

# Sanitary Final Inspection Report



**Zoning, Planning & POWTS Department**  
307 Main Street, Suite B03, Black River Falls WI 54615  
Ph: 715.284.0220 \* Fax: 715.284.0238  
www.co.jackson.wi.us

## Sanitary Permit:

Permit Number: 2723044

## Permit Information:

Report #: 1060 Issued Date: 9/27/2023 Inspection Date: 11/14/2023

Authorization Name: Dustin McCune Authorization Title: POWTS Technician File #: 02-19-05-29-42

## Inspection Information:

State Plan ID #: CST BM Elev: 100.00 Insp BM Elev: 100.00

## BM Desc:

Grade at corner of cement pad

## Parcel Information:

Parcel #: 03402500000 Owner Name: JEFFREY J WOLFF

Phone: -- Mailing Address: 2660 MONTCLAIR PL  
OSHKOSH, WI 54904

Cell Phone: -- Property Address: N637 LAKE RD

Plat Description: NOT AVAILABLE

CSM: 4493 Lot: 1 Block:

Section: 29 Township: T19N Range: R5W

Twp/City: TOWN OF MELROSE Qtr Qtr: NW SE Acres: 2.01

## Legal Description:

LOT 1 CSM 4493, BEING PT OF NWSE

**Tank Information #1:**

Tank:

New/Existing	Age	Manufacturer:	Material:	Compartments	Type	Gallons
New Tank		Als	Prefab Concrete	Single	Holding	2000.00

Filter:  Manufacturer:  Model Number:

Pump/Siphon:

Manufacturer:	Model Number:	Demand GPM:
TDH Lift:	Friction Loss:	System Head:
TDH:	Forcemain Length:	Forcemain Diameter:

Elevation:

Station	BS	HI	FS	ELEV	
Benchmark		3.33	103.33	100.00	
Alt. Benchmark			0.50	102.83	
Alt. Bench. Comment	Top of manhole cover over inlet				
Building Sewer					
Tank Inlet			3.00	100.33	
Tank Outlet					
Pump Tank In					
Pump Tank Out					
Pump Pad					
Header "T"					
Bottom Cell #1					
Pipe Cell #1					
Bottom Cell #2					
Pipe Cell #2					
Bottom Cell #3					
Pipe Cell #3					
Original C/L					
Top of Well					
Final Grade					
Latitude	44	Deg	5	Min 22.73	Sec
Longitude	91	Deg	0	Min 9.51	Sec

**Tank Information #1 (cont):**

Soil Absorption System:

**Cell Dimensions**

Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:

**Setback Information**

System To	P/L	Building	Well	Lake/Stream

**Pretreatment Information**

Device:	Model:
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**Leaching Chamber or Unit**

Manufacturer:	Model Number:
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Distribution System:

**Header/Manifold**

Length:	Diameter:
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**Distribution Pipe(s)**

Length:	Diameter	Spacing:
x Hole Size	x Hole Spacing	

Soil Cover:

Required to complete Soil Cover ( $\geq 12$  inches)

**Tank Information #2:**

Tank:

New/Existing	Age	Manufacturer:	Material:	Compartments	Type	Gallons

Filter:  Manufacturer:  Model Number:

Pump/Siphon:

Manufacturer:	Model Number:	Demand GPM:
TDH Lift:	Friction Loss:	System Head:
TDH:	Forcemain Length:	Forcemain Diameter:

Elevation:

Station	BS	HI	FS	ELEV
Benchmark				
Alt. Benchmark				
Alt. Bench. Comment				
Building Sewer				
Tank Inlet				
Tank Outlet				
Pump Tank In				
Pump Tank Out				
Pump Pad				
Header "T"				
Bottom Cell #1				
Pipe Cell #1				
Bottom Cell #2				
Pipe Cell #2				
Bottom Cell #3				
Pipe Cell #3				
Original C/L				
Top of Well				
Final Grade				
Latitude		Deg	Min	Sec
Longitude		Deg	Min	Sec

**Tank Information #2 (cont):**

Soil Absorption System:

**Cell Dimensions**

Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:

**Setback Information**

System To	P/L	Building	Well	Lake/Stream

**Leaching Chamber or Unit**

Manufacturer:	Model Number:
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**Distribution System:**

**Header/Manifold**

Length:	Diameter:
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**Distribution Pipe(s)**

Length:	Diameter	Spacing:
x Hole Size	x Hole Spacing	

**Soil Cover:**

Required to complete Soil Cover ( $\geq 12$  inches)

**Tank Information #3:**

Tank:

New/Existing	Age	Manufacturer:	Material:	Compartments	Type	Gallons

Filter:  Manufacturer:  Model Number:

Pump/Siphon:

Manufacturer:  Model Number:  Demand GPM:

TDH Lift:  Friction Loss:  System Head:

TDH:  Forcemain Length:  Forcemain Diameter:

Elevation:

Station	BS	HI	FS	ELEV
Benchmark				
Alt. Benchmark				
Alt. Bench. Comment				
Building Sewer				
Tank Inlet				
Tank Outlet				
Pump Tank In				
Pump Tank Out				
Pump Pad				
Header "T"				
Bottom Cell #1				
Pipe Cell #1				
Bottom Cell #2				
Pipe Cell #2				
Bottom Cell #3				
Pipe Cell #3				
Original C/L				
Top of Well				
Final Grade				
Latitude		Deg	Min	Sec
Longitude		Deg	Min	Sec

