

DEPARTMENT OF  
INDUSTRY,  
LABOR AND  
HUMAN RELATIONS

REPORT ON SOIL BORINGS AND  
PERCOLATION TESTS (115)  
(H63.09(1) & Chapter 145.045)

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

|                                                                                                        |                                                                       |                                                                |                                                                             |                      |                              |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------|------------------------------|
| LOCATION:<br><b>NW 1/4 W1/4</b>                                                                        | SECTION:<br><b>35 T18 N16 E lot 11</b>                                | TOWNSHIP/MUNICIPALITY:<br><b>Town ALGOMA</b>                   | LOT NO.:<br><b></b>                                                         | BLK. NO.:<br><b></b> | SUBDIVISION NAME:<br><b></b> |
| COUNTY:<br><b>WINNEBAGO</b>                                                                            | OWNER/SURVEYOR'S NAME:<br><b>FAA FACILITIES MGR.<br/>WITMAN FIELD</b> | MAILING ADDRESS:<br><b>1445 WAUKESHA AV. OSHKOSH, WI 54901</b> |                                                                             |                      |                              |
| USE:<br><input checked="" type="checkbox"/> <b>POOD</b><br><input type="checkbox"/> <b>Residential</b> | NO. BEDRMS.:<br><b>1</b>                                              | COMMERCIAL DESCRIPTION:<br><b>FAST POOD</b>                    | <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Replace</b> |                      |                              |
| DATES OBSERVATIONS MADE:<br><b>5/1/86</b>                                                              |                                                                       |                                                                | PERCOLATION TESTS:<br><b></b>                                               |                      |                              |

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

|                                                                                                 |                                                                                          |                                                                                                       |                                                                                                                |                                                |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| CONVENTIONAL:<br><input type="checkbox"/> <b>S</b> <input checked="" type="checkbox"/> <b>U</b> | MOUND:<br><input type="checkbox"/> <b>S</b> <input checked="" type="checkbox"/> <b>U</b> | IN-GROUND PRESSURE:<br><input type="checkbox"/> <b>S</b> <input checked="" type="checkbox"/> <b>U</b> | SYSTEM-IN-FILL HOLDING TANK:<br><input type="checkbox"/> <b>S</b> <input checked="" type="checkbox"/> <b>U</b> | RECOMMENDED SYSTEM (optional):<br><b>4S 0U</b> |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------|

