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

County: VILAS

Sanitary Permit Number (to be filled in by Co.): 563364

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 Servics. 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: 2267176

Project Address (if different than mailing address): 3675 TWIN LAKE RD

I. Application Information – Please Print All Information

Property Owner's Name: JAMES TILT - SUNDOWN TAVERN

Property Owner's Mailing Address: 4938 BASLER DRIVE

City, State: HARTFORD WI

Zip Code: 53027

Phone Number:

Parcel #: 8-1748

Property Location: Govt. Lot 1 ¼ ¼ Section 18 T 41 N; R 11 (circle one) E or W

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Lot # PCL 1

Block #

CSM Number

Subdivision Name

☐ City of

☐ Village of

☒ Town of CONOVER

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms

☒ Public/Commercial – Describe Use: TOILET WASTE of RESTAURANT 2 BEDROOM APARTMENT

☐ State Owned – Describe Use

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: 87748 Invent

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

☒ Non-Pressurized In-Ground ☐ Pressurized In-Ground ☐ At-Grade ☐ Mound ≥ 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)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
1236 GPD	0.7 GPD/SQFT.	1765 SQFT.	1800 SQFT.	96.5

VI. Tank Info

	Capacity in Gallons: New Tanks	Capacity in Gallons: Existing Tanks	Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
Septic or Holding Tank	800	2000	2800	1	CONCRETE PRODUCTS	X				
Dosing Chamber	1700	0	1700	1	CONCRETE PRODUCTS	X				

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

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
TIM SHELBY		# 22757	(715) 546-3314

Plumber's Address (Street, City, State, Zip Code): SHELBY PLUMBING 6262 E. BIG LAKE LOOP THREE LAKES, WI 54562

VIII. County/Department Use Only

☒ Approved	☐ Disapproved ☐ Owner Given Reason for Denial	Permit Fee $ 348.60	Date Issued 7/10/2013	Issuing Agent Signature

IX. Conditions of Approval/Reasons for Disapproval

Document must be recorded with Vilas County Register of Deeds to reflect changes shown in survey known by Vilas County Surveyor File # A3678.
System to meet all setback requirements from structures and lot lines.

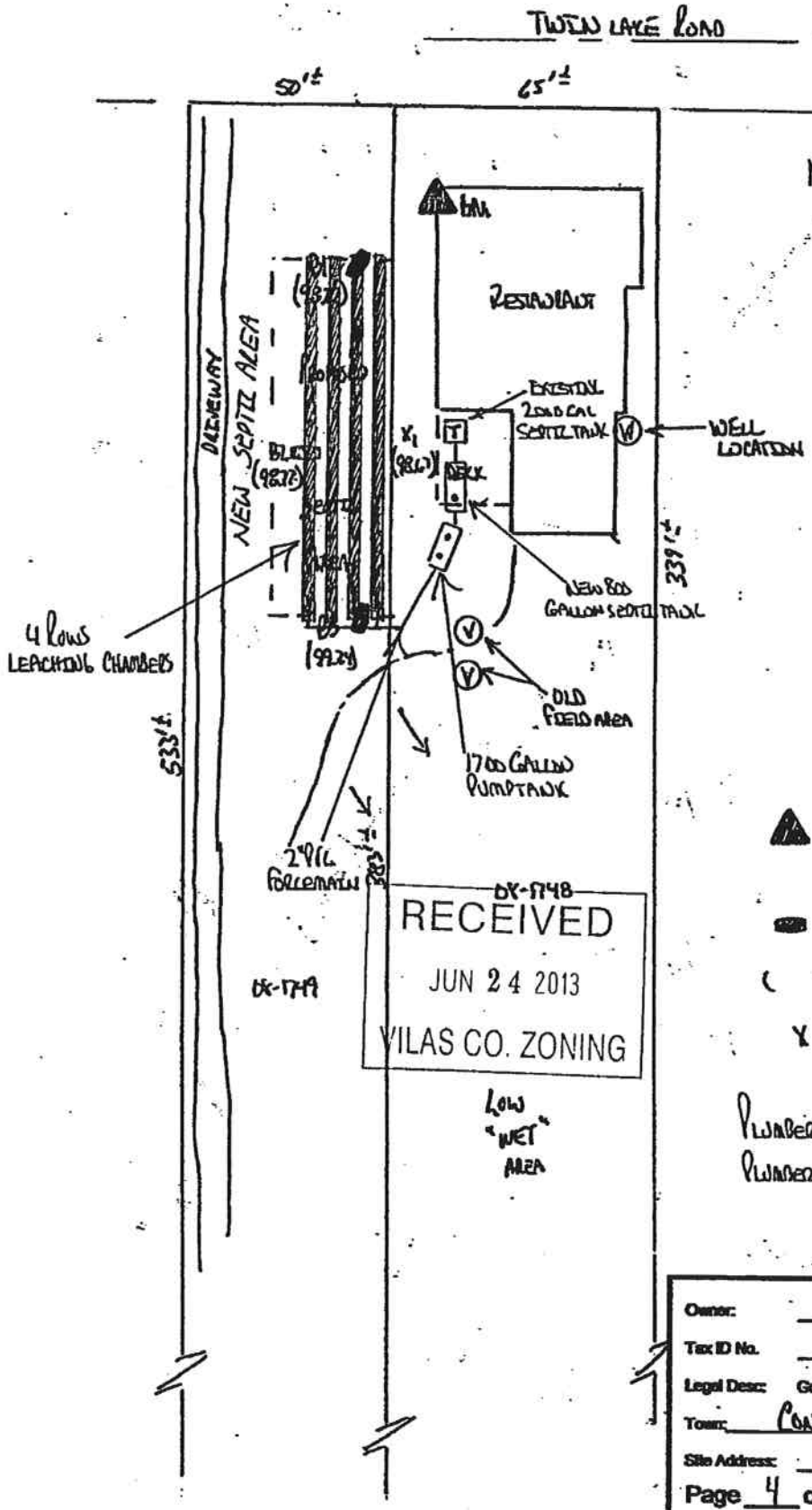
Attach to complete plans for the system and submit to the County only on paper not less than 8 1/2 x 11 inches in size