**Tank Information #3 (cont):**

Soil Absorption System:

Cell Dimensions

Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:
Width:	Length:

Setback Information

System To	P/L	Building	Well	Lake/Stream

Leaching Chamber or Unit

Manufacturer:  Model Number:

Distribution System:

Header/Manifold

Length:  Diameter:

Distribution Pipe(s)

Length:  Diameter:  Spacing:

x Hole Size  x Hole Spacing

Soil Cover:

Required to complete Soil Cover ( $\geq 12$  inches)

**Tank Setback Information:**

**Tank Setback #1**

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well				NOT IN
Adjacent Well				>50'
Foundation				7'
Property Line				>5'
Navigable Water				>200'

**Tank Setback #2**

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well				
Adjacent Well				
Foundation				
Property Line				
Navigable Water				

**Tank Setback #3**

Distance From:	Septic Tank	Dosing	Aeration	Holding
Well				
Adjacent Well				
Foundation				
Property Line				
Navigable Water				

**Additional Notes:**

When I got there they had the tank set and connected to cabin. They were getting fill to place on top of the tank because there was water in the hole. I got the shots and measurements that I needed.

**Person(s) present during inspection**

Brain and Harry Caulum	ACT Excavating	
		<input type="checkbox"/> Plan revision required

Date:	Inspector's Signature	Cert No.
11/14/23	<i>Steve McAm</i>	1046348



# JACKSON COUNTY PRIVATE SEWAGE SYSTEM INSPECTION SKETCH

Onsite Date: 11/14/23

Plumber: Harry Caulum

Owner: Jeff Wolff

Inspector: Dustin McCune

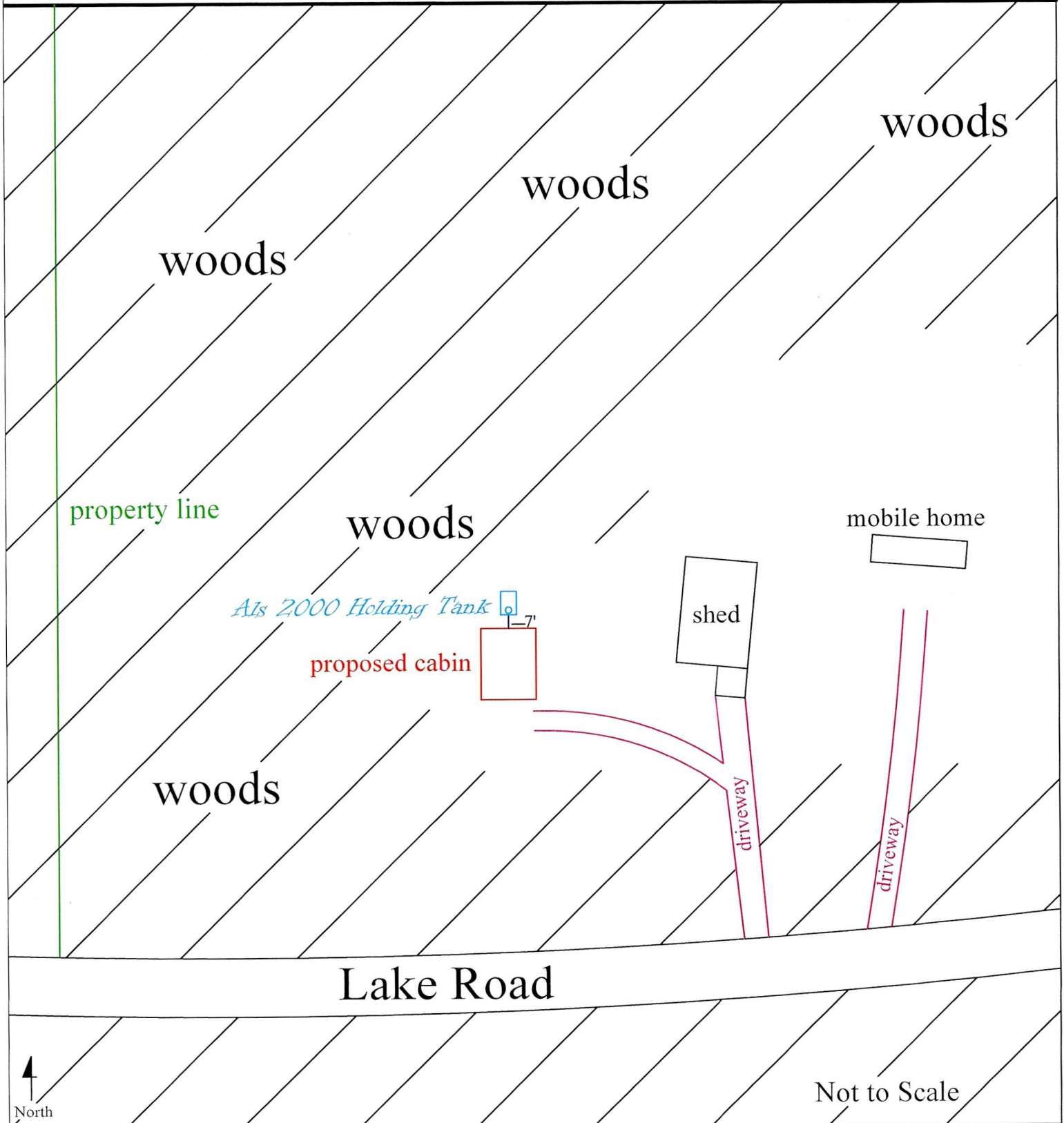
Permit Number: 2723044

Type of POWTS System: Holding Tank

NW 1/4 SE 1/4 Sec. 29 T 19 N, R 05 ~~E~~ or W

Township: Melrose Blk: —

Parcel Number: 034-0250.0000 Subdivision: — Lot #: — CSM #: —





Industry Services Division  
4822 Madison Yards Way  
Madison, WI 53705  
P.O. Box 7302  
Madison, WI 53707

