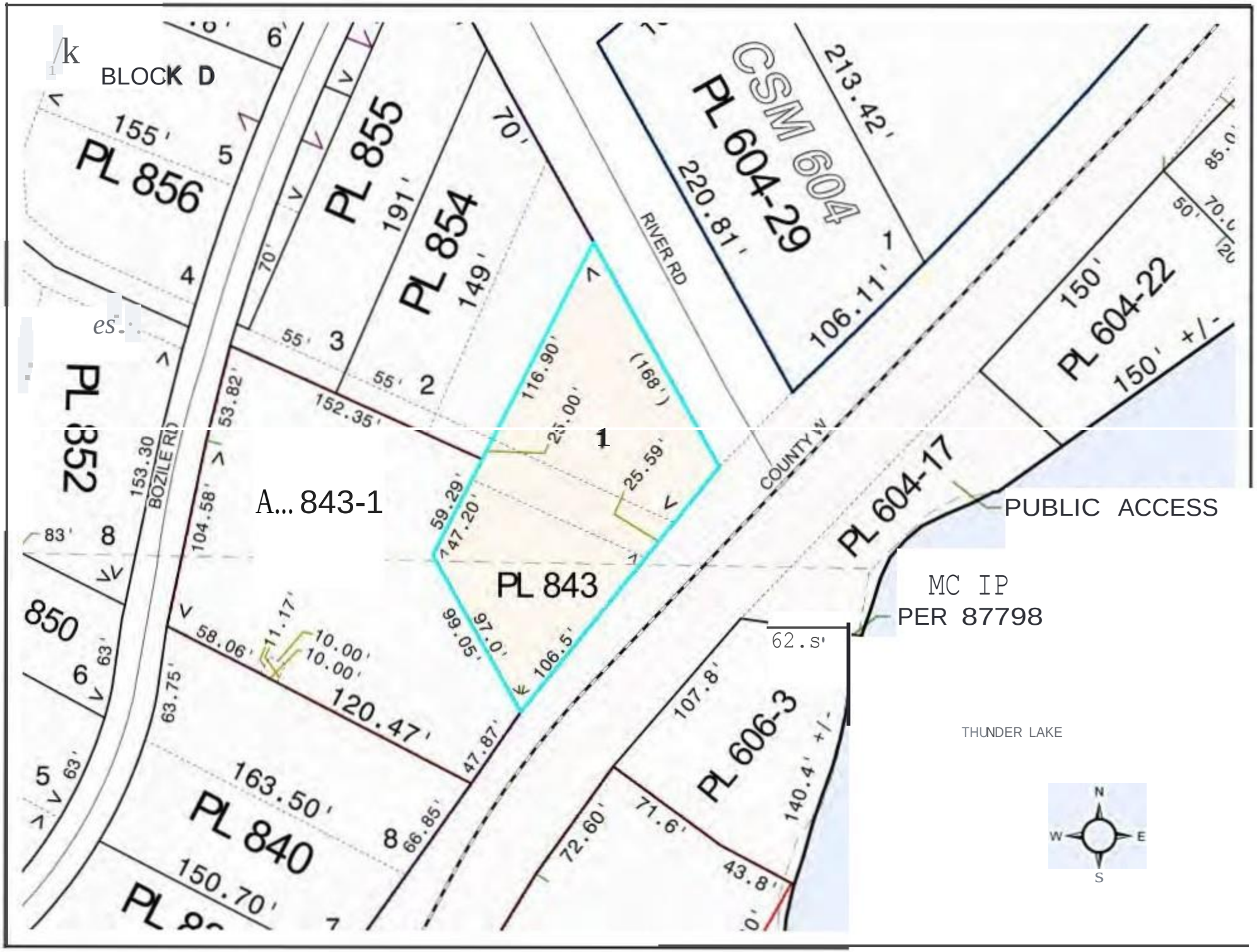
BLOCK D
PL 856
PL 855
PL 854
CSM 604
PL 604-29
PL 604-22
PL 604-17
PL 606-3
PL 843
PL 840
PL 852
850
BOZILE RD
RIVER RD
COUNTY W
PUBLIC ACCESS
MC IP
PER 87798
THUNDER LAKE
A... 843-1
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155'
191'
149'
70'
213.42'
220.81'
106.11'
150'
150' +/-
152.35'
153.30
104.58'
53.82'
116.90'
(168')
25.00'
25.59'
59.29'
147.20'
99.05'
97.0'
106.5'
58.06'
11.17'
10.00'
10.00'
120.47'
47.87'
63.75'
163.50'
66.85'
150.70'
107.8'
140.4' +/-
72.60'
71.6'
43.8'
62.s'
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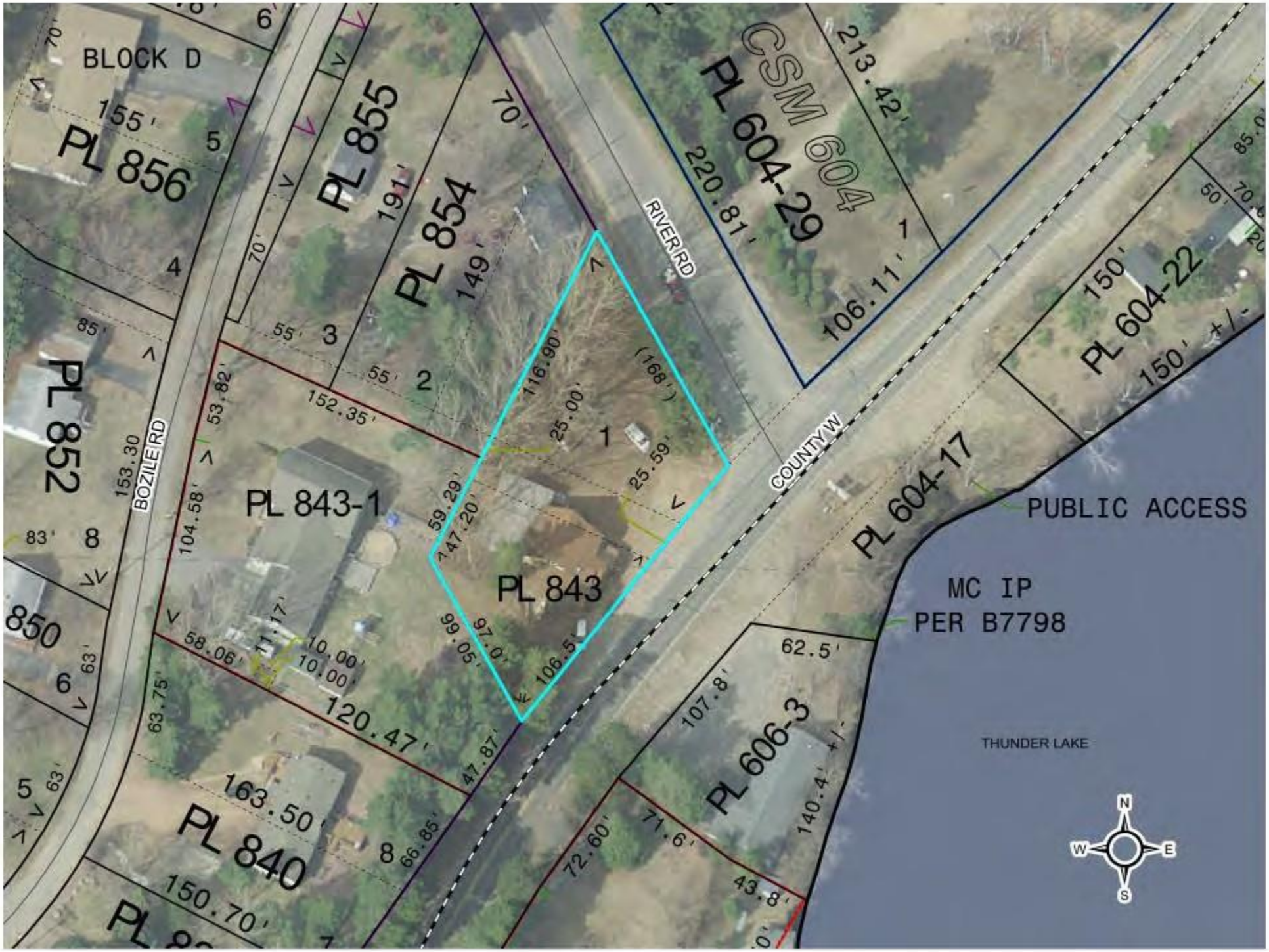
BLOCK D
PL 856
PL 855
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PL 604-29
PL 852
PL 843-1
PL 843
PL 604-22
PL 604-17
PL 606-3
PL 840
BOZILE RD
RIVER RD
COUNTY W
PUBLIC ACCESS
MC IP
PER B7798
THUNDER LAKE
N
S
E
W

DOC# 756297
Recorded
December 22, 2015 1:37 PM

Kyle J Franson

KYLE J FRANSON
ONEIDA COUNTY, WI
Fee Amount: $30.00

F1ii111iUi1ifli1:mllliiiHilil)

Document Number

State Bar of Wisconsin Form 3-2003
QUIT CLAIM DEED

Document Name

THIS DEED, made between Tina Kurth, Steve Kurth, Jason Kurth, Heidi Nehls, Amanda Hawes and John Swanson as joint tenants

("Grantor," whether one or inore), and James A. Scheppele

("Grantee," whether one or more).