SBD-6398 (R. 11/11)

325.00 - Fee
23.60 . 10 gal gpd
348.60

Sherry PLMB. ck # 7305

NOTE: THIS IS NOT A SURVEY MAP. THIS MAP IS A PLOT PLAN FOR A SANITARY PERMIT.



NOTES: SYSTEM IS FOR TOILET WASTE AND 2 BEDROOM APARTMENT.

LOTS ARE BOTH OWNED BY JAMES TILT - LOT LINES TO BE MOVED FOR SEPTIC AREA

DECK TO BE REMOVED WHEN EXISTING 2000 GAL - SEPTIC TANK PER PLUMBER

EXISTING SYSTEM TO BE PROPERLY ABANDONED.

PLOT PLAN

0 20 40

BM = 100.0 BOTTOM OF SEPTIC

PITS

( ) ELEVATIONS

X SURFACE ELEVATIONS

PLUMBERS NAME: _____

PLUMBERS CREDENTIAL: # 227567

Owner: JAMES TILT

Tax ID No. DF-1749

Legal Desc: Govt. Lot ___ 1/4 ___ 1/4, Sec 18, T 41 N, R 11 E/W

Town: CONOVER County: VILAS

Site Address: 3685 TWIN LAKE ROAD

Page 4 of 10 Scale: AS SHOWN

County

Wisconsin Department of Commerce
Division of Safety and Buildings

SOIL EVALUATION REPORT

Page 1 of 2

in accordance with Comm 85, 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.

Please print all information.

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

County	Vilas
Parcel I.D.	08-1749
Reviewed by	Date 7/10/13

Property Owner: James Tilt		Property Location: Govt. Lot 1/4 1/4 S 18 T 41 N R 11 ☒ E (or) ☐ W	
Property Owner's Mailing Address: 4938 Basler Drive		Lot #	Block # / Subd. Name or CSM#
City: Hartford	State: WI / Zip Code: 53027 / Phone Number: ( )	☐ City ☐ Village ☒ Town: Conover	Nearest Road: 3685 Twin Lake Road

☐ New Construction ☒ Replacement

Use: ☐ Residential / Number of bedrooms _____ ☒ Public or commercial - Describe: Toilet waste of Restaurant/Apartment

Code derived design flow rate 1236 GPD

Parent material: Glacial Outwash

Flood Plain elevation if applicable: N/A ft.

General comments and recommendations:

Note: The tested area is suitable for a conventional type system.
The tested area is for restaurant on adjacent lot, lot lines to be relocated per owner.
Recommended system elevation - 96.5

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 98.27 ft. Depth to limiting factor 72 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
1	0-5	7.5yr3/2	–	sl	1fsbk	mvfr	cs	1vf	0.4	0.7
2	5-24	7.5yr4/6	–	ls	1fgr	mvfr	gw	1m/1f	0.7	1.6
3	24-42	7.5yr5/4	–	s	0sg	ml	gw	1vf	0.7	1.6
(4)	42-72	7.5yr5/6		s	0sg	ml	–		0.7	1.6
		Horizon 4;	2mm-5mm banding							
			No texture change							

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2 Boring # ☐ Boring ☒ Pit Ground surface elev. 98.77 ft. Depth to limiting factor 72 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
1	0-10	7.5yr3/2	–	sl	1fsbk	mvfr	cs	1vf	0.4	0.7
2	10-24	7.5yr4/6	–	ls	1fgr	mvfr	gw	1f	0.7	1.6
3	24-32	7.5yr5/4	–	s	0sg	ml	gw	1vf	0.7	1.6
(4)	32-72	7.5yr5/6	–	s	0sg	ml	–	–	0.7	1.6