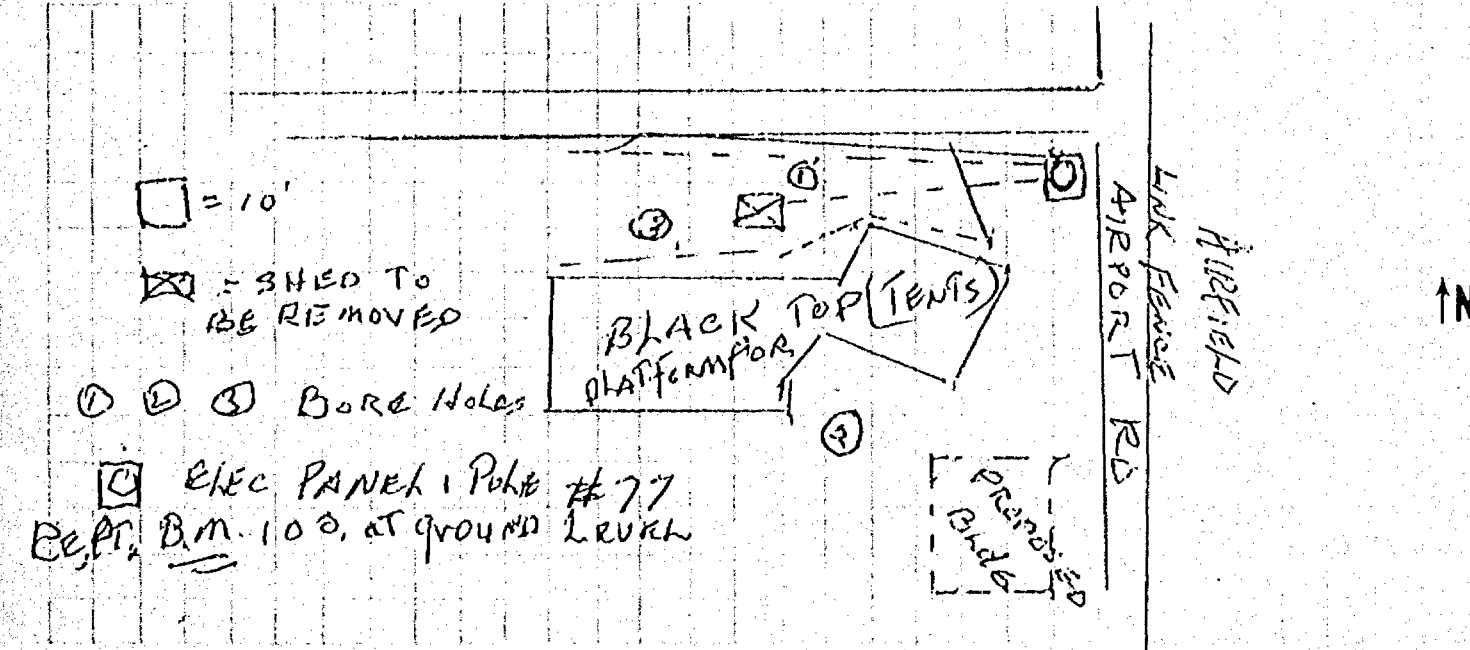
|                                                                       |              |                                                                                        |
|-----------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------|
| 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: |
|-----------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------|

| PROFILE DESCRIPTIONS |                 |           |                                      |              |                                                                                                          |
|----------------------|-----------------|-----------|--------------------------------------|--------------|----------------------------------------------------------------------------------------------------------|
| 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                  | 28"             | 100       | 16"                                  | 16"          | 0-6" GY Bnc TS 6-12" L. Bnc 12"-16" RC w/gr, 16"-28" RC w/d r/y m.c.s. massive                           |
| B-2                  | 36"             | 101       | 20"                                  | 20"          | 0-8" GY Bnc TS 8-14" L. Bnc 14"-18" RC w/gr 18"-20" RC g/v w/m m.c. met w/d r/y m.c.s.                   |
| B-3                  | 38"             | 100       | 16"                                  | 16"          | 0-8" Bnc TS 8-16" L. Bnc 16"-24" RC g/v w/m m.c. met, 24"-38" GY m.c. in massive Red clay                |

| 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-                |              |                              |                         |                            |          |          |                       |
| P-                |              |                              |                         |                            |          |          |                       |
| P-                |              |                              |                         |                            |          |          |                       |
| 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.

