RECEIVED
MAY 29 2024
VILAS CO ZONING & PLANNING

Industry Services Division
1400 E Washington Ave
P.O. Box 7162
Madison, WI 53707–7162

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 Services. Personal information you provide may be used for secondary purposes in accordance with the Privacy Law, s. 15.04(1)(m), Stats.

County: Vilas

Sanitary Permit Number (to be filled in by Co.): 657367

State Transaction Number:

Project Address (if different than mailing address): 5751 Hillside Resort Trail

I. Application Information – Please Print All Information

Property Owner's Name: Julie Stocke (Phelps Hillside Resort LLC)

Property Owner's Mailing Address: 2198 S. Shore Rd.

City, State: Phelps, WI.

Zip Code: 54554

Phone Number:

Parcel #: 18-1162-0010, 0014

Property Location: Govt. Lot ____ ____ ¼, ____ ¼, Section 15, T 42 N; R 11 (E) or W (circle one)

Subdivision Name: Unit 13 Unit 9 Hillside Resort Condo

Lot #:

Block #:

CSM Number:

☐ City of

☐ Village of

☒ Town of Phelps

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms

☒ Public/Commercial – Describe Use: Restaurant/Bar 8 emp 60 seats

☐ 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: 181154-Invert, 113240-11/4/88

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
1424				

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 combo		7500	3	CPI	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
Jeremy Barber		1016207	715-617-0066

Plumber's Address (Street, City, State, Zip Code): P.O. Box 832 Eagle River, WI. 54521

VIII. County/Department Use Only

☒ Approved	☐ Disapproved ☐ Owner Given Reason for Denial	Permit Fee $ 475.00	Date Issued 5/30/2024	Issuing Agent Signature #1140239

IX. Conditions of Approval/Reasons for Disapproval

1.) Holding tank permitted due to assumed high strength waste.

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

Barber #4627

PROPOSED

CHECK BOX AS APPLICABLE.

☐ SOIL EVALUATION SITE MAP

PROJECT NAME: Phelps Hillside Restaurant

PROJECT ADDRESS: 5751 Hillside Resort Trail

BM Symbol: ⌖ BM Elevation: _____ FT

BM Description: _____

Slope Gradient (%) of Tested Area: _____ Well Symbol (if applicable): ⊙

Scale: 1" = 50'

0 50 75 100

12.5²

N

Indicate north by drawing an arrow on the appropriate line.

CHECK BOX AS APPLICABLE.