* Effluent #1 = BOD_5 > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent #2 = BOD_5 ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print): Michelle Janet	Signature: Michelle Janet	CST Number: #670785
Address: 1034 Walnut Street Eagle River, WI 54521	Date Evaluation Conducted: 5-13-13	Telephone Number: (715) 479-9561

Property Owner James Tilt Parcel ID # 08-1749 Page 2 of 3

3 Boring # ☐ Boring ☒ Pit Ground surface elev. 99.24 ft. Depth to limiting factor 72 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
1	0-6	7.5yr3/2	--	sl	1fsbk	mvfr	cs	1vf	0.4	0.7
2	6-20	7.5yr4/6	--	ls	1fgr	mvfr	gw	1m/1f	0.7	1.6
3	20-44	7.5yr5/4	--	s	0sg	ml	gw	--	0.7	1.6
4	44-72	7.5yr5/6	--	s	0sg	ml	--	--	0.7	1.6

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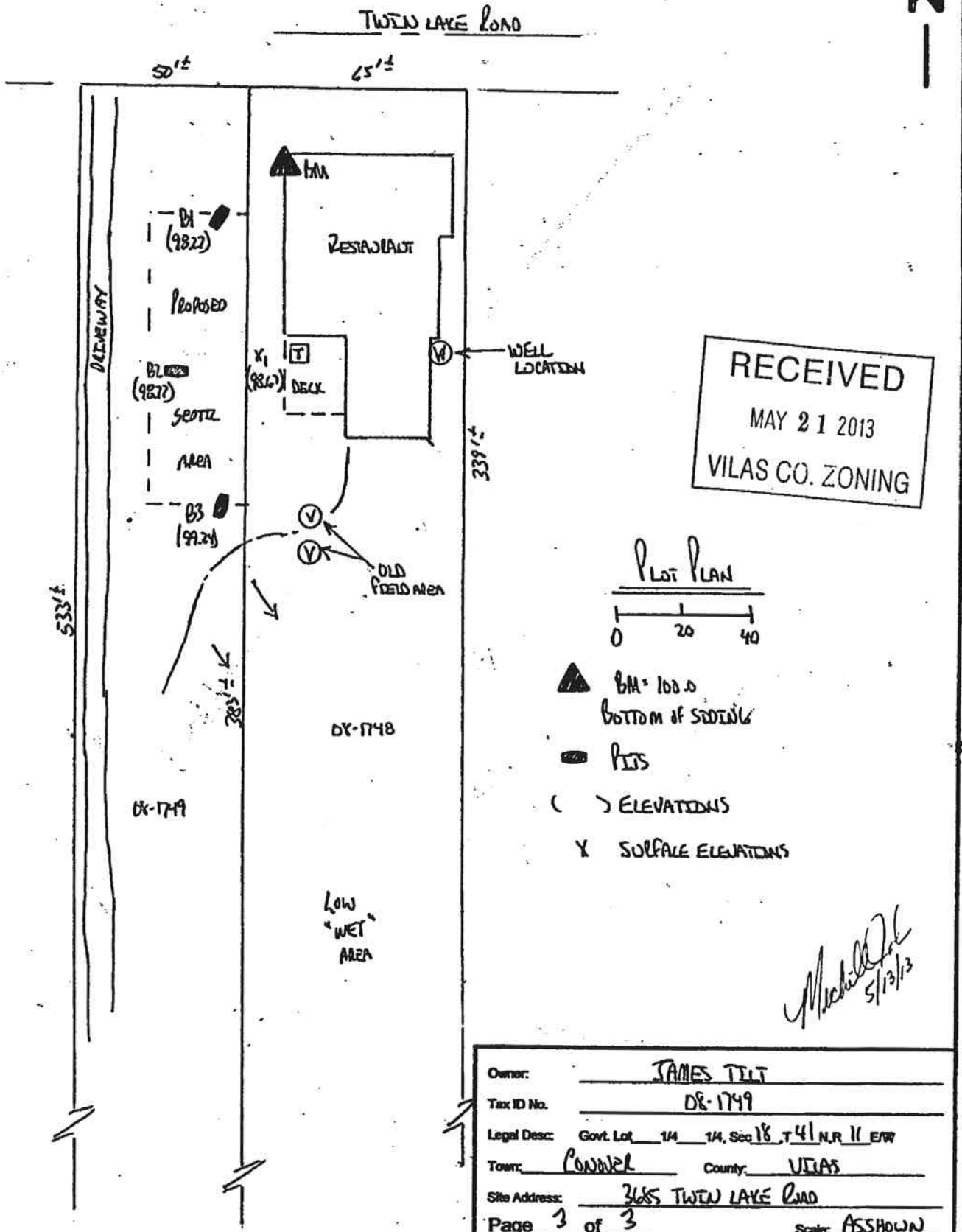
☐ Boring # ☐ Boring ☐ Pit Ground surface elev. _____ ft. Depth to limiting factor _____ in.

