

Dane County Conditional Use Permit Application

Application Date	C.U.P Number
04/21/2022	DCPCUP-2022-02568
Public Hearing Date	
06/28/2022	

OWNER INFORMATION		AGENT INFORMATION	
OWNER NAME SHARON FUCCILE	Phone with Area Code	AGENT NAME REBECCA KATZENMEYER	Phone with Area Code (608) 239-4272
BILLING ADDRESS (Number, Street) 4500 RUSTIC DR		ADDRESS (Number, Street) 4560 RUSTIC DRIVE	
(City, State, Zip) MADISON, WI 53718		(City, State, Zip) Madison, WI 53718	
E-MAIL ADDRESS		E-MAIL ADDRESS rebeccak@toad-hill.com	

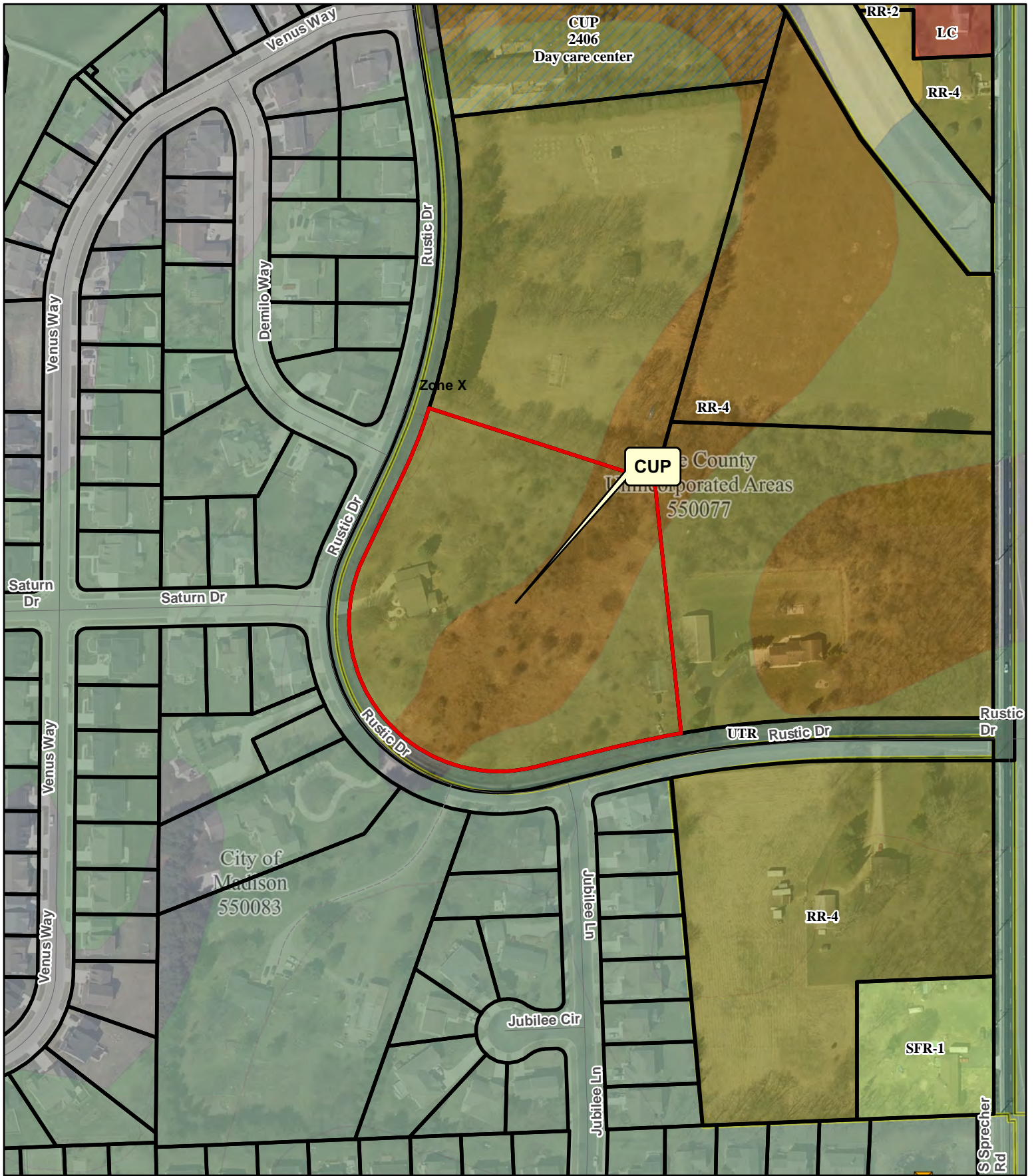
ADDRESS/LOCATION 1		ADDRESS/LOCATION 2		ADDRESS/LOCATION 3	
ADDRESS OR LOCATION OF CUP		ADDRESS OR LOCATION OF CUP		ADDRESS OR LOCATION OF CUP	
4500 Rustic Drive					
TOWNSHIP BLOOMING GROVE	SECTION 2	TOWNSHIP	SECTION	TOWNSHIP	SECTION
PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED		PARCEL NUMBERS INVOLVED	
0710-024-9550-4		---		---	

