

VILAS COUNTY ZONING AND PLANNING

330 COURT STREET
EAGLE RIVER, WI 54521

Phone (715) 479-3619

Fax (715) 479-3752

Property Owner: _____

Computer/Parcel/Tax #: _____

SANITARY PERMIT CHECKLIST

(check each box, indicate page number)
send originals - no copies needed

- x ___ Sanitary Permit Application
 - a/n ___ POWTS Plan Approval Letter & Plans
 - a/n ___ Private Interceptor Plan Approval

 - x ___ Soil evaluation Report-Original (Copy OK if original on file in Zoning)
 - x ___ Plot plan (to be attached)
 - x ___ Plan View Cross Section (to be attached)
 - x ___ Designer calculations & assumptions (to be attached)
 - x ___ Dispersal Cell Cross Section (to be attached)
 - x ___ Observation Pipe Detail (to be attached)

 - a/n ___ Pump Tank Cross Section (to be attached)
 - a/n ___ Calculations for Pump Tank (to be attached)
 - a/n ___ Pump Curve (to be attached)

 - x ___ Contingency Plan (this form)
 - x ___ Narrative Description of System (this form)
 - x ___ Management Plan (this form)
 - x ___ System Components and Specifications (this form pg. 2)

 - x ___ Copy of Users Manual (to be attached)
 - x ___ Site Vicinity Map (to be attached)
 -
 - a/n ___ Deed Restrictions (to be attached)
 - ___ Specify _____
 - a/n ___ Easement Documents (to be attached)
 - ___ Specify _____
 - a/n ___ County Onsite Form (to be attached)
 - ___ Specify _____
- x - required for all installations.
a/n - required as per installation requirements.

NARRATIVE DESCRIPTION OF SYSTEM

(Provide flow description from structure)

Component Manual #: _____

MANAGEMENT PLAN

NOTE: Check one box per category. For "Other" responses provide detailed Management Plan for each.

Anaerobic Treatment Tanks (Septic Tank)

- Inspect tank annually after three years of operation or annually after three years upon pumping tank.
- Pump tank every three years after initial year of operation.
- Inspect/pump tank on different interval. (Provide specific details with attachment)
- Other. (Attach Management Plan for Anaerobic Treatment Tanks)

In-Tank Filters

- Clean Filter after initial six months of operation.
Then clean filter once per year thereafter.
- Clean Filter after initial month of operation.
Then clean filter after three months of operation.
Then clean filter on annual basis.
- Other. (Attach Management Plan for In-Tank Filter)

Dispersal Cells (Absorption Fields)

- Visually observe effluent accumulation in dispersal cell in all observation pipes at same interval as filter and treatment tanks.
Visually observe wetness or ponding on ground in the area near or around the dispersal cell.
- Other. (Attach Management Plan for Dispersal Cells)

Pump Tanks/Lift Stations

- Visually observe on/off and alarm switches and confirm that switches operate properly including alarm signal.
Visually observe manhole and tank for surface/groundwater infiltration.
Pump effluent from pump tank if septic tank is pumped.
- Other. (Attach Management Plan for Pump Tank/Lift Stations.)

Other Components

- Attach Management Plan for All Other Components

CONTINGENCY PLAN

(check appropriate box)

- Alternate Area provided as evidenced w/ additional pits and borings
 - In-Ground System
 - At-Grade System
 - Mound System
- Alternate Dispersal Area does not exist as evidenced by additional pits and borings. Replacement with In-Ground system, At-Grade system or Mound system not permitted. Holding Tank is allowed. (may required onsite.)
- Alternate Dispersal Area does not exist as evidenced by lack of available area. Replacement with In-Ground system, At-Grade system or Mound system not permitted. Holding Tank is allowed. (may required onsite.)
- Mound system replacement within existing mound location.
- Other. (Detailed Contingency plan attached.)