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

* Effluent #1 = BOD_5 > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L

* Effluent #2 = BOD_5 ≤ 30 mg/L and TSS ≤ 30 mg/L

NOTE: THIS IS NOT A SURVEY MAP. THIS MAP IS A PLOT PLAN FOR A SOIL EVALUATION REPORT.



Owner:	JAMES TILT
Tax ID No.	DE-1749
Legal Desc:	Govt. Lot ___ 1/4 ___ 1/4, Sec 18, T 41 N, R 11 E/W
Town:	CONOVER
County:	VILAS
Site Address:	3685 TWIN LAKE ROAD
Page	3 of 3
Scale:	ASSHOWN

Property Owner Name: JAMES TILL

System Components & Specifications

Plumber Name Signature: TIM SHERLY

SYSTEM COMPONENTS & SPECIFICATIONS	Manufacturer	Model/Size/Type/Mat/#
PRE-SYSTEM COMPONENT		
☐ Ejector Pump & Basin		
☐ Basin		
☐ Pump(s)		
☐ Switch		
☐ Alarm		
TREATMENT TANKS		
☒ Septic Tank(s)		
☒ Septic Tank 1	EXISTING	2000 GAL - CONCRETE
☒ Septic Tank 2	CONCRETE PRODUCTS	800 GAL - CONCRETE
☒ Septic Tank 3	CONCRETE PRODUCTS	1700 GAL - PUMP - CONCRETE
☐ Septic Tank 4		
☐ Other Treatment Components		
☐ Single Pass Sand Filter		
☐ Recirculating Sand Filter		
☐ Aerobic Treatment Unit		
☐ Other		
WATER METERING DEVICES		
☐ Water Meter		
☐ Event Counter		
HOLDING TANKS		
Holding Tank Components		
☐ Holding Tank 1		
☐ Holding Tank 2		
☐ Holding Tank 3		
☐ Alarm		
☐ Alarm Switch		
SEWAGE APPARATUS		
Filters		
☒ In-Tank Filter	BEST	6F-10
☐ Basin		
☐ Out of Tank Filter		
☐ Pressurized Filter		

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	Manufacturer	Model/Size/Type/Mat/#
PUMP TANKS		
☒ Lift Stations & Dose Tanks		
☒ Pump(s)	2 CELLA	98
☒ Double Float Switch(es)	2 CELLA	2 FLOAT - MECH
☒ Alarm Float	"	1 FLOAT - MECH
☒ Alarm		101 HW.
☐ Duplex Controler		
☒ Electrical Junction Box		
☒ Forcemain Piping Material	CRESTLINE	2" PVC - SCH-40
DISPERSAL COMP & CELLS		
☒ Distribution Method		
☐ Distribution Box(es)		
☐ Diverter Valve(s)		
☒ Header/Manifold	CRESTLINE	4" 3034
☒ Observation Pipes		
☐ Closet collar method		
☐ Rebar method		
☒ Leaching chamber method		
☒ Dispersal Cells		
☒ In-Ground Non-Pressurized		
☐ In-Ground Pressurized		
☐ At-Grade		
☐ Mound		
☐ Drip Line		
☒ Dispersal Cell Material		
☒ Leaching Chambers	INFILTRATOR	QUICK 4 W>
☐ Distribution Piping		
OTHER		
☐ Sampling Ports		
☐ Other (describe)		

☐ Attach additional sheets as necessary

Directions: Check ALL appropriate boxes and list manufacturer. Provide model, size, type, material and number as requested.

PAGE 10 OF 10

Private Onsite Wastewater Treatment Systems (POWTS) Inspection Report
(Attach to Permit)

Safety and Buildings Division

County: VILAS

Sanitary Permit No: 563364

State Plan Transaction ID#: 2267176

Parcel Tax No: 8-1748

General Information

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

Permit Holder's Name:	☐ City ☐ Village ☒ Town of:	
James Tilt	Conover	
CST BM Elev: 100.00	Insp BM Elev: 100.00	BM Description: Bottom of Siding on Restaurant

Tank Information

TYPE	MANUFACTURER	CAPACITY
Septic	CPI	800 gal
Dosing	CPI	1700 gal
Aeration		
Holding		

Tank Setback Information

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic	55'	>25'	15'	15'	NA
Dosing	55'	>25'	26'	26'	NA
Aeration					NA
Holding					

Pump / Siphon Information

Manufacturer	Zoeller		Demand GPM
Model Number	98		
TDH Lift	Friction Loss	System Head	TDH Ft
Forcemain	Length 30'	Dia 2"	Dist. To Well

Elevation Data

STATION	BS	HI	FS	ELEV
Benchmark	2.80	102.80		100.00
Bldg. Sewer				
(S) / Ht Inlet			6.40	96.40
(St) Ht Outlet			6.65	96.15
Dt Inlet			6.73	96.07
Dt Bottom			10.75	92.05
Installation Contour				
Header / Man.			5.37	97.43
Dist. Pipe				
Infiltrative Surface			6.28	96.52
Final Grade				
Dt Outlet			7.31	95.49
Pump Off		↓	10.25	92.55