Grantor quit claims to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in Oneida County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

See attached Exhibit "A"

Recording Area

Name and Rctum Address

Shoreline M11-38

PL 843

Parcelldentilication Number (PIN)

This is not (is) homestead property. (is not)

Dated 12-/t

(SEAL) *Tina Kurth (SEAL)

(SEAL) (SEAL)

AUTHENTICATION

Signature(s)

authenticated on

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by Wis. Stat. 706.06)

THIS INSTRUMENT DRAFTED BY:
Attorney Rebecca Pilgrim

CHETNA J. PATEL
Commission # 1992984
Notary Public - California
Santa Clara County
My Comm. Expires Oct 30, 2016

ACKNOWLEDGMENT

STATE OF CA)
)ss.
COUNTY)

Personally came before me on (2- Nov 2.o
the above-named Tina Kurth

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

Notary Public, State of
My Commission (is permanent) (expires: 3 D 2 /

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.

*Type name below signatures.

7-24-15

* Steve Kurth

ACKNOWLEDGMENT

State of WI)
)ss
do **County**)

Personally came before me this d.Lf day of –.:f.–!! :!. 2015, the above named, Steve Kurth, to me known to be the person(s) who executed the regoing instrument and acknowledged the same.

Nancy Fedderly

Nancy Fedderly

Notary Public State of WI

My commission (is permanent) (expires: 2/8/18

NANCY FEDDERLY NOTARY PUBLIC STATE OF WISCONSIN

Jason Kurth 7-24-15

O'

* Jason Kurth

ACKNOWLEDGMENT

State of U).l..)
)ss
·d sl County)

Personally came before me this 24 day of July, 2015, the above named, Jason Kurth, to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Nancy Fedderly

* Nancy Fedderly

NANCY FEDDERLY NOTARY PUBLIC STATE OF WISCONSIN

Notary Public State of WI

My commission (is permanent) (expires): 3/20/18

Heidi Nehls 7-24-15

• Heidi Nehls

ACKNOWLEDGMENT

State of WL)
)ss
{fYLt.{}.a. **County**)

Personally came before me this ;J.l/ day of f.4L :!4--• 2015, the above named, Heidi Nehls, to me known to be the person(s) who execu ed the oregoing instrument and acknowledged the same.

Nancy Fedderly

• Nancy Fedderly

Notary Public State of WI

My commission (is permanent) (expires): 3/20/18

NANCY FEDDERLY NOTARY PUBLIC STATE OF WISCONSIN

Amanda Hawes

* Amanda Hawes

ACKNOWLEDGMENT

State of W/)
)ss
@ **ecounty**)

Personally came before me this/7 day O C, 2015, the above named, Amanda Hawes, to me known to be the person(s) who execedthe foregoing instrument and acknowledged the same.

Patricia J. Brainard

*Patricia J. Brainard

Notary Public State of WI

My commission (is permanent) (expires): 7/28/2015

PATRICIA J. BRAINARD NOTARY PUBLIC STATE OF WISCONSIN

7-24-15

* John Swanson

ACKl'WWLEDGMENT

State of *LUI*)
)ss
O'fl..u(j d **County**)

Personally came before me this 02 *Y* day of ..... , 2015, the above named, John Swanson, to me known to be the person(s) who exe\ltidte foregoing instrument and acknowledged the same.

Nancy Fedderly

* Nancy Fedderly

Notary Public State of WI

My commission (is permanent) (expires) 3/20/18

NANCY FEDDERLY NOTARY PUBLIC STATE OF WISCONSIN

Attached Exhibit A:

A parcel of land being a part of Lot 1, Block D and a part of Lots 10 and 11 of Block B of the Golf Club Subdivision according to the recorded Plat thereof, together with a part of a vacated 25 foot road situated between Block D and Block B, more particularly described as follows:

Beginning at an iron pipe marking the northeast corner of Lot 11 Block B; thence S. 38''30'W., along the Easterly line of Lot 11, a distance of 106.5 to a point; thence N. 38 11' W., and an Included angle of 7 1 41', a distance of 97.0 feet to an iron pipe; thence N. 18.54' E., ·and an included angle of 122.55 feet a distance of 47.20 feet to a point marking the intersection with the northeasterly line of Lot 10, Block B; thence continue N. 18 54" E., a distance of 25.00 feet to a point intersecting the southwesterly line of Lot 1, Block D; thence continue N. 18''54' E., a distance of 116.90 feet to an iron pipe marking the intersection with the northeasterly line of Lot 1, Block D; thence Southeasterly and Southerly along the Southeasterly and Southerly line of Lot 1, Block D, being also the Northwesterly and Westerly right of way line of a public road, a distance of 168 feet to an iron pipe marking the Southeasterly corner of Lot
1, Block D; thence S. 38 30" W., a distance of 25.59 feet to the point of beginning.

Together with an easement for ingress and egress in common with others as contained in Volume 256 Deeds, page 123.