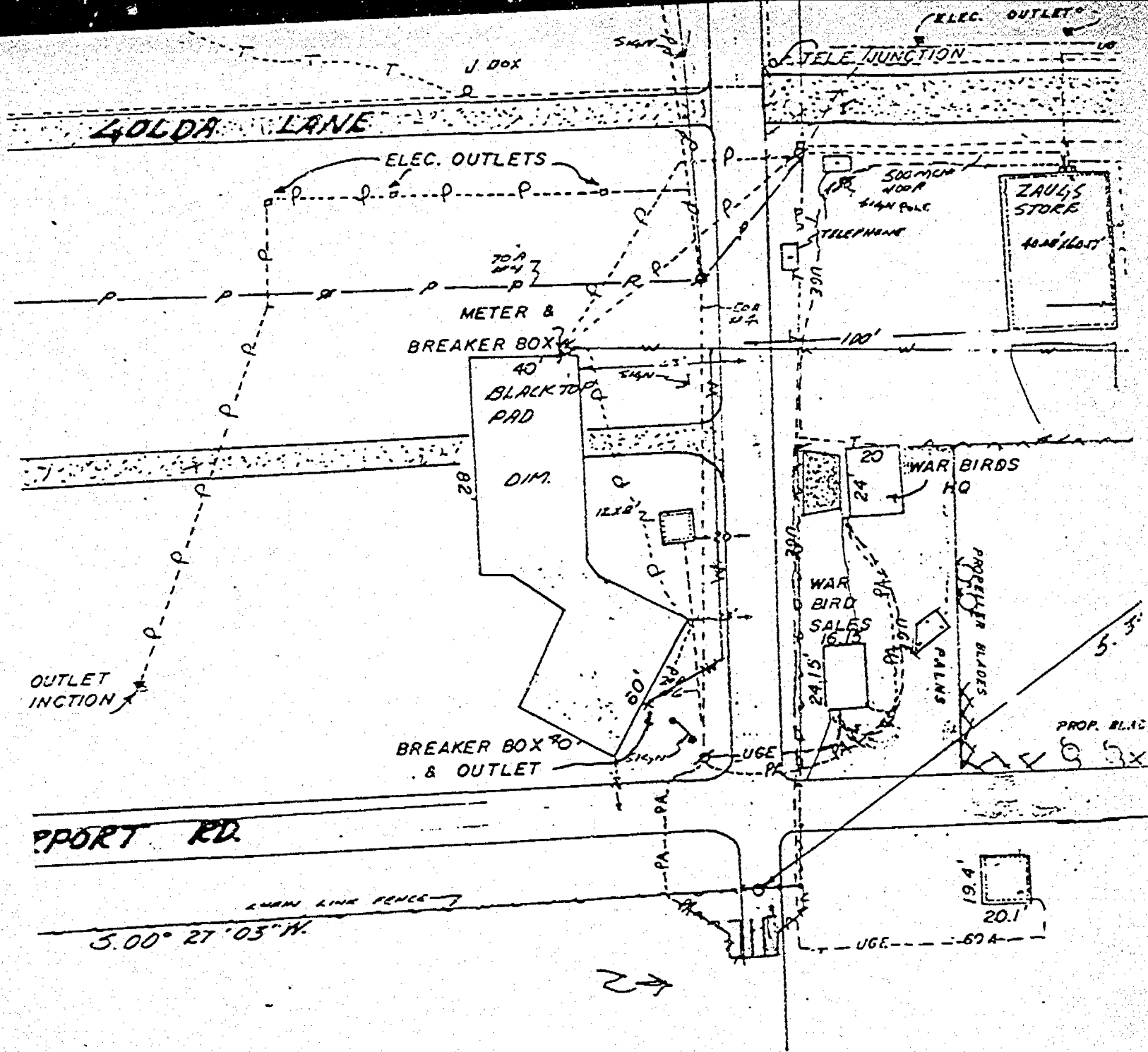
SYSTEM ELEVATION



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):<br><b>JOHN P. KENNEDY</b>                  | TESTS WERE COMPLETED ON:<br><b>5/1/86</b>       |
| ADDRESS:<br><b>627 W. NEW YORK AV. OSHKOSH, WI 54901</b> | CERTIFICATION NUMBER:<br><b>0510970</b>         |
|                                                          | PHONE NUMBER (optional):<br><b>414-231-3089</b> |
|                                                          | CST SIGNATURE:<br><i>John P. Kennedy</i>        |





Annexed to City 91413530000

# REPORT ON SOIL BORINGS AND PERCOLATION TESTS (115)

(H63.09(1) & Chapter 145.045)

