



**Scott Walker, Governor**  
**Dave Ross, Secretary**

October 28, 2016

Identification Numbers
<b>Transaction ID No. 2777403</b>
<b>Site ID No.</b>
Please refer to both identification numbers, above, in all correspondence with the agency.

CUST ID No. 833571

DANIEL DOCKENDORF  
DOCS SEWER & WATER CO INC  
PO BOX 100  
BIG BEND WI 53103

**CONDITIONAL APPROVAL**  
**PLAN APPROVAL EXPIRES: 10/31/2021**

Re: Description: CHEMICAL OR PHYSICAL RESTORATION FOR POWTS  
Manufacturer: TERRALIFT, INC.  
Product Name: (trans id 2777403) TERRALIFT  
Model Number(s): NONE  
[REJUVENATION PROCESS INVOLVING A HIGH PRESSURE PROBE,  
PNEUMATIC HAMMER AND INJECTION OF POLYSTYRENE BEADS]  
Product File No: 20160243

The specifications and/or plans for this plumbing product have been reviewed and determined to be in compliance with chapters SPS 382 through 384, Wisconsin Administrative Code, and Chapters 145 and 160, Wisconsin Statutes.

The Department hereby issues an alternate based on the Wisconsin Statutes and the Wisconsin Administrative Code. **This approval is valid until the end of October 2021.**

This approval supersedes the approval issued on 7/20/2011 under product file number 20110218.

This alternate approval is contingent upon compliance with the following stipulation(s):

- Use of this product must comply with the following:
  1. The probe must be inserted no deeper than one foot below the elevation of the infiltrative surface of the distribution/dispersal cell.
  2. The probe must be inserted outside of the distribution/dispersal cell and no closer than one and one-half feet from that edge of the distribution/dispersal cell.
  3. The elevation of the system's infiltrative surface must be above the estimated highest groundwater elevation or bedrock by the distance prescribed in Table Comm 83.44-3, Wis. Adm. Code.
- This product must be utilized in accordance with the manufacturer's printed installation instructions and this product approval. If there is a conflict between the manufacturer's installation instructions and the product approval, the product approval requirements will take precedence.
- **Prior to using this method of soil rejuvenation on an individual site, the installer must contact the county to verify the suitability of using this procedure based on site characteristics, such as but not limited to, system age, system type, and vertical separation to a limiting factor.**

**The county may require plan review, a county permit, notice for inspection and/or monitoring. The county may also establish a fee for the permit or any other related activity.**

- **Chemical and Physical Restoration (CPR): Products approved under this product type by the department are only approved for use in existing POWTS systems. (Separate Product Review and Approval are required for design, use and installation in new POWTS.)**

The department is in no way endorsing this product or any advertising, and is not responsible for any situation which may result from its use.

Sincerely,

Glen Jones, M.S.  
POWTS Product Reviewer  
phone: (608) 267-5265  
fax: (608) 267-9723  
email: [glen.jones@wi.gov](mailto:glen.jones@wi.gov)