



January 2013

COUNTY OF KENOSHA

Department of Planning and Development

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APR 29 2020

LAND DIVISION APPLICATION

APR 29 2020

In order for applications to be processed, all information, drawings, application signatures, and fees required shall be submitted at time of application.

Please check the appropriate box below for the type of application being submitted:

- ☒ Certified Survey Map
- ☐ Subdivision Preliminary Plat
- ☐ Subdivision Final Plat
- ☐ Condominium Plat

Applicant is: ☒ Property Owner ☐ Subdivider ☐ Other _____

Applicant Name: Myron G. & Doreen A. Daniels Rev. Trust Date 4-29-2020

Mailing Address: 24755 31st Street Phone # 262-878-2696

Salem WI 53168-9596 Phone # _____

Tax Parcel Number(s): 30-4-220-262-0103

_____ Acreage of Project: 5 acres

Location of Property (including legal description):

See attached draft certified survey map document.

Subdivision/Development Name (if applicable): Not applicable.

Existing Zoning: A-1 & C-2 Proposed Zoning: A-1, R-1, C-1 & C-2

Town Land Use Plan District Designation(s) (if applicable):

Present "Farmland Protection" and "INRA".

Proposed "Farmland Protection", "Rural Residential" and "INRA".

Present Use(s) of Property: 2009-built s.f. residence & multiple farm buildings.

Proposed Use(s) of Property: To subdivide a 5 acre lot for a new single family residence.

The subdivision abuts or adjoins a state trunk highway.....Yes () No (☒)

The subdivision will be served by public sewerYes () No (☒)

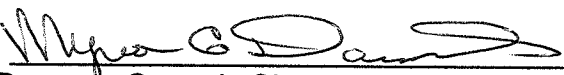
The subdivision abuts a county trunk highwayYes (☒) No ()

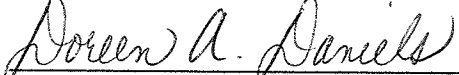
The subdivision contains shoreland/floodplain areasYes (☒) No ()

The subdivision lies within the extra-territorial plat (ETP) authority
area of a nearby Village or CityYes (☒) No ()

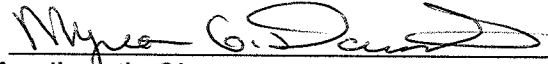
*Applicant is responsible for submitting to the ETP authority any fees and documentation
needed to obtain a recommendation.

REQUIRED SIGNATURE(S) FOR ALL APPLICATIONS:

 4-28-2020
Property Owner's Signature Date

 4-28-2020
Property Owner's Signature Date

REQUIRED APPLICABLE SIGNATURES:

 4-28-2020
Applicant's Signature Date

Developer's Signature Date

CERTIFIED SURVEY MAP NO. _____.

BEING PART OF THE NORTHWEST 1/4 OF THE
NORTHWEST 1/4 OF SECTION 26, TOWNSHIP 2
NORTH, RANGE 20 EAST OF THE FOURTH
PRINCIPAL MERIDIAN, IN THE TOWNSHIP OF
BRIGHTON, COUNTY OF KENOSHA AND STATE
OF WISCONSIN.

OWNERS: MYRON G. & DOREEN A. DANIELS
REVOCABLE TRUST
24755 31ST STREET
SALEM, WI 53168

PREPARED BY: B.W. SURVEYING, INC.
412 N. PINE STREET
BURLINGTON, WI 53105
262-767-0225
JOB NO. 10101-CSM


LEGAL DESCRIPTION:

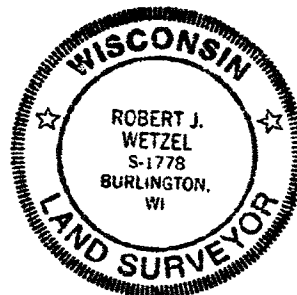
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BRIGHTON, COUNTY OF KENOSHA AND STATE OF WISCONSIN AND BEING MORE
PARTICULARLY DESCRIBED AS FOLLOWS: BEGIN AT THE NORTHWEST CORNER OF SAID
SECTION 26; THENCE CONTINUE NORTH 88°20'08" EAST ALONG THE NORTH LINE OF SAID
NORTHWEST 1/4 SECTION 493.43 FEET; THENCE SOUTH 01°40'35" EAST 400.30 FEET
(RECORDED AS SOUTH 01°39'52" EAST 400.40 FEET) TO A FOUND IRON ROD; THENCE
SOUTH 36°54'51" EAST (RECORDED AS SOUTH 36°53'23" EAST) 95.14 FEET; THENCE SOUTH
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PLACE OF BEGINNING. CONTAINING 5.45 ACRES OF LAND MORE OR LESS. SUBJECT TO
RIGHTS OF THE PUBLIC OVER THE NORTH 33 FEET THEREOF FOR HIGHWAY PURPOSES
(COUNTY TRUNK HIGHWAY "JB" a.k.a. 31ST STREET).

