

# REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

LOCATION: NESE 1/4 1/4	SECTION: 2 / T4 N/R12E	TOWNSHIP/MUNICIPALITY: Fulton	LOT NO.: 1	BLK. NO.:	SUBDIVISION NAME: Prop CSM
COUNTY: Rock	OWNER'S/BUYER'S NAME: Wayne Hemmenway	MAILING ADDRESS: 648 Mallwood Dr. Edgerton Wis.			

USE <input type="checkbox"/> Residence	NO. BEDRMS.:	COMMERCIAL DESCRIPTION:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replace	DATES OBSERVATIONS MADE PROFILE DESCRIPTIONS: PERCOLATION TESTS: 9-14-89 9-28-29-89
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RATING: S= Site suitable for system U= Site unsuitable for system

CONVENTIONAL: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	MOUND: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	IN-GROUND-PRESSURE: <input checked="" type="checkbox"/> S <input type="checkbox"/> U	SYSTEM-IN-FILL: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	HOLDING TANK: <input type="checkbox"/> S <input checked="" type="checkbox"/> U	RECOMMENDED SYSTEM:(optional)
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If 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:
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### 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	96"	98.7	None	>96"	0-8 Bk sil 8-19 Bn sil 19-36 Bncl 36-96 Lt Bn s/gr
B-2	96"	98.2	None	>96"	0-9 Bk sil 9-20 Bn sil 20-32 Bncl 32-96 Lt Bn s/gr
B-3	96"	98.4	None	>96"	0-8 Bk sil 8-18 Bn sil 18-37 Bncl 37-96 Lt Bn s/gr
B-4	96"	97.7	None	>96"	0-9 Bk sil 9-22 Bn sil 22-32 Bncl 32-40 Bncl 40-47 Bncl fffmet 47-96 Lt Bn s/gr
B-5	96"	98.7	None	>96"	0-8 Bk sil 8-17 Bn sil 17-31 Bncl 31-96 Lt Bn s/gr
B-					