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

Annexed to City 91413200200

JAN

9 1985

See attached sheet

|                                                       |                                               |                                                                          |                                                                         |               |                       |
|-------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------|-----------------------|
| LOCATION:<br>SE 1/4 NW 1/4                            | SECTION:<br>36/T18N/R14E (or) W               | TOWNSHIP/MUNICIPALITY:<br>Algoma                                         | LOT NO.:<br>                                                            | BLK. NO.:<br> | SUBDIVISION NAME:<br> |
| COUNTY:<br>WINN.                                      | OWNER'S/BUYER'S NAME:<br>Pat & Stacy Flanagan | MAILING ADDRESS:<br>80 Waukan Ave, Oshkosh                               |                                                                         |               |                       |
| USE:<br><input checked="" type="checkbox"/> Residence | NO. BEDRMS.:<br>2                             | COMMERCIAL DESCRIPTION:<br>                                              | DATES OBSERVATIONS MADE:<br>PROFILE DESCRIPTIONS:<br>PERCOLATION TESTS: |               |                       |
|                                                       |                                               | <input type="checkbox"/> New <input checked="" type="checkbox"/> Replace | 1-2-85                                                                  |               |                       |

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

|                                                                                   |                                                                            |                                                                                         |                                                                                     |                                                                                   |                                                |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|
| CONVENTIONAL:<br><input type="checkbox"/> S <input checked="" type="checkbox"/> U | MOUND:<br><input type="checkbox"/> S <input checked="" type="checkbox"/> U | IN-GROUND PRESSURE:<br><input type="checkbox"/> S <input checked="" type="checkbox"/> U | SYSTEM-IN-FILL:<br><input type="checkbox"/> S <input checked="" type="checkbox"/> U | HOLDING TANK:<br><input checked="" type="checkbox"/> S <input type="checkbox"/> U | RECOMMENDED SYSTEM: (optional)<br>Holding tank |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|

|                                                                           |                  |                                                                                               |
|---------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------|
| If Percolation Tests are NOT required under s.H63.09(5)(b), Indicate:<br> | DESIGN RATE:<br> | If any portion of the tested area is in the Floodplain, indicate Floodplain elevation:<br>N/A |
|---------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------|