SURVEYOR'S CERTIFICATE:

I, ROBERT J. WETZEL, PROFESSIONAL LAND SURVEYOR, HEREBY CERTIFY THAT AT THE
DIRECTION OF MYRON G. AND DOREEN A. DANIELS AS TRUSTEES OF THE MYRON G. AND
DOREEN A. DANIELS REVOCABLE TRUST, THAT I HAVE SURVEYED THE LAND DESCRIBED
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AND THAT I HAVE FULLY COMPLIED WITH SECTION 236.34 OF THE WISCONSIN STATUTES
AND WITH THE SUBDIVISION CONTROL ORDINANCE FOR THE TOWN OF BRIGHTON AND
WITH THE KENOSHA COUNTY SUBDIVISION ORDINANCE.

DATED THIS 27TH DAY OF APRIL, 2020.


ROBERT J. WETZEL S-1778



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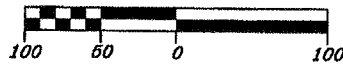
ZONED A-1 & C-2

PART OF TAX PARCEL NO. 30-4-220-262-0103

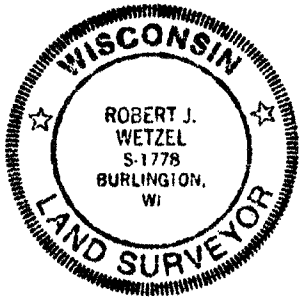
LEGEND

- FOUND KENOSHA COUNTY MONUMENT (CONCRETE/ CAP)
- ⊗ FOUND 3/4" O.D. ROD
- FOUND 1-5/16" O.D. IRON PIPE
- SET 1-5/16" X 18" IRON PIPE WEIGHING NOT LESS THAN 1.68 POUNDS PER LINEAR FOOT
- △ SOIL BORING