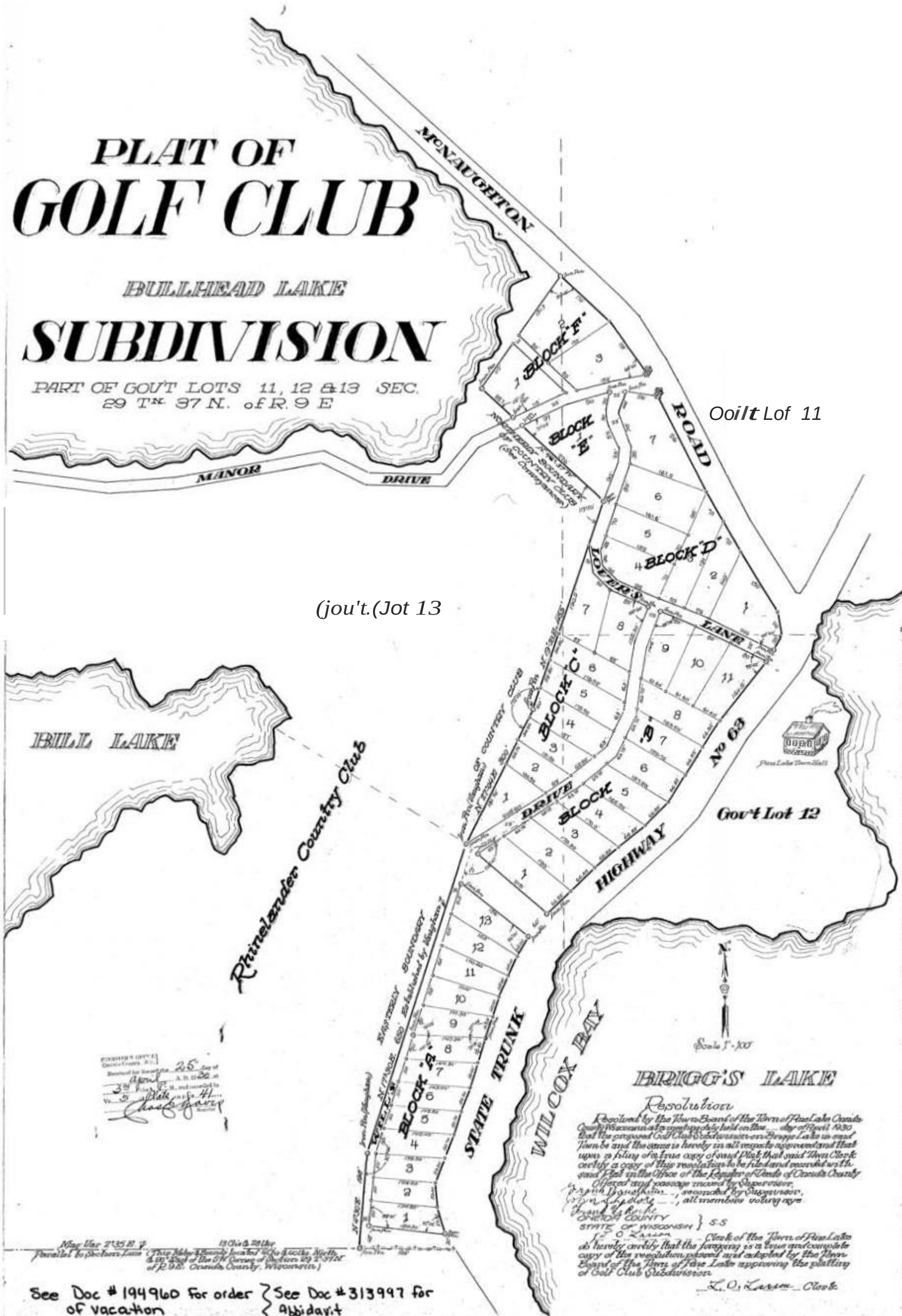
Vol 5 p 41

000229

PLAT OF GOLF CLUB

BULLHEAD LAKE SUBDIVISION

PART OF GOVT LOTS 11, 12 & 13 SEC. 29 T.N. 37 N. of R. 9 E



Surveyor's Certificate

ONEIDA COUNTY
STATE OF WISCONSIN } S.S.

I, V.M. Maine a duly qualified Surveyor of Rhinelander Oneida County, Wisconsin, do hereby certify that by the order and authority of W.F. Wilcox, owner, of Rhinelander, Oneida County, Wisconsin, that I have surveyed, platted and mapped the balance of the lands lying in Government Lots 11, 12 & 13 between the McNaughton Road and State Trunk Highway No 63 and the Northerly and Easterly boundary of the Rhinelander Country Club, and Country Club boundaries established, with metes and bounds described and placed on record in Oneida County Wisconsin and more particularly described as follows to wit

Commencing at an iron Pin located in the Southwest Corner of the attached plat said iron Pin being 13 Chains and 28 Links East of an iron Pin which stands 4 Chains and 10 Links North and 20 Chains East of the Section Corner of Sections 29, Township 37 North of Range 9 East, Oneida County, Wisconsin, thence North 11° 30' E - 198'; thence N 17° 30' E on an included angle of 157° 00' - 650'; thence N 27° 04' E, 300'; thence N 19° 33' E - 465'; thence N 45° 37' W on an included angle of 113° 50' - 340.0'; thence Northeasterly 281.8' to the Iron Pin on the Northwesterly corner of the attached plat and the R.O.W. of the McNaughton Road, thence by angular traverse line, Southeasterly along said R.O.W. 896.0 to the intersection of the R.O.W. of State Trunk Highway #63, thence Southwesterly along the said R.O.W. 1471.6' to the established fence line, thence West along said fence line 185' to the Iron Pin or point of beginning, containing approximately 20½ Acres more or less.

I further certify that the above is a clear and concise description of the exterior boundaries surveyed and that in preparing, subdividing and mapping the same I have fully complied with the provisions of Chapter 236 Revised Wisconsin Statutes for 1929 and all recent Acts Ammendatory thereto.

Signed V.M. Maine Surveyor

Subscribed and sworn to before me this 17th day of April 1930

E. Kuenzer Notary Public

My Commission expires July 1st 1931

ONEIDA COUNTY
STATE OF WISCONSIN } S.S.

I hereby certify that I own and have caused the land described in the foregoing certificate of V.M. Maine, Surveyor to be surveyed and mapped in accordance with the attached plat

Witnesses: Owner: W.F. Wilcox

ONEIDA COUNTY
STATE OF WISCONSIN } S.S.

Be it remembered that on this day of April 1930 personally appeared before me W.F. Wilcox and his wife Ina all to me personally known of the City of Rhinelander, Oneida County, Wisconsin, who executed the foregoing certificate and acknowledged the same

Notary Public

My Commission expires July 5th 1931

Resolution

Resolved by the Town Board of the Town of Pine Lake Oneida County Wisconsin at a meeting duly held on the ___ day of April 1930 that the proposed Golf Club Subdivision on Briggs Lake in said Town be and the same is hereby in all respects approved and that upon a filing of a true copy of said Plat, that said Town Clerk certify a copy of this resolution to be filed and recorded with said Plat in the Office of the Register of Deeds of Oneida County

Offered and passage moved by Supervisor, ___, seconded by Supervisor, ___, all members voting aye

ONEIDA COUNTY
STATE OF WISCONSIN } S.S.

L. O. Larson Clerk of the Town of Pine Lake do hereby certify that the foregoing is a true and complete copy of the resolution passed and adopted by the Town Board of the Town of Pine Lake approving the platting of Golf Club Subdivision

L. O. Larson Clerk

Filed for Record April 25 A.D. 1930 at 3:00 P.M. and recorded in Vol 5 Plats on page 41

Chas. E. Gary Register

May Use 2°35 E. 7 Parallel to Section Line (This Map & Bounds located the 4.40 Chs North & 1.80 East of the S.W. Corner of Section 29 T 37 N of R 9 E. Oneida County, Wisconsin) 13 Chs & 28 Lks

See Doc # 194960 for order of vacation

See Doc # 313997 for Affidavit

2017/07/05

2017/07/05

2017/07/05

Red Witch
2017/07/05

Oneida County Tax Application

Owner:	SCHEI'I'ELE, JAMES A	**Bill Number:**	1634830
Mailing Address:	6457 MAYWOOD LN	Tax Code:	▮
Mailing City!State., Zip:	THREE LAKES.WI , 545620000	**Tax Year:**	2016
		Tax Payer	SCHEI'I'ELE, JAMES A
		Tax Bill Amount:	485.09
l'arceliD:	PL843	**lottery Credit:**	
l'roperty Address:	4037 COUNTY W	**Special Assessments:**	
Municipality: School	PL-TOWN OF l'INE LAKE	**Net Tax Rate:**	15.18728
District: Special	RHINELANDER SCH DIST		
District:	NICOLET COLLEGE	**l'rincipal Paid:**	
Sectionffown/Range:	S29T37 R 9	**I' en & lot**	
Current Voi-Page/Ooc#:	756297	**Paid: Total**	
l'rior Vol l'geJOoc#:	756296	**Paid: l'rincipal**	485.09
l'rev Voi-Page/Ooc#:	652395	**Oue: Specials:**	
		I' en & lot Due:	50.93
legal Description:	GOLF CLUB SLJB DIY	**Total Due:**	536.02
	PT LOT I BLK O PT LOT 10.1I		
	BLK B	**State Tax:**	6.16
	SUBJ TO VAC RD V255-448	**County Tax:**	85.43
		local Tax:	88.93
		School Tax:	355.13
Subdhi.sion:		**Special Oist:**	13.72
		Voctl Tax:	14.08
		Gross Tax:	563.45
Assessment Year:	2016	**first Dollar Credit:**	78.36
Total Acres:	.42	**lottery Credit:**	
land Value:	9,000	**Net Tax:**	485.09
Improvements Value:	28,100	**Net Tax & Specials:**	485.09
Total Value:	37,100	**1st Half**	242.55
Est Fair Mkt Vtdue:	36,300	2nd Half:	242.54
		Special Assessments:	

Classification	Acres	Land	Improvements	Year
RESIDENTIAL	.42	9,000	28,100	2016

Exempt Info:

Tax Pt')'ments:

Date	Receipt#	Principal	Specials	Pen & 1nt	Total Paid

380-90

SANITARY PERMIT APPLICATION

In accord witlliLHR 83.05, Wis. Adm.Code

COtJHTY I)_ , ;JJ_

STATE SAiiiT"RY PERMIT N /34. If.). 7

D Check it revision to previous applic•Uon

STATE PLAN 1.0. NUMBER •

-Attach ccimplete plans (to tile county copy only) for tile system, on pape no k n 8 x 11 inches in size.

-See reverse side for instructions for completing this application.