☒ SYSTEM PLOT PLAN

PAGE 2 OF

DESIGN FLOW: 1424 GPD

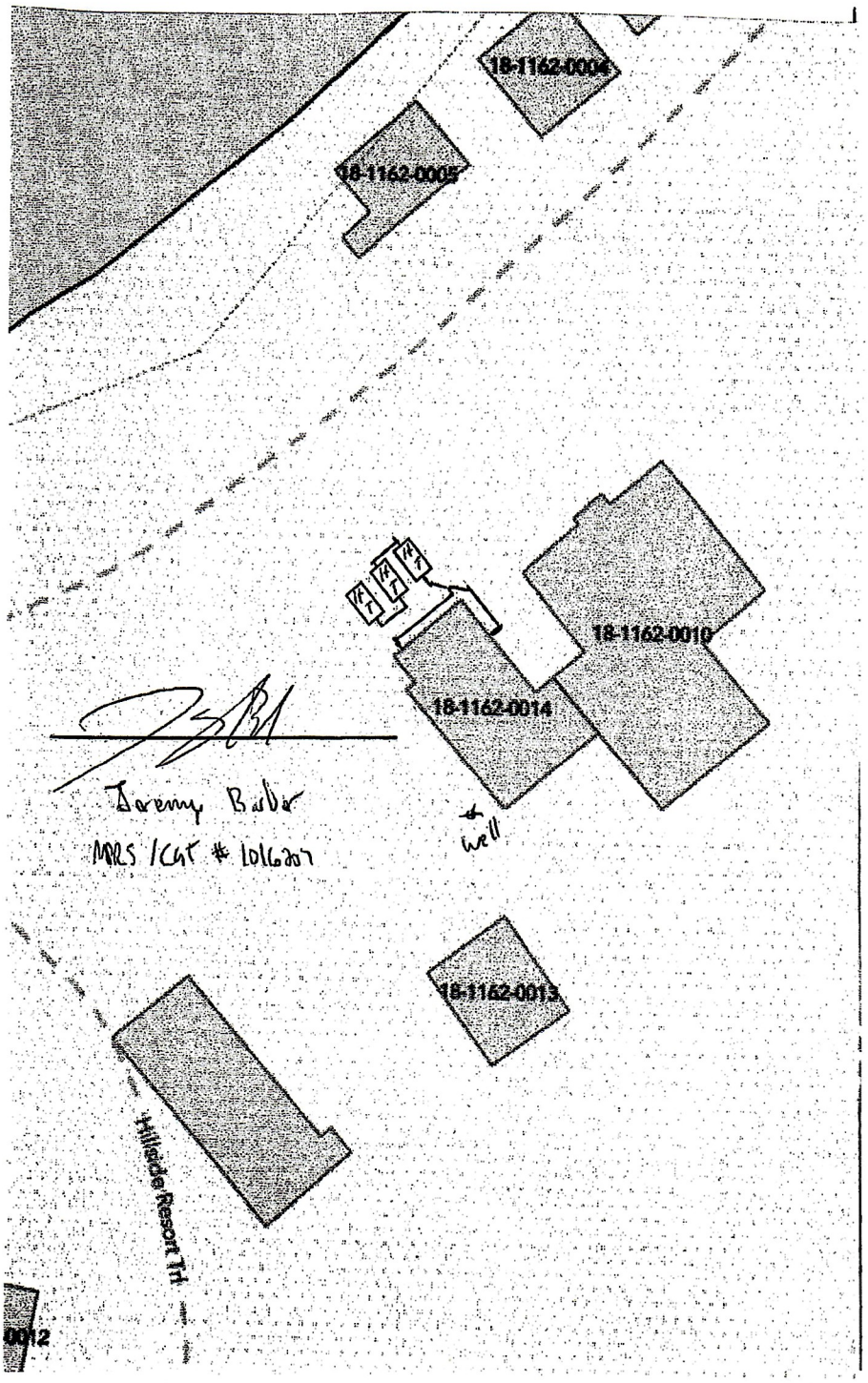
Attach design flow calculations for commercial plans.

Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

Sanitary Sewer: _____ / _____

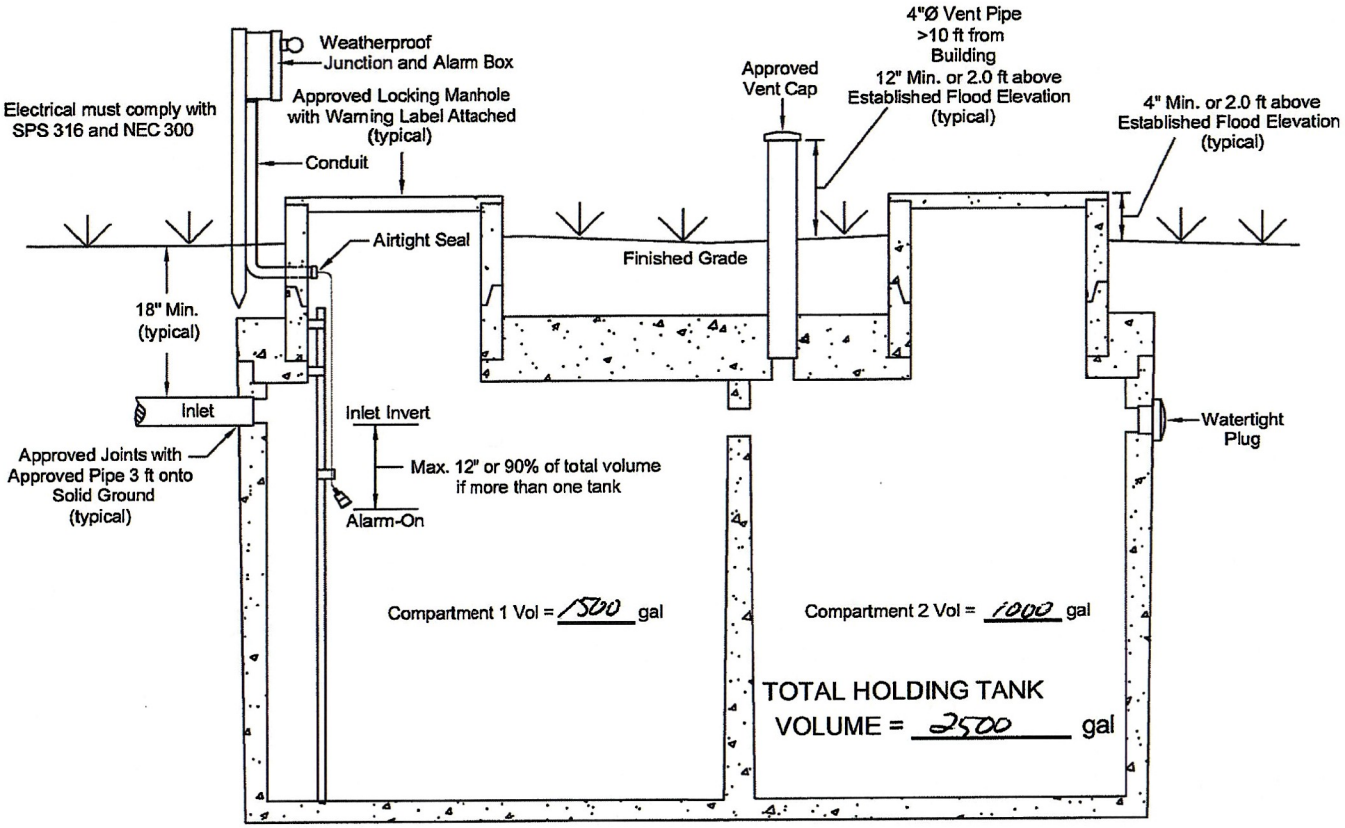
Force Main: _____ / _____

IMPORTANT:
Show ground elevation contours at suitable intervals.



60 seats @ 22 gpd
8 employees @ 13 gpd
1424 gpd

HOLDING TANK SPECIFICATIONS
(No Scale)



TANK MANUFACTURER: Concrete Products

Anchor tank as necessary
pursuant to SPS 383.43(8)(g)

Ballast Weight = [(cu.ft.tank.vol x 62.4 lbs/cu.ft) - lbs.tank.wt] x 1.5

Ballast Weight = [(_____ cu.ft. x 62.4 lbs/cu.ft) - _____ lbs] x 1.5 = _____ lbs

CURRENT

CHECK BOX AS APPLICABLE.

☐ SOIL EVALUATION SITE MAP

Scale: 1" = 50'

0 50 75 100

12.5'

CHECK BOX AS APPLICABLE.

☒ SYSTEM PLOT PLAN

PROJECT NAME: Phelps Hillside Restaurant

PROJECT ADDRESS: 5751 Hillside Resort Trail

DESIGN FLOW: 1424 GPD

Attach design flow calculations for commercial plans.

BM Symbol: ⌖ BM Elevation: _____ FT

BM Description: _____

Slope Gradient (%) of Tested Area: _____ Well Symbol (if applicable): ⊙

Indicate north by drawing an arrow on the appropriate line.

Pipe Material / ASTM Standard (Tables 384.30-3 & 384.30-5)