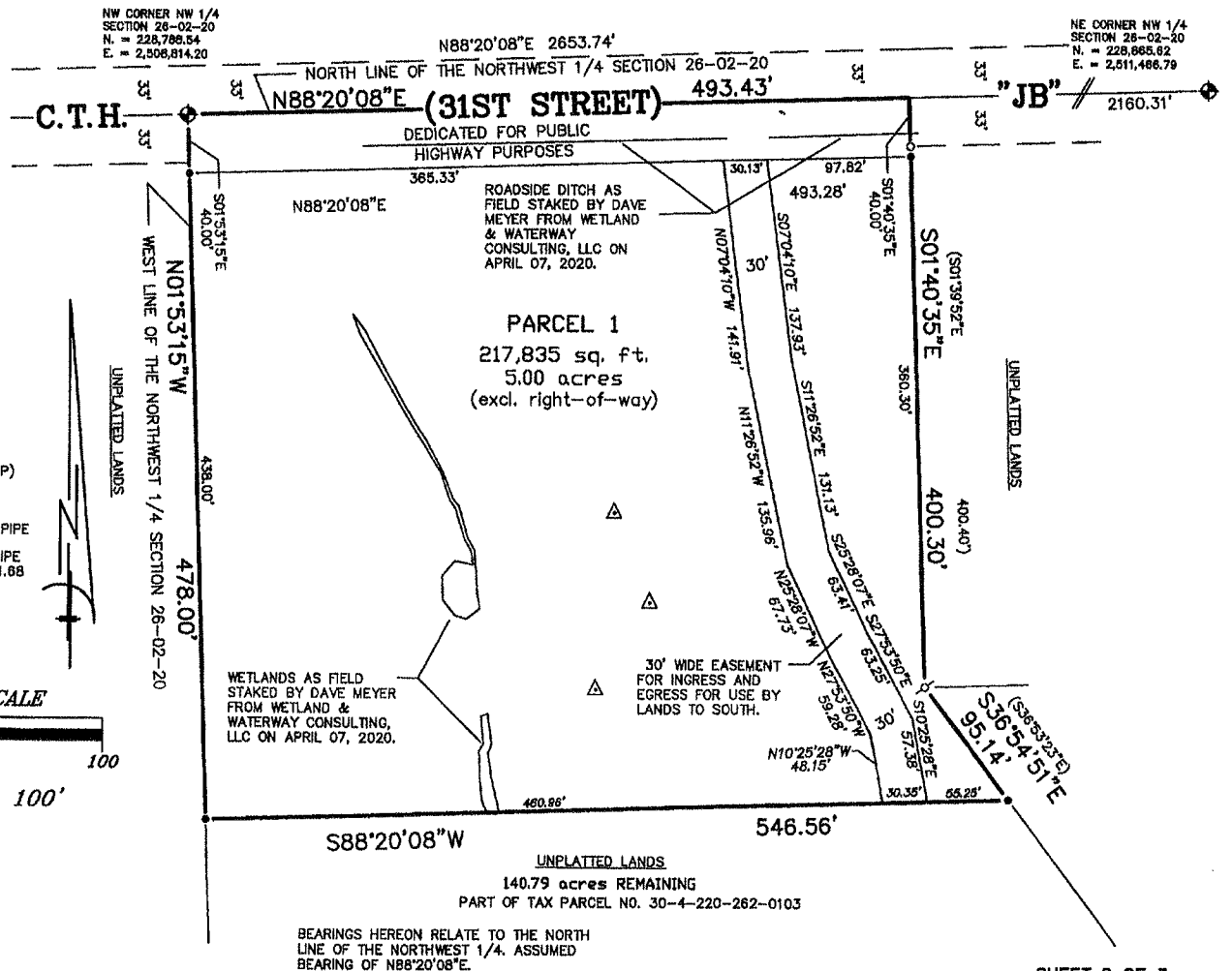
GRAPHIC SCALE



SCALE: 1" = 100'



Robert J. Wetzel
ROBERT J. WETZEL
APRIL 27, 2020



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MYRON G. DANIELS

DOREEN A. DANIELS

**STATE OF WISCONSIN)
KENOSHA COUNTY)SS**

PERSONALLY CAME BEFORE ME THIS _____ DAY OF _____, 202 , THE ABOVE NAMED MYRON G. AND DOREEN A. DANIELS, TO ME KNOWN TO BE THE PERSONS WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGE THE SAME.

NOTARY PUBLIC
MY COMMISSION EXPIRES:

KENOSHA COUNTY PLANNING, DEVELOPMENT AND EXTENSION EDUCATION COMMITTEE APPROVAL:

THIS CERTIFIED SURVEY MAP WAS HEREBY APPROVED BY THE KENOSHA COUNTY PLANNING, DEVELOPMENT, AND EXTENSION EDUCATION COMMITTEE ON THIS _____ DAY OF _____, 202 .

ERIN DECKER CHAIRPERSON

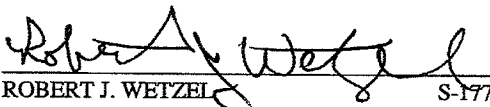
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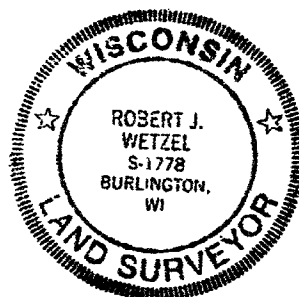
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LINDA PERONA TOWN CLERK

DATED THIS 27TH DAY OF APRIL, 2020.


ROBERT J. WETZEL S-1778





COUNTY OF KENOSHA

Division of Health Services

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Page 1 of 2

Kenosha County
Planning and Development

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APR 29 2020

Kenosha County
Deputy County Clerk

19600 - 75th Street, Suite 185-3

Bristol, Wisconsin 53104-9772

Telephone: (262) 857-1910

Facsimile: (262) 857-1920

APPLICATION FOR SOIL TEST REVIEW **FOR PROPOSED CERTIFIED SURVEY MAPS AND SUBDIVISIONS** **TO BE SERVED BY PRIVATE ON-SITE WASTEWATER TREATMENT** **SYSTEMS**

Pursuant to Chapter 15 of the Kenosha County Municipal Code all lots and parcels of land being subdivided in the manner of Certified Survey Maps and Subdivision Plats shall have soil and site evaluations conducted to determine soil suitability for each proposed parcel. Submittal of soil information shall be done at the time of or prior to applying for review of the proposed land divisions by the Kenosha County Division of Health Services. Please complete the applicant information below and include the required review fees. All checks shall be made payable to "Kenosha County."

Owner: Myron G. & Doreen A. Daniels Rev. Trust

Agent: _____

Address: 24755 31st Street, Salem WI 53168-9596

Address: _____

Telephone: _____

Telephone: _____

Parcel Number of Property Being Divided: 30-4-220-262-0103

Proposed Project To subdivide a 5 acre parcel for construction of a new s.f. residence.

