SOIL EVALUATION REPORT

Wisconsin Department of Safety & Professional Services
Division of Safety and Buildings

in accordance with DSPS 385, Wis. Adm. Code

Attach complete site plan on paper not less than 8 1/2 x 11 inches in size. Plan must include, but not limited to: vertical and horizontal reference point (BM), direction and percent slope, scale or dimensions, north arrow, and location and distance to nearest road.

County	
Winnebago	
Parcel I.D.	
006-000606	
Reviewed by	Date

Please print all information

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

Property Owner	Property Location
Troy Ribble	Govt. Lot NW1/4,NW1/4,S.1,T.20N.-R.16E.

Property Owner's Mailing Address	Lot #	Block #	Subd. Name or CSM#
9618 Lind Ln		NA	

City	State	Zip Code	Phone Number	☐ City ☐ Village ☒ Town	Nearest Road
Neenah	WI	54956	(920)810-2319	Clayton	Lind Ln

☒ New Construction Use: ☒ Residential/Number of Bedrooms 3 Code derived design flow rate 450 GPD

☐ Replacement ☐ Public or commercial- Describe:

Parent Material Glacial Till Flood Plain elevation if applicable NA ft.

General comments and recommendations: Recommend a Mound Component. Suggested configuration: 5' x 90' cell with a min. 6" ASTM C33 sand lift. Homeowner: Ensure that ALL excess waste water discharged from a water softener, iron/sulfur treatment device, and/or reverse osmosis unit is NOT connected to a sanitary sewer drain.

☐ Boring ☐ Pit Boring # Ground surface elev. ______ ft. Depth to limiting factor ______ in.

Horizon	Depth in.	Dominant Color Munsell	Redox Description Qu. Sz. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate GPD/ft2 *Eff#1	*Eff#2

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* Effluent #1 = BOD5 > 30 <= 220 mg/L and TSS >30 <= 150 mg/L *Effluent #2=BOD5<=30mg/L and TSS<=30mg/L

CST Name (Please Print)	Signature	CST Number
	[illegible]	

Address	Date Evaluation Conducted	Telephone Number

Property Owner ______________________ Parcel ID# ______________ Page _____ of _____

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