CUP DESCRIPTION
Daycare Center




DANE COUNTY CODE OF ORDINANCE SECTION	ACRES
10.243(3) Daycare Center	5.1

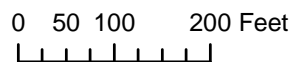
DEED RESTRICTION REQUIRED? <input type="checkbox"/> Yes <input type="checkbox"/> No Applicant Initials _____	Inspectors Initials RWL1	SIGNATURE:(Owner or Agent) _____
		PRINT NAME: _____
		DATE: _____

COMMENTS:
 PROPOSED PARKING MAY BE UNDERSIZED. EMPLOYEE PARKING IS NEEDED.
 SEPTIC SYSTEM SHALL BE REVIEWED BY DEPARTMENT OF HEALTH FOR PROPER SIZING.



Legend

- | | | |
|--|------------|---|
|  | Wetland | Significant Soils |
|  | Floodplain |  Class 1 |
| | |  Class 2 |



CUP 02568
SHARON FUCCILE



Dane County
Department of Planning and Development
 Zoning Division
 Room 116, City-County Building
 210 Martin Luther King Jr. Blvd.
 Madison, Wisconsin 53703
 (608) 266-4266

Application Fees	
General:	\$495
Mineral Extraction:	\$1145
Communication Tower:	\$1145 (+\$3000 RF eng review fee)
PERMIT FEES DOUBLE FOR VIOLATIONS OR WHEN WORK HAS STARTED PRIOR TO ISSUANCE OF PERMIT	

CONDITIONAL USE PERMIT APPLICATION

APPLICANT INFORMATION

Property Owner Name:	Agent Name:
Address (Number & Street):	Address (Number & Street):
Address (City, State, Zip):	Address (City, State, Zip):
Email Address:	Email Address:
Phone#:	Phone#:

SITE INFORMATION

0710-024-9550-4

Township:	Parcel Number(s):	
Section:	Property Address or Location:	
Existing Zoning:	Proposed Zoning:	CUP Code Section(s):

DESCRIPTION OF PROPOSED CONDITIONAL USE

Type of conditional use permit (for example: limited family business, animal boarding, mineral extraction, or any other listed conditional use):	Is this application being submitted to correct a violation? Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide a short but detailed description of the proposed conditional use:	

GENERAL APPLICATION REQUIREMENTS

Applications will not be accepted until the applicant has met with department staff to review the application and determined that all necessary information has been provided. Only complete applications will be accepted. All information from the checklist below must be included. Note that additional application submittal requirements apply for particular uses or as may be required by the Zoning Administrator. Applicants for significant and/or potentially controversial conditional uses are strongly encouraged to meet with staff prior to submittal.

<input type="checkbox"/> Complete attached information sheet for standards	<input type="checkbox"/> Site Plan drawn to scale	<input type="checkbox"/> Detailed operational plan	<input type="checkbox"/> Written legal description of boundaries	<input type="checkbox"/> Detailed written statement of intent	<input type="checkbox"/> Application fee (non-refundable), payable to Dane County Treasurer
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I certify by my signature that all information presented herein is true and correct to the best of my knowledge. I hereby give permission for staff of the Dane County Department of Planning and Development to enter my property for the purpose of collecting information to be used as part of the review of this application. I acknowledge that submittal of false or incorrect information may be grounds for denial of this application.

Owner/Agent Signature:

Date: _____

STANDARDS FOR CONDITIONAL USE PERMITS

Applicants must provide adequate evidence demonstrating to the Town and Dane County Zoning & Land Regulation Committee that the proposed conditional use satisfies the following 8 standards for approval, along with any additional standards specific to the applicable zoning district or particular use found in sections [10.220\(1\)](#) and [10.103](#) of the code.

Please explain how the proposed land use will meet the following standards (attach additional pages, if necessary):

<p>1. The establishment maintenance or operation of the conditional use will not be detrimental to or endanger the public health, safety, comfort or general welfare.</p>
<p>2. The uses, values, and enjoyment of other property in the neighborhood for purposes already permitted shall be in no foreseeable manner substantially impaired or diminished by establishment, maintenance or operation of the conditional use.</p>
<p>3. The establishment of the conditional use will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.</p>
<p>4. Adequate utilities, access roads, drainage and other necessary site improvements have been or are being made to accommodate the conditional use.</p>
<p>5. Adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets.</p>
<p>6. That the conditional use shall conform to all applicable regulations of the district in which it is located.</p>
<p>7. The conditional use is consistent with the adopted town and county comprehensive plans.</p>
<p>8. If the conditional use is located in a Farmland Preservation (FP) Zoning district, the conditional use is subject to the following additional standards found in section 10.220(1). Attach additional pages, if necessary.</p> <ul style="list-style-type: none">• Explain how the use and its location in the Farmland Preservation Zoning District are consistent with the purposes of the district: • Explain how the use and its location in the Farmland Preservation Zoning district are reasonable and appropriate, considering alternative locations: • Explain how the use is reasonably designed to minimize the conversion of land from agricultural use or open space use: • Explain how the use does not substantially impair or limit the current or future agricultural use of surrounding parcels zoned for agricultural use: • Explain how construction damage to land remaining in agricultural use is minimized and repaired, to the extent feasible:

WRITTEN STATEMENT OF INTENT AND OPERATIONS PLAN

Applicants must provide a detailed written statement of intent describing the proposed conditional use along with an operational plan that explains how the conditional use will be operated. Please use the form below and provide responses, as applicable, to your proposed conditional use. Attach additional pages, if necessary.