Parcel No. 002-0552-01

## PROFILE DESCRIPTIONS

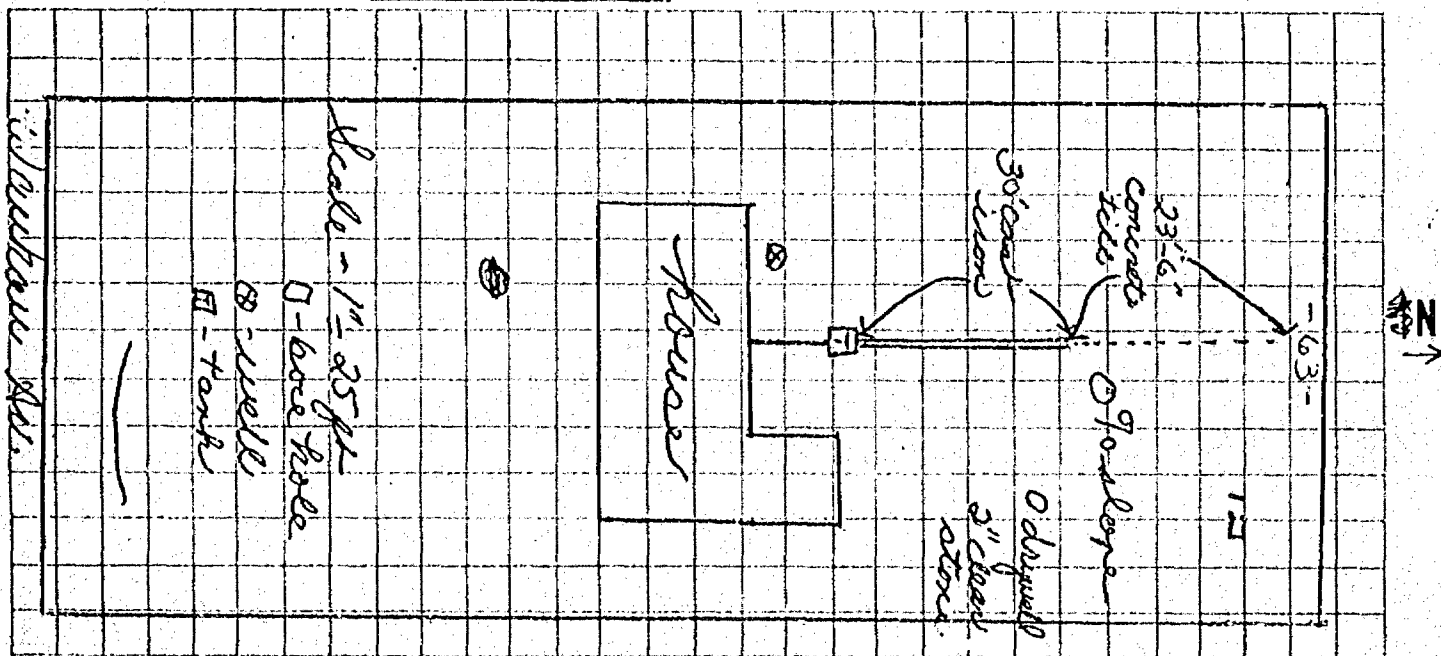
| BORING NUMBER | TOTAL DEPTH IN. | ELEVATION | DEPTH TO GROUNDWATER INCHES<br>OBSERVED | EST. HIGHEST  | CHARACTER OF SOIL WITH THICKNESS, COLOR, TEXTURE, AND DEPTH TO BEDROCK IF OBSERVED (SEE ABBRV. ON BACK.) |
|---------------|-----------------|-----------|-----------------------------------------|---------------|----------------------------------------------------------------------------------------------------------|
| B. 1          | 60              |           | none                                    | mch 18" O & R | 11" Bn s. ts, 49" R cl                                                                                   |
| B.            |                 |           |                                         |               |                                                                                                          |
| B.            |                 |           |                                         |               |                                                                                                          |
| B.            |                 |           |                                         |               |                                                                                                          |
| B.            |                 |           |                                         |               |                                                                                                          |
| B.            |                 |           |                                         |               |                                                                                                          |
| 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.          |              |                              |                         |                            |          |          |                       |
| P.          |              |                              |                         |                            |          |          |                       |
| P.          |              |                              |                         |                            |          |          |                       |
| P.          |              |                              |                         |                            |          |          |                       |
| P.          |              |                              |                         |                            |          |          |                       |
| P.          |              |                              |                         |                            |          |          |                       |

LOT 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



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):<br>James A. Groshenutz  | TESTS WERE COMPLETED ON:<br>1-2-85           |
| ADDRESS:<br>3460 W. Fisk Ave, Oshkosh | CERTIFICATION NUMBER:<br>55-1772             |
|                                       | PHONE NUMBER (optional):<br>235-7532         |
|                                       | CST SIGNATURE:<br><i>James A. Groshenutz</i> |

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

B-3 Zoning

NO FLOOD PLAIN, SHORELAND OR WETLAND

# OSHKOSH -MULTIPLE LISTING SERVICE-

Annexed to City 91413200200

CLASSIFICATION: OUT-OF-TOWN 2 Bedroom  
MLS NO. K95197 PRICE \$34,500.00  
ADDRESS 80 Waukau Avenue  
Oshkosh, Wisconsin 54901

DEPOSITION  
EXHIBIT

#2  
7/6/84 LWH



## GENERAL DESCRIPTION AND LOCATION:

Freshly painted interior. Country living on city outskirts.