1. Number of lots/parcels being created (Do not include outlots or the remnant parcel unless it is 35 acres or less) 1.
2. Review Fee = Number from above x \$75 = 75.00.
3. Does the original parcel have any existing dwellings or buildings served by private on-site wastewater treatment (septic) systems? Yes ☒ No ☐.
4. Are these systems older than July 1, 1980? Yes ☐ No ☒.
5. If you answered **yes** to questions 3 and 4, this existing septic system must go through an evaluation to determine compliance with SPS 383.32 of the Wisconsin Administrative Code or may need to replace the existing system with a code compliant one as part of this land division procedure. The Sanitary Permit for the replacement system must be issued prior to applying for approval of the land division with the Division of Planning & Development.
6. Certified Survey Maps (CSMs) must have complete soil and site evaluations for all proposed lots including any remnant parcel 35 acres or less. For CSMs involving structures served by private sewage systems the existing system and all treatment tanks shall be located and shown on the survey and must be evaluated for compliance with SPS 383.32, Wisconsin Administrative Code. Existing systems older than July 1, 1980 and in suitable soils shall be required to have a soil and site evaluation conducted to establish a replacement area for a future private sewage system. This area designated for a future system shall be shown on the survey and must meet all setback requirements and be within the boundaries of the newly proposed parcel.

7. Preliminary plats must follow the soil and site evaluation requirements as stated in Chapter 15.07 of the Kenosha County Sanitary Code and Private Sewage System Ordinance. Final plats on clayey glacial till soils will be required to have complete soil tests conducted and have the soil boring locations on the plat.
8. For further information and details of these procedures you may contact a sanitarian in the Division of Health Services or at 262/857-1910.

FOR OFFICE USE ONLY

Soil and Site Evaluations received on _____

Proposed land divisions will be scheduled for hearing with the Planning, Development &
Extension Education Committee on _____

Comments _____

Soil and Site Evaluations have been reviewed and are compliant with Chapter 15.07 and SPS 385

County Sanitarian _____ Date _____

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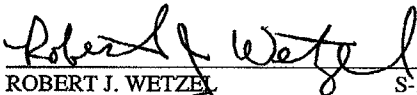
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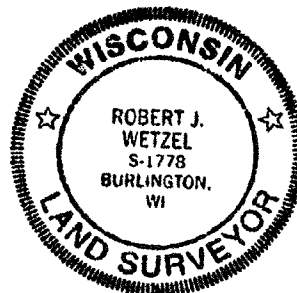
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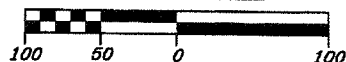
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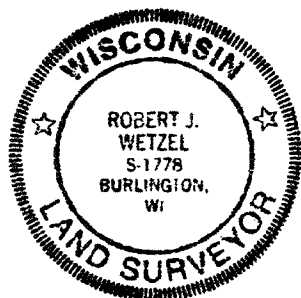
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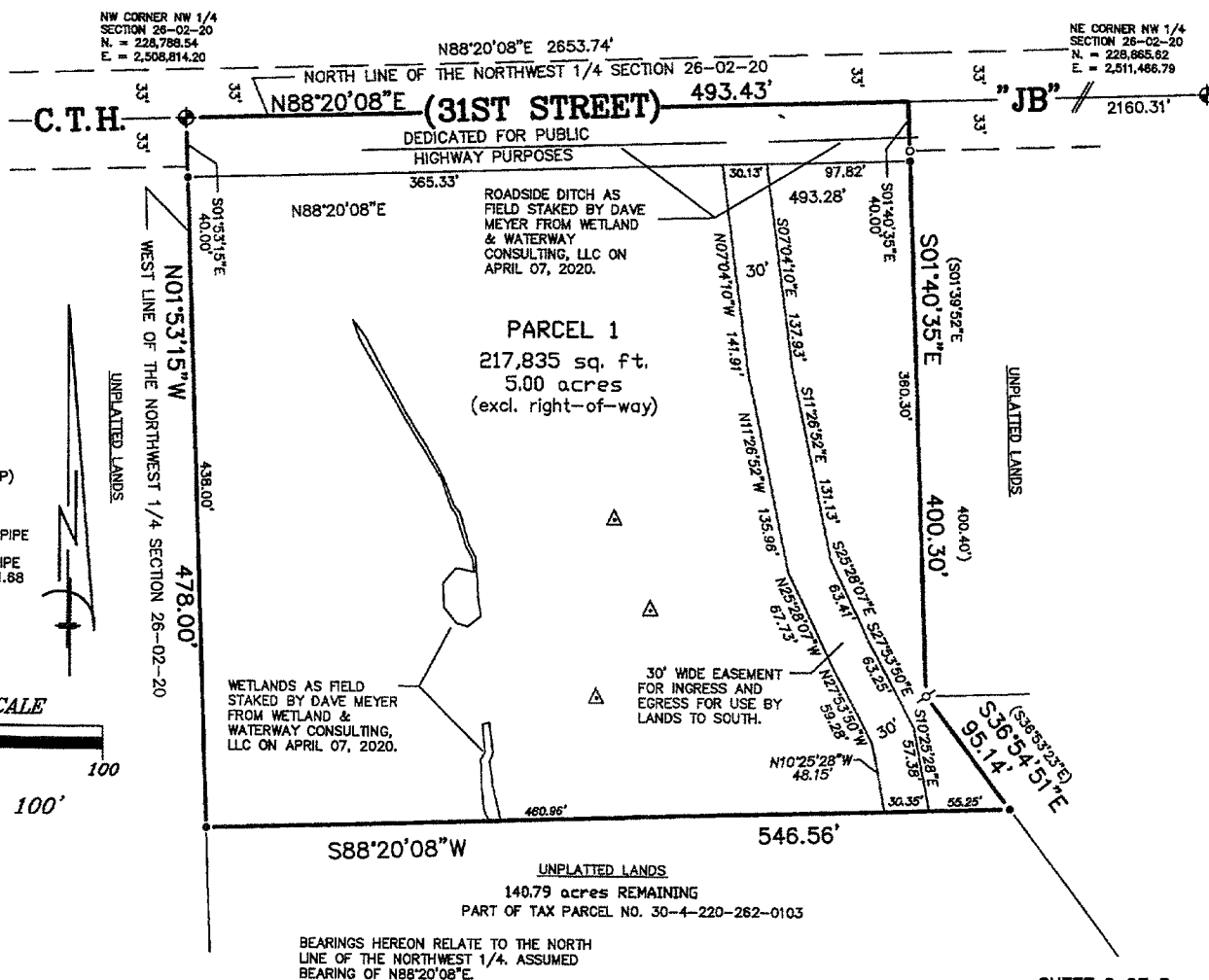
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KENOSHA COUNTY)SS**