14

I. APPUCANT INFORMATION – PUASf PRINT AU INFORMATION.

P,ERTY OWN 1 Vj'/)/d_ .t0.f::>;p	PROPEATY LOCATlott--' ''''''<UJ S :Jq T 7.N,R q E (or) W
PROPERTY OWNER'S MAILING "DDRESS /..1-. /n ck Pf)	LOT II BLOCK II
TY. ST"TE ZIP CODE PHONE NUMBER '2'JI': 1 t;:s.: </.<;"n1 I(\	SUBD VISION NAME OR CSM NUMBER
II. TYPE OF BUILDG: (Check one) O State owned Public 1or 2 Fam. Owelllng-4t of bedrooms =t_	!;;;I-¥J.. GJ.. LAKE J v /. // J>f) NEI.RETROAD ''''NUM t(S)

/)j _ !<1 4 ::!,.

L----J:J.O.....:.....:I...:I..:2.----------1

III. BUILDING USE: (If building type Is public, check!.!!that apply)

1 O ApV Condo		
2 O Assembly Hall	6 O Medical Facility/Nursing Home	10 O Outdoor Recreaiional Facility
3 O Campground	7 O Merchandise: Sales/Repairs	11 O RestauranUBar/Oining
4 O Church/School	8 O Mobie Home Park	12 O Service Station/Car Wash
5 O Hotel/Motel	9 O Office/Factory	13 O Other: Specify

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

A) 1, O New System 2. § Replacement System 3. O Replacement of Tank Only 4. O Reconnection ol Exi sting System 5. O Repair oan Exisling System

B) O A Sanitary Permit was previously Issued. Permit I# Date Issued

V. TYPE OF SYSTEM: (Check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
11 O Seepage Bed	21 O Mound	30 O Specify Type _____	41 O Holding Tank
12 O Seepage Trench	22 In-Ground Pressure		42 O Pit Privy
13 O Seepage Pit			43 O Vault Privy
14 O System-In-Fill			

20'x 75' = 15 .OET

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 R"TE (Min./inch)	6. SYSTEM ELEV.	7. FINAL GR"DE ELEVATION
600	/t;:>Ot"J	1-S<:::::>C>	4	/ – 1,6	9fl.I Feet	'lg.<:f Feet

VII. TANK INFORMAnON	CAP"CITY in gallons New Tanks	Uno G"'tons TankS•	Total Tanks	Ilol	Manufacturer's Name	Prelab Conc:ret..	Site Con-structel	Steel	Fiber-glass	Plastic	Exper-App.
SeoUcTankO<Hold naTa''''	/t.SO	1/;:...s<>	(/)		/CONCRETE/	DUX-TS ☒	rT	rT	fl	fl	rT
LiftPumoTank/SiohonChamber		V 8	T/)		//	ONC ☒	[1	fl	fl	n	[1

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:
RUSSELL A JOHNSON	Russell A Johnson	3219	(715) 369-3776

Plumber's Address (Street, City, State, Zip Code): P.O. Box 497 RHINELANDER-WISC (54501)

IX. COUNTY/DEPARTMENT USE ONLY

☒ Approved	☐ Disapproved ☐ Owner Given Initial Adverse Determination	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) 170.–	Date Issued 8-20-90	Issuing Agent Signature (No Stamps) Chester E Moore

X. CONDmONS OF APPROVAU REASONS FOR DISAPPROVAL:

L-

SBD-«198 (fOrmerly Pt (R. ttlll8)

DISTRIBUTION: Original to County, One COpy To: Safety & Butktmgs Divi si on, Owner, Plumber

SOIL tl<SCiU?IiON fC.

(Atlach Soil Prorile loc.slioos On • Seotute Sh tl)

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LOCATION: (2/) SEE

PARENT MATERIAL(s)/DEPTH: 1/£1> ((S" F..·" 'It O LF D t'AW<-t'f'f.iCF 9l6J.of.{

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DEPARTMENT OF INDUSTRY, LABOR AND HUMAN RELATIONS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

ULHR 83.09(1)'& Chapter 145)

SAFETY & BUILDINGS DIVISION
P.O. BOX 7969
MADISON.WI 53707

GOV LOT (12)

LOCATION:	SECTION:	TOWNSHIP/MUNICIPALITY:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
NW 1/4 SW 1/4	29 /T37N/R9 E (or) W	PINE LAKE	10-11	B	GOLF CLUB SUB

COUNTY:		MAILING ADDRESS:
ONEIDA	PHIL KITZER	33 LAKE CREEK RD RHINELANDER-WISC 54501

USE	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:		DATES OBSERVATIONS MADE: PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
esidence	4		0New eplace	7-18-90	7-18-7-19/90

RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL:	MOUND:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optional)
☐S ☒U	☐S ☒U	☒S ☐U	☐S ☒U	☐S ☒U	INGROUND PRESSURE

If Percolation Tests are NOT r quh'ed ul'lder s. ILHR 83.09fSHb). indic.ate: kSIGN RATE' s.s.nll

111al'l'l pon;on of the tested arce is in the Floodplain, indicate Floodplain elevation: _____

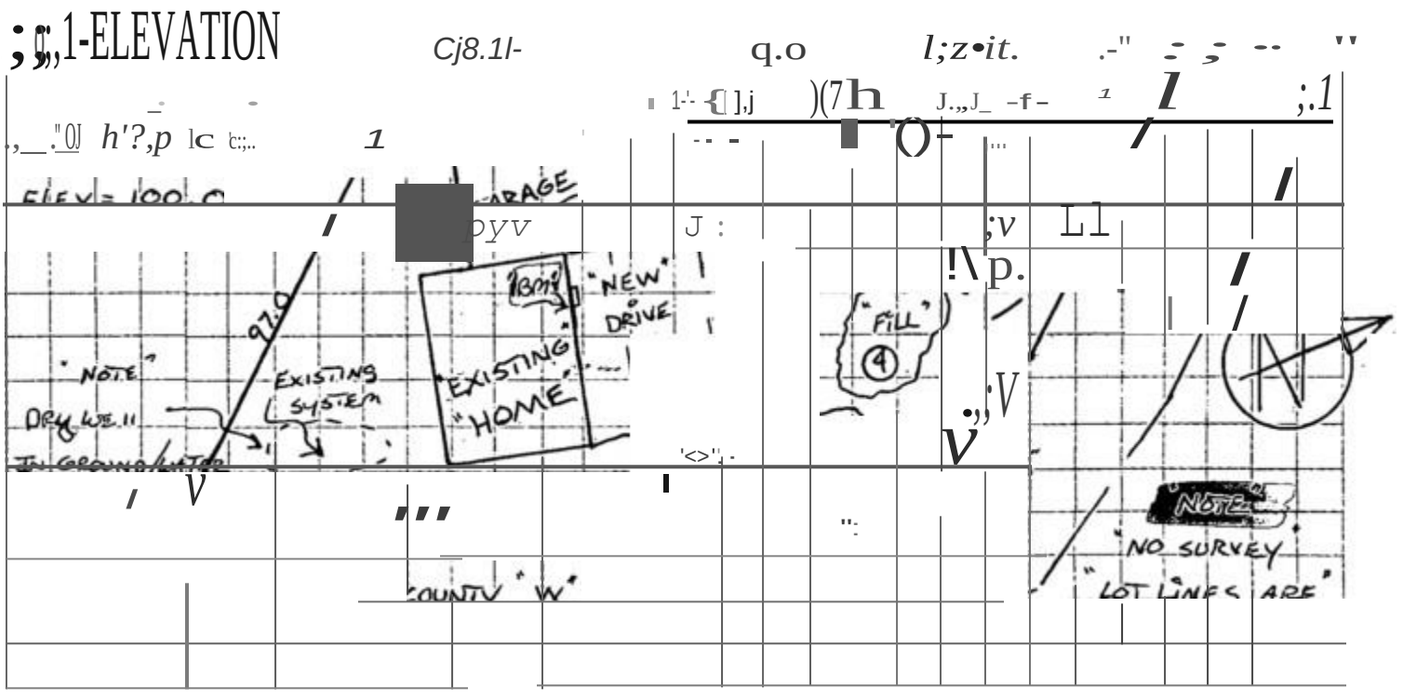
(ae • LA4of'ASfE.) PROFILE DESCRIPTIONS

BORING NUMBER	ELEVATION	OBSERV O PTH T R UNO ER·INCHES E T.HIGHE	CHARACTER, !'"... 11 WITH .'KNESS. COLOR. TEXTURE, AND DEPTH TO BEDROCK JF OBSERVED ISEE A80AV - ON BACK .)
Bf•z.	tp5•	Cf"f. (pz. 1'1"	C:::,t;G_ A. ..-- ch'l.Gn So'''L
B -			"sHrc..e.:r'
B-			
B-4	4-B	—	.::j -18. „.C)ll' mAr),.(ROAr.)
B-			
B-			

PERCOLATION TESTS

1 !	'? f!'_ J;b	; RINHOLE INI'J	r:...;IN. '''5:6	c;	S		ES
P- Z.	/.3'	Nt"::>	30	.q '/17	4Ys	"! /f{	7
P.	j n	Air>	::!,C>	.S'/t..	S//u.	.S fi'.C.	G.
P.					f'V tC..		
p-				!A>IC.. T<>	r. fr'&	ID	'A .<< ITT
•.				r-.t:>_	4 /.	A1AIO..	