Dispersal Cell Information

DIMENSIONS	Width 21	Length 66'	No of Cells 4	
SETBACK INFORMATION	P / L	Bldg	Well	OHWM of Nav Waters
CELL TO	7'	20'	>50'	>100'

Type of System		Manufacturer:
Cell w/ Lift	LEACHING CHAMBER	Infiltrator
		Model Number: Quick 4 w's

Distribution System

X Pressure Systems Only

Header / Manifold Length ____ Dia ____	Distribution Pipe(s) Length ____ Dia ____ N/A Spac ____	X Hole Size	X Hole Spacing	Observation Pipes ☐ Yes ☐ No

Soil Cover

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded ☐ Yes ☐ No	Mulched ☐ Yes ☐ No

COMMENTS: (Include code discrepancies, persons present, etc.)

On site: Tim Sherry MP 227567

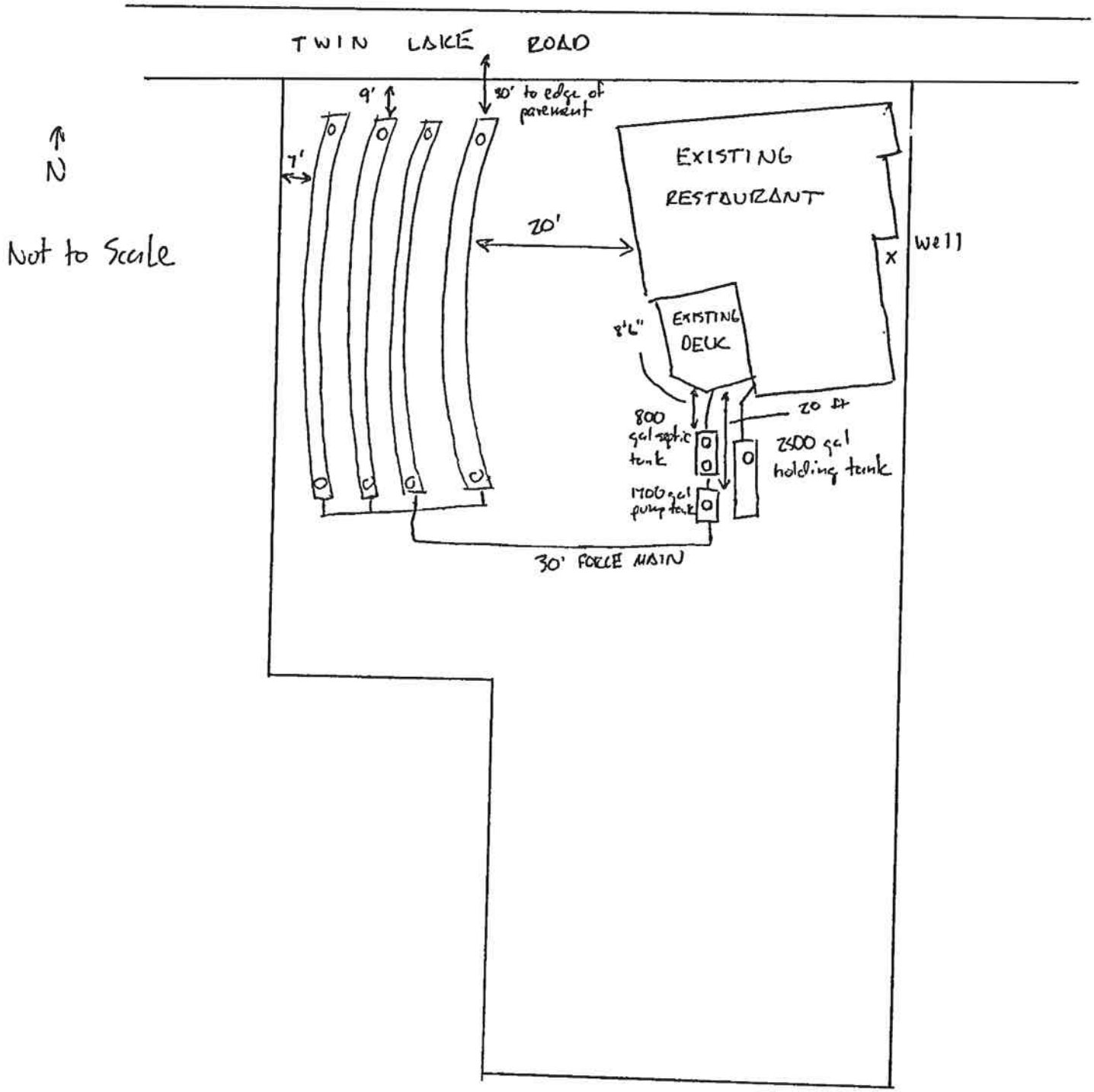
Deck over existing 2000 gal tank to be removed