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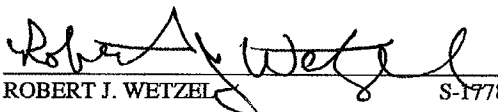
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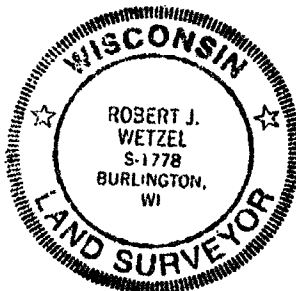
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LINDA PERONA TOWN CLERK

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COUNTY OF KENOSHA

Division of Health Services

19600 - 75th Street, Suite 185-3
Bristol, Wisconsin 53104-9772
Telephone: (262) 857-1910
Facsimile: (262) 857-1920

Existing POWTS Evaluation Report

LOCATION: 1/4 NW 1/4 Section 26, T 2 N, R 20 E, Town of Brighton Date 2/17/20
Lot No. _____ Block No. _____ Subd. _____ Parcel # 30-4-220-262-0103
Owner's/Buyer's Name: Myron & Doreen Daniels Rev. Trust Phone # _____
Mailing Address: 24755 31st St. Salem WI 53168
Site Street Address: 24755 31st St.

Reasons for Evaluation:

- | | |
|---|---|
| <input type="checkbox"/> Building Addition/Renovation | <input type="checkbox"/> Change in Building Use, Design Wastewater Flow or Wastewater Quality |
| <input type="checkbox"/> Reconnection, Modification or Repair to a POWTS | <input type="checkbox"/> Rezoning of Parcel, Conditional Use Permit, or a Certificate of Compliance |
| <input checked="" type="checkbox"/> Land Division or Certified Survey Map | |
| <input type="checkbox"/> Other _____ | |

Existing POWTS Serves a:

- | | |
|---|---|
| <input checked="" type="checkbox"/> 1 or 2 Family Dwelling
Current Number of Bedrooms <u>3</u> | <input type="checkbox"/> Multiple Family Dwelling (3 units or more)
Current Number of Bedrooms _____ |
|---|---|

☐ Commercial/Public Building, Describe Use: _____
Current and Proposed Design Flow _____