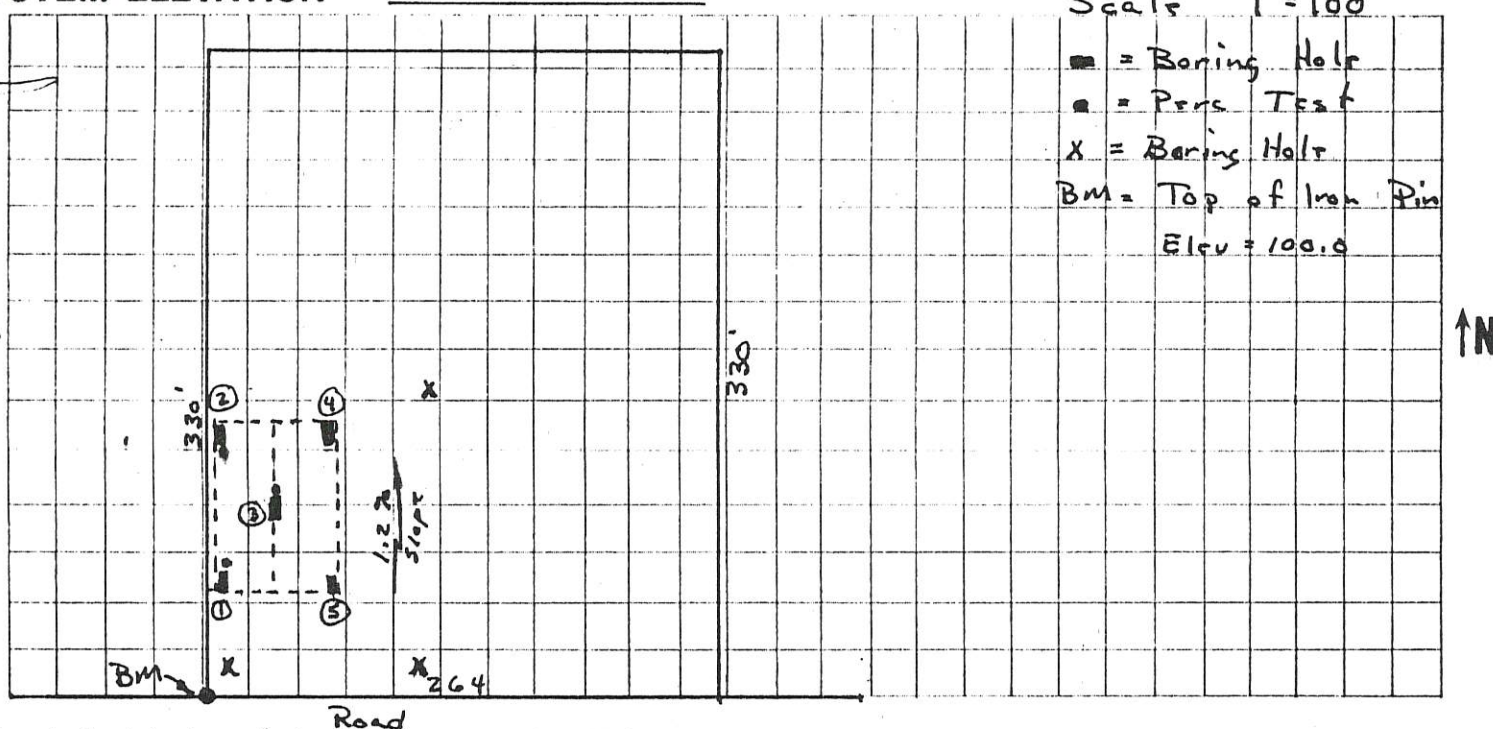
### PERCOLATION TESTS

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-1	60"	No	30	3/4	3/4	3/4	40
P-2	54"	No	30	1	1	1	30
P-3	57"	No	30	1	1	1	30
P-							
P-							
P-							

PLOT 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

93.7



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): Ron Combs	TESTS WERE COMPLETED ON: 9-30-89
ADDRESS: 4510 Afton Rd Janesville Wi	CERTIFICATION NUMBER: 895 PHONE NUMBER (optional):
	CST SIGNATURE: Ron Combs

## INSTRUCTIONS FOR COMPLETING FORM 115 - SBD - 6395

To be a complete and accurate soil test, your report must include:

1. Complete legal description;
2. The use section must clearly indicate whether this is a residence or commercial project;
3. MAXIMUM number of bedrooms or commercial use planned;
4. Is this a new or replacement system;
5. Complete the suitability rating boxes. A SITE IS SUITABLE FOR A HOLDING TANK ONLY IF ALL OTHER SYSTEMS ARE RULED OUT BASED ON SOIL CONDITIONS;
6. PLEASE use the abbreviations shown here for writing profile descriptions and completing the plot plan;
7. MAKE A LEGIBLE diagram accurately locating your test locations. Drawing scale is preferred. A separate sheet may be used if desired;
8. Make sure your benchmark and vertical elevation reference point are clearly shown, and are permanent;
9. Complete all appropriate boxes as to dates, names, addresses, flood plain data, percolation test exemption, if appropriate;
10. If the information (such as flood plain, elevation) does not apply, place N.A. in the appropriate box;
11. Sign the form and place your current address and your certification number;
12. Make legible copies and distribute as required. ALL SOIL TESTS MUST BE FILED WITH THE LOCAL AUTHORITY WITHIN 30 DAYS OF COMPLETION.

## ABBREVIATIONS FOR CERTIFIED SOIL TESTERS

### Soil Separates and Textures

st	—	Stone (over 10")
cob	—	Cobble (3 - 10")
gr	—	Gravel (under 3")
*s	—	Sand
cs	—	Coarse Sand
med s	—	Medium Sand
fs	—	Fine Sand
ls	—	Loamy Sand
*sl	—	Loamy Sand
*l	—	Loam
*sil	—	Silt Loam
si	—	Silt
cl	—	Clay Loam
scl	—	Sandy Clay Loam
sicl	—	Silty Clay Loam
sc	—	Sandy Clay
sic	—	Silty Clay
*c	—	Clay
pt	—	Peat
m	—	Muck

\* Six general soil textures  
for liquid waste disposal

### Other Symbols

BR	—	Bedrock
SS	—	Sandstone
LS	—	Limestone
HGW	—	High Groundwater
Perc	—	Percolation Rate
W	—	Well
Bldg	—	Building
>	—	Greater Than
<	—	Less Than
Bn	—	Brown
Bl	—	Black
Gy	—	Gray
Y	—	Yellow
R	—	Red
mot	—	Mottles
w/	—	with
fff	—	few, fine, faint
cc	—	common, coarse
mm	—	Many, Medium
d	—	distinct
p	—	prominent
HWL	—	High water level, surface water
BM	—	Bench Mark
VRP	—	Vertical Reference Point

### TO THE OWNER:

This soil test report is the first step in securing a sanitary permit. The county or the Department may request verification of this soil test in the field prior to permit issuance. A complete set of plans for the private sewage system and a permit application must be submitted to the appropriate local authority in order to obtain a permit. The sanitary permit must be obtained and posted prior to the start of any construction.