot size			From (ft.)	To (ft.)	Pumping level 45 ft. below surface				Disinfected ? Yes		
6	STAINLESS STEEL 18 SLOT			51	54	Pumping at 8 GP M for 1 Hrs.				Capped ? Yes		
				Pumping Method ?								
7. Grout or Other Sealing Material						12. Notified Owner of need to fill & seal ?						
Method MOUNDED AROUND PIPE												
Kind of Sealing Material		From (ft.)	To (ft.)	# Sacks Cement		Filled & Sealed Well(s) as needed? Yes						
BENTONITE		Surface										
						13. Constructor / Supervisory Driller		Lic #	Date Signed			
						RL						
						Drill Rig Operator		Lic or Reg #	Date Signed			

4a. Potential Contamination Sources

Is the well located in floodplain ? No

Type	Qualifier	Distance
Building Overhang		23

Comment:

Water Quality Text:

Water Quantity Text:

Difficulty Text:

Created On: 11-14-2001

Created by: WELL CONST LOAD

Updated On: 02-11-2002

Updated by: WELL PROCESS



Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code
 See reverse side for instructions for completing this application
 Personal information you provide may be used for secondary purposes
 [Privacy Law, s. 15.04(1)(m)]

Safety & Buildings Division
 201 W. Washington Ave.
 PO Box 7302
 Madison, WI 53707-7302
 (Submit completed form to county if not state owned.)

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

County <i>Sawyer</i>	State Sanitary Permit Number 365847	<input type="checkbox"/> Check if revision to previous application	State Plan I. D. Number
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I. Application Information - Please Print all Information

Property Owner Name <i>Brian Mast & Kathy L. Mast</i>		Location: Property Location <i>NW 1/4 NE 1/4, S 20 T 41 N, R 9 E (or W)</i>	
Property Owner's Mailing Address <i>11395 N Sunset Circle</i>		Lot Number <i>3</i>	Block Number
City, State <i>Hayward, WI</i>	Zip Code <i>54843</i>	Phone Number <i>(715) 634-8638</i>	Subdivision Name or CSM Number <i>CSM # 5788, Vol 20, Pg 84</i>

II. Type of Building: (check one)

1 or 2 Family Dwelling - No. of Bedrooms: 3

Public/Commercial (describe use): _____

State-Owned

City
 Village
 Town of
Hayward

Nearest Road
Gorud Road

Parcel Tax Number(s)
010-441-20-1204

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

A)	1. <input checked="" type="checkbox"/> New System	2. <input type="checkbox"/> Replacement System	3. <input type="checkbox"/> Replacement of Tank Only	4. _____	5. _____	6. <input type="checkbox"/> Addition to Existing System
B)	<input type="checkbox"/> A Sanitary Permit was previously issued		Permit Number	Date Issued		

IV. Type of POWT System: (Check all that apply)

Non-pressurized In-ground
 Pressurized In-ground
 At-grade

Mound
 Holding Tank
 Aerobic Treatment Unit

Sand Filter
 Single Pass
 Recirculating

Constructed Wetland
 Drip Line
 Other:

V. Dispersal/Treatment Area Information: *29 Bioiddiffusers*

1. Design Flow (gpd) <i>450</i>	2. Dispersal Area Required <i>500.0</i>	3. Dispersal Area Proposed <i>513.3</i>	4. Soil Application Rate (Gals./day/sq. ft.) <i>.5</i>	5. Percolation Rate (Min./inch) _____	6. System Elevation <i>92.5</i>	7. Final Grade Elevation <i>96.5</i>
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VII. Tank Information	Capacity in Gallons		Total Gallons	# of Tanks	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber-glass	Plastic
	New Tanks	Existing Tanks								
<i>w/2abel filter</i>	<i>1000</i>		<i>1000</i>	<i>1</i>	<i>wiesers Concrete</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 POWTS shown on the attached plans.

Plumber's Name (print) <i>Don Reinemann</i>	Plumber's Signature (no stamps): <i>Don Reinemann</i>	MP/MPRS No. <i>221571</i>	Business Phone Number <i>715-462-9762</i>
Plumber's Address (Street, City, State, Zip Code) <i>P.O. Box 13188 Hayward, WI 54843</i>			

IX. County/Department Use Only

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) \$170.00	Date Issued 5/24/01	Issuing Agent Signature (No stamps) <i>Eric A. Schaff</i>
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X. Conditions of Approval /Reasons for Disapproval:

IMPORTANT NOTICE: Wisconsin State Statute, Chapter 145.245 (3), states you are required to have your septic tank pumped/inspected at least once every 3 years.