| ROOMS          | SIZE        | FLOOR*          | TRIM    |
|----------------|-------------|-----------------|---------|
| FOYER          | X           |                 |         |
| LIVING ROOM    | 18.4 X 12   | Carpet          | Painted |
| DIN. ROOM      | X           |                 |         |
| DIN. AREA      | X           |                 |         |
| KITCHEN        | 18.9 X 11.7 | Tile            | Painted |
| FAMILY ROOM    | X           |                 |         |
| UTILITY ROOM   | 7.9 X 11.7  | Concrete        | "       |
| RECREATION RM. | X           |                 |         |
| BEDROOM 1      | 13 X 11.6   | Linol. - carpet |         |
| BEDROOM 2      | 15.7 X 12.9 | Tile - carpet   |         |
| BEDROOM 3      | X           |                 |         |
| BEDROOM 4      | X           |                 |         |
|                | X           |                 |         |
|                | X           |                 |         |

\* (HW) - Hardwood (VT) - Vinyl Tile (L) - Linoleum (C) - Carpet

TOTAL ROOMS 5 CLOSETS 4 - large

FIREPLACE None

KITCHEN FEATURES: Orig. X Remodeled

Disposal 8.4 Ft. Upper Cabinets

Dishwasher 11.4 Ft. Lower Cabinets

X Gas Conn. 220 V. Outlets

B/I Range Range Hood-Fan

BATHROOM FEATURES: Orig. Remodeled X

Bath No. 1 Shower-tub, vanity, linen closet Bath No.

8' x 6'

newly remodeled

OTHER INFORMATION: Water pump new in 1979. Furnace 6 years old. Showings in the evening 7 to 10 P.M. Monday thru Friday all day on Saturday and Sunday. Listing Broker to accompany all first time showings by any Broker.

snow & garbage removed by neighbor. house painted - not in it. Fully insulated & excellent garden. Blowing trees on three sides of house.

The above information is not guaranteed and is subject to correction.

STYLE Ranch  
ZONING  
EST. AGE 20 yrs.  
OCC. DATE At closing.  
A/V \$7,600.00  
TAX \$477.32-1978  
SIGN Yes  
LOK BOX No  
LOT SIZE 63 x 175  
SCHOOLS Lakeside, South Park, West High  
LEGAL DESCRIPTION Pt. SE SW Com Intr SL Sec with EL RR ROW E on S SL 50 ft POB E 63 ft NW PAR ROW 175 ft W 63 ft SE PAR ROW 175 ft to POB

BLDG SIZE 46 x 24 x 16 x 14  
APPROX SQ FT 1113  
ROOF Asph Shin  
EXTERIOR Asbestos slate maintenance free  
INTERIOR Plaster Drywall Panel  
FOUNDATION Block Pour Stone

BASEMENT Full Partial  
Stat. Tub Water Softener  
Sump Pump Washer Hookup  
Dryer Hookup Electric Gas  
WATER HEATER 40 Gallon natural gas  
TYPE HEAT Gas forced air & wood stove

EST. HEAT COST Paid no heat bills since

AIR COND. Central Window

WIRING V. 100 Amp. Fuses Cir. Br

INSULATION Walls Ceiling

DRAPERIES All curtains & drapes

STORMS & SCREENS Alum. Wood Wood-Alum. Inset

GARAGE Attached Detached 24'6" x 12' Wire

Ext. Size

DRIVEWAY Gravel Concrete Asphalt

Antenna Rotor

TYPE OF STREET Concrete Aspha

Seal Coat Grave

Public Walk Service Walk Curb

City Sewer City Water Nat'l G

Septic Well new fire. L.P. Gas

SPECIAL ASSESSMENTS none

ABSTRACT TITLE INSURANC

OWNER Pat & Stacy Flanagan Ph 233-368

OCCUPANT Owners Ph

FINANCING None

INCOME

Annexed to City 91352010000



## Winnebago County

PLANNING AND ZONING DEPARTMENT

David E. Schmidt, Director

John Pugh, Principal Planner • Leonard Leverage, Zoning Administrator

Date: April 3, 1987

State of Wisconsin DILHR  
Division of Safety & Buildings  
Bureau of Plumbing  
P. O. Box 7969  
Madison, WI 53707