Describe in detail the proposed conditional use. Provide the specific location of the use(s), type of equipment used, planned property improvements, including description / size of existing or proposed new buildings to be used, and any other relevant information. For existing or proposed commercial operations, provide the name of the business and describe the nature and type of business activity.
List the proposed days and hours of operation.
List the number of employees, including both full-time equivalents and maximum number of personnel to be on the premises at any time.
List any anticipated noise, odors, dust, soot, runoff or pollution associated with the conditional use, along with any proposed measures that will be taken to mitigate impacts to neighboring properties.
Describe any materials proposed to be stored outside and any activities, processing or other operations taking place outside an enclosed building.
For proposals involving construction of new facilities and/or infrastructure, describe, as applicable, any measures being taken to ensure compliance with county stormwater and erosion control standards under Chapter 11 of Chapter 14 , Dane County Code.
List and describe existing or proposed sanitary facilities, including adequate private onsite wastewater treatment systems, associated with the proposed conditional use. For uses involving domestic pets or livestock, list and describe measures taken to address manure storage or management.
List and describe any existing or proposed facilities for managing and removal of trash, solid waste and recyclable materials.
Describe anticipated daily traffic, types and weights of vehicles, and any provisions, intersection or road improvements or other measures proposed to accommodate increased traffic.
Provide a listing of any hazardous, toxic or explosive materials to be stored on site, and any spill containment, safety or pollution prevention measures.
Describe any existing or proposed outdoor lighting along with any measures that will be taken to mitigate light-pollution impacts to neighboring properties. The Zoning Administrator may require submittal of a photometric plan for outdoor lighting if deemed necessary to determine potential impacts to neighbors.
Describe any existing or proposed signage, including size, location, and materials, consistent with the county's sign ordinance found in s. 10.800 .
Briefly describe the current use(s) of the property on which the conditional use is proposed.
Briefly describe the current uses of surrounding properties in the neighborhood.

APPLICATION CHECKLIST FOR A CONDITIONAL USE PERMIT

A scaled site plan and detailed operations plan must be submitted with your Conditional Use Permit application. Please use the checklist below to ensure you are submitting all required information applicable to your request. Please attach to your application form the required maps and plans listed below, along with any additional pages.

SCALED SITE PLAN. Show sufficient detail on 11" x 17" paper. Include the following information, as applicable:

- Scale and north arrow.
- Date the site plan was created.
- Existing subject property lot lines and dimensions.
- Existing and proposed wastewater treatment systems and wells.
- All buildings and all outdoor use and/or storage areas, existing and proposed, including provisions for water and sewer.
- All dimension and required setbacks, side yards and rear yards.
- Location and width of all existing and proposed driveway entrances onto public and private roadways, and of all interior roads or driveways.
- Location and dimensions of any existing utilities, easements or rights-of-way.
- Parking lot layout in compliance with s. [10.102\(8\)](#).
- Proposed loading/unloading areas.
- Zoning district boundaries in the immediate area. All districts on the property and on all neighboring properties must be clearly labeled.
- All relevant natural features, including navigable and non-navigable waters, floodplain boundaries, delineated wetland areas, natural drainage patterns, archeological features, and slopes over 12% grade.
- Location and type of proposed screening, landscaping, berms or buffer areas if adjacent to a residential area.
- Any lighting, signs, refuse dumpsters, and possible future expansion areas.

NEIGHBORHOOD CHARACTERISTICS. Describe existing land uses on the subject and surrounding properties:

- Provide a brief written statement describing the current use(s) of the property on which the conditional use is proposed.
- Provide a brief written statement documenting the current uses of surrounding properties in the neighborhood.

OPERATIONS PLAN AND NARRATIVE. Describe in detail the following characteristics of the operation, as applicable:

- Hours of operation.
- Number of employees, including both full-time equivalents and maximum number of personnel to be on the premises at any time.
- Anticipated noise, odors, dust, soot, runoff or pollution and measures taken to mitigate impacts to neighboring properties.
- Descriptions of any materials stored outside and any activities, processing or other operations taking place outside an enclosed building.
- Compliance with county stormwater and erosion control standards under [Chapter 11](#) of [Chapter 14](#), Dane County Code.
- Sanitary facilities, including adequate private onsite wastewater treatment systems and any manure storage or management plans approved by the Madison and Dane County Public Health Agency and/or the Dane County Land and Water Resources Department.
- Facilities for managing and removal of trash, solid waste and recyclable materials.
- Anticipated daily traffic, types and weights of vehicles, and any provisions, intersection or road improvements or other measures proposed to accommodate increased traffic.
- A listing of hazardous, toxic or explosive materials stored on site, and any spill containment, safety or pollution prevention measures taken.
- Outdoor lighting and measures taken to mitigate light-pollution impacts to neighboring properties.
- Signage, consistent with section [10.800](#).