County **JACKSON**

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

**2723044**

### Sanitary Permit Application

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

State Transaction Number

**N/A**

Project Address (if different than mailing address)

**N 637 LAKE RD.**

#### I. Application Information - Please Print All Information

Property Owner's Name  
**JEFF WOLFF**

Parcel #  
**034-0250-0000**

Property Owner's Mailing Address  
**2660 MONTCLAIR PL**

Property Location

Govt. Lot \_\_\_\_\_

City, State  
**OSHKOSH WI**

Zip Code  
**54904**

Phone Number  
**920 279 5423**

**NW 1/4, SE 1/4, Section 29**

#### II. Type of Building (check all that apply)

1 or 2 Family Dwelling - Number of Bedrooms **1**

Lot # \_\_\_\_\_

Public/Commercial - Describe Use \_\_\_\_\_

Block # \_\_\_\_\_

State Owned - Describe Use \_\_\_\_\_

CSM Number \_\_\_\_\_

City of \_\_\_\_\_

Village of \_\_\_\_\_

Town of **MELROSE**

T **19** N R **5** E of **W**

Subdivision Name \_\_\_\_\_

#### III. Type of POWTS Permit: (Check either "New" or "Replacement" and other applicable on line A. Check one box on line B. Complete line C if applicable.)

A.  New System  Replacement System  Other Modification to Existing System (explain)  Additional Pretreatment Unit (explain)

B.  Holding Tank  In-Ground (conventional)  At-Grade  Mound  Individual Site Design  Other Type (explain)

C.  Renewal Before Expiration  Revision  Change of Plumber  Transfer to New Owner

List Previous Permit Number and Date Issued \_\_\_\_\_

#### IV. Dispersal/Treatment Area and Tank Information:

Design Flow (gpd) **100** Design Soil Application Rate (gpd/sf) **NA** Dispersal Area Required (sf) **NA** Dispersal Area Proposed (sf) **NA** System Elevation **NA**

Tank Information	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	<b>1250</b>		<b>1250</b>	<b>1</b>	<b>ALS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dosing Chamber	<b>750</b>		<b>750</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Plumber's Name (Print) **Harry Caulum** Plumber's Signature **Nancy Caulum** MP/MPRS Number **2327 Y4** Business Phone Number **608-857-3954**

Plumber's Address (Street, City, State, Zip Code)  
**W2022 Herman Cowles Rd Bangor, WI 54814**

#### VI. County/Department Use Only

Approved  Disapproved  Owner Given Reason for Denial  
Permit Fee \$ **450.00** Date Issued **09/27/23** Issuing Agent Signature **Dust McAn**

#### Conditions of Approval/Reasons for Disapproval

1. All setbacks must be met.
2. Well must be located to meet all required setbacks.
3. An all weather service road must be located to within 25' of pumping port.

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

**450.00**

# HOLDING TANK COVER SHEET

Holding Tank Component Manual for POWTS (Version 2.1) (May 2022-2027), SBD-10855-P (N. 03/07; R 01/12)

LOCATION: NW 1/4 SE 1/4 S 29 T 19 NR 5 W

TOWN: MELROSE COUNTY: JACKSON

OWNER NAME/ADDRESS: JEFF WOLFF  
2660 MONTCLAIR PL.  
OSHKOSH WI 54904

PLUMBER NAME/ADDRESS: Harry Caulum  
LICENSE #: 222744 W5022 Herman Couler Rd  
Bunker, WI 54814

SIGNATURE: Mary Couler DATE: 8-15-23

## ATTACHMENTS:

- PAGE 1: PLOT PLAN
- PAGE 2: SIZING CRITERIA
- PAGE 3: TANK SPECS
- PAGE 4: TANK CROSS SECTION
- PAGE 5: HOLDING TANK AGREEMENT
- PAGE 6: HOLDING TANK SERVICE CONTRACT
- PAGE 7: HOLDING TANK MANAGEMENT PLAN
- PAGE 8: AFFIDAVIT - LIMITED OCCUPANCY



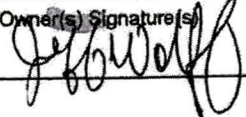
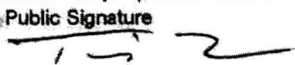
Jackson County Zoning, POWTS and Land Information Department  
**HOLDING TANK SERVICING CONTRACT**

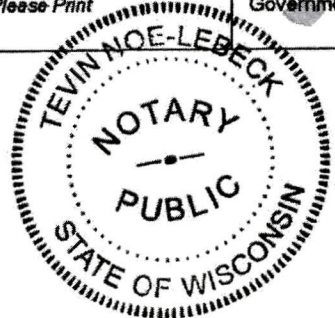
Contract Date		This contract is made between the	
Holding Tank Owner(s) Name(s) JEFF WOLFF		and	Pumper's Name

