Ray Hudzinski

W3351 State Rd 23
Princeton, WI 54968-8705

Phone: 920-295-5321

Invoice

Invoice Number: 3871
Invoice Date: 5/11/2022

Bill To
Noah and Allison Polycn Special Properties P O Box 637 Green Lake WI 54941

Description	Amount
5/11/22 Septic system inspection for the Polycn property (N6138 N Lawson Dr)	350.00
Total	**$350.00**

SEPTIC SYSTEM INSPECTION REPORT

RAY HUDZINSKI
RAY'S PUMPING SERVICE INC
Wisconsin DNR Septage Master Operator #80326
Wisconsin Dept. of Commerce POWTS Maintainer #856441

DATE: May 11, 2022
REQUESTED BY: Special Properties LTD
OWNER: Noah and Allison Polcyn
ADDRESS: N6138 N Lawson Dr
Green Lake, WI 54941

SEPTIC TANK

Capacity: Estimated 1000 gallons.
Construction: Concrete.
Date of last cleaning: July 17, 2020, **septic tank will need to be pumped before the closing.**
General condition of tank: Tank appears to be in working condition, out going baffle needs replacement.
The septic tank is more than 50 feet from the well.

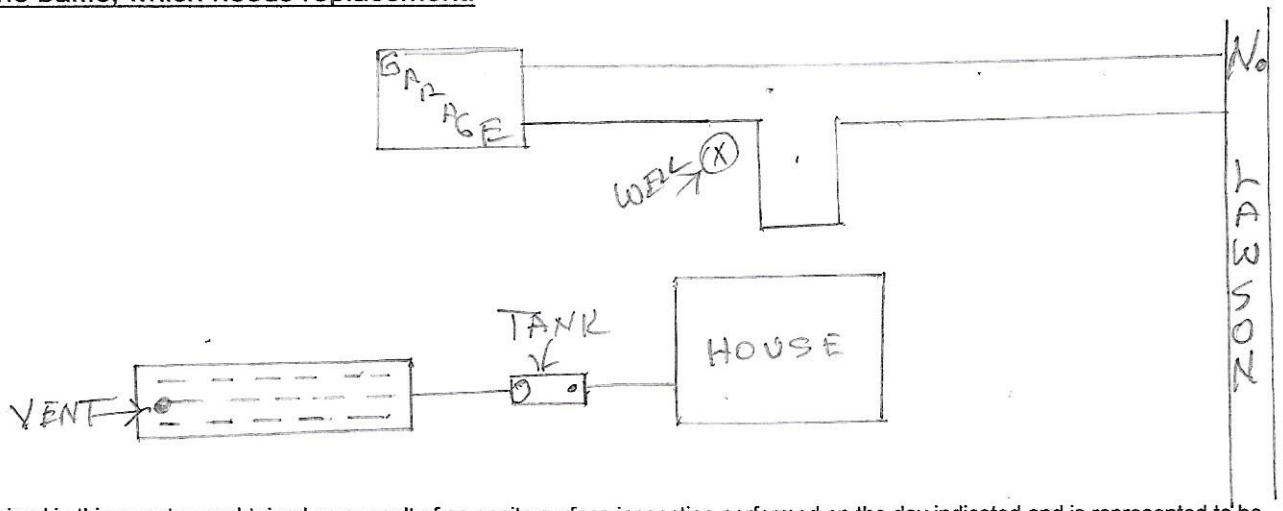
SEEPAGE AREA

Type: Drainfield 18ft X 50ft, three lines more than 50 feet from the well.
Vent pipe present: One vent pipe present.
Water visible in vent/field: None was visible.
Above ground discharge evident: None was observed.

PLUMBING

See Home Inspection Report

COMMENTS: According to the Sanitary Permit #221503, dated September 19, 1994, the septic system is a conventional gravity flow consisting of a septic tank and drainfield. The water level in the septic tank was at normal height at the beginning of the water load test. The water was run directly into the septic tank via a garden hose for approximately 40 minutes with no backups or water level fluctuations noticed at the septic tank. The water was visually observed flowing to the drainfield throughout the test. The drainfield accepted the out flow and the vent remained dry. The septic system appears to be functioning properly at this time. Be advised, no one can predict how long a septic system will last. SPECIAL NOTE: Minor scaling noticed in backend of the septic tank by the baffle, which needs replacement.