ADDITIONAL MATERIALS. Additional information is required for certain conditional uses listed in s. [10.103](#):

- Agricultural entertainment, special events, or outdoor assembly activities anticipating over 200 attendees must file an [event plan](#).
- [Domestic pet](#) or [large animal boarding](#) must provide additional information in site and operations plans.
- Communication towers must submit additional information as required in s. [10.103\(9\)](#).
- Farm residences proposed in the FP-35 district must submit additional information as required in s. [10.103\(11\)](#).
- Mineral extraction proposals must submit additional information as required in s. [10.103\(15\)](#).



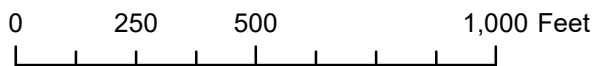
4500 RUSTIC DRIVE



SCALE: 1" = 150'



DATE: 04.20.2022



Neighborhood map

Replacement System

Conventional Gravity-Fed
System

DANE COUNTY

NO. 13-2013-04209

STATE SANITARY PERMIT

TRANSFER/RENEWAL

PREVIOUS NO. _____

OWNER Fucile Family Tr, Sharon D

Travis Desmet

PLUMBER _____ LIC.# 1002082

TOWN/CITY TOWN OF BLOOMING GROVE

SEC 2, T 07 N, R 10 E/W

AND/OR LOT _____ BLOCK _____

SUBDIVISION _____

S Podboy AUTHORIZED ISSUING OFFICER - DATE 05/29/2013

THIS PERMIT EXPIRES 05/29/2015 UNLESS RENEWED BEFORE THAT DATE

POST IN PLAIN VIEW

VISIBLE FROM THE ROAD FRONTING THE LOT DURING CONSTRUCTION

CHAPTER 145.135 (2) WISCONSIN STATUTES

The purpose of the sanitary permit is to allow installation of the private sewage system described in the permit.

The approval of the sanitary permit is based on regulations in force on the date of approval.

The sanitary permit is valid and may be renewed for a specified period.

Changed regulations will not impair the validity of a sanitary permit.

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.

The sanitary permit is transferable.

History: 1977 c. 188; 1979 c. 34,221; 1981 c. 314

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



RECEIVED

MAY 23 2013

Safety and Buildings Division
 201 W. Washington Ave., P.O. Box 7162
 Madison, WI 53707-7162

County Dane

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

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
13-2013-04209

Project Address (if different than mailing address)
same

I. Application Information - Please Print All Information

Property Owner's Name
Sharon Fucile

Parcel #
0710-024-9550-4

Property Owner's Mailing Address
4500 Rustic Drive

Property Location

City, State
Madison, WI

Zip Code
53718

Phone Number

Govt. Lot SE 1/4, SE 1/4, Section 2
(circle one)
 T 7 N; R 10 E or W

II. Type of Building (check all that apply)
 1 or 2 Family Dwelling - Number of Bedrooms 3

Lot #

Public/Commercial - Describe Use

Block #

Subdivision Name
5.1 Acre Metes & Bounds Parcel

State Owned - Describe Use

CSM Number

City of

Village of

Town of Blooming Grove

III. Type of Permit: (Check only one box on line A. Complete line B if applicable)

A. New System Replacement System Treatment/Holding Tank Replacement Only Other Modification to Existing System (explain)

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

List Previous Permit Number and Date Issued

IV. Type of POWTS System/Component/Device: (Check all that apply)

Non-Pressurized In-Ground Pressurized In-Ground At-Grade Mound \geq 24 in. of suitable soil Mound $<$ 24 in. of suitable soil
 Holding Tank Other Dispersal Component (explain) Pretreatment Device (explain)

V. Dispersal/Treatment Area Information:

Design Flow (gpd) <u>450</u>	Design Soil Application Rate (gpd/ft) <u>0.4</u>	Dispersal Area Required (sf) <u>1125</u>	Dispersal Area Proposed (sf) <u>1128</u>	System Elevation <u>89.0', 89.8'</u>
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VI. Tank Info	Capacity in Gallons		Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank	<u>1250</u>		<u>1250</u>	<u>1</u>	<u>Crest</u>	<u>X</u>				
Dosing Chamber										

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

Plumber's Name (Print) <u>Travis Desmet</u>	Plumber's Signature <u>[Signature]</u>	MP/MPRS Number <u>1002082</u>	Business Phone Number <u>424-3014</u>
--	---	----------------------------------	--

Plumber's Address (Street, City, State, Zip Code)
27869 Cty D Belleville WI 53508

VIII. County/Department Use Only

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Permit Fee <u>\$ 409.-</u>	Date Issued <u>5/23/13</u>	Issuing Agent Signature <u>[Signature]</u>	<u>R.S.</u>
--	--------------------------------------	-------------------------------	-------------------------------	---	-------------