Winnebago County waives the requirement to complete and submit the "Report on Soil Borings and Percolation Tests (PLB 115)" for the following parcel:

Owner's Name: Gerald D. Mathusek

Address of Parcel: S Oakwood Rd, Oshkosh, WI. 54904

Legal Description: PT SE NE COM 775 FT N OF SE COR LAND IN V1034P560  
POB N 258 FT W 153.7 FT SWLY TO PT W OF POB E TO POB  
Section 29 T18N R16E

Tax Parcel Number: 002-0343-11

Please note the site conditions checked below:

- ☐ Area is in a floodplain with no contiguous higher area; PLB 89 attached.
- ☐ Site is filled according to soil survey.
- ☐ Soil survey shows severe limitations for soil absorption systems.
- ☐ Parcel has size limitations which prevent installation of soil absorption system.

Additional information: Site has been filled to bring lot out of the flood plain. See attached elevation survey.

Please contact this office with any questions pertaining to the above information.

Sincerely,

Cary A. Rowe  
Winnebago County  
Sanitary Inspector

CAR:sn

Courthouse

• P. O. Box 2308

• Oshkosh, WI 54903-2808

• 414/235-2500

# Annexed to City 91352010000 PLAT OF SURVEY

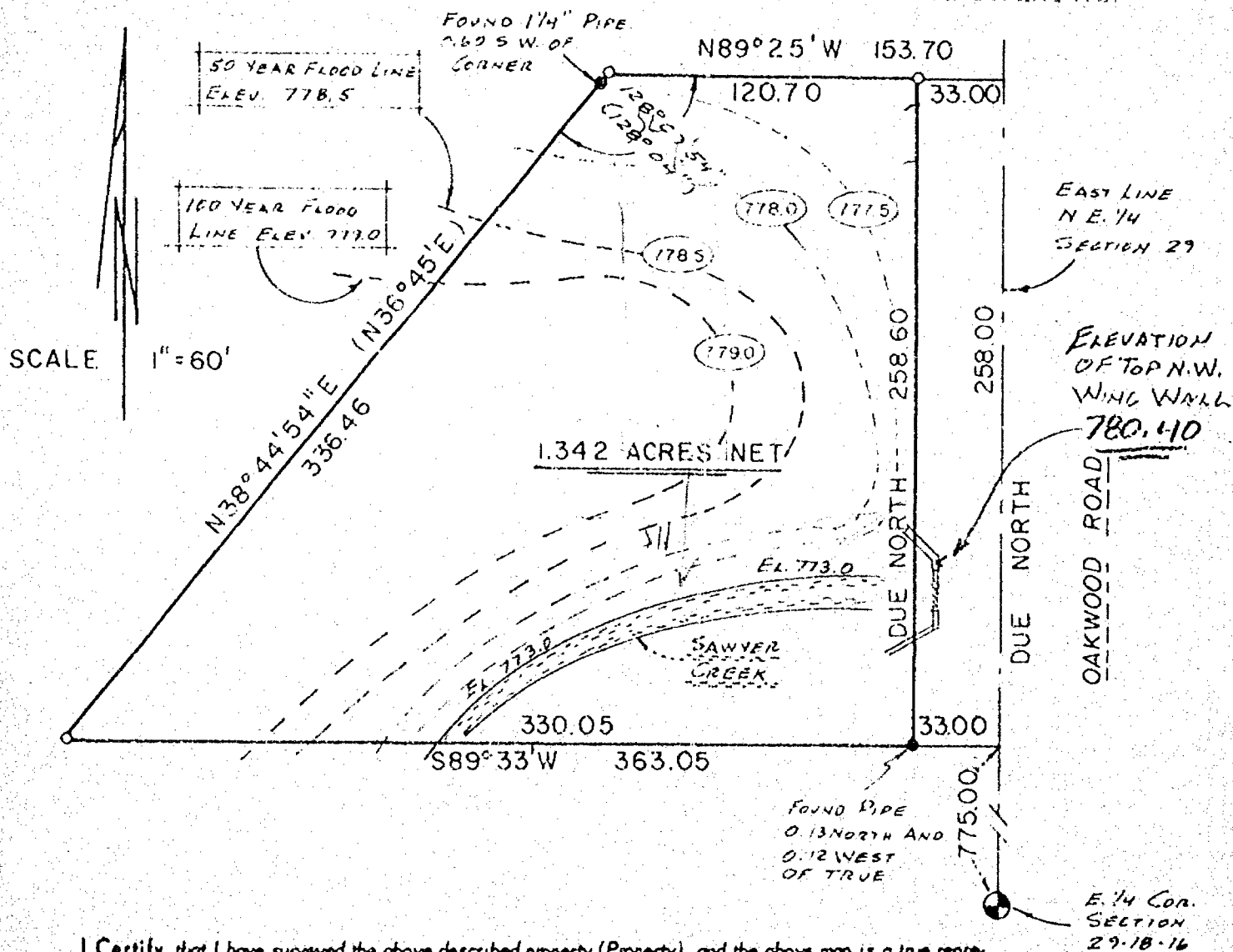
A PART OF THE S.E. 1/4 OF THE N.E. 1/4 OF SECTION 29, T18N. R16E, IN THE TOWN OF ALGOMA, WINNEBAGO COUNTY, WISCONSIN, BOUNDED AND DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF THE S.E. 1/4 OF THE N.E. 1/4, 775.00 FT. NORTH OF THE S.E. CORNER OF SAID N.E. 1/4, BEING THE N.E. CORNER OF LANDS DEEDED TO SWEET