PLOT PLAN: Show loc Hons of percolation tests, soil borings and the dimens.ions of suitable areas. Indic-ate sale 01 8; f.X.I ! ! are the hod· :zontal and vertical elevation reference points and show thir locetion on te plot pl•n. Show tM surface elevation at om uuru•yJ and tholt and percent



I, the undersigned, hereby certify that the soil tests reported on this form were made by me in accord with the pt'Ocedures and melhOds specified in the Wiscons.in Administrarive Code,and thJt the da ta recorded and the location of the tests re coueet to the best of my knowledge and belief:

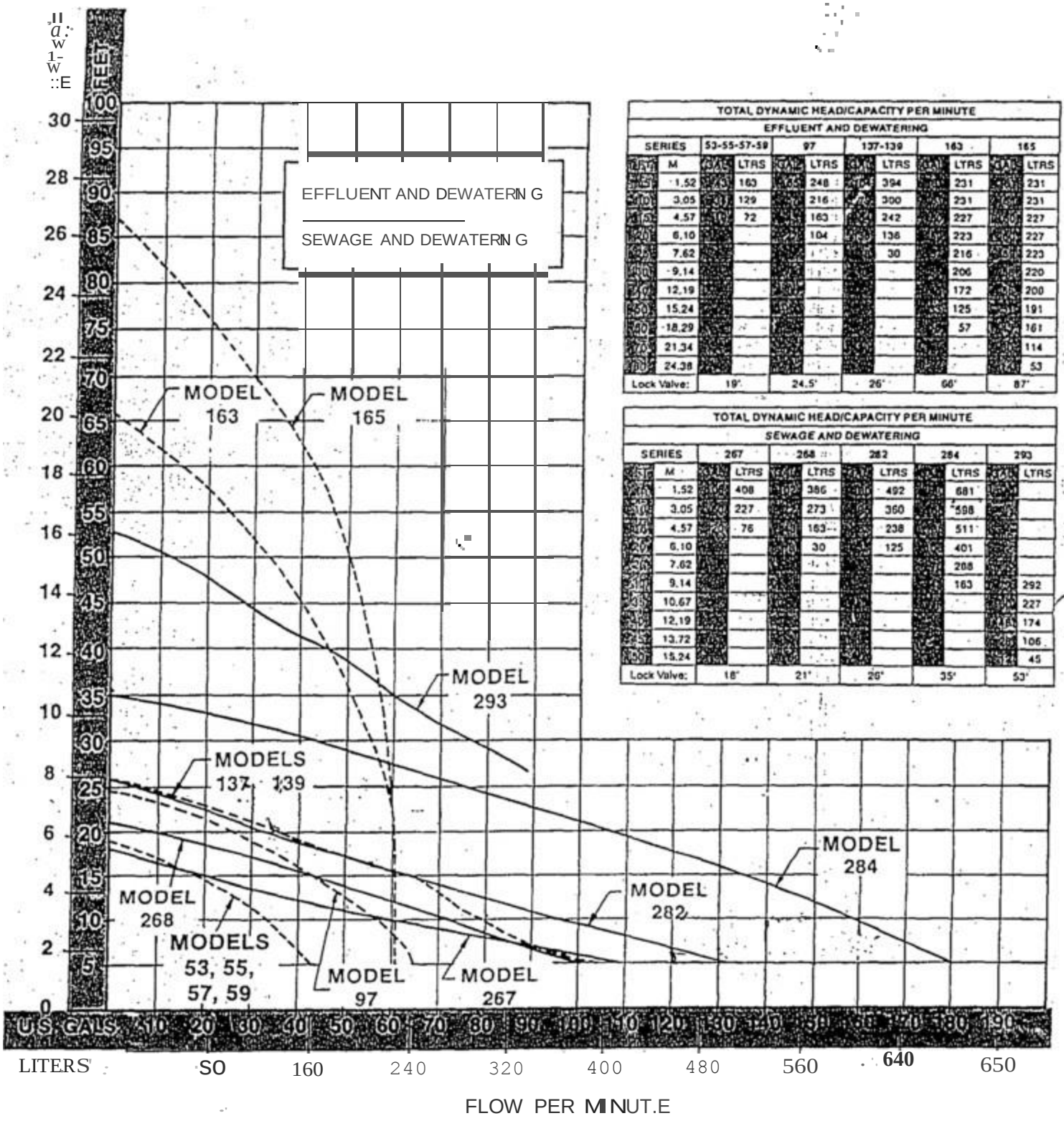
NAME (print):	TESTS WERE COMPLETEO ON'	
RUSSELL A JOHNSON	7-18-90	
ADDRESS: P.O. Box 497 RHINELANDER-WISC (54501)	CERTIFICATION NUMBER: 1889	PHONE NUMBER (optional):
	CST SIGNATURE:	

DISTRIBUTION: Original and one copy to Local Authority, Property Owner and Soil Tester.

DILHA.S80-639S (R - 10/83)

-OVER-

HEAD / CAPACITY CURVE



TOTAL DYNAMIC HEAD/CAPACITY PER MINUTE — EFFLUENT AND DEWATERING									
SERIES		53-55-57-59		97		137-139		163	165
M		LTRS	LTRS	LTRS	LTRS	LTRS	LTRS	LTRS	LTRS
1.52			163	248		394		231	231
3.05			129	216		300		231	231
4.57			72	163		242		227	227
6.10				104		136		223	227
7.62						30		216	223
9.14								206	220
12.19								172	200
15.24								125	191
18.29								57	161
21.34									114
24.38									53
Lock Valve:		19'		24.5'		26'		66'	87'

TOTAL DYNAMIC HEAD/CAPACITY PER MINUTE — SEWAGE AND DEWATERING									
SERIES		267		268		282		284	293
M		LTRS	LTRS	LTRS	LTRS	LTRS	LTRS	LTRS	LTRS
1.52		408		386		492		681	
3.05		227		273		360		598	
4.57		76		163		238		511	
6.10				30		125		401	
7.62								268	
9.14								163	292
10.67									227
12.19									174
13.72									106
15.24									45
Lock Valve:		18'		21'		26'		35'	53'

}oEJLEH /u/ L ;!f,! f :;:::,c
(502) 778-2731
Manufacturers of
Ji;L";B.J.f
;r JiMPS

State of Wisconsin \ Department of Industry, Labor and Human Relations

PRIVATE SEWAGE PLAN APPROVAL SAFETY & BUILDINGS DIVISION

Northwest Regional Office
209 West First Street
P.O. Box 754
Hayward, Wisconsin 54843

DICK JOHNSON, INCORPORATED
P.O. BOX 497
RHINELANDER, WI 54501

Owner: PHIL KITZER
33 LAKE CREEK ROAD
RHINELANDER, WI 54501

RE: Plan Number: S90-20573
Gallons Per Day: 600
Project Name: KITZER, PHIL - RESIDENCE
Town of PINE LAKE

Date Approved: August 13, 1990
Date Received: August 10, 1990
Location: NW,SE,29,37,9E
County: ONEIDA

The plumbing plans and specifications for this project have been reviewed for compliance with applicable code requirements. This approval is based on Chapter 145, Wisconsin Statutes and the Wisconsin Administrative Code. The plans are stamped 'conditionally approved'. This approval is contingent upon compliance with any stipulations shown on the plans. All items that are noted must be corrected. All permits required by the city, village, township or county shall be obtained prior to construction. The licensed plumber responsible for this installation shall keep one set of plans with the department's approval stamp at the construction site. The installer shall notify the appropriate inspector when inspections can be made.