We acknowledge the installation of (a) holding tank(s) on the following property:  
(Provide Legal Description)

PART OF NW SE 29 19N 5W TOWN OF MELROSE

1. The owner agrees to file a copy of this contract with the local governmental unit hereinafter called the "municipality", which has signed the pumping agreement required under Ch. SPS 383, Wis. Adm. Code and Chapter 15 General Code of Jackson County.
2. The owner agrees to have the holding tank(s) serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the holding tank(s). The owner agrees to maintain the all-weather access road or drive so that the pumper can service the holding tank(s) with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the holding tank(s) as mutually agreed upon by the owner and pumper.
3. The owner or his/her agent of a Private Onsite Wastewater Treatment System (POWTS) that has signed the pumping agreement required by s. SPS 383, Wis. Adm. Code agrees to meet all reporting requirements as stated in SPS 383.55 (1) through (5).
4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract the owner agrees to file a copy of any changes to this service contract or a copy of a new service contract with the municipality named below and Jackson County within ten (10) business days from the date of change to this service contract.

Owner(s) Name(s) - Please Print JEFF WOLFF	Owner(s) Signature(s) 	Subscribed and sworn to before me on this date: Aug. 28 <sup>th</sup> , 2023
		My Commission expires: 8/8/2027
Pumper's Name - Please Print	Pumper's Signature	Notary Public Signature 
Pumper's State License Number	Governmental Unit - Please Print	Governmental Unit Official Name - Please Print





DocId:8014026

Tx:4009626

# AFFIDAVIT OF LIMITED OCCUPANCY HOLDING TANK

Document Number: 414417  
Shari Marg  
Register of Deeds  
Jackson County, WI  
Recorded: 10/06/2023 08:13 AM  
Transfer Tax Paid:  
Transfer Tax Exempt #  
Recording Fee Paid: 30.00  
Number of Pages: 1

Document Number:
Parcel Number: <b>034 - 0250 - 0000</b>
Name and Address Return:  <b>Jackson County Zoning and Land Information Department 307 Main Street, Courthouse Black River Falls WI 54615</b>

(Space Above This Line Reserved For Recording Data)

I/We the undersigned Jeff Wolff am/are the owner(s) of the property located in Jackson County, Wisconsin, and described as follows (attach full legal description if necessary):  
PART OF NWSE 29 19N 5W TOWN OF MELROSE

I/We declare that the above described property contains suitable area for a Private Onsite Wastewater Treatment System using in-situ soil for treatment and dispersal as determined by a Soil and Site Evaluation completed according to Ch. SPS 385, Wis. Adm. Code and filed with Jackson County.

I/We further declare that the limited occupancy of the structure proposed for the above described property may allow the use of a holding tank in lieu of a soil absorption system if the use and occupancy of the structure meets the requirements of a limited occupancy holding tank described in Chapter 15 General Code of Jackson County.

The limited occupancy holding tank shall be replaced with another type of Private Onsite Wastewater Treatment System recognized by Ch. SPS 383, Wis. Adm. Code and Chapter 15 General Code of Jackson County if an addition to the structure or a change in occupancy or use of the structure occurs that exceeds the conditions of limited occupancy.

This affidavit shall be binding upon the owner, their heirs and assignees and will run with the land.

Dated this 28<sup>th</sup> day of August, 2023.

Jeff Wolff  
Owner(s) Signature  
Typed or Printed Name of Owner(s)  
Jeff Wolff

\_\_\_\_\_  
Owner(s) Signature  
Typed or Printed Name of Owner(s)

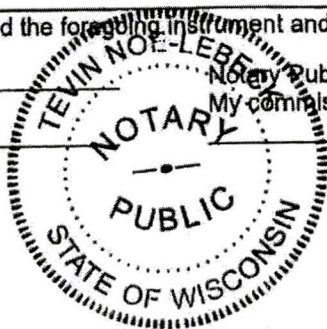
### ACKNOWLEDGMENT:

State of Wisconsin )  
Jackson County ) Winnebago County

Personally came before me this 28<sup>th</sup> day of August, 2023, the above named JEFF WOLFF

to me known to be the person(s) who executed the foregoing instrument and acknowledge the same.

Tevin Noe-Liseda  
Notary Signature  
Typed or Printed Name of Notary



Notary Public, Winnebago County, WI.  
My commission is permanent. If not, state expiration date:  
8/8/2027

THIS INSTRUMENT PREPARED BY:  
Jackson County Zoning and Land Information Department

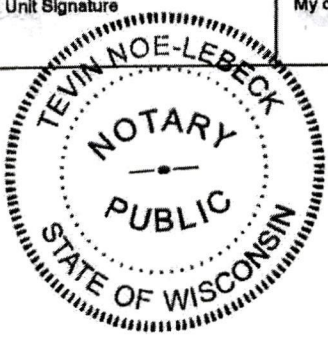
### Jackson County Zoning, POWTS, and Land Information Department