☐ Private Outbuilding, Describe Use: _____

- 1) Does all domestic wastes from the structure discharge to the existing POWTS? Yes
If NO, please explain _____
- 2) Is there any non-domestic waste being generated in the structure? No
If yes, please explain what it is and where it is discharged _____

Permit Information

Sanitary Permit- Permit # 530504 Date Issued 1/21/08 Date Installed 1/21/09

If a sanitary permit exists, please obtain the copies necessary for you to complete this evaluation. If no permit is on file with the County, then a complete and thorough evaluation of the existing system is required along with a detailed site plan and a soil boring documenting the system elevation and the separation to seasonal zones of saturation in the soil based on redoximorphic colors and/or seasonal groundwater. In both situations stated, the below information must be completed.

Existing POWTS Components

1. Treatment Tanks

☒ Septic Tanks ☐ Holding Tanks ☐ Pump Chamber ☐ Other (specify) _____

Septic/Holding Tanks Manufacturer Grove Concrete Capacity 1005
Number of Tanks 1 Material: Precast Concrete Describe Condition of Tanks and Baffles Filter is in good condition

Are all risers, covers, warning labels, locks, vents, electrical boxes, high water alarm, conduit, floats and wires, and outlet filters present and in good working order? Yes If NO, explain the non-compliance(s) _____

Most Recent Tank Servicing Date: 1/18/2018 By: Sunrise Septic
This information obtained from: Kenosha County Maintenance Portal

2. Pump Chamber/Other

Manufacturer Grove Concrete Capacity 771 gal. Number of Tanks 1
Describe condition of the tank In good condition

Are all risers, covers, warning labels, locks, vents, electrical boxes, conduit, floats, wires and filters in good working order? Yes If NO, explain the non-compliance(s) _____

3. Aerobic Treatment, Fixed Medium Pre-Treatment, Sand Filters, Peat Filters, or any other Secondary Treatment Devices

Manufacturer _____ Number of Tanks _____
Material _____ Condition of Pre-Treatment Device – Explain the performance and any non-compliances _____

4. Supplemental Treatment Devices (UV lights, chlorinators, etc.)

Type and Manufacturer of Device _____
Is the device Operational? _____ If NO, explain non-compliance(s) _____

5. Soil Dispersal Cell

Type of Absorption Cell (inground, at-grade, mound, etc.) Mound
Is there any wastewater or sewage effluent on the ground surface or being discharged via tile, pipe or hose on the property or to a right-of-way of any road or easement? No
If Yes, explain _____

Is effluent observed ponded in the dispersal cell? No If Yes, what is the measured depth? _____
Dispersal Cell Dimensions 6' x 80' Number of Cells 1 Depth to top of Cell 20"
Depth to the Bottom of the Cell 12"

Additional comments, conclusions and observations made regarding the existing system and its current performance:
the owner was advised that the septic tank may need to be replace in the not to far future.

I do hereby certify that the information collected in the field and recorded on this report and all accompanying documents is accurate and based on this evaluation. The existing POWTS serving the structure at the above named location _____ is not _____ (is or is not) a failing system as defined in the Wisconsin Statutes Ch. 145.245(4) and based on an existing or completed soil test for the evaluation has a separation of _____³⁶ inches from a seasonal zone of saturation to the existing system elevation.

Evaluator's Name Kenneth P. Kretschmer Signature *Kenneth P. Kretschmer*
 Date 2/6/20 Mailing Address PO Box 923 New Munster WI 53152
 License/Certification Number 224140 List all credentials for the above license number Master Plumber Restricted
 Soil tester _____

This evaluation does not express any warranty or project any longevity of the system. This evaluation was done in good faith in determining optimum performance based on information provided by the owner, the Division of Health Services, my observation and methods of investigation at the time of evaluation.

Additional information to be included with this evaluation dependent on the intended reason for the POWTS Evaluation	County Sanitary Permit	Proposed Addition And/or Renovation	Conditional Use Permit Change in Use or Wastewater Quality or Flow
1. Soil and Site Evaluation (Soil Test or Single Boring) unless there is one already on file with the County	X	X	X
2. Complete Site Plan detailing the proposed sanitation project or the existing POWTS	X	X	X
3. County Sanitary Permit Application	X	*	
4. Maintenance Agreement (If not already on file or is outdated)	X	X	X
5. Servicing contracts, recordable documents as required by County Ordinance (dependant on project)	X	X	X

* - May be required dependent on the project.