IX. Conditions of Approval/Reasons for Disapproval
EXISTING SEPTIC TANK TO BE PUMPED AND ASSIMILATED.

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

CHK-629 089
 SBD-6398 (R. 11/11)

Index Sheet

In-Ground POWTS System Design & User's Manual

Sharon Fucile Residence

4500 Rustic Drive

SW1/4, SE1/4, Section 2, T7N, R10E

Town of Blooming Grove, Dane County, Wisconsin

Parcel # 0710-024-9550-4

Table of Contents:

Page 1-Index Sheet

Page 2-Site Plan

Page 3-Absorption System Cross Section,
Filter Maintenance, Septic Tank Cross Section

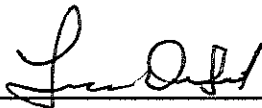
Page 4- POWTS Owner's Manual & Management Plan

The Following Component Manuals Were Used in This Design:

"In-Ground Soil Absorption Component Manual For Private Onsite Wastewater Systems" (Version 2.0)

SBD-10705-P (N.01/01)

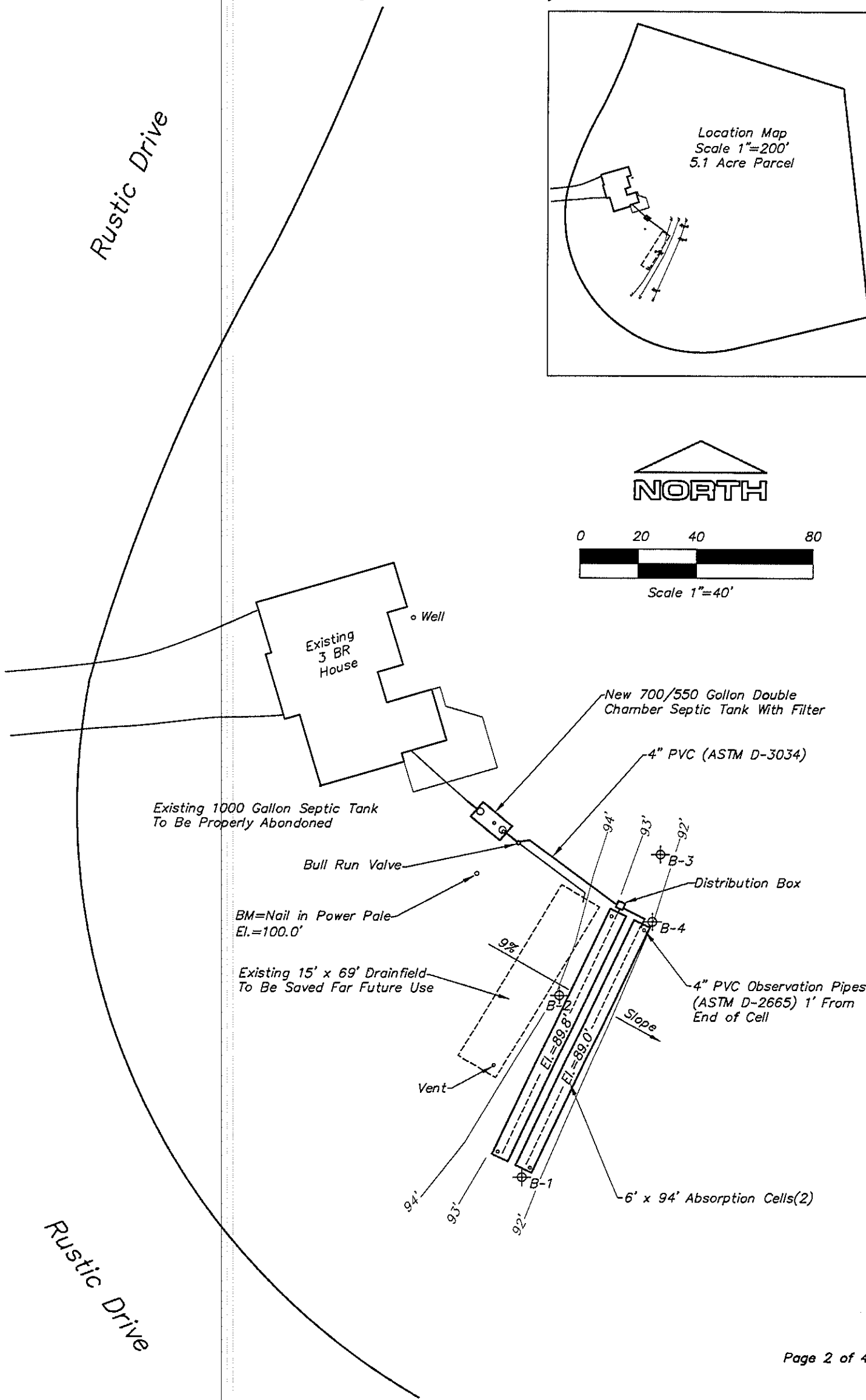
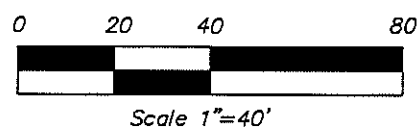
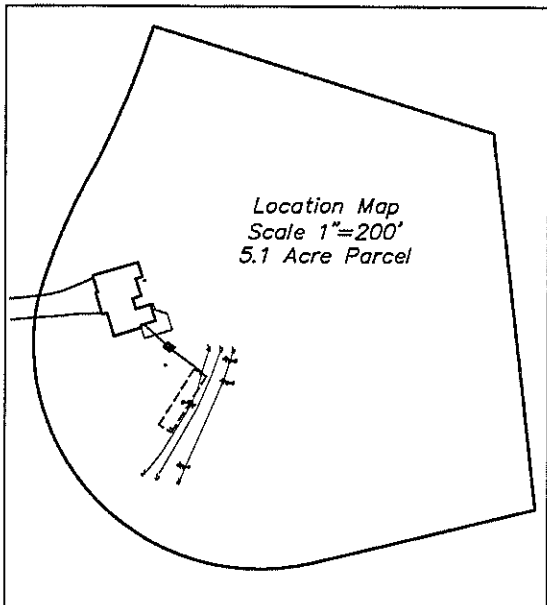
Plumber's Name Traavis DeSmet