Document Number/Plan I.D. No.	<b>HOLDING TANK AGREEMENT</b>	
This agreement is made between the local governmental unit and the holding tank owner(s)		
Name and Return Address: <b>JEFF WOLFF</b>		
Parcel Identification Number: <b>034-0250-0000</b>	Agreement Date:	
Governmental Unit:	Holding Tank Owner(s): <b>JEFF WOLFF</b>	
We acknowledge that application is being made for the installation of (a) holding tank(s) on the following property: (Provide legal land description. (Use reverse side for additional space) <b>PART OF NWSE 29 19N 5W</b> <b>TOWN OF MELROSE</b>		<b>Return to: Jackson County Zoning &amp; Land Information Dept.</b>

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. Also, the property cannot now be served by a municipal sewer, or any other type of private sewage system as permitted under Ch. SPS 383, Wis. Adm. Code, Ch. 145, Stats. and Chapter 15 General Code of Jackson County. As an inducement to the County of Jackson to issue a sanitary permit for the above described property, we agree to do the following:

1. Owner agrees to conform to all applicable requirements of Ch. SPS 383, Wis. Adm. Code and Chapter 15 General Code of Jackson County relating to holding tanks. If the owner fails to have the holding tank properly serviced in response to orders issued by the County to prevent or abate a human health hazard as described in s. 254.59, Stats. the governmental unit may enter upon the property and service the tank or cause to have the tank to be serviced and charge the owner by placing the charges on the tax bill as a special assessment for current services rendered. The charges will be assessed as prescribed by s. 66.60, Stats.
2. Owner agrees to pay all charges and cost incurred by the governmental unit and/or County for inspection, pumping, hauling, or otherwise servicing and maintaining the holding tank in such a manner as to prevent or abate any human health hazard caused by the holding tank. The governmental unit shall notify the owner of any costs, which shall be paid, by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all the costs and charges may be placed on the tax roll as a special assessment for the abatement of a human health hazard, and the tax shall be collected as provided by law.
3. The owner agrees to contract with a person who is licensed under Ch. NR 113, Wis. Adm. Code, to have the holding tank serviced.
4. The owner agrees to contract with a person licensed under Ch. NR 113, Wis. Adm. Code, who shall submit to the County a report in accordance with Chapter 15 General Code of Jackson County for the servicing of the holding tank. The County may enter upon the property to investigate the condition of the holding tank when pumping reports and meter readings may indicate that the holding tank is not being properly maintained.
5. This agreement will remain in effect only until the County certifies that the property is served by either a municipal sewer or a soil absorption system that complies with Ch. SPS 383, Wis. Adm. Code. In addition, this agreement may be canceled by executing and recording said certification with reference to this agreement in such manner which will permit the existence of the certification to be determined by reference to the property.
6. This agreement shall be binding upon the owner, the heirs of the owner, and assignees of the owner. The owner shall submit the agreement to the register of deeds, and the agreement shall be recorded by the register of deeds in a manner, which will permit the existence of the agreement to be determined by reference to the property where the holding tank is installed.

Owner(s) Name(s) - Please Print <b>JEFF WOLFF</b>	Governmental Unit Official Name - Please Print	Subscribed and sworn to before me on this date: <b>Aug. 28<sup>th</sup>, 2023</b>
Notarized Owner(s) Signature(s) <i>Jeff Wolfe</i>	Governmental Unit Official Title - Please Print	Notary Public Signature <i>[Signature]</i>
	Governmental Unit Signature	My commission expires: <b>8/27/2027</b>



