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.

I. Application Information – Please Print All Information

Property Owner’s Name

Property Owner’s Mailing Address

City, State Zip Code Phone Number

II. Type of Building (check all that apply)

☐ 1 or 2 Family Dwelling – Number of Bedrooms _________________

☐ Public/Commercial – Describe Use ___________________________

☐ State Owned – Describe Use _________________________________

Lot # Block #

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 (gpd/sf) Dispersal Area Required (sf) Dispersal Area Proposed (sf) System Elevation

VI. Tank Info

Capacity in Gallons Total Gallons # of Units Manufacturer Prefab Concrete Site Constructed Steel Fiber Glass Plastic

New Tanks Existing Tanks

Septic or Holding Tank 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 MF/MPRS Number Business Phone Number

Plumber’s Address (Street, City, State, Zip Code)

VIII. County/Department Use Only

☐ Approved ☐ Disapproved ☐ Owner Given Reason for Denial Permit Fee $ Date Issued Issuing Agent Signature

IX. Conditions of Approval/Reasons for Disapproval

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. 08/14)