Signed 

Credential Number 1002082

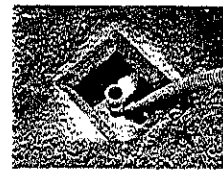
Date: 5-21-13

In-Ground POWTS Site Plan
 Sharon Fucile Residence
 4500 Rustic Drive
 SE1/4, SE1/4, Section 2, T7N, R10E
 Town of Blooming Grove, Dane County, Wisconsin



Maintenance of the GF10 Filter

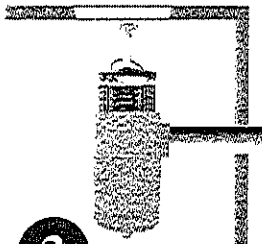
A time frame in which septic tanks are serviced is set by state and local codes. Although they may be different, most regulatory agencies suggest two to five years. We recommend the GF10 filter be cleaned when the septic tank is normally cleaned and pumped, or as needed.



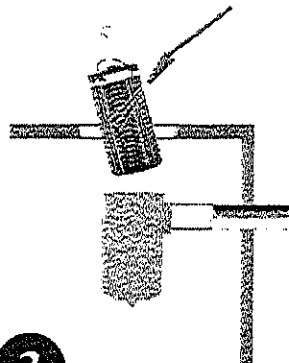
WARNING: If the liquid level in the tank is above the top of the filter, pump the tank prior to removing the filter cartridge.

1 CAUTION: USE RUBBER GLOVES WHEN HANDLING FILTERS!

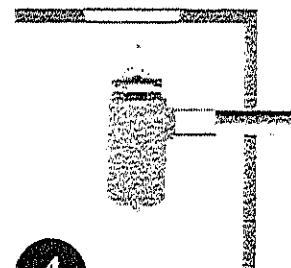
Step 1: Remove the septic tank cover and pump the tank if necessary to prevent any solids from escaping to the field when the filter is removed.



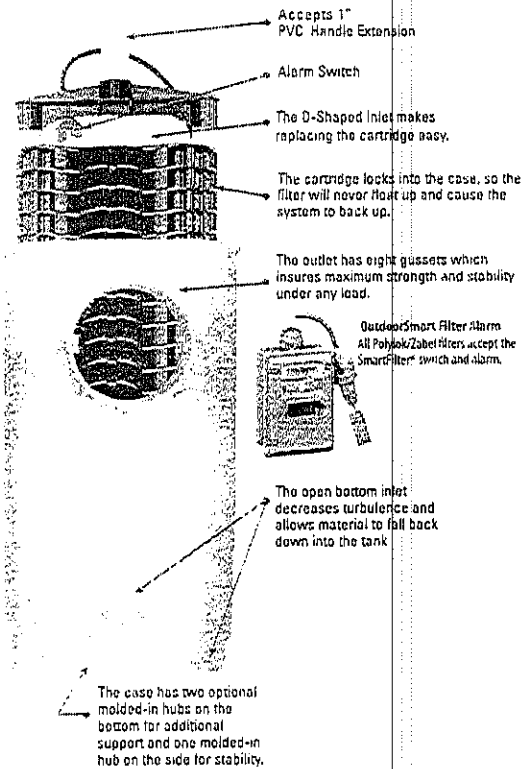
Step 2: Pull the filter handle and slide the filter out of the case.



Step 3: While holding the filter cartridge over the access opening of the tank, rinse the cartridge off with fresh water. Take care to make sure all solid material falls back into the tank.