N

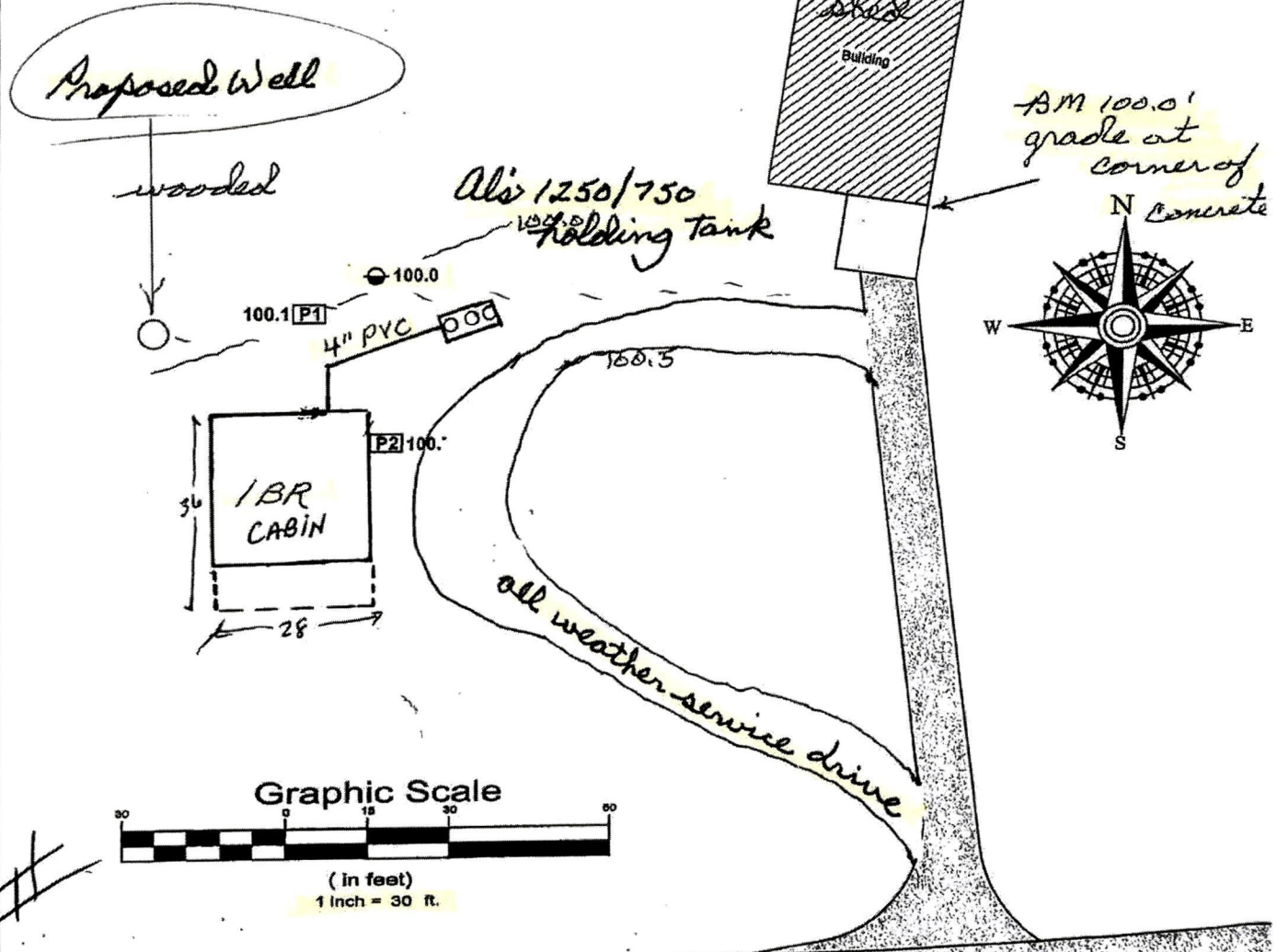
**Legend**

- ▬▬▬▬▬▬▬▬ = Property line
- [P#] = Pit
- ⊙ = BM (grade @ steel post)

**Notes:**

- Boundary information is based on apparent property lines. A survey is recommended to determine true property lines.
- Location & elev of bldg sewer is beyond the scope of this report.
- Parcel size = 28.5 acres ±
- No well on site. Future installation to comply with NR 811 & 812.

**NO WELL ON SITE  
WELL SITE MUST COMPLY  
WITH NR 811 & NR 812.**



Fire #

S

N637 Lake Road

**Jeff Wolff**

NW ¼ - SE ¼, Section 29, T19N-R5W  
Town of Melrose, Jackson County, Wis  
Parcel #: 034-0250.0000



**HIGH CLIFF CONSULTING LLC**

P.O. Box 176, Galesville, WI 54630  
608-582-2205 service@highcliffconsulting.com  
www.highcliffconsulting.com

HOLDING TANK SIZING CRITERIA

BEDROOMS/COMMERCIAL DESCRIPTION

1 BR → 100 GPD.

ESTIMATED DAILY FLOW X 5

500

MINIMUM REQUIRED

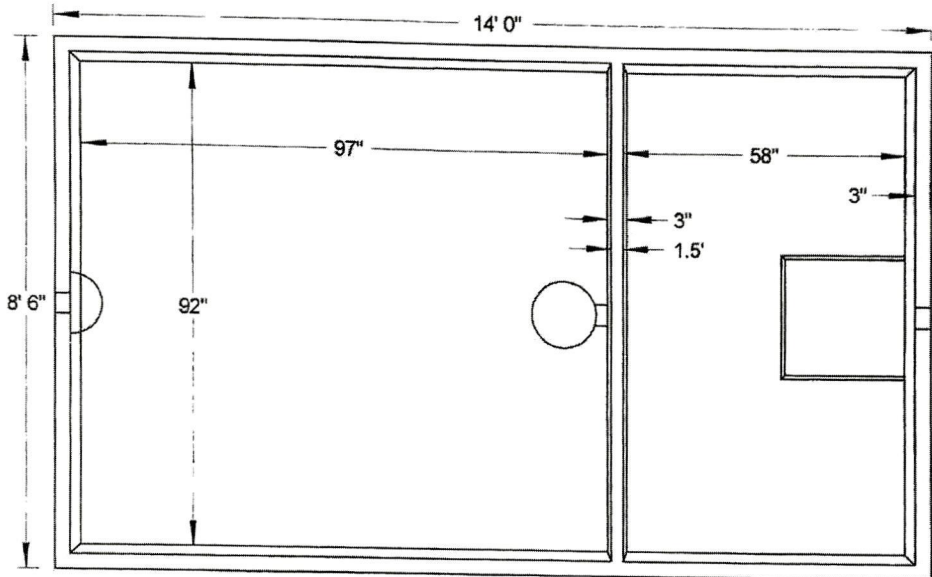
2000

PROPOSED

AL'S 1250/750 GAL - 2000 GAL.