Plan revision required? ☐ Yes ☒ No

Use other side for additional information

Date	POWTS Inspector's Signature	Cert No
7 18 13		11 4 0 2 3 9

SBD-6710 (R.11/11)


TWIN LAKE ROAD
9'
30' to edge of pavement
7'
20'
EXISTING RESTAURANT
well
X
8'6"
EXISTING DECK
20 ft
800 gal septic tank
2500 gal holding tank
1700 gal pump tank
30' FORCE MAIN
N
Not to Scale

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

County: VILAS

Sanitary Permit Number (to be filled in by Co.): 563363

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 Servies. 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: 2267181

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Project Address (if different than mailing address): 3675 TWIN LAKE ROAD

I. Application Information – Please Print All Information

Property Owner's Name: JAMES & ANNE TILT

Property Owner's Mailing Address: 4938 BASLER DRIVE

City, State: HARTFORD, WI

Zip Code: 53027

Phone Number:

Parcel #: 08-1748

Property Location: Govt. Lot ____ ¼ ____ ¼, Section 18, T 41 N; R 11 (circle one) E or W

Lot #:

Block #:

CSM Number:

Subdivision Name:

☐ City of ____
☐ Village of ____
☒ Town of CONOVER

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms ____

☒ Public/Commercial – Describe Use RESTAURANT KITCHEN WASTE ONLY !

☐ State Owned – Describe Use ____

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 ≥ 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)	Design Soil Application Rate(gpdsf)	Dispersal Area Required (sf)	Dispersal Area Proposed (sf)	System Elevation
456 GPD	N/A	N/A	N/A	N/A

VI. Tank Info

	Capacity in Gallons: New Tanks	Capacity in Gallons: Existing Tanks	Total Gallons	# of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
Septic or Holding Tank	2500	0	2500	1	CONCRETE PRODUCTS	X				
Dosing Chamber										

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

Plumber's Name (Print)	Plumber's Signature	MP/MPRS Number	Business Phone Number
TIM SHERRY		# 227567	(715) 546-3314

Plumber's Address (Street, City, State, Zip Code): SHERRY PLUMBING 6282 E. BIG LAKE LOOP THREE LAKES, WI 54562

VIII. County/Department Use Only

☒ Approved	☐ Disapproved ☐ Owner Given Reason for Denial	Permit Fee: $475.00	Date Issued: 7/10/2013	Issuing Agent Signature

IX. Conditions of Approval/Reasons for Disapproval

Existing field to be abandoned per SPS 383.33

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

Sherry Plmb- Ck# 7305

SBD-6398 (R. 11/11)

County

Wisconsin Department of Commerce
Division of Safety and Buildings

SOIL EVALUATION REPORT

In accordance with Comm 85, 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.

Please print all information.

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

County	Vilas
Parcel I.D.	08-1748
Reviewed by	Dayle Hoffman
Date	7-10-13

Property Owner	Property Location
James Tilt	Govt. Lot 1/4 1/4 S 18 T 41 N R 11 ☒ E (or) ☐ W
Property Owner's Mailing Address: 4938 Basler Drive	Lot # / Block # / Subd. Name or CSM#
City: Hartford | State: WI | Zip Code: 53027 | Phone Number: ( )	☐ City ☐ Village ☒ Town: Conover | Nearest Road: 3675 Twin Lake Road

☐ New Construction Use: ☐ Residential / Number of bedrooms _____ Code derived design flow rate 456 GPD

☒ Replacement ☒ Public or commercial - Describe: Restaurant

Parent material: Glacial Outwash Flood Plain elevation if applicable: N/A ft.

General comments and recommendations: Note: Pits were observed for possible drainfield locations for restaurant. Site unsuitable for a conventional type system due to soil conditions, well location, setbacks and lack of a suitable area. Holding tanks are an option.

1 Boring # ☐ Boring ☒ Pit Ground surface elev. 92.76 ft. Depth to limiting factor 64 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
1	0-48	7.5yr3/2	–	sl/fill	–	–	cw	1vf	--	--
2	48-64	7.5yr5/4	–	s	0sg	ml	gw	1vf	0.7	1.6
3	64-84	7.5yr5/6	–	cos	0m	ml	–	–	0.7	1.6
		Horizon 3;	soils wet							