BY DEED RECORDED IN VOLUME 1034 ON PAGE 560, THENCE NORTH ON SAID EAST LINE 258.00 FT., THENCE NORTH 89-25 WEST 153.70 FT, THENCE SOUTHWESTERLY ON THE WEST LINE OF LANDS DEEDED BY HORTON AND OTHERS TO GRANTOR BY DEED RECORDED IN VOLUME 1075 OF RECORDS ON PAGE 599 AT AN ANGLE OF 109-04 WITH THE LAST ABOVE DESCRIBED LINE TO A POINT WHERE A LINE DRAWN FROM THE POINT OF BEGINNING, BEARING SOUTH 89-33 WEST INTERSECTS THE LAST NAMED LINE, BEING THE NORTH LINE OF LANDS DEEDED TO SWEET BY DEED RECORDED IN VOLUME 1034 ON PAGE 560, EXTENDED WEST, THENCE EAST ON SAID LINE TO THE PLACE OF BEGINNING.

AUGUST 26, 1936 SURVEY FOR SPANBAUER REALTY SURVEY NO. 1790-B

● ————— DENOTES 1" DIAMETER IRON PIPE FOUND AS SHOWN.

○ ————— DENOTES 1" DIAMETER, 24" LONG IRON PIPE SET.

( ) = RECORD DIMENSIONS WHERE DIFFERENT FROM FIELD MEASUREMENTS.



I Certify that I have surveyed the above described property (Property), and the above map is a true representation thereof and shows the size and location of the Property, its exterior boundaries, the location and dimensions of all visible structures thereon, boundary, fences, apparent easements and roadways and visible encroachments, if any.

This survey is made for the exclusive use of the present owners of the Property, and also those who purchase, mortgage, or guarantee the title thereto, within one (1) year from date hereof.



**national survey & engineering**  
417 NORTH SAWYER STREET / P.O. BOX 2963  
OSHKOSH, WISCONSIN 54903  
(414) 426-2800