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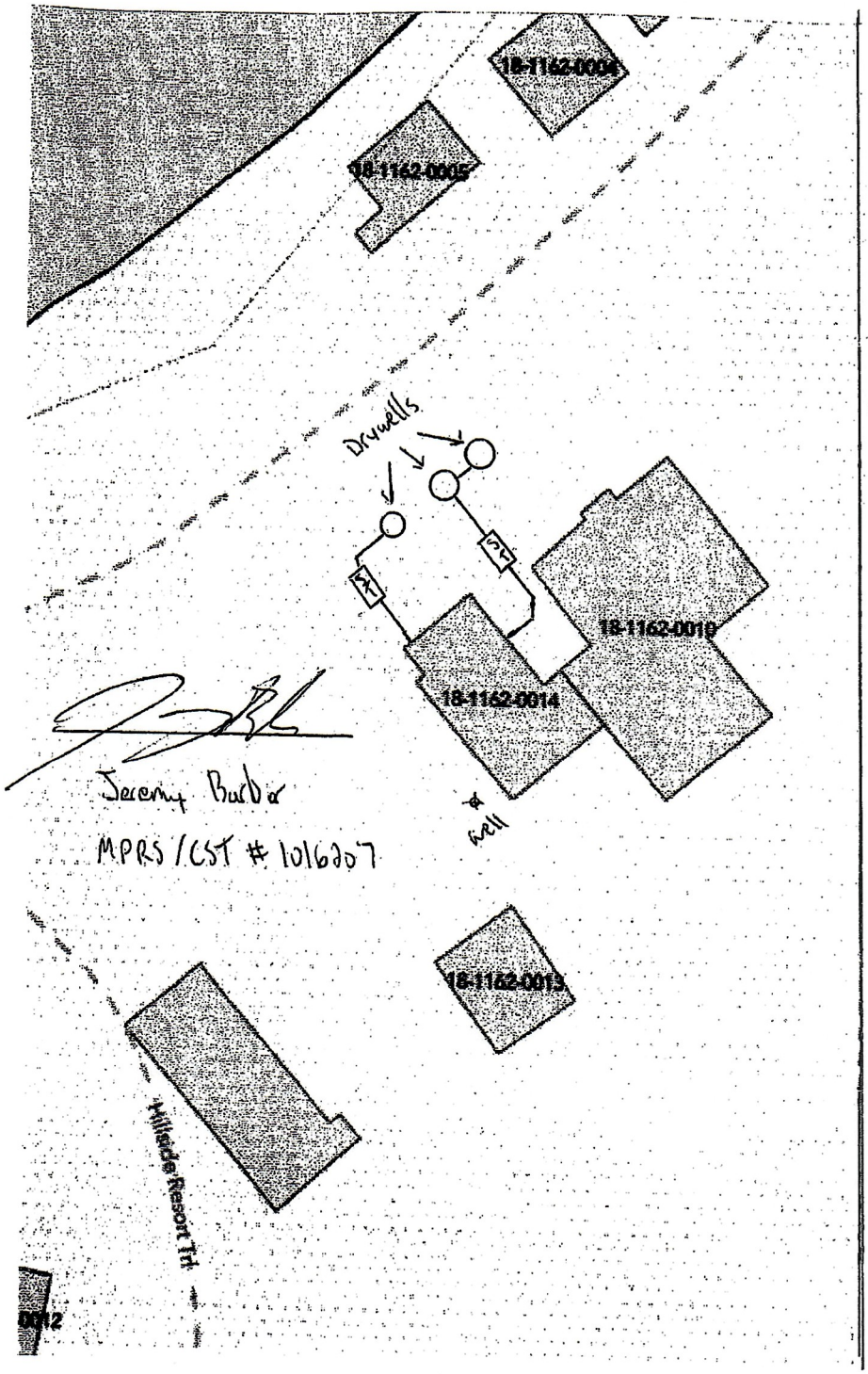

Jeremy Barbir
MPRS / CST # 101637

60 seats @ 22 gpd
8 employees @ 13 gpd
1424 gpd

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

Safety and Buildings Division

County: VILAS

Sanitary Permit No: 657367

State Plan Transaction ID#:

Parcel Tax No: 018-1162-014

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

Permit Holder's Name: JULIE STOCKE (BUYER)	☐ City ☐ Village ☑ Town of:
PHELPS HILLSIDE RESORT LLC	PHELPS

CST BM Elev:	Insp BM Elev:	BM Description:
100.0	100.0	USED BTM STEP OF CEMENT STAIRS

Tank Information

TYPE	MANUFACTURER	CAPACITY
H.T #1	CPI	2500 combo
H.T #2	C.P.I	2500 combo
H.T #3	C.P.I.	2500 combo
Holding		

Tank Setback Information

TANK TO	P/L	WELL	BLDG	VENT TO AIR INTAKE	ROAD
HT #1	92'	63'	11'	20'	NA
HT #2	92'	54'	11'	15'	NA
HT #3	90'	45'	11'	20'	NA
Holding	LAKE SHORE				

Elevation Data

STATION.	BS	HI	FS	ELEV
Benchmark	2.38	102.38		100.0
BLD Sewer #1		1.58		
Bldg. Sewer #2		5.6		
St / Ht Inlet #1			6.4	95.98
St / Ht Outlet #1			6.62	95.71
HT in #2			6.9	95.48
HT out #2			7.16	95.22
HT in #3			2.4	94.98
HT out #3			2.22	94.66
Dist. Pipe				
Infiltrative Surface				
Final Grade				

Pump / Siphon Information N/A -

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

Dispersal Cell Information N/A -

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

Type of System		Manufacturer:
HOLDING TANKS	LEACHING CHAMBER	Model Number:

Distribution System NONE

X Pressure Systems Only

Header / Manifold Length ____ Dia ____	Distribution Pipe(s) Length ____ Dia ____ 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.)

JEREMY BARBER
MPBS #1016207

Plan revision required? ☐ Yes ☑ No

Use other side for additional information

6/4/24 — Date

POWTS Inspector's Signature

25291 — Cert No

SBD-6710 (R.11/11)

ADDITIONAL COMMENTS AND SKETCH

SANITARY PERMIT NUMBER: 657367