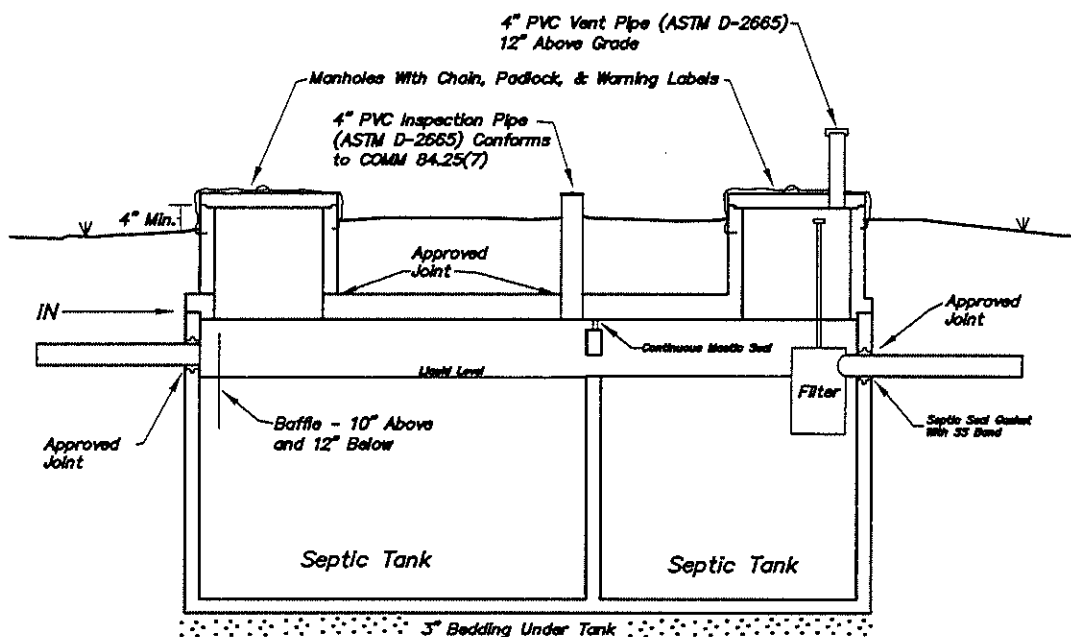
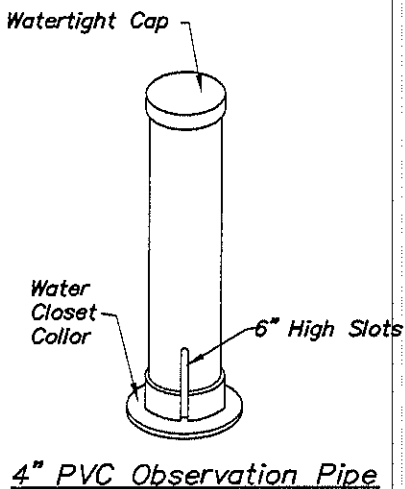


Step 4: Insert the cartridge back into the case making sure that it is properly aligned and completely inserted into the case.



BEST TECHNOLOGY

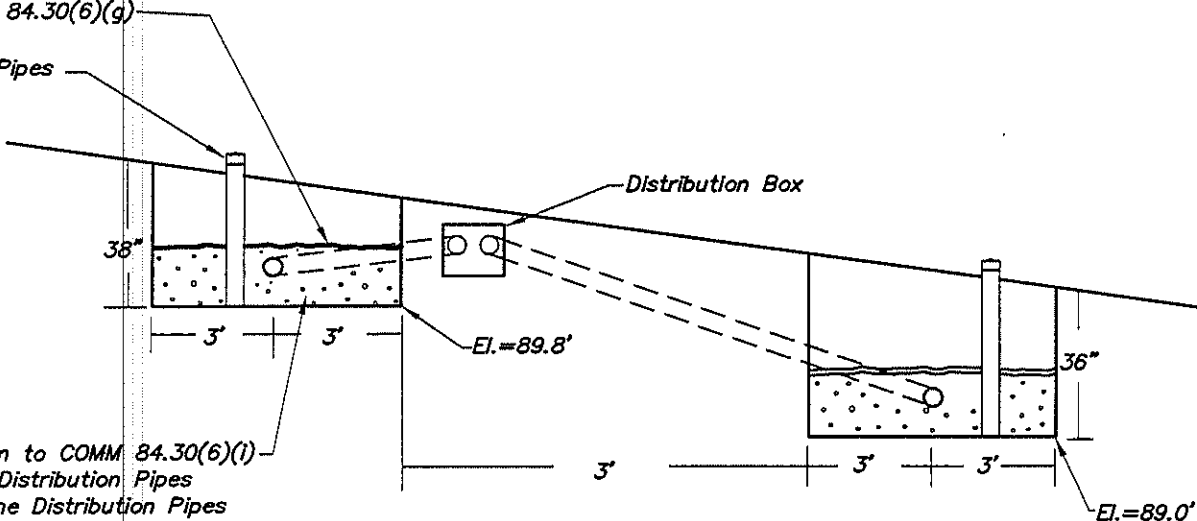
3 Fairfield Blvd, Wallingford, CT 06492
1-877-765-9565 Fax: 203-284-8514



Double Chamber Septic Tank

Geotextile Fabric (Conforms to COMM 84.30(6)(g))

4" PVC Observation Pipes (ASTM D-2665)