3



**AL'S 1250-750 X LOW**  
**(ALS 2000 XL SP)**  
**3 Manholes**

Model 1250-750 Septic-Pump & Septic-Septic

1282 Gal. Septic 774 Gal. Pump  
 1282 Gal. Septic 774 Gal. Septic

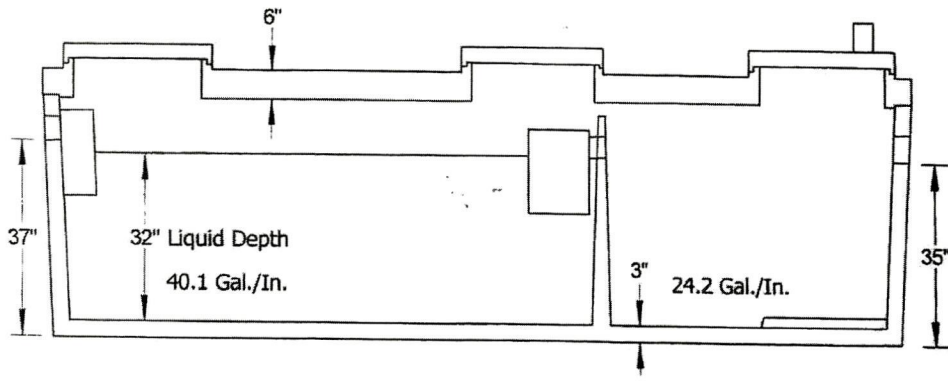
941 G.P.D. When Used As A Septic-Septic Tank; 613 G.P.D. When Used As A Septic-Pump Based On A 3 YR. Service Interval For Residential Wastewater.

96" Depth Of Bury

**DIMENSIONS:**  
 Length: 14' 0"  
 Width: 8' 6"  
 Height: 55"  
 Below Inlet: 37"  
 Below Outlet: 35"

Tank Weight: 9865 lbs.  
 Cover Weight: 8925 lbs.  
 Total Weight: 18790 lbs.

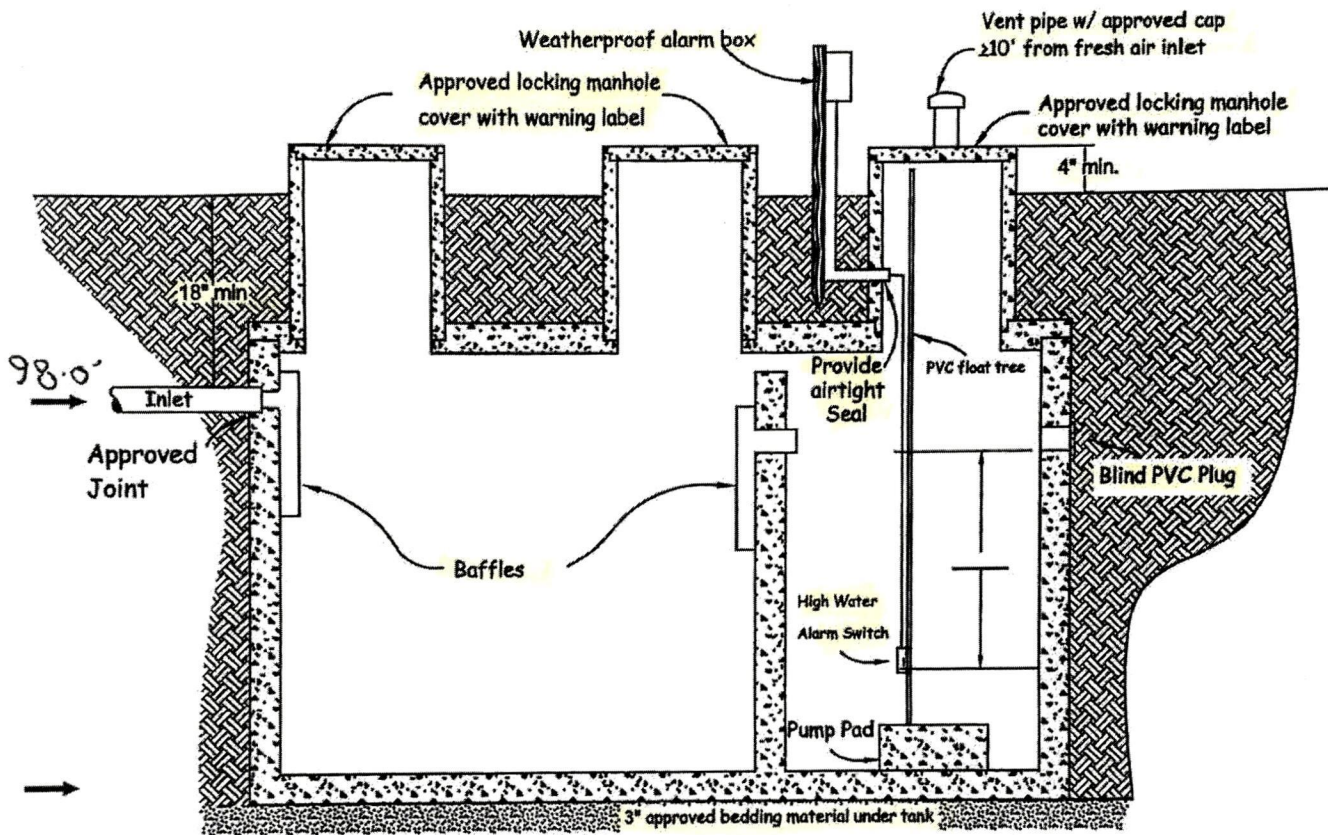
**AL'S 1250-750 X LOW**  
**3 Manholes**



**AL'S Concrete Products, Inc**  
 888 Youshall Road, La Crescent, MN 55941  
 507-895-4509 1-800-982-9263 507-895-6805 Fax  
[www.alsconcreteproducts.com](http://www.alsconcreteproducts.com)