01-071

Don Reinemann

221571

P.O. Box 13188

Hayward, WI 54843

715-462-9762

Brian Mast

11395 N Sunset Circle

Hayward, WI 54843

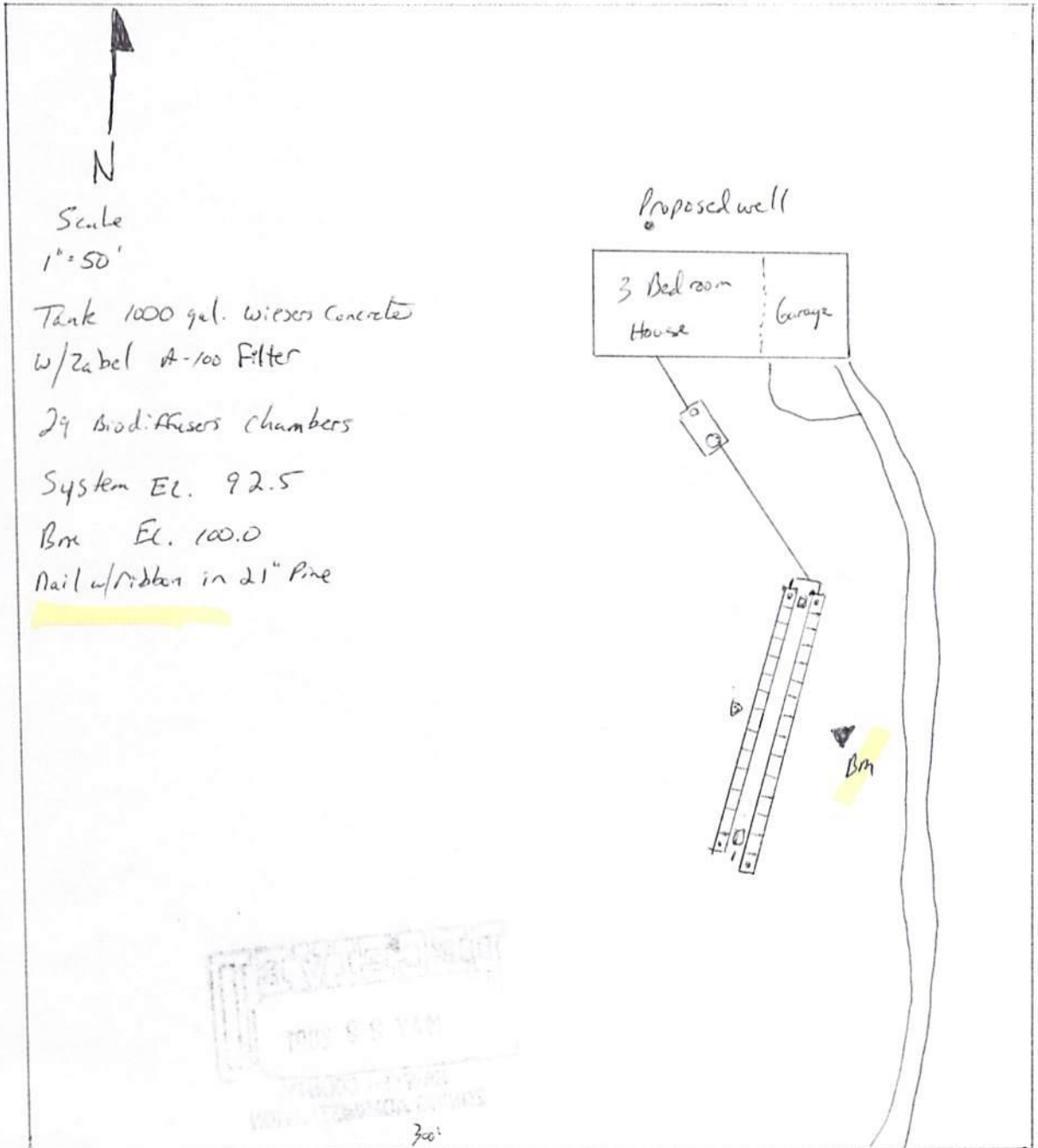
715-634-8638

NW/NE Sec 20 T41N R9W

Town of Hayward

CSM # 5788 Vol 20 Pg 84 Lot #3

300'



350'

350'

700'

RECEIVED
MAY 22 2001
SAWYER COUNTY
ZONING ADMINISTRATION

SEPTIC SYSTEM MAINTENANCE AGREEMENT

[At-grade, In-ground (gravity and pressure distribution) and Mound Systems]