The information contained in this report was obtained as a result of an onsite surface inspection performed on the day indicated and is represented to be an accurate statement of the condition of the system as of that date. It is expressly understood that in making this evaluation of the present condition of the system no effort was made to take into account any potential fluctuations in the degree of use of the system in the future or the history of use of said system prior to inspection. It is further expressly understood that no representation is made as to the future condition of said system or its suitability for use in the future. **If anyone has any questions in regard to the contents of this report, please have them call (920) 295-5321 before closing.** Be advised, a copy of this report has been sent to the County Government Unit as required by SPS 383.55 reporting requirements.

Raymond Hudzinski

Raymond Hudzinski
W3351 State Rd 23
Princeton, WI 54968-8705

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

COUNTY: GREEN LAKE

STATE SANITARY PERMIT #: ☐ 221803 Check if revision to previous application

STATE PLAN I.D. NUMBER:

–Attach complete plans (to the county copy only) for the system, on paper not less than 8½ x 11 inches in size.

–See reverse side for instructions for completing this application.

I. APPLICANT INFORMATION – PLEASE PRINT ALL INFORMATION.

PROPERTY OWNER	PROPERTY LOCATION
ARNOLD WAGNER	SW ¼ SE ¼, S 16 T 16, N, R 13 (E)(or) W
PROPERTY OWNER'S MAILING ADDRESS	LOT # 2 / BLOCK #
N6138 LAWSON DR	
CITY, STATE: GREEN LAKE, WI. / ZIP CODE: 54941 / PHONE NUMBER: (294) 6701	SUBDIVISION NAME OR CSM NUMBER: RIVERSIDE PARK PLAT
	☐ CITY ☐ VILLAGE ☒ TOWN OF: BROOKLYN / NEAREST ROAD: N. LAWSON DR.
	PARCEL TAX NUMBER(S): 04-1018

II. TYPE OF BUILDING: (Check one) ☐ State Owned ☐ Public ☒ 1 or 2 Fam. Dwelling–# of bedrooms 3

III. BUILDING USE: (If building type is public, check all that apply)

1 ☐ Apt/Condo
2 ☐ Assembly Hall
3 ☐ Campground
4 ☐ Church/School
5 ☐ Hotel/Motel
6 ☐ Medical Facility/Nursing Home
7 ☐ Merchandise: Sales/Repairs
8 ☐ Mobile Home Park
9 ☐ Office/Factory
10 ☐ Outdoor Recreational Facility
11 ☐ Restaurant/Bar/Dining
12 ☐ Service Station/Car Wash
13 ☐ Other: Specify _____

IV. TYPE OF PERMIT: (Check only one in line A. Check line B if applicable)

A) 1. ☐ New System 2. ☒ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System

B) ☐ A Sanitary Permit was previously issued. Permit # _____ Date Issued _____

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution
11 ☒ Seepage Bed
12 ☐ Seepage Trench
13 ☐ Seepage Pit
14 ☐ System-In-Fill

Pressurized Distribution
21 ☐ Mound
22 ☐ In-Ground Pressure

Experimental
30 ☐ Specify Type _____

Other
41 ☐ Holding Tank
42 ☐ Pit Privy
43 ☐ Vault Privy

VI. ABSORPTION SYSTEM INFORMATION:

1. GALLONS PER DAY	2. ABSORP. AREA REQUIRED (sq. ft.)	3. ABSORP. AREA PROPOSED (sq. ft.)	4. LOADING RATE (Gals/day/sq. ft.)	5. PERC. RATE (Min./inch)	6. SYSTEM ELEV.	7. FINAL GRADE ELEVATION
450	900	900	.5		95.00 Feet	98.00 Feet

VII. TANK INFORMATION

	CAPACITY in gallons: New Tanks	CAPACITY in gallons: Existing Tanks	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiberglass	Plastic	Exper. App.
Septic Tank or Holding Tank	1000		1000	1	MIDWAY	☒	☐	☐	☐	☐	☐
Lift Pump Tank/Siphon Chamber						☐	☐	☐	☐	☐	☐

VIII. RESPONSIBILITY STATEMENT

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

Plumber's Name (Print):	Plumber's Signature: (No Stamps)	MP/MPRSW No.:	Business Phone Number:
DANIEL EGBERT	Daniel Egbert	3282	(414) 294-5668

Plumber's Address (Street, City, State, Zip Code): P.O. BOX 462 GREEN LAKE, WI. 54941

IX. COUNTY/DEPARTMENT USE ONLY

☒ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
		$230.00	9/19/94	James Lojewski

X. CONDITIONS OF APPROVAL/REASONS FOR DISAPPROVAL:

SBD-6398 (formerly Plb-67) (R. 11/88) DISTRIBUTION: Original to County, One Copy To: Safety & Buildings Division, Owner, Plumber