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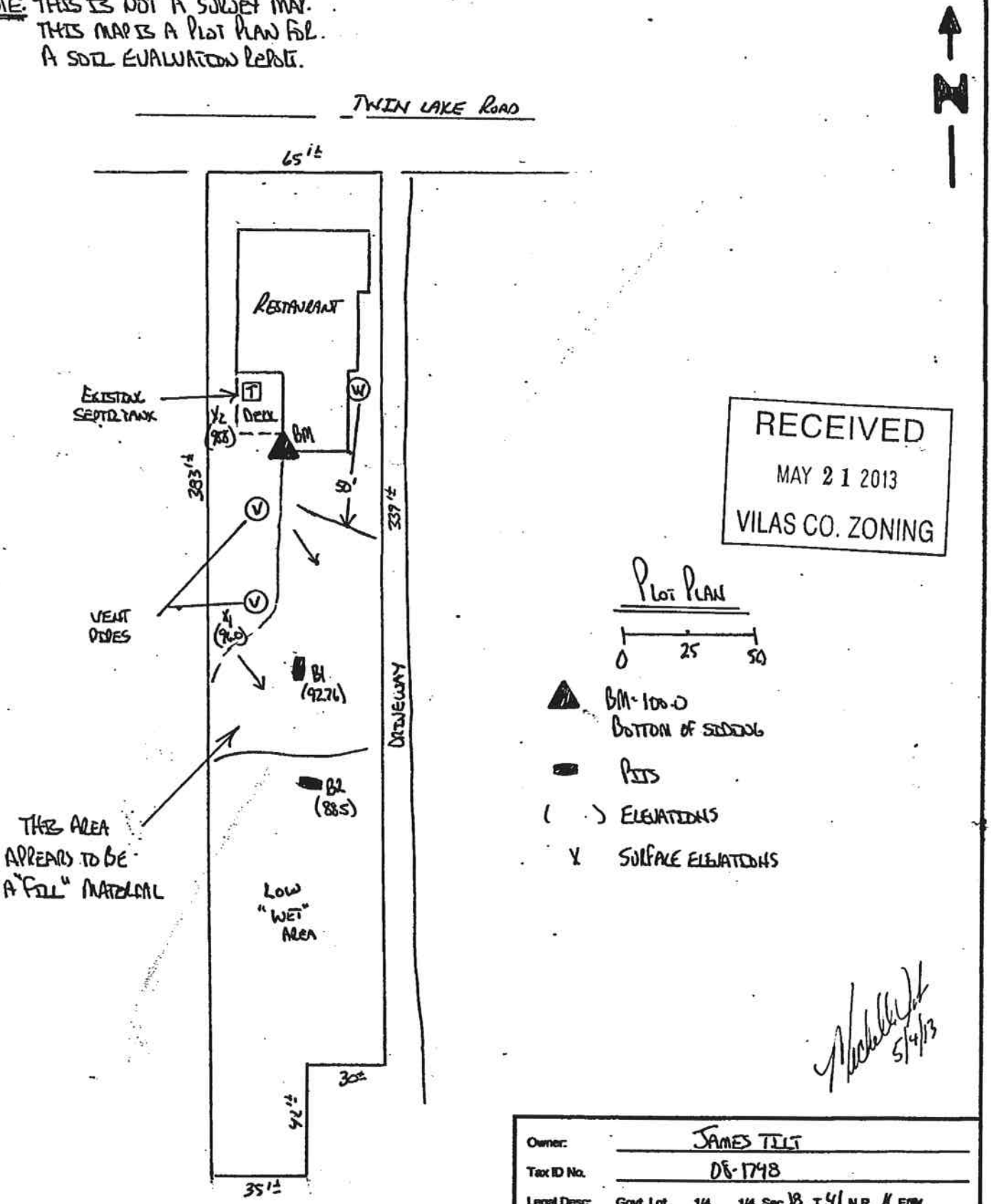
2 Boring # ☐ Boring ☒ Pit Ground surface elev. 88.5 ft. Depth to limiting factor 19 in.

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
1	0-8	7.5yr3/2	–	sl	2fsbk	mvfr	cs	1vf	0.6	1.0
2	8-19	7.5yr4/3	–	ls	1fsbk	mvfr	gw	1f	0.7	1.6
3	19-47	7.5yr4/2	c2d-5yr4/4	s	0sg	ml	–	–	0.7	1.6
		Horizon 4;	sil layers throughout							
			water in pit at 36"							

* Effluent #1 = BOD_5 > 30 ≤ 220 mg/L and TSS >30 ≤ 150 mg/L * Effluent #2 = BOD_5 ≤ 30 mg/L and TSS ≤ 30 mg/L

CST Name (Please Print)	Signature	CST Number
Michelle Janet	Michelle Janet	#670785
Address	**Date Evaluation Conducted**	**Telephone Number**
1034 Walnut Street Eagle River, WI 54521	5-4-13	(715) 479-9561

NOTE: THIS IS NOT A SURVEY MAP.
THIS MAP IS A PLOT PLAN FOR
A SOIL EVALUATION REPORT.



