



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

County _____

Site Address _____

Sanitary Permit Application

In accord with Comm 83.21, Wis. Adm. Code, personal information you provide may be used for secondary purposes Privacy Law, s15.04(1)(m)

Sanitary Permit Number _____

Check if Revision

I. Application Information - Please Print All Information

State Plan I.D. Number _____

Property Owner's Name _____

Parcel Number _____

Property Owner's Mailing Address _____

Property Location _____

City, State _____

Zip Code _____

Phone Number _____

¼ ¼; S T N, R E

Lot Number _____ Block Number _____

Subdivision Name _____ CSM Number _____

II. Type of Building (check all that apply)

- 1 or 2 Family Dwelling - Number of Bedrooms _____
- Public/Commercial - Describe Use _____
- State Owned

City _____

Village _____

Township _____

Nearest Road _____

III. Type of Permit: (Check only one box on line A (numbering scheme for internal use). Complete line B if applicable)

- A.**
- | | | | | |
|---------------------------------------|---|---|--|-----------------------|
| <input type="checkbox"/> 1 New System | <input type="checkbox"/> 2 Replacement System | <input type="checkbox"/> 3 Replacement of Tank Only | <input type="checkbox"/> 6 Addition to Existing System | For County use |
|---------------------------------------|---|---|--|-----------------------|

B. Check if Sanitary Permit Previously Issued Permit Number _____ Date Issued _____

IV. Type of Permit: (Check all that apply)(numbering scheme is for internal use)

- | | | | |
|--|--|---|---|
| 44 <input type="checkbox"/> Non -Pressurized In-Ground | 21 <input type="checkbox"/> Mound | 47 <input type="checkbox"/> Sand Filter | 50 <input type="checkbox"/> Constructed Wetland |
| 22 <input type="checkbox"/> Pressurized In-Ground | 41 <input type="checkbox"/> Holding Tank | 48 <input type="checkbox"/> Single Pass | 51 <input type="checkbox"/> Drip Line |
| 45 <input type="checkbox"/> At-Grade | 46 <input type="checkbox"/> Aerobic Treatment Unit | 49 <input type="checkbox"/> Recirculating | 30 <input type="checkbox"/> Other |

V. Dispersal/Treatment Area Information:

Design Flow (gpd)	Dispersal Area Required	Dispersal Area Proposed	Soil Application Rate(Gals./Days/Sq.Ft.)	Percolation Rate (Min./Inch)	System Elevation	Final Grade Elevation

VI. Tank Info	Capacity in Gallons		Total Gallons	Number of Tanks	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	MP/MPRS Number	Business Phone Number
------------------------	---------------------	----------------	-----------------------

Plumber's Address (Street, City, State, Zip Code) _____

VIII. County/Department Use Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (includes Groundwater Surcharge Fee)	Date Issued	Issuing Agent Signature (No Stamps)
<input type="checkbox"/> Owner Given Initial Adverse Determination				

IX. Conditions of Approval/Reasons for Disapproval

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