Wisconsin Department Of Industry,
Labor and Human Relations
P.O. Box 7969
Madison, WI 53707

ON SITE SEWAGE SYSTEM INSPECTION REPORT

Safety & Buildings Division

County: Green Lake

☒ CONVENTIONAL ☐ AT-GRADE ☐ IN-GROUND PRESSURE ☐ MOUND ☐ HOLDING TANK
☐ EXPERIMENTAL ☐ NEW ☒ REPLACEMENT ☐ RECONNECTION ☐ OTHER (SPECIFY) ______

Permit Holder's Name:	Permit Holder's Address:		Inspection Date:	
Arnold Wagner	Green Lake		9/19/94	
Bench Mark, Describe If Different From Plan: 6 pine 5'4"		Parcel Tax I.D. No. (Optional): 1018	Ref. Pt. Elev.:	CST Ref. Pt. Elev.:
Plumber's Name: Dan Egbert	MP/MPRSW No.: 3282	State Plan ID No (If Assigned): —	Sanitary Permit Number: 221503 convert	

SEPTIC TANK/HOLDING TANK:

Manufacturer:	Liquid Capacity:	Tank Inlet Elev.:	Tank Outlet Elev.:	Warning Label Provided:	Locking Cover Provided:
Midway	1000	7'1½"	7'4"	☒ Yes ☐ No	☒ Yes ☐ No

Bedding:	Vent Dia.:	Vent Mat'l.:	High Water Alarm:	NUMBER OF FEET FROM NEAREST → Road:	Property Line:	Well:	Building:	Air Vent:
☐ Yes ☐ No	4"	PVC	☐ Yes ☒ No	40'	20'	60'	35'	—

DOSING CHAMBER:

Manufacturer:	Bedding:	Liquid Capacity:	Pump Model:	Pump/Siphon Manufacturer:	High Water Alarm	Warning Label Provided:	Locking Cover Provided:
	☐ Yes ☐ No				☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Gallons Per Cycle: (difference between pump on and off)	Pump and Controls Operational:	NUMBER FEET FROM NEAREST → Property Line:	Well:	Building:	Air Vent:
	☐ Yes ☐ No			50'	

VENT	Vent Installed:	Vent Diameter:	Vent Material:	FORCE MAIN	Length:	Diameter:	Material and Marking:
	☐ Yes ☐ No						

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.)

DISTRIBUTION STSTEM:

BED/TRENCH DIMENSIONS	Width:	Length:	No. Trenches:	Lateral Spacing:	Cover Material:	PIT	Inside Dia:	No. Pits:	Liquid Depth:
	18'	50'	Bed	6'	Typar				

Gravel Below Pipes	Fill Above Pipe:	Inlet Elev.:	End Elev.:	Pipe Material:	No. Distr. Pipes:	NUMBER OF FEET FROM NEAREST → Property Line:	Well:	Building:	Air Vent:
6"	24"	9'4½"	9'5¾"	3034	3	20'	75'	50'	100'

ELEVATION AND DISTRIBUTION INFORMATION	Manifold Elev.:	Manifold Dia.:	Manifold Material:	No. Distr. Pipes:	Distr. Pipe Dia.:	
	Hole Size:	Hole Spacing:	Drilled Correctly: ☐ Yes ☐ No	Permanent Markers ☐ Yes ☐ No	Observation Wells: ☐ Yes ☐ No	Pump Elev.:	Vertical Lift Corresponds To Approved Plans: ☐ Yes ☐ No

MOUND SYSTEM:

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

SOIL COVER	Texture:	Permanent Markers: ☐ Yes ☐ No	Observation Wells: ☐ Yes ☐ No

Depth Over Trench Bed Center:	Depth Over Trench Bed Edges:	Depths Of Topsoil:	Sodded:	Seeded:	Mulched:
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

COMMENTS: (Sketch System On Reverse Side)

Dan Egbert @ site system elev 10'7

105.4 ok
10.7 as per
94.7 soils plan

Signature: James Jagienski
Title: ZA
(Keep a copy in your file for audit)