System Components & Specifications

| SYSTEM COMPONENTS & SPECIFICATIONS | Manufacturer | Model/Size/Type/Mat# |
|--|--------------|----------------------|
| PRE-SYSTEM COMPONENT | | |
| <input type="checkbox"/> Ejector Pump & Basin | _____ | _____ |
| <input type="checkbox"/> Basin | _____ | _____ |
| <input type="checkbox"/> Pump(s) | _____ | _____ |
| <input type="checkbox"/> Switch | _____ | _____ |
| <input type="checkbox"/> Alarm | _____ | _____ |
| TREATMENT TANKS | | |
| <input type="checkbox"/> Septic Tank(s) | _____ | _____ |
| <input type="checkbox"/> Septic Tank 1 | _____ | _____ |
| <input type="checkbox"/> Septic Tank 2 | _____ | _____ |
| <input type="checkbox"/> Septic Tank 3 | _____ | _____ |
| <input type="checkbox"/> Septic Tank 4 | _____ | _____ |
| <input type="checkbox"/> Other Treatment Components | _____ | _____ |
| <input type="checkbox"/> Single Pass Sand Filter | _____ | _____ |
| <input type="checkbox"/> Recirculating Sand Filter | _____ | _____ |
| <input type="checkbox"/> Aerobic Treatment Unit | _____ | _____ |
| <input type="checkbox"/> Other | _____ | _____ |
| WATER METERING DEVICES | | |
| <input type="checkbox"/> Water Meter | _____ | _____ |
| <input type="checkbox"/> Event Counter | _____ | _____ |
| HOLDING TANKS | | |
| Holding Tank Components | | |
| <input type="checkbox"/> Holding Tank 1 | _____ | _____ |
| <input type="checkbox"/> Holding Tank 2 | _____ | _____ |
| <input type="checkbox"/> Holding Tank 3 | _____ | _____ |
| <input type="checkbox"/> Alarm | _____ | _____ |
| <input type="checkbox"/> Alarm Switch | _____ | _____ |
| SEWAGE APPARATUS | | |
| Filters | | |
| <input type="checkbox"/> In-Tank Filter | _____ | _____ |
| <input type="checkbox"/> Basin | _____ | _____ |
| <input type="checkbox"/> Out of Tank Filter | _____ | _____ |
| <input type="checkbox"/> Pressurized Filter | _____ | _____ |
| PUMP TANKS | | |
| <input type="checkbox"/> Lift Stations & Dose Tanks | _____ | _____ |
| <input type="checkbox"/> Pump(s) | _____ | _____ |
| <input type="checkbox"/> Double Float Switch(es) | _____ | _____ |
| <input type="checkbox"/> Alarm Float | _____ | _____ |
| <input type="checkbox"/> Alarm | _____ | _____ |
| <input type="checkbox"/> Duplex Controller | _____ | _____ |
| <input type="checkbox"/> Electrical Junction Box | _____ | _____ |
| <input type="checkbox"/> Forcemain Piping Material | _____ | _____ |
| DISPERSAL COMP & CELLS | | |
| <input type="checkbox"/> Distribution Method | _____ | _____ |
| <input type="checkbox"/> Distribution Box(es) | _____ | _____ |
| <input type="checkbox"/> Diverter Valve(s) | _____ | _____ |
| <input type="checkbox"/> Header/Manifold | _____ | _____ |
| <input type="checkbox"/> Observation Pipes | _____ | _____ |
| <input type="checkbox"/> Closet collar method | _____ | _____ |
| <input type="checkbox"/> Rebar method | _____ | _____ |
| <input type="checkbox"/> Leaching chamber method | _____ | _____ |
| <input type="checkbox"/> Dispersal Cells | _____ | _____ |
| <input type="checkbox"/> In-Ground Non-Pressurized | _____ | _____ |
| <input type="checkbox"/> In-Ground Pressurized | _____ | _____ |
| <input type="checkbox"/> At-Grade | _____ | _____ |
| <input type="checkbox"/> Mound | _____ | _____ |
| <input type="checkbox"/> Drip Line | _____ | _____ |
| <input type="checkbox"/> Dispersal Cell Material | _____ | _____ |
| <input type="checkbox"/> Leaching Chambers | _____ | _____ |
| <input type="checkbox"/> Distribution Piping | _____ | _____ |
| OTHER | | |
| <input type="checkbox"/> Sampling Ports | _____ | _____ |
| <input type="checkbox"/> Other (describe) | _____ | _____ |
| <input type="checkbox"/> Attach additional sheets as necessary | _____ | _____ |

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