Property Owner:

Brian & Kathy Mast

Legal Description:

Lot 3 CSM Vol. 20 p. 84

Parcel ID#:

Type of Private
Sewage System:

(A) In-ground gravity (B) In-ground pressure distribution
 (C) Mound (D) At-grade

In the event the minimum standards contained in the applicable Wisconsin Administrative Code can be met and a Sanitary Permit is issued for the installation of a private sewage system utilizing a septic tank, pump chamber, pump and effluent filter at the above location, the owner of the property hereby understands and agrees to maintain the system in the manner prescribed by the Sawyer County Private Sewage System Code and Comm 83, Wis. Admin. Code.

- (1) **Septic tank (System types A-D):** The septic tank shall be pumped by a certified septage servicing operator within three (3) years of the date of installation and at least once every three (3) years thereafter unless, upon inspection by a licensed master plumber or other person authorized to make such inspection, the tank is found to have less than one-third (1/3) of the volume occupied by sludge and scum.
- (2) **Pump chamber (System types B, C and D):** The pump chamber shall also be rinsed and pumped out when the septic tank is serviced as provided above. The switches and pump controls shall also be inspected and maintained to ensure operability of said components.
- (3) **Septic tank effluent filter (System types A-D):** The septic tank effluent filter shall be inspected and maintained as necessary and in accordance with manufacturer's specifications. Filter maintenance reports shall be submitted to the county as required by Comm 83, Wis. Admin. Code.
- (4) **Private sewage system dispersal cell (System types A-D):** The private sewage system distribution cell shall be visually inspected by a certified septage servicing operator, POWTS inspector or licensed master plumber within three (3) years of the date of installation and at least once every three (3) years thereafter to determine whether wastewater or effluent from the system is ponding on the ground surface.
- (5) **Mounds, At-grade and In-ground pressure system laterals (System types B, C and D):** The laterals shall be flushed out and swabbed if needed when the wastewater distribution cell component is inspected as provided above.
- (6) The Owner of such septic system shall furnish the Sawyer Counting Zoning Department a copy of the inspection report verifying the condition of the tanks, whether wastewater or effluent is ponding on the ground surface and the date of pumping and other service that was necessary whenever this information is required by the county. Reports shall be signed by properly licensed individuals.
- (7) When the title to the property is transferred, a copy of this agreement should be furnished to the new property owner(s).

This agreement shall be binding on all assignees and heirs



Signature of Property Owner

5-7-01

Date

**PRIVATE SEWAGE SYSTEM
INSPECTION REPORT**

County: Sawyer
 Sanitary Permit No.: 365847 / 01-071
 State Plan ID No.: _____
 Parcel Tax No.: 010-941-20-1204

GENERAL INFORMATION

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

Permit Holder's Name: Brian Mast City Village Town of: Hayward
 CST BM Elev.: _____ Insp. BM Elev.: 100' BM Description: nail on 2" Pine

(ATTACH TO PERMIT)

TANK INFORMATION

TYPE	MANUFACTURER	CAPACITY
Septic	<u>Wiessers</u>	<u>1,000</u>
Dosing		
Aeration		
Holding		

ELEVATION DATA

STATION	BS	HI	FS	ELEV.
Benchmark	<u>5.2</u>	<u>105.2</u>		<u>100</u>
Bldg. Sewer			<u>3.2</u>	<u>102'</u>
St/Ht Inlet			<u>8.95</u>	<u>96.25</u>
St/Ht Outlet			<u>9.3</u>	<u>95.9</u>
Dt Inlet				
Dt Bottom				
Header / Man.			<u>11.23</u>	<u>93.97</u>
Dist. Pipe				
Bot. System			<u>12.6</u>	<u>92.6</u>
Final Grade				<u>± 96.3'</u>

TANK SETBACK INFORMATION

TANK TO	P/L	WELL	BLDG.	Vent to Air Intake	ROAD
Septic	<u>+50</u>	<u>+60</u>	<u>+60'</u>	<u>+60'</u>	<u>NA</u>
Dosing					<u>NA</u>
Aeration					<u>NA</u>
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 31 Bio-x17.7 = 548.74