GREEN LAKE COUNTY

DETAILED PRIVATE SEWAGE SYSTEM PLOT PLAN

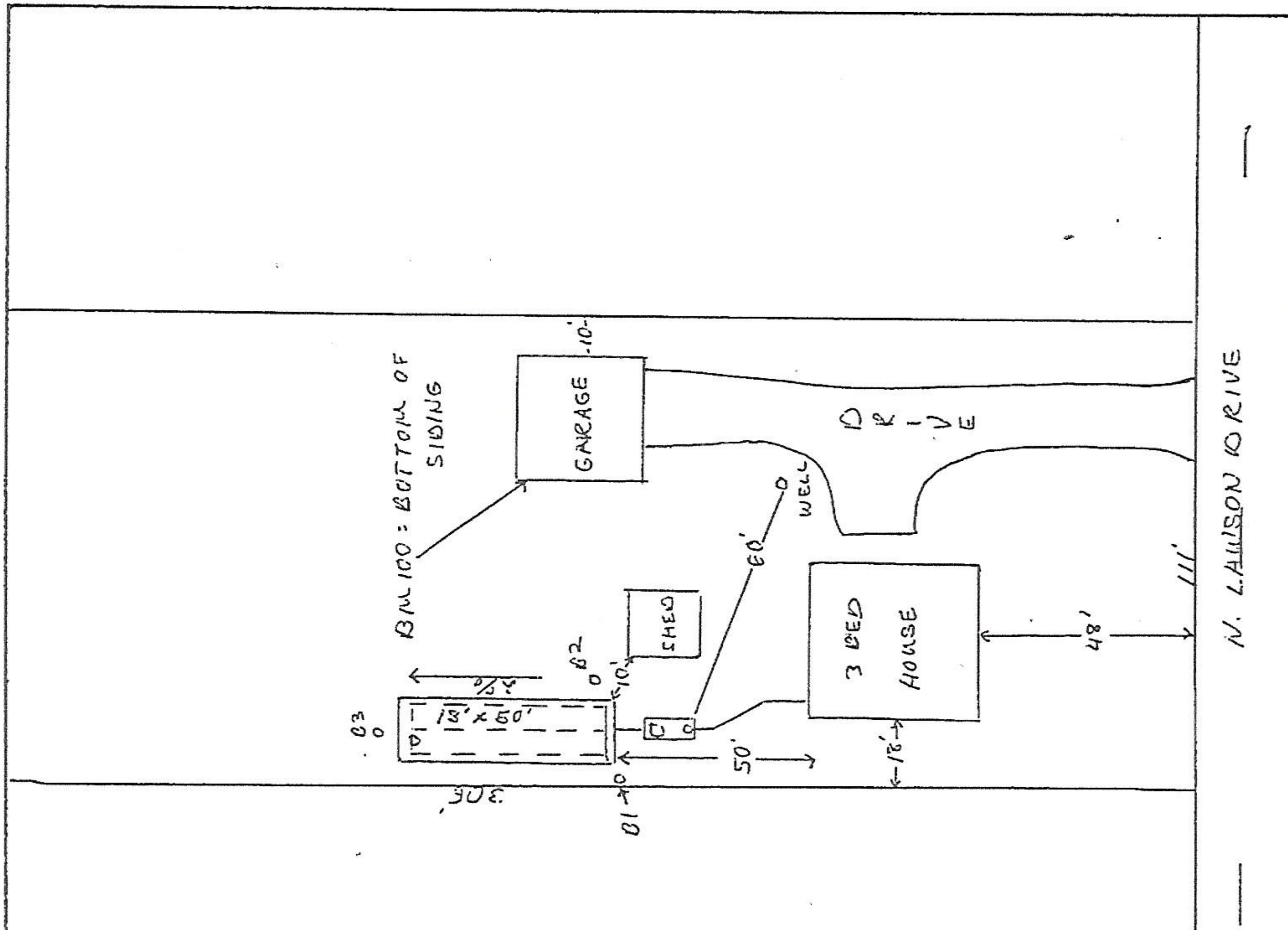
OWNER: ARNOLD WAGNER

DATE: 9-15-94 **PLUMBER:** Daniel Egbert

PERMIT No.: 221503 **MP/MPRSW No.:** 3282

Indicate land slope, lot size, location of septic, holding or dosing tanks, wells, water mains, water services, streams, lakes, roads, replacement system area and the location of buildings and the dwelling served.

ALL SEPARATING DISTANCES AND DIMENSIONS SHALL BE SHOWN OR A SCALE MUST BE INDICATED



Pump Manufacturer N/A
Pump Model No.
Vertical Lift
Force Main: Length ____ Diameter ____

System Elevation 95.00'
System: Length 60' Width 18'
Dist. Pipe Spacing 6'
No. Dist. Pipes 3

In issuing this permit, Green Lake County does not hold itself liable for any defects in plans or specifications, system omissions or inspection oversight, and reserves the right to order changes or additions if necessary.