Definition of a Failing Private Sewage System as per Ch. 145.245(4), Wisconsin Statutes "... one in which causes or results in any of the following conditions:

- (a.) The discharge of sewage in to surface water or ground water
- (b.) The introduction of sewage into zones of saturation which adversely affects the operation of a private sewage system.
- (c.) The discharge of sewage to a drain tile or into zones of bedrock.
- (d.) The discharge of sewage to the surface of the ground
- (e.) The failure to accept sewage discharge and back up of sewage into the structure served by the private sewage system."

Department Use Only

Date Reviewed: _____

Sanitarian's Signature _____

Comments: _____

SOIL EVALUATION REPORT

In accordance with SPS 385, Wis. Adm. Code

County Kenosha	
Parcel I.D. 30-4-220-262-0103	
Reviewed by	Date

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.

Please print all information.

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

Property Owner Myron G. & Doreen A. Daniels Revocable Trust				Property Location Govt. Lot $\frac{1}{4}$ NW $\frac{1}{4}$ S 26 T 2 N R 20 E (or) W <input checked="" type="checkbox"/> <input type="checkbox"/>			
Property Owner's Mailing Address 24755 31 st St				Lot #	Block #	Subd. Name or CSM#	
City Salem	State WI	Zip Code 53168-9596	Phone Number ()	<input type="checkbox"/> City	<input type="checkbox"/> Village	<input checked="" type="checkbox"/> Town Brighton	Nearest Road 31 st St.

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

☐ Replacement ☐ Public or commercial - Describe: _____

Parent material _____ Flood Plan elevation if applicable NA ft.

General comments and recommendations:

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 96.70 ft. Depth to limiting factor 22 in.

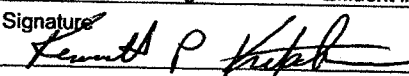
Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Az. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/Ft ²	
									*Eff#1	*Eff#2
1	0-5	10YR5/8	none	sil	3fsbk	mvfr	cs	1f1vf	.6	.8
2	5-11	10YR5/4	none	sil	2msbk	mfr	cs	2f1vf	.6	.8
3	11-22	10YR4/4	none	cl	2msbk	mfi	cs	2m1f	.4	.6
4	22-33	10YR4/4	c2d 10YR5/8	cl	2msbk	mfi	---	1m1f	.4	.6

2 Boring # ☐ Boring ☒ Pit Ground surface elev. 96.86 ft. Depth to limiting factor 25 in.

Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Az. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/Ft ²	
									*Eff#1	*Eff#2
1	0-8	10YR3/2	none	sil	3fsbk	mvfr	cw	1f2vf	.6	.8
2	8-15	10YR5/4	none	sil	2fsbk	mvfr	gw	2f1vf	.6	.8
3	15-25	10YR4/4	none	scl	2msbk	mfr	cs	1m2f	.4	.6
4	25-34	10YR4/4	c2d 10YR5/8	scl	2msbk	mfr	---	1m1f	.4	.6

* Effluent #1 = BOD, > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD, > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

CST Name (Please Print) Kenneth P. Kretschmer	Signature 	CST Number 224140
Address PO Box 923 New Munster WI 53152	Date Evaluation Conducted 2/11/20	Telephone Number 262-537-4448

3 Boring #

☐ Boring
☒ Pit

Ground surface elev. 98.40 ft.

Depth to limiting factor 20 in.

Horizon	Depth In.	Dominant Color Munsell	Redox Description Qu. Az. Cont. Color	Texture	Structure Gr. Sz. Sh.	Consistence	Boundary	Roots	Soil Application Rate	
									GPD/Ft ²	
									*Eff#1	*Eff#2
1	0-5	10YR3/2	none	sil	3fsbk	mvfr	cs	2m1f	.6	.8
2	5-9	10YR5/4	none	sil	2fsbk	mvfr	gs	2f2vf	.6	.8
3	9-20	10YR4/4	none	cl	2msbk	mfi	cs	2f1vf	.4	.6
4	20-31	10YR4/4	c2d 10YR5/8	cl	2msbk	mfi	--	1f1vf	.4	.6

☐ Boring #

☐ Boring
☐ Pit

Ground surface elev. _____ ft.

Depth to limiting factor _____ in.

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

☐ Boring #

☐ Boring
☐ Pit

Ground surface elev. _____ ft.

Depth to limiting factor _____ in.

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

* Effluent #1 = BOD, > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

* Effluent #2 = BOD, > 30 ≤ 220 mg/L and TSS > 30 ≤ 150 mg/L

CTH JB

493.43'

400.40'



scale 1"=100'



B₂

Slope 6%



B₃

Proposed lotline

B₁

BM 100'

Top of 1/2" rebar
lot stake

398.58'

Myron G & Doreen A Daniels Revocable Trust
24755 31st St.

