Trempealeu County Health Department
P.O. Box 67
Whitehall, WI 54773

Application for Trempealeau County Sanitary Permit

Property Owner Name		Property Location		
Property Owners Mailing Address		Subdivision Name	Lot Number	Block Number
City, State	Zip Code	Phone No.	Parcel Address:	
II. TYPE OF BUILDING(check one) __Public __1 or 2 Family Dwelling No. of Bedrooms_____		City__ Village__ Town of__		
III. BUILDING USE: If Public Describe Use		Parcel Identification Number:		

IV. TYPE OF PERMIT: (Check only one on line A. Check on line B, if applicable)

A). 1. __New System 2. __Replacement System 3.__Reconnection of Existing System 4. __Repair of an Existing System

B). __A Sanitary Permit was previously issued. Plan number_____ Date issued_____

V. TYPE OF SYSTEM:(check only one)

Non-Pressurized Distribution	Pressurized Distribution	Experimental	Other
__*seepage bed*	__*mound*	__*specify type*	__*holding tank*
__*seepage trench*	__*in-ground pressure*		__*pit privy*
__*system in fill*	__ _____	__ _____	__*vault privy*
			__*portable restroom*
			__*other*_____

VI. RESPONSIBILTY STATEMENT

I, the undersigned, assume responsibility for the installation shown on the attached plans.

Name:(print and ***sign***)	MP/MPRSW No.	Business Phone#
Address(Street, City, State, Zip Code)		

VII. COUNTY USE ONLY

☐ Approved ☐ Denied	Sanitary Permit Fee	Date Issued	Signature

VIII. CONDITIONS OF APPROVAL/REASONS FOR DENIAL

(2/25/03)