Aggregate Shall Conform to COMM 84.30(6)(i)
6" of Aggregate Under Distribution Pipes
2" of Aggregate Over the Distribution Pipes

Cross Section Of Absorption Cells

POWTS OWNER'S MANUAL & MANAGEMENT PLAN

FILE INFORMATION

Owner:	SHARON FUCILE
Permit:	POWTS #

DESIGN PARAMETERS

Number of Bedrooms:	3	<input type="checkbox"/> NA
Number of Public Facility Units:		<input checked="" type="checkbox"/> NA
Estimated (average) Flow:	300	gal/day
Design (peak) Flow = estimated x 1.5:	450	gal/day
In Situ Soil Application Rate:	0.4	gal/day/ft ²
Standard Domestic Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	≤30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	≤220 mg/L	<input type="checkbox"/> NA
Total Suspended Solids (TSS)	≤150 mg/L	
High Strength Influent/Effluent	Monthly average	
Fats, Oil & Grease (FOG)	>30 mg/L	
Biochemical Oxygen Demand (BOD ₅)	>220 mg/L	<input checked="" type="checkbox"/> NA
Total Suspended Solids (TSS)	>150 mg/L	
Pretreated Effluent	Monthly average	
Biochemical Oxygen Demand (BOD ₅)	≤30 mg/L	
Total Suspended Solids (TSS)	≤30 mg/L	<input checked="" type="checkbox"/> NA
Fecal Coliform (geometric mean)	≤10 ⁴ cfu/100ml	
Maximum Effluent Particle Size:	1/8 in dia.	<input type="checkbox"/> NA
Other:		<input checked="" type="checkbox"/> NA

SYSTEM SPECIFICATIONS

Tank Manufacturer:	CREST	<input type="checkbox"/> NA
<input checked="" type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume 1250	gal
Tank Manufacturer:		<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Septic <input type="checkbox"/> Dose <input type="checkbox"/> Holding	Volume	gal
Vertical Distance Tank Bottom(s) to Service Pad:	14	ft
Horizontal Distance Tank(s) to Service Pad:	120	ft
Specific servicing mechanics must be provide if vertical is >15 feet or if horizontal is >150 feet. Specific instructions on plan addendum.		
Effluent Filter Manufacturer	BEST	<input type="checkbox"/> NA
Effluent Filter Model:	EF10	
Pump Manufacturer:		<input checked="" type="checkbox"/> NA
Pump Model:		
Pretreatment Unit		
Manufacturer:		
<input type="checkbox"/> Mechanical Aeration	<input type="checkbox"/> Peat Filter	
<input type="checkbox"/> Disinfection	<input type="checkbox"/> Wetland	<input checked="" type="checkbox"/> NA
<input type="checkbox"/> Sand/Gravel Filter	<input type="checkbox"/> Other:	
Soil Absorption System		
<input checked="" type="checkbox"/> In-Ground (gravity)	<input type="checkbox"/> In-Ground (pressure)	<input type="checkbox"/> NA
<input type="checkbox"/> At-Grade	<input type="checkbox"/> Mound	
<input type="checkbox"/> Drip-Line	<input type="checkbox"/> Other:	
Other:		<input checked="" type="checkbox"/> NA

MAINTENANCE SCHEDULE

Service Event	Service Frequency
Pump out contents of tank(s)	<input checked="" type="checkbox"/> When combined sludge and scum equals one-third (1/3) of tank volume. <input checked="" type="checkbox"/> When the high water alarm is activated.
Inspect condition of tank(s)	At least once every 3 years. <input type="checkbox"/> NA
Inspect dispersal cells(s)	At least once every 3 years. <input type="checkbox"/> NA
Clean effluent filter	↓ <input type="checkbox"/> NA
Inspect pump, pump controls & alarm	<input checked="" type="checkbox"/> NA
Flush laterals and pressure test	<input checked="" type="checkbox"/> NA
Other:	<input checked="" type="checkbox"/> NA
Other:	<input checked="" type="checkbox"/> NA

MAINTENANCE INSTRUCTIONS

Inspections of tanks and dispersal cells shall be made by an individual carrying one of the following licenses or certifications: Master Plumber, Master Plumber Restricted Sewer, POWTS Inspector, POWTS Maintainer, Septage Servicing Operator (pumper). Tank inspections must include a visual inspection of the tank(s) to identify any missing or broken hardware, identify any cracks or leaks, measure the volume of combined sludge and scum and a check for any back up or ponding of effluent on the ground surface. If the volume of sludge and scum is less than one-third (1/3) of the liquid volume of the tank, the tank does not need to be pumped and identifying cracks in floor or walls of the tank may not be possible at that time. The dispersal cell(s) shall be visually inspected to check the effluent levels in the observation pipes and to check for any ponding of effluent on the ground surface. The ponding of effluent on the ground surface may indicate a failing condition and requires the immediate notification of the local regulatory authority.

When the combined accumulation of sludge and scum in any treatment tank equals one-third (1/3) or more of the tank volume, the entire contents of the tank shall be removed by a Septage Servicing Operator and disposed of in accordance with chapter NR 113, Wisconsin Administrative Code.