This approval will expire two years from the date approved or if a sanitary permit is obtained, it will expire the day the initial sanitary permit expires.

The Section of Private Sewage has reviewed these plans for private sewage system code requirements only. These plans have not been reviewed for the code requirements set forth in Section ILHR 82 for general plumbing or in Chapters 50-64 of the Wisconsin Administrative code.

This approval is for the following components only:

- REPLACEMENT ALTERNATIVE

Inquiries concerning this approval may be made by calling (715) 634-4804.

Sincerely,

Carl Lippert

CARL J. LIPPERT
Section of Private Sewage
Division of Safety and Buildings

cc: PHIL KITZER

X Private Sewage Consultant

SBD-6423 (R. 08/88)

Wi nsinepartrl) O{l(of.ciustrY
Labor and HtJrqan Rel tons
Silfety & Buildings OiviSiol1
Bureau of Plumbing

INSPECTION REPORT

Inspection Date
-a: 1/90

Name of Premises
Kitzer Property

Master Plumber Name and Address

Address or Legal Oescrlplion
NW, SW, 29, 37, 9E

City/Township
jl;p00 k._.

Master Plumber Firm Name and Address

County

Pla.n 1.0.No.

Sanitary Permit No.

Journeyman Plumber/Soil Tester

Licensed Person's Name(s) and License Number(s)
Russell Johnson CST 1889
P.O. Box 497
Rhinelander, WI 54501

Owner's Name and Address
Phil Kitzer, 33 Lake Creek Rd.
Rhinelander, WI 54501

The purpose of this investigation was to verify site and soil conditions with respect to the design and sizing of a private sewage system at the above noted property.

My observations at the site confirm that descriptions of site and soil features described by Mr. Russell Johnson, CST, are complete and accurate. The original soil on this site has been truncated by excavating activities; thus, the profiles described by Mr. Johnson have formed in the "C" horizon of the original soil. Depth to soil mottling is accurate as reported.

I furthermore agree with the conclusion that an in-ground pressure system sized at a 0.4-0.6 gpd/ft² loading rate would provide adequate treatment and disposal of wastewater on this site.

Page ___ ___ ot ____

Signature of Responsible licensed Person (only one needed)

Signature of Plumbing Consultant/Private Sewage Consultant

Original: District

Copies to: (Check all that apply) ☒ DILHR ☒ Plumber CST ☒ Owner ☒ County/Local Insp. ☐ Other _____

SBD-6192 (R. 11/85)

DEPARtMENT OF JNDUSTRY,
- LABOR & HUJJIAN AELATIOHS
P.O. BOX 7969
MADISON, WI 53707

INSPECTION REPORT FOR ON-SITE SEWAGE SYSTEMS

q(), ,,,3 ETY & BULDNG DIV SION
OfFICE OF DIVISION CODES & APPLICATION

O CONVENTIONAL ALTERATIVE

State Plan I.D. Number: (If assigned) 590-20573

NA "f" PERMIT HOLOEA: ? ,;,p x.-r e..	AOORESSO<'....MrT"UWER' ''''' 7 .<..-..K <J<<!.C,C-."'- /V(V SW /JJ.. c:S<Fc-..>j -1')7# R. 7	IN"TIUN OAT: IJw u\f- .2.h4, !'; (
BENCH"'-"RIC!P&•tnrc ere.uO•ntJ ..,...,p ,,&# .. r"--.rtl h.,._/		REF. PT. ELEV.: JO<-
Natneo/P tun t' 4:?u :; h.J So./ p';e·s dolrl t:J.v£,t!		Sallilary Permit Numbef": / <./-'.,1. 7

SEPTIC TANK/HOLDING TANK:

MAN"uFACTUReR:	LIQUID CAPACITY:	TANK INLET ELEV.:	TANK OUTLET ELEV.:	WARNING LABEL PROVIDED:	LOCKING COVER PROVIDED:
CP	1650	96.60	96.30	☒ YES ☐ NO	☐ YES ☒ NO

BEDDING:	VENT DIA.:	VENT MATL.:	HIGH WATER ALARM:	NUMBER OF FEET FROM NEAREST →	ROAD:	PROPERTY LINE:	WELL:	BUILDING:	VENT TO FRESH AIR INLET:
☒ YES ☐ NO			☐ YES ☐ NO		8	8	SEE below	9	

DOSING CHAMBER:

MANUFACTURER:	BEDDING:	LIQUID CAPACITY:	PUMP MODEL:	PUMP/SIPHON MANUFACTURER:	WARNING LABEL PROVIDED:	LOCKING COVER PROVIDED:
CP	☒ YES ☐ NO	1000	137	ZOELLER	☒ YES ☐ NO	☒ YES ☐ NO

GALLONS PER CYCLE: (DIFFERENCE BETWEEN PUMP ON AND OFF)	PUMP AND CONTROLS OPERATIONAL:	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:	BUILDING:	VENT TO FRESH AIR INLET:
	☐ YES ☐ NO		8	SEE below	25	28

SOIL ABSOAPTfON SYSTEM. Check lhe soilmoisture all he depth of plowing or excavation. (If soilcan be rolled inlo a wue.conslroCtion shall cease until the soi lis dry enough 1OeonUnve.)

FORCE MAIN	LENGTH:	DIAMETER:	MATERIAL AND MARKING:
	170	3	SCH 40 PVC 1120 D1785

BED/TRENCH DIMENSIONS	WIDTH:	LENGTH:	NO. OF TRENCHES:	DI 'ACING:	COVER MATERIAL:	PIT	INSIDE DIA.:	# PITS:	LIQUID DEPTH:

GRAVEL DEPTH BELOW PIPES:	FILL DEPTH ABOVE COVER:	DISTR. PIPE ELEV. INLET:	DISTR. PIPE ELEV. END:	DISTR IAL:	NO. DISTR. PIPES:	NUMBER OF FEET FROM NEAREST →	PROPERTY LINE:	WELL:	BUILDING:	VENT TO FRESH AIR INLET:

MOUND SYSTEM-

Mound sile 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 SIOE. SHOW ELEVATIONS MEASURED.

SOIL COVER	TIEXTURE'	PERMANENT MARKERS'	06SERVATt()NWEltSi:
		, ☐ YES ☐ NO	☐ YES ☐ NO

DEPTH OVER IAENCHJBED C£1'1TER:	EPT H OVER TRENCMIBED EDGES:	DEPTHS OF TOPSOIL:	SODDED:	SEWED:	M.I.CHEO·
			☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PRESSURIZED DISTRIBUTION SYSTEM -

BE.OnAE.NCH	WIOTH-	UHGTH:	NO. Of'	LATERAL SPACeNG:	GAAVEt DEPTH BELOW PIPE:	Fi11 DEPTH ABOVE COVER:
	M	?s-	/es	t,/.L.6'	6	18'••

DIMENSION.$ ELEVATION AND DISTAIBUTtON INFORMATtON						
	9·l·''''	9'	A If:?LO M OOA\	OISTA.PIPE	,.ANI OLO ''TE	OISI'R. PISTA.PIPE
	• bl(>	£		F.LEY	9fl.yo	PIPES' OOA.
	V'f	72		DAILJ..£0COAAECTLY:	COvER	V1.TICAL UFI CORFIESPONS TO APPROVEO