Salem WI 53168-9596

30.4-220-262-0103

NW 1/4 526 T2N R20E

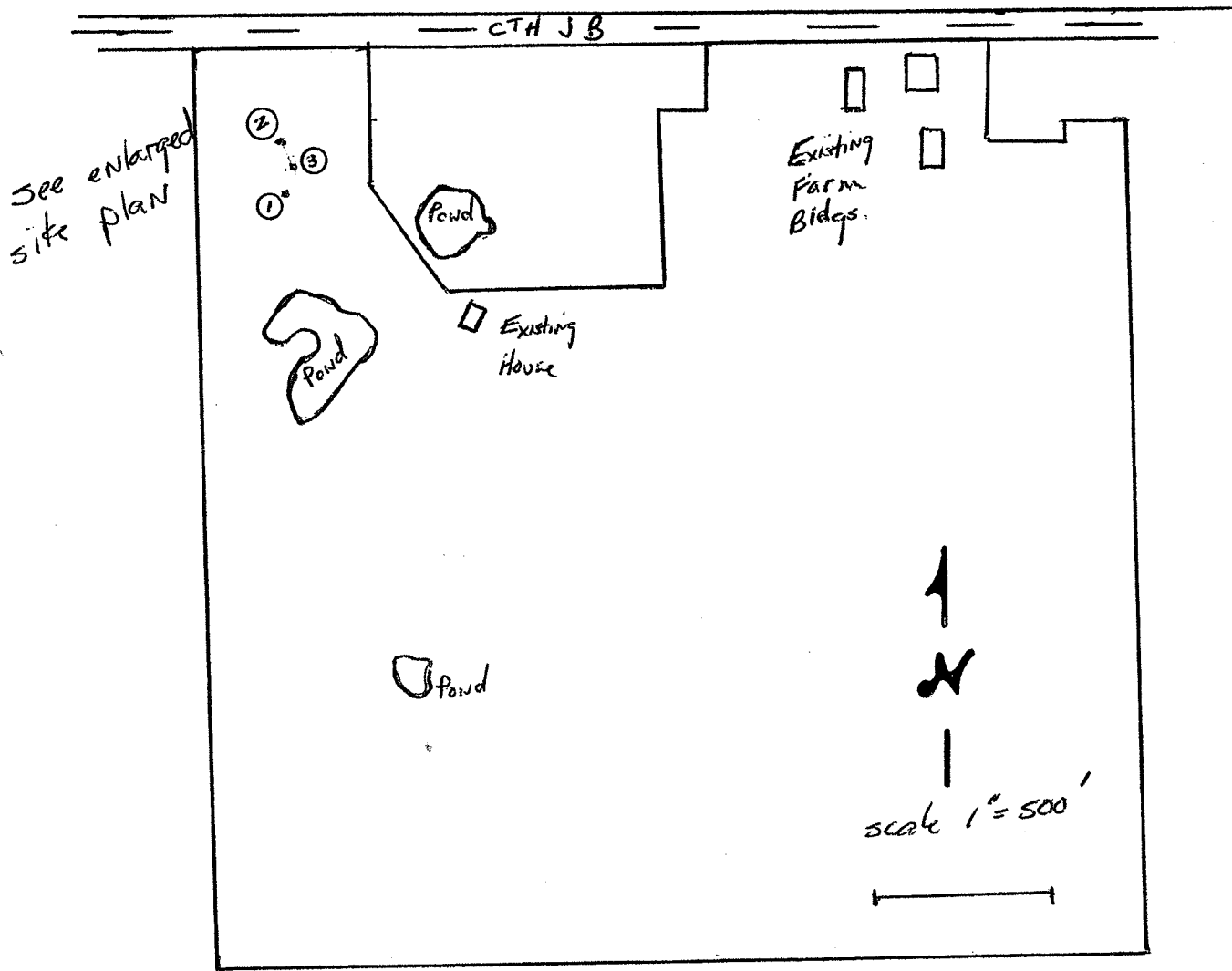
Town of Brighton

Kenosha County

2/11/20

Kenneth P Kutek

ID #224140



Myron G. & Doreen A Daniels Revocable Trust

24755 31st St.

Salem WI 53168-9596

30-4-220-262-0103

NW 1/4 S26 T2N R20E

Town of Brighton

Kenosha County

2/11/20

ID# 224140

Kenneth P. Bretzel