# Holding Tank Cross Section (Combo Tank)

Note: Electrical must comply with SPS 316 and NEC 300



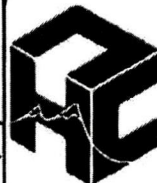
## Specifications

TANK MANUFACTURER: ALS 1250/ 750

TANK CAPACITY: 2000 GALLONS

Notes:

Drawn by:	Date:



**HIGH CLIFF CONSULTING LLC**

P.O. Box 176, Galesville, WI 54630

608-582-2205 [service@highcliffconsulting.com](mailto:service@highcliffconsulting.com)

[www.highcliffconsulting.com](http://www.highcliffconsulting.com)

## Holding Tank Management Plan

### IMPORTANT:

The owner of this holding tank(s) shall be responsible for its perpetual operation and maintenance pursuant to requirements of SPS 382-384, Wisc. Admin. Code. Pursuant to SPS 383.52 (2), Wisc. Admin. Code, this holding tank(s) shall be considered a human health hazard if not maintained in accordance with this approved management plan. Furthermore, all inspection and maintenance activities shall be performed by a **registered POWTS Maintainer** in accordance with SPS 383.52 (3), Wisc. Admin. Code.

Estimated Daily Wastewater Flow = 100 gpd

### Inspection Checklist

### INSPECT EVERY 3 YEARS

- o type of use
- o age of system
- o nuisance factors (*i.e.* odors, user complaints, *etc.*)
- o mechanical malfunction (*i.e.*, pumps, valves, switches, floats, *etc.*)
- o material fatigue (*i.e.*, leaks, breaks, corrosion, *etc.*)
- o neglect or improper use (*i.e.*, exceeding design capacities, prohibited activities, *etc.*)
- o electrical components (*i.e.*, wiring, connections, switches, controls, timers, alarms, *etc.*)
- o surface discharge of effluent or sewage back-up into structure served

### SERVICING FREQUENCY

- o The tank(s) shall be pumped by a certified septage servicing operator licensed under s. 281.48 Wisc. Stats. **when the wastewater in the tank(s) reaches a level of one foot below the inlet invert of the tank(s).** Disposal of contents shall be pursuant to NR 113, Wisc. Admin. Code.

Tank pumping reports shall be submitted to the proper local government unit in accordance with SPS 383.55 Wis. Admin. Code. Report any component failure or malfunction to:

Name of individual or company: JEFF WOLFF Phone: 920 279 5423  
 Local government unit: JACKSON COUNTY Phone: 715 284 0220

Any defective part of this system shall be repaired, replaced, or removed pursuant to SPS 383.51 (1), Wisc. Admin. Code. Repair or replacement of failed or malfunctioning components shall comply with SPS 383, Wisc. Admin. Code. No product for chemical or physical restoration of the POWTS may be used unless approved by the department in accordance with SPS 384, Wisc. Admin. Code.

### Contingency Plan

In the event that any failed component of this holding tank(s) cannot be repaired, it shall be replaced pursuant to a plan submitted to the appropriate agency for review and approval.

### System Abandonment

If use of this tank(s) is discontinued, it shall be abandoned in accordance with SPS 383.33, Wisc. Admin. Code.

# JACKSON COUNTY STATE SANITARY PERMIT

ZONING, PLANNING & POWTS  
307 MAIN STREET, COURTHOUSE  
BLACK RIVER FALLS WI 54615  
(715) 284-0220

OWNER: JEFFREY J WOLFF

SANITARY PERMIT #: 2723044

OTHER APPLICANT:

LOT: CSM: 0

QTR QTR: NW 1/4, SE 1/4 SEC: 29 T19N R5W

TOWNSHIP: TOWN OF MELROSE

SOIL TEST: #

NEW SYSTEM

SYSTEM TYPE: Holding Tank

PLUMBER: Harry Caulum - MP

LICENSE #: 222744

PREVIOUS PERMIT #:

CHAPTER 145.135(2) WISCONSIN STATUTES

- (a) The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.
- (b) The approval of the sanitary permit is based on regulations in force on the date of approval.
- (c) The sanitary permit is valid and may be renewed for specified period.
- (d) Changed regulations will not impair the validity of a sanitary permit.
- (e) Renewal of the sanitary permit will be based on regulations in force at the time renewal is sought, and that changed regulations may impede renewal.
- (f) The sanitary permit is transferable.

History: 1977 c. 168; 1979 c. 34; 1981 c.314

Note: If you wish to renew the permit, or transfer ownership of the permit, please contact the county authority.

Condition: 1. ALL SETBACKS MUST BE MET.  
2. WELL MUST BE LOCATED TO MEET ALL REQUIRED SETBACKS.  
3. AN ALL WEATHER ACCESS ROAD MUST BE LOCATED TO WITHIN 25' OF PUMPING PORT.

*Jonathan Hemp*

*Dustin McCune*

9/27/2023

JONATHAN HEMP  
ZONING ADMINISTRATOR

DUSTIN McCUNE  
POWTS TECHNICIAN

DATE

**THIS PERMIT EXPIRES 9/27/2025**

**POST IN PLAIN VIEW**

**MUST BE VISIBLE FROM ROAD FRONTING THE LOT DURING CONSTRUCTION**