COMMENTS:

mYES ☐ NO YES ☐ NO

PERMANENT MA.AKERS: ☐ YES ☐ NO OBSERVATION WEI.Ui: ☐ YES ☐ NO NUMBER OF FUTFROM

Current well in garage is to be in accordance w/ code

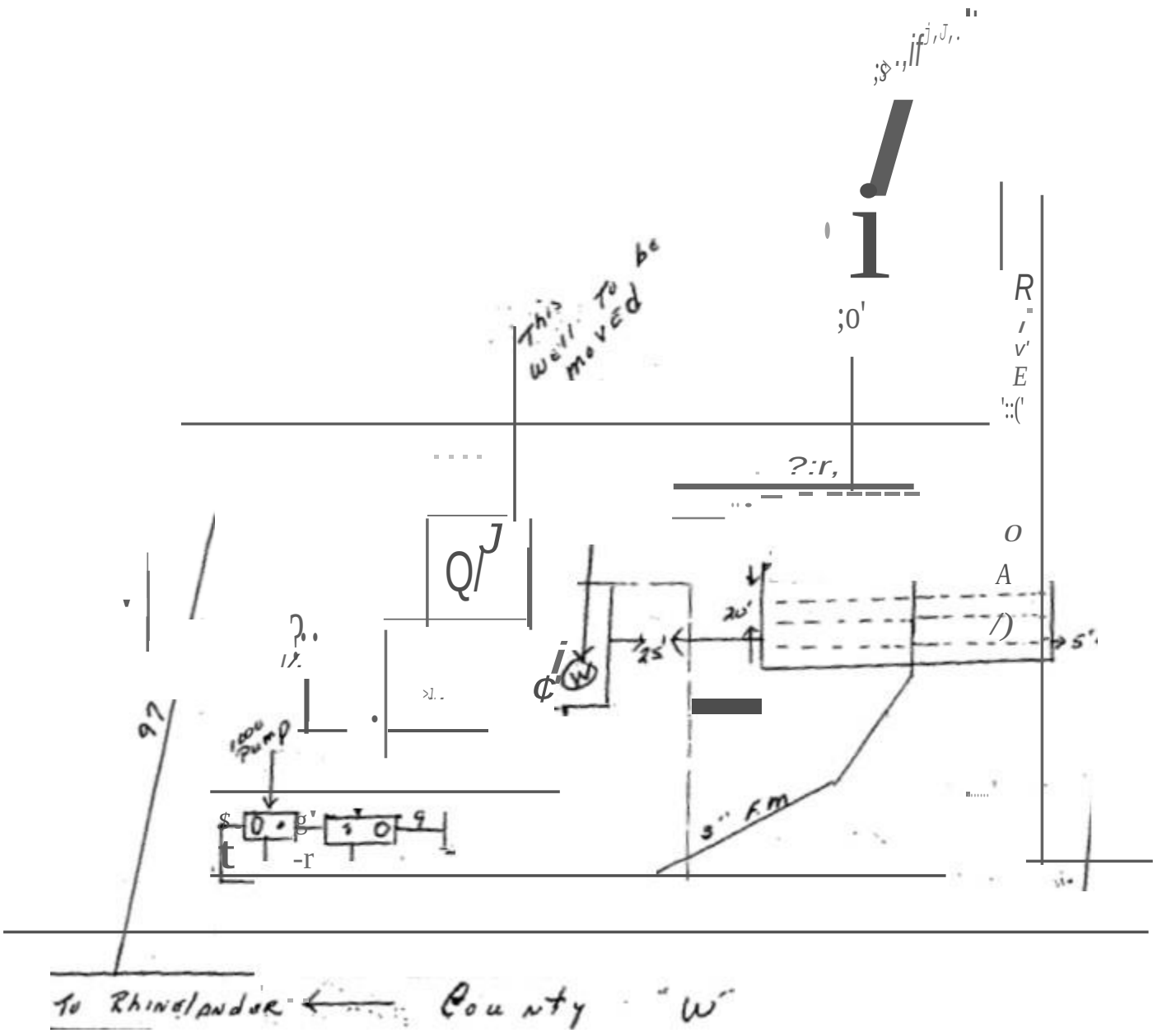
Richard Johnson MPRS 03022, Mark Lamb JPRS 03859 on site for inspection.

RECEIVED
SEP 4 1990
ONEIDA CO. PLANNING & ZONING

Sketch Systam on Reverse SicJe.

Retain in coon1y Illelot aodil.

vJl


This well to be moved
R
I
V
E
R
O
A
D
20'
25'
5'
3" FM
1000 pump
97
To Rhinelander County "W"

JOT MEN'T: OE, INDUSTRY, LABOR AN\) HUMJON R LATDNS

REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(ILHR 83.09(1) & Chapter 145)

R 843

SAFETY & BUILOINGS OIVISION
P.O. BOX 7969
MAOISON, WI 53707

LOCATION:	SECTION:	TOWNSHIP/~~MUNICIPALITY~~:	LOT NO.:	BLK. NO.:	SUBDIVISION NAME:
1/4 1/4	29 /T37 N/R9 (E) or) W	PINE LAKE	10+11	0 B	Golf Club Subdivision

COUNTY:	~~OWNER'S~~/BUYER'S NAME:	MAILING ADDRESS:
Oneida	Phil Kitzer	33 Lake Creek Rd Rhinelander wi 54501

USE	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:		DATES OBSERVATIONS MADE: PROFILE DESCRIPTIONS:	PERCOLATION TESTS:
f)3Resictence	3		☐New Replace	5-14-86	5-15-86

RATING: S= Site a.uit•ble for system U= Site unsuitable for system

CONV ENTIO NAL: MOIJNO:	IN-GROUND-PRESSURE:	SYSTEM-IN-FILL	HOLDING TANK:	RECOMMENDED SYSTEM: (optioMU
OS 18 U S OU	[8JS OU	☒S ☐U	☐S ☒U	In Ground Pressure - Class II

If Petcoletion Tests are NOT required undtr s. ILHR 83.09(5ltbl, indicate:	DESIGN RATE'	If an y POnion of the tested area is in the Floodplain. incHcate Floodplain etevat.on:
	lo	

PROFILE OESCRIPTIONS

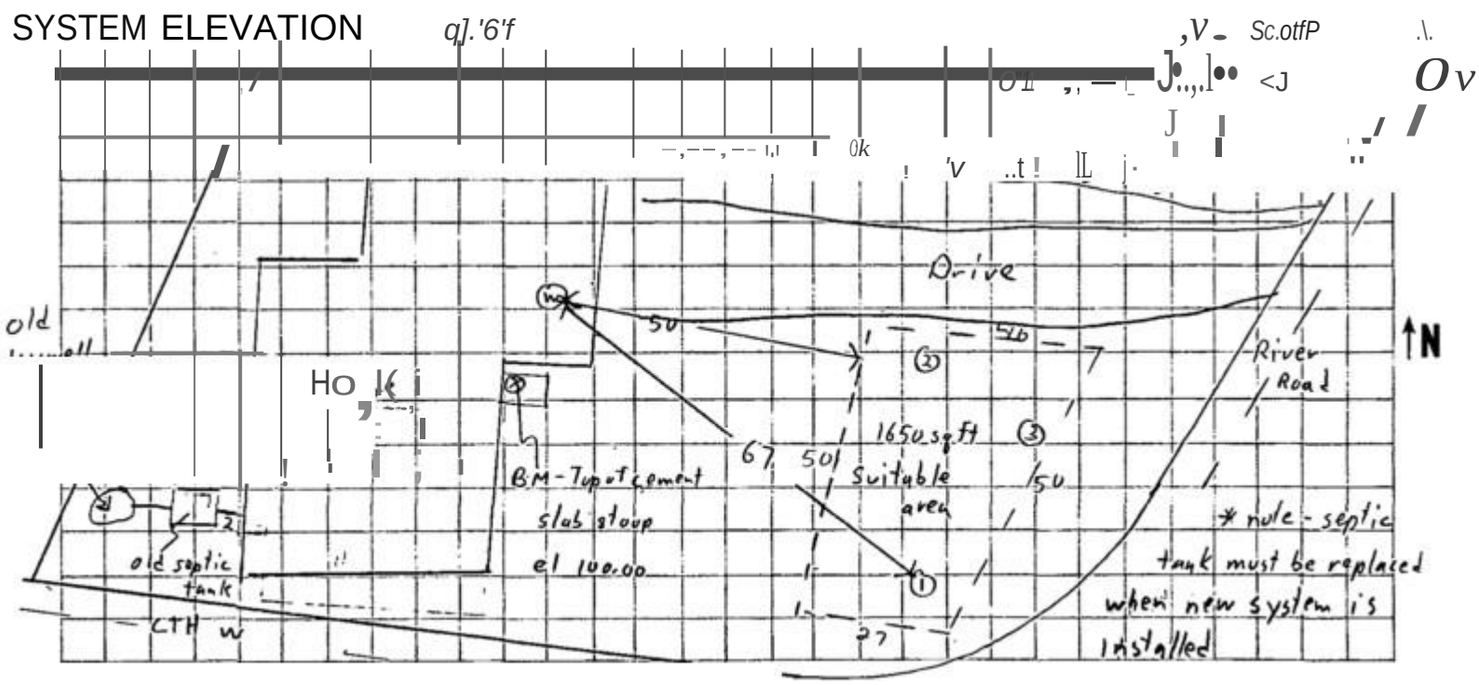
BORING NUMBER	TOTAL DEPTH IN.	ELEVATION	DEPTH TO GROUNDWATER-INCHES OBSERVED	EST. HIGHEST	CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.)
B-1	65	99.00	-	60	0-11 cstgr 11-32 Bnmeds 32-65 Bnfine banded s saturated @ 60
B-2	6	9.42		59	0-6 cstgr 6-24 Bnmeds 24-69 Bnfs saturated @ 55
B-3	60	99.04	-	52	0-6 cstgr 6-52 Bnmeds w Bands saturated @ 52
B-					
8-					
B-					

PERCOLATION TESTS

NEA	DEPTH INCHES	WATER IN HOLE AFTER SWELLING	TEST TIME INTERVAL-MIN.	O WA R V -IN H			RATE MINUTES PER INCH
p- 1	/'{	O	3v	3	3	J	to
p- 2	,q	O	.311	5'	'Iy,.	.'(¥""	(.3
3	l'-/	O	.3o	fY,	,y,	.fY,	S>1
p-							

PLOT PLAN: Show locations of percolation tesu, soil bOr-ings and the dimensions of suitable soil areas. Indicate scale or distances. Describe what are the hori-20ntel and vertical elevation reference points and show their location on the plot plan. Show the surface elevation at all borings and the dirtion and percent of land slope.