BED / TRENCH DIMENSIONS	Width	Length	No. Of Trenches	PIT DIMENSIONS	No. Of Pits	Inside Dia.	Liquid Depth
	<u>3</u>	<u>93.75' / 100'</u>	<u>2</u>				
SETBACK INFORMATION	SYSTEM TO	P/L	BLDG	WELL	LAKE / STREAM	LEACHING CHAMBER OR UNIT	Manufacturer:
	Type Of System: <u>Tr</u>	<u>+25</u>	<u>+90'</u>	<u>+90'</u>	<u>n.a.</u>		Model Number: _____

DISTRIBUTION SYSTEM

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

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	xx Mulched
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Fire # 16639 W Acorn Ridge

Plbr installed 31 bio diffusers

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

12 | 13 | 01

Date

MW Mahi

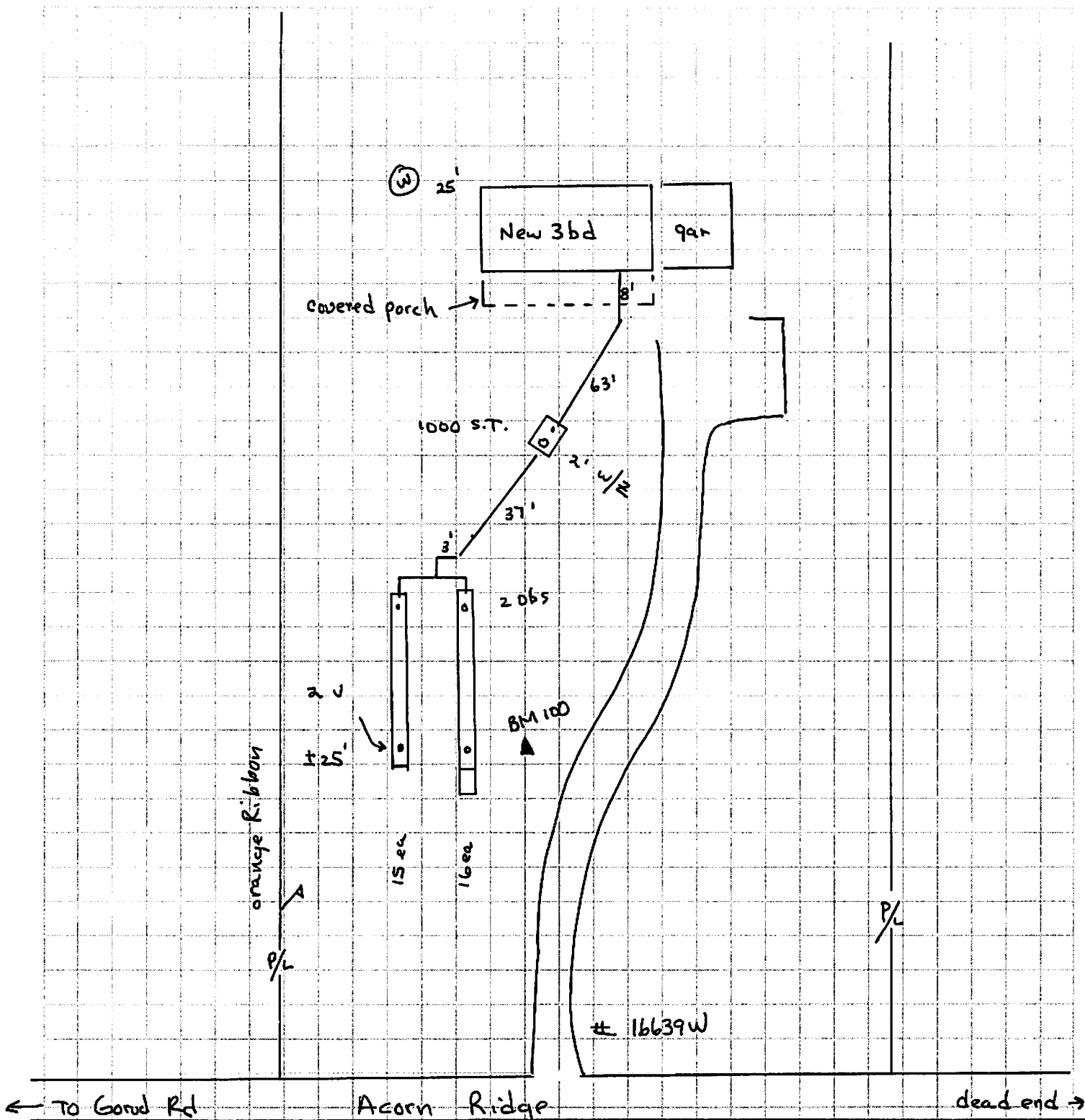
Inspector's Signature

224901

Cert No

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 01-071



N
noscale