



Safety and Buildings Division  
 201 W. Washington Ave., P.O. Box 7162  
 Madison, WI 53707 – 7162  
 (608) 266-3151

County \_\_\_\_\_  
 Sanitary Permit Number (to be filled in by Co.) \_\_\_\_\_

## 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)

State Plan I.D. Number \_\_\_\_\_  
 Project Address (if different than mailing address) \_\_\_\_\_

### I. Application Information – Please Print All Information

Property Owner's Name \_\_\_\_\_ Parcel # \_\_\_\_\_ Lot # \_\_\_\_\_ Block # \_\_\_\_\_  
 Property Owner's Mailing Address \_\_\_\_\_ Property Location \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Section \_\_\_\_\_  
 (circle one)  
 T \_\_\_\_\_ N; R \_\_\_\_\_ E or W \_\_\_\_\_

### II. Type of Building (check all that apply)

1 or 2 Family Dwelling – Number of Bedrooms \_\_\_\_\_  
 Public/Commercial – Describe Use \_\_\_\_\_  
 State Owned – Describe Use \_\_\_\_\_

Subdivision Name \_\_\_\_\_ CSM Number \_\_\_\_\_  
 City  Village  Township of \_\_\_\_\_

### 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  
 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: (Check all that apply)

Non-Pressurized In-Ground  Mound ≥ 24 in. of suitable soil  Mound < 24 in. of suitable soil  At-Grade  Single Pass Sand Filter  Constructed Wetland  Pressurized In-Ground  Holding Tank  Peat Filter  Aerobic Treatment Unit  Recirculating Sand Filter  Recirculating Synthetic Media Filter  Leaching Chamber  Drip Line  Gravel-less Pipe  Other (explain) \_\_\_\_\_

### V. Dispersal/Treatment Area Information:

Design Flow (gpd) \_\_\_\_\_ Design Soil Application Rate(gpdsf) \_\_\_\_\_ Dispersal Area Required (sf) \_\_\_\_\_ Dispersal Area Proposed (sf) \_\_\_\_\_ System Elevation \_\_\_\_\_

### VI. Tank Info

	Capacity in Gallons		Total Gallons	Number of Units	Manufacturer	Prefab Concrete	Site Constructed	Steel	Fiber Glass	Plastic
	New Tanks	Existing Tanks								
Septic or Holding Tank										
Aerobic Treatment Unit										
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

Approved  Disapproved  Owner Given Reason for Denial  
 Sanitary Permit Fee (includes Groundwater Surcharge Fee) \_\_\_\_\_ Date Issued \_\_\_\_\_ Issuing Agent Signature (No Stamps) \_\_\_\_\_

### IX. Conditions of Approval/Reasons for Disapproval

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