SYSTEM ELEVATION



1, the understgned, hereby certily that the soil cesu repOrttd on chis form Wtte made by me in accord wilh the prOOI(Iures and methods specif ied in the Wisconsin Administrative Code, end that the da ta recorded and the loca tion of the tests are wrrect to, the ben of my knowledge and belief.

NAME Cp intJ:	TESTS WERE COMPLETED ON'
Oq/e 8.-o.,5 "'	5' -1)-Y'l
ADDRESS: .3'f,H E l'fot ,} L.ke O.. fl : eG.. J, ..., r', ,, ,	JfJ'f o 3 6).-537/
	CSToTUR

OISTR18UTION: Original and one copy to Local Authority. Property Owner and Soil Tester.

"""D ILHR.SB0-6395 (R. 10/831

— OVER —

Ttlophono 715-369-6130

PLANNING AND ZONING
ONEIDA COUNTY
c-<Houto
P. O. Booc 400
RHINEJ..»C)EJJ WISCONSIN54501

May 19, 1986

Mr. Dale Bronson
3436 E Moen's Lake Drive
Rhinelander, WI 54501

RE: The Phil Kitzer property, 33 Lake Creek Road, Part of Lot 1, Block D, in part OI Lot 10 and 11 of Block B, Golf Club subdivision, Town of Pine Lake

Dear Dale,

As you are aware a soils evaluation occured on May 14th, on the above described property.

The inspection was made at your request for a replacement system. One boring was observed with the observation that the area was acceptable for an inground pressure system.

CST'S B-2

0-6"	Bn sl
6:-11"	Bn s & gr
11-24"	Bn f & rned s
24-55"	Bn fs

Observed water at 55"

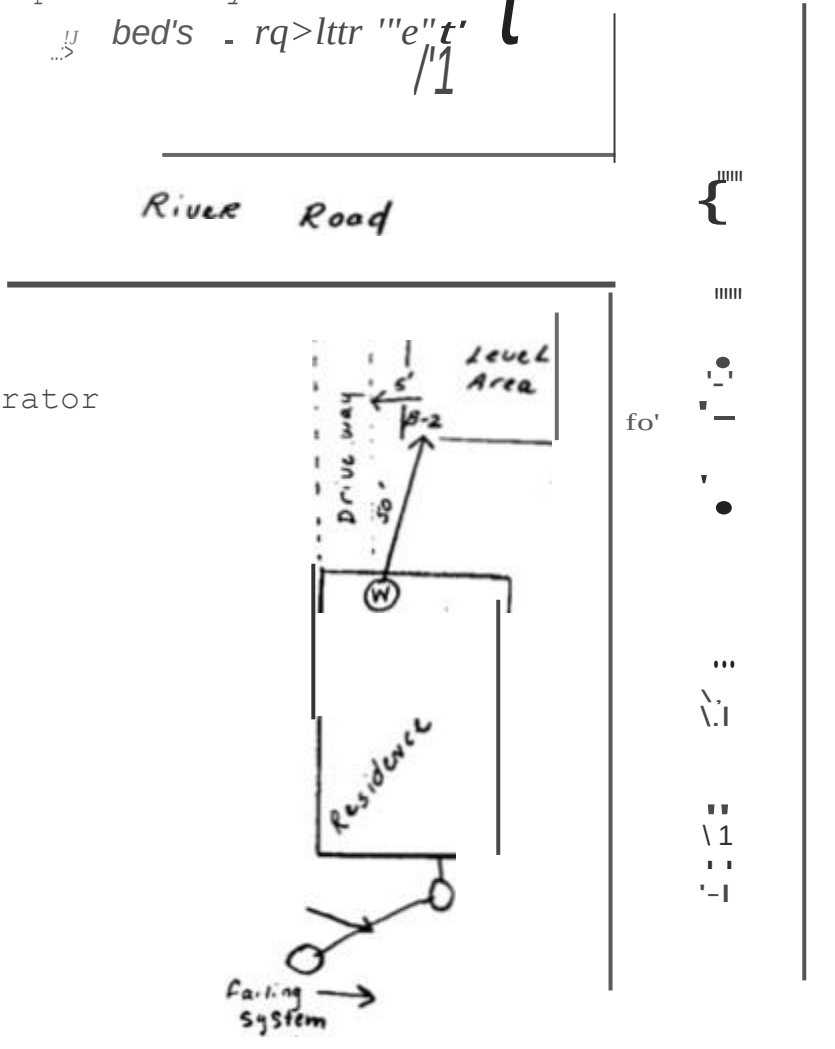
Respectfully,

ie !

Assistant Zoning Administrator

SRO:paw

Enc.



WISCOIISIN DCPMH:ENT OF l:DUSTRY, LIIIIOil liND lllli!-IAN RELATIONS
DIVISION OF SAFETY t. IJUILDWGS, BU:tEIIU OF PLU l(l!NG
P.O. UOX 7969, W\ll!SON, WISCONSIN 53707

Verificatio of Excep.tion Status for an Alternative Private Set age Sysfem
In the! County of Oneida _____

l atio'n _____ 1/4; ———— 1/4, Sec:_____, T:_____,__;N, R.__,___ E·\or)

Town 'or l unic ipa1ity Pi·oe...La.lce _____.Street Address 1i·r.ak'e creek Road

Lot 110 Part.Lot H &Put rot D , Block ——————— Subdivision Golf Club Subd.
j.0 & 11 B

landowner's Uamc: Phil Kitzer

The application for this site is for;

(Jnctco struction usc.

!i2f;·cp1accmcnt sys tern usc.

If this is NEI CONSlRIJCTJOl(USE, the alternative private set age system is:·

t.Ito have one of the first fivc···a pt:ovals gu,,rantccd for this yc,,. Thiis numhcr . of those app lications. (Usc one of. the first five . quota numt>crs is·uc'il'tilyou.)

. lone of the a plications needig a quota numher: Tloc quota numhcr assign!'!<!' to this applicati(ln is———————

[]for one additi.'lnal hœn, sile on a farm to he occupied by a parent, child, grandchil, siL)ing, niece, nephew, Qr first cousin.

·T.:.lr.,r an indi·tidual ;,ot fot· 1hich sanitat·y pe;mit •i . issued hut was later ruled unsuitable due to new or changed soil critcda established by the 'dcparlor.eot.

I.Jfot·n r.pfication on file prior to februa•·y 1·, 1900.

[]for a lot that meets the criteria for a conventional private se•1age system.

If .this is a REPLACHlEIIT SYST£11 USE, the .alternative pl'ivatc sewage system is ·rcprac:·

failing conventional soi 1 absorption system.

Oa holai ntank that was installed and in use prior to February 1, 1900.

Oa privy that t1as installed and in usc prior to February 1, 1900.

If this is a REPLACEI1EIIT SYSTEIUSE nd the lot meets the criteria for a .conventiot <ll private se1·1age systc11_1, check here. O .

I certify that the above informat ion is true and accurate to the &est of my knowlcdP..

llar.te (-1ft ;/:, tJ £H.HV Signature /Jtltihr-v
C nty Official) ..

. Title h,sf ;;&,..;1. 'Aztr-t,'' —·————— Date 67't-t/,rc; ———

DILIIR-SOD-6156 (R 12/ll?.)