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5/4/13

Owner: JAMES TILT
Tax ID No. DB-1798
Legal Desc: Govt. Lot ___ 1/4 ___ 1/4, Sec. 18, T. 41 N.R. N E/W
Town: CONOVER County: VILAS
Site Address: 3675 TWIN LAKE ROAD
Page 2 of 2 Scale: ASSHOWN

Property Owner Name: TLLT

System Components & Specifications

Plumber Name Signature:

SYSTEM COMPONENTS & SPECIFICATIONS	Manufacturer	Model/Size/Type/Mat/#
PRE-SYSTEM COMPONENT		
☐ Ejector Pump & Basin		
☐ Basin		
☐ Pump(s)		
☐ Switch		
☐ Alarm		
TREATMENT TANKS		
☐ Septic Tank(s)		
☐ Septic Tank 1		
☐ Septic Tank 2		
☐ Septic Tank 3		
☐ Septic Tank 4		
☐ Other Treatment Components		
☐ Single Pass Sand Filter		
☐ Recirculating Sand Filter		
☐ Aerobic Treatment Unit		
☐ Other		
WATER METERING DEVICES		
☐ Water Meter		
☐ Event Counter		
HOLDING TANKS		
Holding Tank Components		
☒ Holding Tank 1	CONCRETE PRODUCTS	1000 GAL- GREASE
☒ Holding Tank 2	"	2500 GAL- HOLDING
☐ Holding Tank 3		
☒ Alarm	ZOELLER	101 ITW
☒ Alarm Switch	"	MECH
SEWAGE APPARATUS		
Filters		
☐ In-Tank Filter		
☐ Basin		
☐ Out of Tank Filter		
☐ Pressurized Filter		

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	Manufacturer	Model/Size/Type/Mat/#
PUMP TANKS		
☐ Lift Stations & Dose Tanks		
☐ Pump(s)		
☐ Double Float Switch(es)		
☐ Alarm Float		
☐ Alarm		
☐ Duplex Controler		
☐ Electrical Junction Box		
☐ Forcemain Piping Material		
DISPERSAL COMP & CELLS		
☐ Distribution Method		N/A
☐ Distribution Box(es)		
☐ Diverter Valve(s)		
☐ Header/Manifold		
☐ Observation Pipes		
☐ Closet collar method		
☐ Rebar method		
☐ Leaching chamber method		
☐ Dispersal Cells		
☐ In-Ground Non-Pressurized		
☐ In-Ground Pressurized		
☐ At-Grade		
☐ Mound		
☐ Drip Line		
☐ Dispersal Cell Material		
☐ Leaching Chambers		
☐ Distribution Piping		
OTHER		
☐ Sampling Ports		
☐ Other (describe)		
☐ Attach additional sheets as necessary		

Directions: Check ALL appropriate boxes and list manufacturer. Provide model, size, type, material and number as requested.

Private Onsite Wastewater Treatment Systems (POWTS) Inspection Report
(Attach to Permit)

Safety and Buildings Division

County: VILAS

Sanitary Permit No: 563363

State Plan Transaction ID#: 2267181

Parcel Tax No: 8-1748

General Information

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

Permit Holder's Name:	☐ City ☐ Village ☒ Town of:
James Tilt	Conover

CST BM Elev:	Insp BM Elev:	BM Description:
100.00	100.00	Bottom of Restaurant Siding

Tank Information

TYPE	MANUFACTURER	CAPACITY
Septic	CPI	2000 gallon
Dosing		
Aeration		
Holding		

Tank Setback Information

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
Septic					NA
Dosing					NA
Aeration					NA
Holding	64'	725'	26'	26'	194'

Pump / Siphon Information

Manufacturer	N/A		Demand
Model Number			GPM
TDH Lift	Friction Loss	System Head	TDH Ft
Forcemain	Length	Dia	Dist. To Well

Elevation Data

STATION	BS	HI	FS	ELEV
Benchmark	2.80	102.80		100.00
Bldg. Sewer			6.64	96.16
St / Ht Inlet			6.74	96.06
St / Ht Outlet				
Dt Inlet				
Dt Bottom				
Installation Contour				
Header / Man.				
Dist. Pipe				
Infiltrative Surface				
Final Grade				

Dispersal Cell Information

DIMENSIONS	Width	Length	No of Cells	
SETBACK INFORMATION	P / L	Bldg	Well	OHWM of Nav Waters
CELL TO	N/A	N/A	N/A	N/A

Type of System		Manufacturer:
N/A	LEACHING CHAMBER	N/A
		Model Number: N/A

Distribution System

X Pressure Systems Only

Header / Manifold	Distribution Pipe(s)	X Hole Size	X Hole Spacing	Observation Pipes
Length ____ Dia ____	Length ____ Dia ____ Spac ____			☐ Yes ☐ No

Soil Cover

Depth Over Cell Center	Depth Over Cell Edges	Depth of Topsoil	Seeded / Sodded	Mulched
			☐ Yes ☐ No	☐ Yes ☐ No

COMMENTS: (Include code discrepancies, persons present, etc.)

On site: Tim Sherry MP 227567

Tank to be used for restaurant waste only.

Plan revision required? ☐ Yes ☒ No

Use other side for additional information

Date	POWTS Inspector's Signature	Cert No
7 / 18 / 13		11 4 0 7 3 9

SBD-6710 (R.11/11)

TWIN LAKE ROAD